Changes to Legislation: as of 11 November 2026, this Act is up to date with all changes known to be in force.



Number 25 *of* 2007

MEDICAL PRACTITIONERS ACT 2007

REVISED

Updated to 29 July 2026

This Revised Act is an administrative consolidation of the *Medical Practitioners Act 2007*. It is prepared by the Law Reform Commission in accordance with its function under the *Law Reform Commission Act 1975* (3/1975) to keep the law under review and to undertake revision and consolidation of statute law.

All Acts up to and including the *Development (Strategic Gas Reserve) Act 2026* (36/2026), enacted 23 July 2026, and all statutory instruments up to and including the *Medical Council (Registration) (Amendment) Rules 2026* (S.I. No. 474 of 2026), made 29 July 2026, were considered in the preparation of this Revised Act.

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MEDICAL PRACTITIONERS ACT 2007

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MEDICAL PRACTITIONERS ACT 2007

REVISED

Updated to 29 July 2026

AN ACT FOR THE PURPOSE OF BETTER PROTECTING AND INFORMING THE PUBLIC IN ITS DEALINGS WITH MEDICAL PRACTITIONERS AND, FOR THAT PURPOSE, TO INTRODUCE MEASURES, IN ADDITION TO MEASURES PROVIDING FOR THE REGISTRATION AND CONTROL OF MEDICAL PRACTITIONERS, TO BETTER ENSURE THE EDUCATION, TRAINING AND COMPETENCE OF MEDICAL PRACTITIONERS, TO AMEND THE MEMBERSHIP AND FUNCTIONS OF THE MEDICAL COUNCIL, TO INVESTIGATE COMPLAINTS AGAINST MEDICAL PRACTITIONERS AND TO INCREASE THE PUBLIC ACCOUNTABILITY OF THE MEDICAL COUNCIL; TO GIVE FURTHER EFFECT TO COUNCIL DIRECTIVE 2005/36/EC; AND, FOR THAT PURPOSE, TO REPEAL AND REPLACE THE MEDICAL PRACTITIONERS ACTS 1978 TO 2002 AND TO PROVIDE FOR RELATED MATTERS.

[7*th May*, 2007]

BE IT ENACTED BY THE OIREACHTAS AS FOLLOWS:

PART 1

Preliminary and General

Short title and commencement.

1.— (1) This Act may be cited as the Medical Practitioners Act 2007.

(2) The collective citation "the Health Acts 1947 to 2007" shall include *section 57(9)*.

(3) The Minister for Health and Children may, by order or orders, appoint such day or days on which this Act shall come into operation, and different days may be so appointed for different purposes and different provisions.

F1**[**(4) An order under *subsection (3)* may, in respect of the repeal of the Acts specified in *Part 1* of *Schedule 1* and the revocation of the statutory instruments specified in *Part 2* of that Schedule effected by *section 3*, appoint different days for the repeal of different Acts or different provisions of them and the revocation of different statutory instruments or different provisions of them.**]**

Interpretation.

2.—F2**[**(1)**]** In this Act, except where the context otherwise requires—

"Act of 1978" means the Medical Practitioners Act 1978;

"Act of 2002" means the Medical Practitioners (Amendment) Act 2002;

F3**[**"Agency" means the National Treasury Management Agency;**]**

"allegation", in relation to a complaint, means an allegation—

(*a*) arising out of the complaint, and

(*b*) which falls within one or more than one of the grounds specified in *section 57(1)*;

"appropriate fee", in relation to a provision of this Act, means the fee determined under *section 36(1)* that is appropriate for that provision;

F4**[**"authorised officer" means a person appointed under *section 58(1)(a)*; **]**

"basic medical qualification" means—

(*a*) a qualification arising from the satisfactory completion of a programme of basic medical education and training approved under *section 88(2)(a)(i)(I)*,

(*b*) a qualification in basic medical training specified in point 5.1.1 of Annex V to Directive 2005/36/EC, or

(*c*) a degree, diploma or other qualification recognised under *section 88(7)* to be at least the equivalent of a qualification referred to in *paragraph (a)*;

"business plan" means a business plan prepared pursuant to *section 15(1)* ;

"cancel", in relation to the registration of a medical practitioner, means to delete the practitioner's name from the register pursuant to a decision referred to in *section 78(3)* to cancel the registration of the practitioner;

"certificate of experience" means a certificate of experience granted to a medical practitioner pursuant to *section 49(2)*;

"certificate of registration" means a certificate referred to in *section 43(5)*;

"chief executive officer" means the chief executive officer of the Council appointed under *section 24(1)*;

"committee" means a committee established under *section 20(1), (2), (3)* or *(4)*;

"complainant", in relation to a complaint, means the person (including the Council) who made the complaint;

"complaint" means a complaint under *section 57(1)*;

"conditions" includes terms;

"Council" means Comhairle na nDochtúirí Leighis or the Medical Council established by the Act of 1978 and continued in being by *section 4(1)*;

"Court" means the High Court;

"decision", in relation to an appeal under *section 54*, *75*, *83*, *90* or *92*, includes part of a decision;

"Dental Council" means An Chomhairle Fiaclóireachta or the Dental Council established by the Dentists Act 1985;

F6**[**"Directive 2005/36/EC" has the meaning assigned to "Directive" in Regulation 3(1) of the Regulations of 2017;**]**

"Fitness to Practise Committee" means the committee established under *section 20(2)(b)*;

"formal qualification" means—

(*a*) a basic medical qualification, and

(*b*) a certificate of experience;

"General Division" means that division of the register referred to in *section 43(2)(a)*;

"General Register of Medical Practitioners" means the register established under section 26 of the Act of 1978;

"give" includes send, whether by post or electronic or other means, and cognate words shall be construed accordingly;

F5**[**"health or social care", in relation to a person (howsoever described), means the health or social care that the person provides or has provided in his or her capacity as a member or former member of a relevant profession;**]**

"Health Service Executive" means the Health Service Executive established under section 6 of the Health Act 2004;

"Higher Education Authority" means An tÚdarás um Ard-Oideachas established by section 2 of the Higher Education Authority Act 1971;

F3**[**"indemnity" means a policy of medical indemnity insurance, or other indemnity arrangement, against losses arising from claims in respect of civil liability incurred by a medical practitioner in respect of any act or omission of that medical practitioner arising from his or her practice as a medical practitioner;**]**

"inquiry" means an inquiry into a complaint by the Fitness to Practise Committee pursuant to a referral under *section 63*;

F5**[**"investigation", in relation to a complaint, means an investigation referred to in *section 58A(1)*;**]**

F5**[**"investigation report", in relation to a complaint, means a report referred to in *section 58A(3)* prepared following the investigation of the complaint;**]**

"local authority" has the same meaning as it has in the Local Government Act 2001;

"material interest" means material interest as construed in accordance with the Ethics in Public Office Act 1995;

"medical practitioner" means a person who holds a basic medical qualification;

"Member State" means a state other than the State which is a member of the European Union and includes states which are parties to the agreement on the European Economic Area signed at Oporto on 2 May 1992 as adjusted by the protocol done at Brussels on 17 March 1993 and the Swiss Confederation;

F3**[**"minimum level of indemnity", in relation to a medical practitioner, means the level of indemnity specified by the Agency, pursuant to section 8A (inserted by section 10 of the Medical Practitioners (Amendment) Act 2017) of the National Treasury Management Agency (Amendment) Act 2000, as being applicable to the class of medical practitioners (if any) into which that practitioner falls;**]**

"Minister" means the Minister for Health and Children;

"poor professional performance", in relation to a medical practitioner, means a failure by the practitioner to meet the standards of competence (whether in knowledge and skill or the application of knowledge and skill or both) that can reasonably be expected of medical practitioners practising medicine of the kind practised by the practitioner;

"practice of medicine" includes practice of surgery and other disciplines of medicine;

"practise medicine" means to engage in the practice of medicine;

"Preliminary Proceedings Committee" means the committee established under *section 20(2)(a)*;

"professional competence scheme" means a scheme established under *section 91(2)*;

"published in the prescribed manner", in relation to any document or information (howsoever described), means the document or information, as the case may be—

(*a*) is published on a relevant Internet website, and

(*b*) is available for inspection, at the offices of the Council and at all reasonable times, by members of the public;

"register" means the register of medical practitioners established under *section 43(1)*;

F7**[**"registered", in relation to a medical practitioner, means registered under *section 44*, *46*, *47*, *48*, *49*, *50* or *50A*;**]**

"registered dentist" means a person whose name is entered in the Register of Dentists established under the Dentists Act 1985;

F7**[**"registered medical practitioner", subject to *section 56A*, means a medical practitioner whose name is for the time being entered in the register;**]**

"register establishment day" means the date specified in the notice referred to in *section 44(3)* published in *Iris Oifigiúil* as the date on which the register comes into operation;

"Register of Medical Specialists" means the register established under section 30 of the Act of 1978;

F8**[**"Regulations of 2017" means the European Union (Recognition of Professional Qualifications) Regulations 2017 (S.I. No. 8 of 2017);**]**

"relevant conditions", in relation to a registered medical practitioner, means any conditions attached to the registration of the practitioner pursuant to—

(*a*) *section 53(3)*,

(*b*) a decision confirmed or given under *section 54(4)*,

(*c*) a decision referred to in *section 78(1)*,

(*d*) *section 81(3)*, or

(*e*) a decision confirmed or given under *section 83(3)*;

"relevant Internet website" means an Internet website of the Council (including part of such a website)—

(*a*) to which access is readily available by members of the public, and

(*b*) where anything published on the website is readily available for inspection by members of the public;

"relevant medical disability", in relation to a medical practitioner, means a physical or mental disability of the practitioner (including addiction to alcohol or drugs) which may impair the practitioner's ability to practise medicine or a particular aspect thereof;

F5**[**"relevant profession" means any of the following professions:

(*a*) dentist;

(*b*) a designated profession within the meaning of section 3 of the Health and Social Care Professionals Act 2005 ;

(*c*) medical practitioner;

(*d*) midwife;

(*e*) nurse;

(*f*) pharmacist;**]**

"remove", in relation to the registration of a medical practitioner, means to delete the practitioner's name from the register pursuant to *section 52(2)* or *(6)*, *55(1)* or *79(1)*;

"restore", in relation to the registration of a medical practitioner, means to re-enter the practitioner's name in the register pursuant to *section 52(5)*, *80* or *81(2)* or a decision confirmed or given under *section 54(4)* or *83(3)*;

F5**[**"restriction" includes a condition;**]**

"committee" means a committee established under *section 20(2)(a)* or *(b)*;

"Specialist Division" means that division of the register referred to in *section 43(2)(b)*;

"statement of strategy" means a statement of strategy prepared pursuant to *section 13(1)*;

F9**[**"Supervised Division" means that division of the register referred to in *section 43(2)(e)*;**]**

"third country" means a state other than the State or a Member State;

"Trainee Specialist Division" means that division of the register referred to in *section 43(2)(c)*;

"unregistered medical practitioner" means a medical practitioner who is not registered;

"visiting EEA practitioner" means a medical practitioner who falls within *section 50(1)*;

"Visiting EEA Practitioners Division" means that division of the register referred to in *section 43(2)(d)*.

Repeals and revocations.

3.— (1) The Acts specified in *Part 1* of *Schedule 1* are repealed.

(2) The statutory instruments specified in *Part 2* of *Schedule 1* are revoked.

PART 2

CONTINUANCE IN BEING OF COUNCIL AND OBJECT AND FUNCTIONS OF COUNCIL, ETC.

Continuance in being of Council.

4.— F15**[**(1) Notwithstanding the repeal of section 6 of the Act of 1978 by *section 3*, the body known as Comhairle na nDochtúirí Leighis, or in the English language as the Medical Council, established by that section of that Act shall continue in being.**]**

F16**[**(1A) Subject to *subsections (5)* to *(7)*, anything commenced but not completed by the Council, or the committee established under section 13(2)(*b*) of the Act of 1978, before the commencement of this subsection may be carried on and completed by the Council (with its membership as constituted under this Act) or that committee (with its membership as constituted under section 13 of the Act of 1978), as the case requires, after such commencement in accordance with the Acts specified in *Part 1* of *Schedule 1* and the statutory instruments specified in *Part 2* of that Schedule notwithstanding the repeal and revocation of those Acts and those statutory instruments or any provisions of them by *section 3*.**]**

(2) The Council is a body corporate with perpetual succession and an official seal and with power—

(*a*) to sue and be sued in its corporate name, and

(*b*) with the consent of the Minister and the Minister for Finance, to acquire, hold and dispose of land or an interest in land, and to acquire, hold and dispose of any other property.

(3) The Council may, subject to the provisions of this Act, regulate its own procedure.

(4) *Schedule 2* applies to the Council.

F17**[**(5) A person who is a member of the committee referred to in *subsection (1A)* but who ceases to be a member of the Council under *section 17(9)(b)* shall, notwithstanding that cesser of membership of the Council, be deemed for the purposes of *subsection (1A)* to satisfy the requirements of section 13 of the Act of 1978 relating to the membership of that committee.**]**

F18**[**(5A) The committee referred to in *subsection (1A)* shall be deemed, for the purposes of that subsection, to satisfy the requirements of paragraphs (*a*) and (*b*) of section 13(6) of the Act of 1978 relating to its membership even if it ceases to satisfy those requirements by reason of the cesser of membership of one or more of its members.**]**

(6) F19**[**Where pursuant to *subsection (1A)***]** the Council may take any relevant action in respect of the registration of a medical practitioner, then the Council may take the equivalent action under this Act and—

(*a*) in the case of equivalent action falling within *paragraph (a)* of the definition of "equivalent action", *section 81* shall apply to the equivalent action accordingly,

(*b*) in the case of equivalent action falling within *paragraph (c)* of the definition of "equivalent action"—

(i) *paragraph (c)* of the definition of "relevant conditions" in *section 2* shall be construed to include the equivalent action accordingly, and

(ii) *sections 43(6)* and *82* shall apply to the equivalent action accordingly.

(7) In *subsection (6)*—

"equivalent action", in relation to the registration of a medical practitioner, means—

(*a*) in the case of *paragraph (a)* of the definition of "relevant action", the cancellation of the registration pursuant to a decision referred to in *section 78(3)*,

(*b*) in the case of *paragraph (b)* of the definition of "relevant action", the suspension of the registration pursuant to a decision referred to in *section 78(3)*,

(*c*) in the case of *paragraph (c)* of the definition of "relevant action", the attachment of conditions to the registration pursuant to a decision referred to in *section 78(1)*;

"relevant action", in relation to the registration of a medical practitioner, means any action under Part V of the Act of 1978 pursuant to which the Council may—

(*a*) erase the practitioner's name from the General Register of Medical Practitioners or the Register of Medical Specialists,

(*b*) give effect to a decision of the Council that during a period of specified duration the registration of the practitioner's name in a register referred to in *paragraph (a)* shall not have effect, or

(*c*) attach conditions to the retention of the practitioner's name in a register referred to in *paragraph (a)*.

Seal of Council.

5.— (1) The seal of the Council shall be authenticated by—

(*a*) the signature of the President of the Council or another member of the Council authorised by the Council to act in that behalf, and

(*b*) the signature of a member of the staff of the Council authorised by the Council to act in that behalf.

(2) Judicial notice shall be taken of the seal of the Council and, accordingly, every document—

(*a*) purporting to be an instrument made by the Council, and

(*b*) purporting to be sealed with the seal of the Council authenticated in accordance with *subsection (1)*,

shall be received in evidence and be deemed to be such instrument without further proof unless the contrary is proved.

Object of Council.

6.— The object of the Council is to protect the public by promoting and better ensuring high standards of professional conduct and professional education, training and competence among registered medical practitioners.

Functions of Council.

7.— (1) The Council shall—

(*a*) do all things necessary and reasonable to further its object, and

(*b*) perform its functions in the public interest.

(2) Without prejudice to the generality of *subsection (1)*, the Council shall—

(*a*) establish and maintain the register,

(*b*) establish procedures and criteria for registration including the issue of certificates of registration and renewal of registration,

F20**[**(*ba*) approve posts for the purposes of *section 50A*, **]**

(*c*) approve programmes of education and further education necessary for the purposes of registration and continued registration,

(*d*) keep the programmes referred to in *paragraph (c)* under review,

(*e*) specify the standards required for the purposes of the maintenance of the professional competence of registered medical practitioners,

(*f*) keep the standards referred to in *paragraph (e)* under review,

(*g*) act as the competent authority for the purposes of—

(i) the mutual recognition of medical qualifications F21**[**under the Regulations of 2017**]**,

(ii) all matters referred to in Directive 2005/36/EC which relate to the role of a competent authority for the purposes of the recognition of professional qualifications of medical practitioners,

(*h*) enter into agreements, with bodies in third countries that are duly authorised to perform functions in third countries that correspond to the functions of the Council, in relation to—

(i) the recognition by the Council, for the purposes of registration, of degrees, diplomas and other qualifications relating to the practice of medicine awarded in third countries,

(ii) the recognition by such bodies, for the purposes of authorisation to practise medicine in third countries, of degrees, diplomas and other qualifications relating to the practice of medicine awarded in the State,

(*i*) specify standards of practice for registered medical practitioners, including the establishment, publication, maintenance and review of appropriate guidance on all matters related to professional conduct and ethics for registered medical practitioners,

(*j*) establish committees to inquire into complaints,

(*k*) make decisions and give directions under *Part 9* relating to the imposition of sanctions on registered medical practitioners,

(*l*) advise the public on all matters of general interest relating to the functions of the Council, its area of expertise and other matters of interest to the public relating to the practice of medicine and medical practitioners, including public advertisement of the object, functions and contact details of the Council from time to time, and

(*m*) perform any other function conferred on it by any other provision of this Act or of any other enactment.

(3) Without prejudice to the generality of *subsection (2)(i)*, the Council's function under that subsection shall include standards of practice relating to advertising by registered medical practitioners, or classes of registered medical practitioners, and, in connection therewith, the disclosure of appropriate information relating to the fees to be charged for the medical services the subject of such advertising.

(4) The Council shall, in performing its functions, have regard to—

(*a*) functions performed by other bodies that are similar or ancillary to the functions that the Council performs,

(*b*) the need to co-operate with and co-ordinate its activities with those of other public authorities or bodies (in particular, the Health Service Executive) if the performance of their functions affects or could affect the health of the public,

(*c*) the need to promote efficiencies in the delivery of specialist training and intern training through the development of standard practices,

(*d*) the policies and objectives of the Government or any Minister of the Government to the extent that those policies and objectives may affect or relate to the functions of the Council,

(*e*) the resources, wherever originating, that are available to it for the purpose of performing its functions, and

(*f*) the need to secure the most beneficial, effective and efficient use of those resources.

(5) The Council has power to do anything that appears to it to be requisite, advantageous or incidental to, or to facilitate, the performance of its functions F22**[**, including the making of arrangements with any person to assist the Council or a committee in the proper discharge of any of the Council's or committee's (as the case may be) functions**]**.

(6) The Minister, or a person authorised by the Minister to give a notice under this subsection, may by notice in writing given to the Council require the Council to provide the Minister or that person, as the case may be, with such information in relation to the performance of the Council's functions as is specified in the notice and within the period specified in the notice (being a period reasonable in the circumstances).

(7) The Council shall comply with a notice given to it under *subsection (6)* except to the extent that it is prohibited from doing so by another provision of this Act.

(8) Nothing in this section shall be construed as restricting the power of any Minister of the Government to make regulations under section 3 of the European Communities Act 1972.

Conferral of additional functions on Council.

8.— (1) The Minister may by order—

(*a*) confer on the Council such additional functions connected with—

(i) registered medical practitioners, their education and training and the practice of medicine by medical practitioners, or

(ii) the implementation of any directive or regulation of the European Union concerning the practice of medicine, medical practitioners who practise medicine and the recognition of qualifications of medical practitioners exercising their right to freedom of movement within the European Union,

as the Minister thinks fit, and

(*b*) make such provisions as the Minister considers necessary or expedient in relation to matters ancillary to or arising out of the conferral of additional functions on the Council.

(2) Every order made under this section shall be laid before each House of the Oireachtas as soon as may be after it is made and, if a resolution annulling the order is passed by either such House within the next 21 days on which the House has sat after that order is laid before it, the order shall be annulled accordingly, but without prejudice to the validity of anything previously done under it.

(3) Nothing in this section shall be construed as restricting the power of any Minister of the Government to make regulations under section 3 of the European Communities Act 1972.

Ministerial directions to Council.

9.— (1) The Minister may give general policy directions in writing to the Council in relation to the performance by the Council of its functions except any such functions—

(*a*) relating to the professional conduct and ethics of registered medical practitioners, or

(*b*) under any of *Parts 7*, *8* and *9*.

(2) Nothing in directions given under *subsection (1)* is to be construed to prevent the Council from, or to limit the Council in, performing its functions.

Immunity.

10.— (1) No person to whom this subsection applies, acting in good faith, shall be personally liable in any civil proceedings for any act done or default made in the performance or purported performance of any function under this Act.

(2) The persons to whom *subsection (1)* applies are—

(*a*) the members and former members of the Council,

(*b*) the members and former members of any committee,

(*c*) the chief executive officer and any former chief executive officer,

F26**[**(*d*) the staff and former staff of the Council,

(*e*) the persons who, before the commencement of section 6 of the Regulated Professions (Health and Social Care) (Amendment) Act 2023, had been previously appointed under *section 58(1)*,**]**

F27**[**(*f*) the persons with whom the Council has made an arrangement under *section 7(5)*,

(*g*) the authorised officers and former authorised officers, and

(*h*) the persons appointed or formerly appointed under *section 58(1)(b)*.**]**

Council's power to make rules.

11.— (1) Subject to *subsections (3)*, *(4)* and *(5)*, the Council—

(*a*) may make rules for the purposes of the better operation of any provision of this Act, or

(*b*) at the request in writing of the Minister and in accordance with the request, shall make rules for the purposes of the better operation of any provision of this Act.

(2) Without prejudice to the generality of *subsection (1)*, the Council may make rules under this section in relation to—

(*a*) the establishment, membership, functions and procedures of committees,

(*b*) the form and manner in which the register and its divisions are to be maintained,

(*c*) the details relating to medical practitioners that, in addition to their names, are to be entered in the register or their certificates of registration or both,

F28**[**(*ce*) permits for the purposes of *section 38B(3)*,**]**

(*d*) the manner in which appropriate fees are to be paid and the time limits for payment of appropriate fees for the retention of registration,

(*e*) the receiving and recording of evidence by *section 20(2)* committees,

(*f*) the receiving of submissions by *section 20(2)* committees,

F29**[**(*g*) subject to *subsection (3A)*, the establishment, membership, functions and procedures of subcommittees of committees, including—

(i) in the case of the Pre liminary Proceedings Committee, subcommittees to give initial consideration to complaints on behalf of that Committee, and

(ii) in the case of the Fitness to Practise Committee, subcommittees inquiring, on behalf of that Committee, into complaints referred to that Committee,**]**

(*h*) the setting of criteria for assessing applications for registration in the Specialist Division,

(*i*) the specification of examinations for the purposes of *subparagraph (i)* of *section 46(b)*,

(*j*) the specification of grounds for the purposes of *subparagraph (ii)* of *section 46(b)*,

(*k*) the grounds on which *subparagraph (iv)* of *section 46(b)* shall not apply to a medical practitioner due to the unfeasibility of a document referred to in that subparagraph being produced in respect of that practitioner,

(*l*) the grounds on which *paragraph (c)* of *section 48(2)* or *(3)* shall not apply to a medical practitioner due to the unfeasibility of a document referred to in that paragraph being produced in respect of that practitioner,

(*m*) the specification of examinations for the purpose of *subparagraph (i)* of *section 48(3)(a)*,

(*n*) the specification of grounds for the purposes of *subparagraph (ii)* of *section 48(3)(a)*,

(*o*) the specification of examinations for the purposes of *subparagraph (i)* of *section 48(4)(a)*,

(*p*) the specification of grounds for the purposes of *subparagraph (ii)* of *section 48(4)(a)*,

(*q*) the specification of requirements for the purposes of *paragraph (c)* of *section 48(4)*,

(*r*) the specification of—

(i) a period or periods,

(ii) a hospital, health institution, clinic, general medical practice, or other health service setting,

for the purposes of *subsection (3)* of *section 49*,

F30**[**(*ra*) the setting of criteria for assessing applications for registration, in the Supervised Division, in respect of which different criteria shall be set in relation to different classes of posts,

(*rb*) the specification of examinations and assessments for the purposes of enabling a practitioner who has applied or intends to apply for registration in the Supervised Division to satisfy the Council that the criteria set in rules made under *paragraph (ra)* have been met, **]**

(*s*) the setting of criteria that the Council shall consider under *section 81* for the restoration of a medical practitioner's registration,

(*t*) the setting of criteria for the purposes of *section 88(2)(a)*,

(*u*) the setting of criteria for the purposes of *section 88(3)(a)* or *(4)(a)*,

(*v*) the setting of criteria, in relation to each medical specialty recognised under *section 89(1)*, for the purposes of *section 89(3)*,

F31**[**(*va*) the evidence to be submitted to the Council by a medical practitioner to satisfy the Council that the minimum level of indemnity (if any) applicable to him or her is in place and the manner in which all or part of that evidence may be displayed for the purposes of *section 43(7A)*,**]**

(*w*) the setting of criteria for the purposes of *section 91(4)*,

(*x*) any professional competence scheme,

(*y*) any other matter relating to the Council's functions.

(3) Without prejudice to the generality of *subsection (2)(e)* and *(f)*, rules made under this section may specify—

(*a*) the form in which and the means by which evidence or submissions may be received by *section 20(2)* committees, and

(*b*) the conditions subject to which evidence or submissions may be received by *section 20(2)* committees by means of a live video link, a video recording, a sound recording or any other mode of transmission.

F32**[**(3A) Without prejudice to the generality of *subsection (2)(g)*, rules made under that subsection may provide that—

(*a*) the chairperson of the Preliminary Proceedings Committee, or such other member of that Committee who is authorised by the rules to do so, may establish, in accordance with the rules, a subcommittee referred to in *subsection (2)(g)(i)*, or

(*b*) the chairperson of the Fitness to Practise Committee, or such other member of that Committee who is authorised by the rules to do so, may establish, in accordance with the rules, a subcommittee referred to in *subsection (2)(g)(ii)*.**]**

(4) Without prejudice to the generality of *subsection (2)(x)*, rules made under this section may specify—

(*a*) categories of registered medical practitioners to which a professional competence scheme applies,

(*b*) definitions and descriptions of categories or ranges of activities which fall within a professional competence scheme,

(*c*) obligations to be placed on medical practitioners or categories of medical practitioners specified under *paragraph (a)* by virtue of a professional competence scheme,

(*d*) procedures to be followed by the Council and by registered medical practitioners for the purposes of a professional competence scheme (including,

in the case of the Council, procedures to be followed for the purposes of the operation, administration and supervision of the professional competence scheme).

(5) The Council shall ensure that—

(*a*) a draft of any rule (including a rule revoking or amending any other rule) that it proposes to make under this section is published in the prescribed manner,

(*b*) with the draft is published an invitation to members of the public, any organisation and any other body to comment on the draft before a date specified by the Council in the invitation, being a date reasonable in the circumstances, and

(*c*) without prejudice to the generality of *paragraph (b)*, a copy of the draft of the rule is given to—

(i) the Minister,

(ii) the Health Service Executive, and

(iii) if the draft relates to a competence scheme, the Minister for Finance,

not later than the date on which the Council complies with *paragraph (a)* in respect of that draft.

(6) Subject to *subsection (7)*, the Council, after considering any comments on a draft of a rule published pursuant to *subsection (5)(a)* received before the date specified in the invitation referred to in *subsection (5)(b)* which relates to the draft, may—

(*a*) make the rule in the form of the draft as published or with such changes as the Council determines, or

(*b*) decide not to make the rule.

(7) The Council shall not make rules under this section relating to a professional competence scheme except with the consent of the Minister and the Minister for Finance.

(8) The Council shall ensure that, as soon as is practicable after a rule is made under this section, the rule—

(*a*) is published in the prescribed manner, and

(*b*) is submitted to the Minister for laying before each House of the Oireachtas.

(9) Every rule made under this section shall be laid before each House of the Oireachtas as soon as may be after it is made and, if a resolution annulling the rule is passed by either such House within the next 21 days on which the House has sat after that rule is laid before it, the rule shall be annulled accordingly, but without prejudice to the validity of anything previously done under it.

Council's power to issue guidelines.

12.— (1) Without prejudice to the operation of *section 62* or *88(2)(b)* or *(i)*, *(3)(b)*, *(4)(b)* or *(8)*, the Council may from time to time prepare, for the guidance of medical practitioners and the public, guidelines not inconsistent with this Act (including any regulations or rules made under this Act) indicating the manner in which the Council proposes to perform its functions.

(2) The Council shall ensure that guidelines prepared by it under this section are published in the prescribed manner as soon as is practicable after the guidelines have been prepared.

PART 3

Statement of Strategy, Business Plan and Annual Report of Council

Council to prepare and submit statement of strategy.

13.— (1) Subject to *subsections (2)* to *(5)*, the Council shall—

(*a*) prepare and adopt a statement of strategy for the term of office of the Council (or, as the case requires, the remaining term of office of the Council), and

(*b*) submit the statement to the Minister—

(i) within 6 months after the commencement of this section,

(ii) within 6 months after the appointment of a new Minister having charge of the Department of Health and Children if that Minister requests that a statement of strategy be submitted,

(iii) within 6 months of the beginning of the term of office of each new Council appointed under *section 17*.

(2) The Council shall prepare a statement of strategy in a form and manner in accordance with any directions issued by the Minister and shall ensure that the statement specifies—

(*a*) the key objectives of the Council for the period to which the statement relates and the strategies for achieving those objectives,

(*b*) the manner in which the Council proposes to measure its achievement of those objectives, and

(*c*) the uses for which the Council proposes to apply its resources.

(3) The Council shall, in preparing the statement of strategy, have regard to the policies of the Government or a Minister of the Government to the extent that those policies may affect or relate to the functions of the Council.

(4) The Minister may direct the Council to amend a statement of strategy submitted to the Minister if, in the Minister's opinion, the statement—

(*a*) does not contain any information required under *subsection (2)*,

(*b*) does not comply in any other respect with *subsection (2)*, or

(*c*) has been prepared without regard to the policies referred to in *subsection (3)*.

(5) The Council shall comply with a direction given to it under *subsection (4)* within the period, if any, specified in the direction, being a period reasonable in the circumstances.

(6) The Council may amend an adopted statement of strategy and, in any such case—

(*a*) *subsections (2)* to *(5)* shall, with all necessary modifications, apply to the preparation of the amended statement as they apply to a statement of strategy prepared under *subsection (1)*, and

(*b*) the Council shall adopt the amended statement and submit it to the Minister within 3 weeks of the date on which the Council adopted the amended statement.

(7) Nothing in a statement of strategy is to be construed to prevent the Council from, or to limit the Council in, performing its functions.

Publication and implementation of statement of strategy.

14.— (1) The Minister shall ensure that a copy of a statement of strategy or an amended statement of strategy is laid before each House of the Oireachtas within 21 days after the statement is received by the Minister.

(2) The Council shall ensure that, as soon as is practicable after copies of a statement of strategy or of an amended statement of strategy are laid before the Houses of the Oireachtas, the statement is published in the prescribed manner.

(3) The Council shall submit progress reports to the Minister on the implementation of a statement of strategy or an amended statement of strategy, as the case requires—

(*a*) in its annual report, and

(*b*) in such other manner and at such intervals as the Minister may direct.

(4) F39**[**...**]**

(5) F39**[**...**]**

Council to prepare and forward business plan to Minister.

15.— (1) Subject to *subsections (2)* to *(5)*, the Council shall—

(*a*) prepare and adopt a business plan for the calendar year or other period as may be determined by the Minister, and

(*b*) submit the plan to the Minister.

(2) The Council shall prepare a business plan in a form and manner in accordance with any directions issued by the Minister (including any timescale in which the plan must be submitted to the Minister) and shall ensure that the plan—

(*a*) indicates the type and volume of business to be undertaken by the Council during the period to which the plan relates,

(*b*) indicates any capital plans proposed by the Council,

(*c*) contains estimates of the number of staff of the Council for the period and the business to which the plan relates, and

(*d*) contains any other information specified by the Minister.

(3) The Council shall, in preparing a business plan, have regard to—

(*a*) the statement of strategy in operation at that time,

(*b*) any direction issued by the Minister under *section 9(1)*, and

(*c*) the policies and objectives of the Minister and the Government as they relate to the functions of the Council.

(4) The Minister may direct the Council to amend a business plan submitted to the Minister if, in the Minister's opinion, the plan—

(*a*) does not contain any information required under *subsection (2)*,

(*b*) does not comply in any other respect with *subsection (2)*, or

(*c*) has been prepared without regard to a matter specified in *subsection (3)*.

(5) The Council shall comply with a direction given to it under *subsection (4)* within the period, if any, specified in the direction, being a period reasonable in the circumstances.

(6) The Council shall submit to the Minister with a business plan a statement of its estimate of the income and expenditure relating to the plan that is consistent with the monies estimated to be available to the Council for the period to which the business plan relates.

(7) The Minister shall ensure that copies of a business plan submitted to the Minister are laid before each House of the Oireachtas within 21 days after the plan is so submitted.

(8) The Council shall ensure that, as soon as is practicable after copies of a business plan are laid before the Houses of the Oireachtas, the plan is published in the prescribed manner.

(9) The Council may amend an adopted business plan and, in any such case—

(*a*) *subsections (2)* to *(8)* shall, with all necessary modifications, apply to the preparation of the amended plan as they apply to a business plan prepared under *subsection (1)*, and

(*b*) the Council shall adopt the amended plan and submit it to the Minister within 3 weeks of the date on which the Council adopted the amended plan.

Council to submit annual report to Minister.

16.— (1) Subject to *subsection (3)*, the Council shall, not later than 3 months after the end of each financial year or such further period, not exceeding 3 months, as the Minister permits, submit to the Minister a report (in this section referred to as the "annual report") of the activities of the Council in the immediately preceding financial year.

(2) The Minister may specify, by direction in writing to the Council, any information which is required to be included in the annual report.

(3) The Council shall comply with a direction given to it under *subsection (2)*.

(4) The Minister shall ensure that copies of the annual report are laid before each House of the Oireachtas as soon as may be after the report is received by the Minister.

PART 4

Members, Committees and Staff of Council

Members of Council.

17.— (1) Subject to *subsections (2)* to *(9)*, the members of the Council shall be appointed by the Minister and shall consist of the following 25 persons:

(*a*) 2 persons jointly nominated by the bodies approved under *section 88(2)(a)(i)(II)* to deliver programmes of basic medical education and training;

(*b*) one registered medical practitioner nominated by the Royal College of Physicians of Ireland in relation to medical specialties;

(*c*) one registered medical practitioner nominated by the Royal College of Surgeons in Ireland in relation to surgical specialties;

(*d*) one registered medical practitioner nominated by the Irish College of General Practitioners in relation to general practice;

(*e*) one registered medical practitioner nominated by—

(i) subject to *subparagraph (ii)*, the Irish Psychiatric Training Committee in relation to psychiatry,

(ii) if a body other than that Committee is approved under *section 89(3)(a)(ii)* to grant evidence of the satisfactory completion of specialist training in relation to psychiatry, that body;

(*f*) 6 registered medical practitioners practising medicine in the State (but excluding any visiting EEA practitioner) following their election, in accordance with regulations made under *section 18*, by registered medical practitioners;

(*g*) one person nominated by the Royal Irish Academy who is not and never has been a medical practitioner in the State or in another jurisdiction;

(*h*) 2 persons nominated by the Health Service Executive who are representative of the management of the public health sector;

(*i*) one person nominated by the Minister for Education and Science, after consultation with the Higher Education Authority, who is not and never has been a medical practitioner in the State or in another jurisdiction;

(*j*) one person nominated by An Bord Altranais whose name is entered in the register of nurses and midwives maintained under the Nurses Act 1985;

(*k*) one person nominated by the Health and Social Care Professionals Council—

(i) subject to *subparagraph (ii)*, who is a registrant within the meaning of section 3 of the Health and Social Care Professionals Act 2005,

(ii) in the absence of any such registrant, a person who is a member of a designated profession within the meaning of that section;

(*l*) one person nominated by the Health Information and Quality Authority who is not and never has been a medical practitioner in the State or in another jurisdiction;

(*m*) one person nominated by the Independent Hospitals Association of Ireland who is not and never has been a medical practitioner in the State or in another jurisdiction; and

(*n*) 5 persons who—

(i) are not and never have been medical practitioners in the State or in another jurisdiction, and

(ii) have such qualifications, expertise, interests or experience as, in the opinion of the Minister, would enable them to make a contribution to the performance of the Council's functions.

(2) Members of the Council shall perform their functions as such in the public interest.

(3) Only registered medical practitioners are eligible for election as the President or Vice-President of the Council in accordance with *Schedule 2*.

(4) The persons appointed under *subsection (1)(n)* may include members of advocacy groups and users of services provided by registered medical practitioners.

(5) The Minister shall, to the extent practicable, endeavour to ensure that there is an equitable balance between men and women in the membership of the Council.

(6) The Minister shall ensure that, as soon as is practicable after a person is appointed as a member of the Council, a notice to that effect that includes the person's name is published in *Iris Oifigiúil*.

(7) A person is not eligible for appointment as a member of the Council, or of a committee, if the person is—

(*a*) a member of either House of the Oireachtas or of the European Parliament,

(*b*) regarded, pursuant to section 19 of the European Parliament Elections Act 1997, as having been elected to the European Parliament to fill a vacancy, or

(*c*) a member of a local authority.

(8) F40**[**Subject to *subsection (8A)*, the 6 registered medical practitioners**]** appointed under *subsection (1)(f)* shall consist of—

(*a*) one medical practitioner registered, or able to be registered, in the Specialist Division in relation to obstetrics and gynaecology,

(*b*) one medical practitioner registered, or able to be registered, in the Specialist Division in relation to anaesthesia,

(*c*) one medical practitioner registered, or able to be registered, in the Specialist Division in relation to public health medicine,

(*d*) one medical practitioner registered, or able to be registered, in the Specialist Division in relation to pathology or radiology,

(*e*) one registered medical practitioner, not being a consultant, practising medicine in a hospital, and

(*f*) one registered medical practitioner not falling within any of *paragraphs (a)* to *(e)*.

F41[(8A) The references in *subsection (8)* to the Specialist Division shall, for the purposes of the first election and appointment of medical practitioners under *subsection (1)(f)*, be construed as references to the Register of Medical Specialists.]

(9) Without prejudice to the generality of the other provisions of this Act relating to the membership of the Council—

(*a*) the Minister may not refuse to appoint as a member of the Council a person nominated under *subsection (1)(a)*, *(b)*, *(c)*, *(d)*, *(e)*, *(g)*, *(h)*, *(i)*, *(j)*, *(k)*, *(l)* or *(m)* or elected as referred to in *subsection (1)(f)*, and

F42[(*b*) a person appointed to be a member of the Council pursuant to section 9 of the Act of 1978 shall, subject to that Act, continue to be a member of the Council until the first appointment of persons to be members of the Council pursuant to *subsection (1)* whereupon the person shall cease to be a member of the Council unless he or she is one of those persons so first appointed.]

F43[(10) Notwithstanding the appointment of persons to be members of the Council pursuant to this section, the Council may, without prejudice to *section 4*, perform any function assigned to it by any provision of the Act of 1978 until such provision is repealed.]

Elections.

18.— (1) The Minister may make regulations to specify the procedures to be followed for the purposes of an election referred to in *section 17(1)(f)* (including procedures preparatory to, or subsequent to, such an election).

(2) Every regulation made under this section shall be laid before each House of the Oireachtas as soon as may be after it is made and, if a resolution annulling the regulation is passed by either such House within the next 21 days on which that House has sat after that regulation is laid before it, the regulation shall be annulled accordingly, but without prejudice to the validity of anything previously done under it.

First meeting of Council under this Act.

19.— (1) The chief executive officer shall give notice in writing to the members of the Council of the time and place of the first meeting of the Council F45[following the first appointment of such members pursuant to *section 17*].

(2) The Council shall meet at the time and place notified by the chief executive officer under *subsection (1)* for its first meeting F45[following the first appointment of members of the Council pursuant to *section 17*] and shall thereupon enter on its functions under this Act.

Committees of Council.

20.— (1) Subject to *subsections (2)* to *(13)*, the Council may establish committees of the Council to perform any functions that, in the opinion of the Council, may be better or more conveniently performed by a committee and that are assigned by the Council to a committee.

(2) Without prejudice to the generality of *subsection (1)*, the Council shall establish—

(*a*) a committee, to be known as the Preliminary Proceedings Committee, to give initial consideration to complaints, and

(*b*) a committee, to be known as the Fitness to Practise Committee, to inquire into complaints,

to perform the functions under *Parts 7*, *8* and *9* that are respectively assigned to the committees.

(3) Without prejudice to the generality of *subsection (1)*, the Council may establish a committee, to be known as the Education and Training Committee, to perform such of the Council's functions under *Part 10* or *section 106* as are assigned by the Council to the Committee.

(4) Without prejudice to the generality of *subsection (1)*, the Council may establish a committee, to be known as the Health Committee, to perform such functions as are specified by the Council in support of—

(*a*) medical practitioners with relevant medical disabilities, and

(*b*) medical practitioners who have given consents under F47**[***section 59A(1)(c)* or *67(1)(c)***]**.

(5) Subject to *subsections (7)* and *(8)*, a committee may include in its membership persons who are not members of the Council.

(6) F46**[**...**]**

(7) No person shall be a member of more than one *section 20(2)* committee.

(8) At least one third of the members of a *section 20(2)* committee F46**[**...**]** shall be members of the Council.

(9) Subject to *subsection (10)*, at least one third of the membership of the Fitness to Practise Committee shall consist of medical practitioners.

(10) The majority of the membership of the Fitness to Practise Committee shall consist of persons who are not medical practitioners.

(11) The majority of the membership of a committee (except the Fitness to Practise Committee) shall consist of medical practitioners.

(12) The acts of a committee (except a *section 20(2)* committee) shall be subject to confirmation by the Council unless the Council dispenses with the necessity for such confirmation.

(13) The Council may, subject to the provisions of this Act, regulate the procedure of a committee but, subject to any such regulation, the committee may regulate its own procedure.

(14) The members of a *section 20(2)* committee, in performing the functions under this Act respectively conferred on—

(*a*) the members in their capacity as such members, or

(*b*) the *section 20(2)* committee of which they are members,

shall have the same protection and immunity as a judge of the Court performing the functions of a judge.

F48**[**(15) (*a*) Where the Council establishes a subcommittee of a committee, that subcommittee may perform any of the functions of that committee as if it were that committee, and every reference in this Act to that committee shall, unless the context otherwise requires, be construed as including a reference to that subcommittee.

(*b*) Subject to *paragraph (d)*, where a subcommittee of the Preliminary Proceedings Committee is established pursuant to rules made under *section 11*, that subcommittee may perform any of the functions of that Committee as if it were the Preliminary Proceedings Committee, and every reference in this Act to the Preliminary Proceedings Committee shall, unless the context otherwise requires, be construed as including a reference to the subcommittee.

(*c*) Subject to *paragraph (d)*, where a subcommittee of the Fitness to Practise Committee is established pursuant to rules made under *section 11*, that subcommittee may perform any of the functions of that Committee as if it were the Fitness to Practise Committee, and every reference in this Act

to the Fitness to Practise Committee shall, unless the context otherwise requires, be construed as including a reference to that subcommittee.

(*d*) Neither *paragraph (b)* nor *(c)* shall be construed as entitling a subcommittee referred to in that paragraph to itself establish a subcommittee.

(16) Where the term of office of one or more members of a committee ends during the consideration of a matter, including the consideration of a complaint under *Part 7* or *8*, the Council shall decide—

(*a*) that the member or members may continue in office beyond the expiration of his or her term, or their terms, for so long as is required for the committee to finish consideration of the matter,

(*b*) that the committee, as constituted without that member or those members, shall continue to consider that matter provided that the committee can achieve a quorum, or

(c) that the consideration of that matter be stopped and that a new constituted committee begin to consider the matter once the vacancy or vacancies created by the expiration of the term or terms has or have been filled,

and any decision of the committee on that matter following the Council's decision shall be valid as if no term of office had so expired.

(17) On the expiration of the term of office as a Council member of a person who is a member of a *section 20(2)* committee, that member may continue in office as a member of that committee beyond the expiration of the term so long as it is required for the committee to finish the consideration of a matter being considered by it on the date of that expiration, and the decision of the committee on that matter concerned shall be as valid as if the term of office as a member of the Council had not expired.

(18) The Council may dissolve a committee other than a *section 20(2)* committee.**]**

Expenses of members of Council and committees.

21.— A member of the Council or of any committee shall be paid, out of funds at the disposal of the Council, such allowances for travelling and subsistence expenses incurred in respect of the member's attendance at a meeting of the Council or of the committee, as the case may be, or otherwise in connection with the affairs of the Council as the Minister, with the consent of the Minister for Finance, determines.

Payment of allowances.

22.— (1) The Minister may, with the consent of the Minister for Finance, from time to time determine the amount of an allowance that may by paid by the Council to—

(*a*) the President of the Council in respect of the President's role as President,

(*b*) a member of the Council in respect of such membership, or

(*c*) a member of a committee in respect of such membership.

(2) An allowance referred to in *subsection (1)* shall be paid out of the funds at the disposal of the Council.

Removal of members of Council from office.

23.— (1) The Minister may at any time remove a member of the Council from office if F49**[**, in the Minister's opinion**]**—

(*a*) the member has become incapable through illness of performing the functions of the office,

(*b*) the member has committed stated misbehaviour,

(*c*) whether or not following a review under *subsection (9)*, F50**[**...**]** the member's behaviour prevents the Council from, or unnecessarily hinders the Council in, performing its functions in an effective manner,

(*d*) the member has contravened—

(i) *section 30*, or

(ii) an applicable provision of the Ethics in Public Office Act 1995,

or

(*e*) in performing functions under this Act, the member has not been guided by a code of conduct that has been drawn up under section 10(3) of the Standards in Public Office Act 2001 and that relates to the member.

(2) A member of the Council ceases to hold office if the member—

(*a*) is adjudicated bankrupt,

(*b*) makes a composition or arrangement with creditors,

(*c*) is convicted of an indictable offence,

(*d*) is convicted of an offence involving fraud or dishonesty,

(*e*) is the subject of an order under section 160 of the Companies Act 1990,

(*f*) is sentenced to a term of imprisonment by a court of competent jurisdiction, or

(*g*) is removed by a competent authority for any reason (other than failure to pay a fee) from any register established for the purpose of registering members of a profession in the State or in another jurisdiction.

(3) A member of the Council who does not, for a consecutive period of 6 months, attend a meeting of the Council ceases at the end of that period to hold office unless the member demonstrates to the Minister's satisfaction that the failure to attend was due to illness.

(4) Where the Council does not perform any function conferred on it under this Act, the Minister may, by order, direct the Council to perform that function and for that purpose to do such other things ancillary or incidental thereto as may be specified in the order.

(5) Subject to *subsection (7)*, where the Council fails to comply with any direction of the Minister contained in an order under *subsection (4)*, the Minister may, by order, remove from office the members of the Council.

(6) Subject to *subsection (7)*, the Minister may, by order, remove all the members of the Council from office if—

(*a*) the Council fails to achieve a quorum for 3 consecutive meetings,

(*b*) the Council does not comply with a judgment, order or decree of any court,

(*c*) the Council does not comply with a direction of the Minister or any other requirement imposed on it by or under any enactment including this Act, or

(*d*) whether or not following a review under *subsection (9)*, the Minister is satisfied that the members' behaviour prevents the Council from, or unnecessarily hinders the Council in, performing its functions in an effective manner.

(7) An order under *subsection (5)* or *(6)* removing the members of the Council from office shall not have effect unless—

(*a*) a draft of the proposed order and a statement of the reasons for the order have been laid before the Houses of the Oireachtas, and

(*b*) a resolution approving the draft has been passed by each House.

(8) Where the Council fails to achieve a quorum for 3 consecutive meetings, the chief executive officer shall, forthwith upon the occurrence of that failure, give the Minister notice in writing of that failure.

(9) The Minister may, if of the opinion that the Council's functions are not being performed in an effective manner, appoint a person to—

(*a*) conduct an independent review of any matter giving rise to that opinion, and

(*b*) submit a report to the Minister on the results of the review.

(10) For the purposes of a review referred to in *subsection (9)*, the Council shall give the person conducting the review all reasonable assistance, including access to such premises, equipment and records, as the person may require for the purposes of the review.

(11) The removal of the members of the Council from office does not revoke or otherwise affect any delegation of the Council's functions to the chief executive officer under *section 24*.

(12) An order under *subsection (5)* or *(6)* may contain such provisions as the Minister considers necessary to enable the functions of the Council to be performed notwithstanding the removal from office of its members, and any such order may, in particular, appoint a person or persons to discharge all or any of the functions of the Council.

(13) In this section "applicable provision of the Ethics in Public Office Act 1995", in relation to a member of the Council, means a provision of that Act that, by virtue of a regulation under section 3 of that Act, applies to that member.

Chief executive officer.

24.— (1) Subject to *subsection (4)(a)*, the Council shall appoint a chief executive officer to—

(*a*) carry on and manage and control generally the administration of the Council and the F53**[**business of the Council,**]**

F54**[**(*aa*) investigate complaints, and**]**

(*b*) perform any other functions that may be delegated by the Council.

(2) Subject to *subsection (4)(b)*, the chief executive officer holds office on the conditions (including those relating to remuneration, allowances and superannuation) that are determined by the Council with the prior approval of the Minister given with the consent of the Minister for Finance.

(3) The chief executive officer shall be paid by the Council, out of the funds at its disposal, the remuneration and allowances determined under *subsection (2)*.

(4) Notwithstanding the repeal of F51**[**section 16 of**]** the Act of 1978 by *section 3*, the person who was the Registrar, within the meaning of that Act, F52**[**immediately before that repeal**]** shall be deemed to be the chief executive officer of the Council—

(*a*) as if, F52**[**on that repeal**]**, the Council had appointed under *subsection (1)* the person to be the chief executive officer of the Council for the remaining period, if any, that was left to run for the person to hold the office of such Registrar F52**[**immediately before that repeal**]**, and

(*b*) on the same conditions (including those relating to the termination of appointment) as the person held office as such Registrar F52**[**immediately before that repeal**]**,

and the other provisions of this Act shall be construed accordingly.

F54**[**(5) If the chief executive officer is absent or the position of chief executive officer is vacant, the functions of the chief executive officer may be performed, by an employee of the Council designated by the Council, for a period of not more

than 6 months in any year as specified by the Council or such further period as specified by the Council with the consent of the Minister.

(6) The chief executive officer may delegate in writing any of his or her functions to a specified member of staff of the Council, and that member of staff shall be accountable to the chief executive officer for the performance of the functions so delegated.

(7) The chief executive officer may revoke in writing a delegation made in accordance with this section.**]**

Staff of Council.

25.— (1) Subject to *subsection (4)(a)*, the Council shall appoint such and so many persons to be staff of the Council as the Council from time to time thinks proper with the approval of the Minister given with the consent of the Minister for Finance.

(2) Subject to *subsection (4)(b)*, a member of staff of the Council shall hold office or employment on the conditions (including those relating to remuneration, allowances and superannuation) that are determined by the Council with the prior approval of the Minister given with the consent of the Minister for Finance.

(3) The staff of the Council shall be paid by the Council, out of the funds at its disposal, the remuneration and allowances determined under *subsection (2)*.

(4) Notwithstanding the repeal of F55**[**section 17 of**]** the Act of 1978 by *section 3*, a person who was an officer or servant of the Council, appointed under section 17(1) of that Act, F56**[**immediately before that repeal**]** shall be deemed to be a member of the staff of the Council—

(*a*) as if, F56**[**on that repeal**]**, the Council had appointed under *subsection (1)* the person to be a member of the staff of the Council for the remaining period, if any, that was left to run for the person to hold office as such officer or servant, as the case may be, F56**[**immediately before that repeal**]**, and

(*b*) on the same conditions (including those relating to termination of appointment) as the person held office as such officer or servant, as the case may be, F56**[**immediately before that repeal**]**,

and the other provisions of this Act shall be construed accordingly.

Age limits.

26.— F57**[**(1) Subject to *subsection (2)*, a person who is a permanent officer of the Council shall cease to be a permanent officer on attaining the age of 70 years or, where a higher age is prescribed by order under section 3A(2) of the Public Service Superannuation (Miscellaneous Provisions) Act 2004 for the purposes of that Act, that age.**]**

(2) *Subsection (1)* shall not apply to a person who is a new entrant (within the meaning of the Public Service Superannuation (Miscellaneous Provisions) Act 2004) appointed on or after 1 April 2004.

(3) F58**[**...**]**

Superannuation.

27.— The Local Government (Superannuation) Act 1980 shall apply to the Council and its staff as if the Council were a local authority and the staff were the staff of a local authority but subject to any modifications (including modifications relating to service reckonable as pensionable service) which may, with the consent of the Minister for the Environment, Heritage and Local Government, be determined by the Minister.

Membership of either House of Oireachtas by member of staff of Council.

28.— (1) Where a person who is a member of the staff of the Council (including the chief executive officer) becomes a member of either House of the Oireachtas, the person—

(*a*) shall stand seconded from being a member of such staff during the period (in this section referred to as the "secondment period")—

(i) commencing on the date the person becomes entitled under the Standing Orders of that House to sit therein, and

(ii) ending on the date when—

(I) the person ceases to be a member of that House, or

(II) the person ceases to be a member of such staff,

whichever is the earlier,

(*b*) shall not be paid by, or entitled to receive from, the Council any remuneration or allowance in respect of the secondment period, and

(*c*) shall not be entitled to reckon the whole or any part of the secondment period for any superannuation benefits payable under this Act.

(2) A person who is for the time being entitled under the Standing Orders of either House of the Oireachtas to sit therein shall, while so entitled, be disqualified from becoming a member of the staff of the Council.

Membership of local authority or European Parliament by member of staff of Council.

29.— *Section 28* shall, with all necessary modifications, apply to a person who is a member of the staff of the Council who becomes a member of—

(*a*) a local authority, or

(*b*) the European Parliament,

as that section applies to a member of staff of the Council who becomes a member of either House of the Oireachtas.

Disclosure of interests by members of Council or committee.

30.— (1) Any member present at a meeting where a specified matter arises who, otherwise than in the member's capacity as a member, has a material interest in that matter shall—

(*a*) at the meeting disclose to the Council or committee the nature of that interest,

(*b*) withdraw from the meeting for as long as the matter is being discussed or considered,

(*c*) take no part in any deliberation of the members relating to the matter, and

(*d*) refrain from voting on any decision relating to the matter.

(2) Where a member discloses a material interest under this section—

(*a*) the disclosure shall be recorded in the minutes of the meeting concerned, and

(*b*) for as long as the matter to which the disclosure relates is being dealt with by the meeting, the member shall not be counted in the quorum for the meeting.

(3) Where at a meeting a question arises as to whether or not a course of conduct, if pursued by a member, would be a failure by the member to comply with *subsection (1)*—

(*a*) the chairperson of the meeting may, subject to *subsection (4)*, determine the question,

(*b*) the chairperson's determination is final, and

(*c*) the particulars of the determination shall be recorded in the minutes of the meeting.

(4) Where the chairperson of a meeting is the member in respect of whom a question referred to in *subsection (3)* arises, the other members present at the

meeting shall choose one of their number to be the chairperson of the meeting for the purposes of that subsection.

(5) A member who, otherwise than in the member's capacity as a member, has a material interest in a specified matter shall neither influence nor seek to influence any decision to be made by the Council or committee in relation to that matter.

(6) Where the Minister is satisfied that a member has failed to comply with *subsection (1)* or *(5)*, the Minister may remove that member from office.

(7) A member removed from office under this section is not eligible for appointment under this Act.

(8) In this section—

"meeting" means a meeting of the Council or of a committee;

"member" means a member of the Council or of a committee;

"specified matter" means—

(*a*) an arrangement to which the Council is a party or a proposed such arrangement, or

(*b*) a contract or other agreement with the Council or a proposed such contract or other agreement.

Disclosure of interests by members of staff of Council.

31.— (1) Subject to *subsection (2)*, a member of the staff of the Council (including the chief executive officer) who, otherwise than in the member's capacity as such a member, has a material interest in a specified matter within the meaning of *section 30(8)* shall—

(*a*) disclose to the Council the nature of that interest,

(*b*) take no part in the negotiation of the arrangement, contract or other agreement concerned or in any deliberation by the Council or its staff relating to that matter,

(*c*) refrain from making any recommendation relating to the matter, and

(*d*) neither influence nor seek to influence a decision to be made in relation to the matter.

(2) *Subsection (1)* shall not apply to contracts or proposed contracts of employment of the members of the staff of the Council with the Council.

(3) Where a member of the staff of the Council fails to comply with *subsection (1)*, the Council may—

(*a*) make such alterations to the member's conditions of employment as it considers appropriate, or

(*b*) terminate the member's contract of employment.

PART 5

Accounts and Finances of Council

Accounts of Council.

32.— (1) The Council shall keep all proper accounts of—

(*a*) all income and expenditure of the Council and of the sources of such income and the subject matter of such expenditure, and

(*b*) all property, assets and liabilities of the Council.

(2) The accounts of the Council shall be audited at least once in every year by the Comptroller and Auditor General.

(3) The Council shall, as soon as may be after each audit under this section, give the Minister a copy of the accounts of the Council and the Comptroller and Auditor General's certificate and report thereon.

(4) The Council shall—

(*a*) as soon as may be after each audit under this section, cause the accounts of the Council and the Comptroller and Auditor General's certificate and report thereon to be printed, published and put on sale, and

(*b*) immediately after each such publication, cause a copy of such accounts and such certificate and report thereon as so printed and published to be laid before each House of the Oireachtas.

(5) Nothing in this section shall be construed as entitling the Comptroller and Auditor General to question—

(*a*) the policy objectives of the Council, or

(*b*) the need for or the conduct of an inquiry.

Power of Council to borrow.

33.— (1) The Council may, with the consent of the Minister for Finance and subject to the conditions, if any, which are imposed by the Minister, or in accordance with the directions, if any, given by the Minister, borrow money for capital or current purposes.

(2) Any monies borrowed by the Council pursuant to this section and any interest accruing thereon may be secured on the revenue, funds or property of the Council.

Acceptance of gifts by Council.

34.— (1) Subject to *subsection (2)*, the Council may accept gifts of money, land or other property upon such trusts and conditions, if any, as are specified by the donor.

(2) The Council shall not accept a gift if the conditions attached to the acceptance by the donor are inconsistent with the functions of the Council.

Expenses of Council and Minister.

35.— (1) All expenses incurred by the Council shall be defrayed by the Council out of funds at the disposal of the Council.

(2) Any expenses incurred by the Minister in the administration of this Act shall, to such extent as may be approved by the Minister for Finance, be paid out of monies provided by the Oireachtas.

(3) The Minister may—

(*a*) with the consent of the Minister for Finance, arrange for the provision of assistance to the Council, in the performance of its functions under *Part 11* , out of monies provided by the Oireachtas for the purpose,

(*b*) after consultation with the Council and with the consent of the Minister for Finance, arrange for the provision of assistance to the Council, in the performance of specified functions of the Council not falling under *Part 11* , out of the monies provided by the Oireachtas for the purpose.

(4) The Council may allocate, in a manner that it determines, the surplus of any funds at its disposal to—

(*a*) education,

(*b*) research, or

(*c*) public purposes,

connected with the medical profession.

Fees that Council may charge.

36.— (1) Subject to *subsections (2)* and *(3)*, the Council may charge such fees as may, from time to time, be determined by the Council for—

F59**[**(*a*) the registration under *section 46*, *47*, *48*, *49* or *50A* of a medical practitioner,**]**

F59**[**(*b*) the annual retention of the registration under *section 44*, *46*, *47*, *48*, *49* or *50A*, of a medical practitioner,**]**

(*c*) the restoration of the registration under *section 46*, *47*, *48* or *49*, or under F60**[**section *80*, *80B* or *81***]**, of a medical practitioner,

(*d*) the entry of additional qualifications of any medical practitioner in the register pursuant to *section 51*,

(*e*) the giving to a medical practitioner of a certificate of registration,

(*f*) the approval of a body under *section 88(2)(a)(i)(II)* or *89(3)(a)(ii)*,

(*g*) the annual retention of the approval of a body under *section 88(2)(a)(i)(II)* or *89(3)(a)(ii)*,

(*h*) the recognition of a body under *section 91(4)(a)*,

(*i*) the annual retention of the recognition of a body under *section 91(4)(a)*,

(*j*) the grant of a licence referred to in *section 106*,

(*k*) any other service which the Council may, from time to time, provide.

(2) The Council shall not charge a fee for the registration, or the restoration of the registration, of a medical practitioner in the Visiting EEA Practitioners Division.

(3) The Council shall not charge a fee for any matter referred to in *subsection (1)(f)* to *(i)* except with the consent in writing of the Minister.

F64**[**PART 5A

REGISTRATION OF INTERNS**]**

F65**[**Definitions. **36A**.— ...**]**

F66**[**Register of interns. **36B**.— ...**]**

F67**[**Application for recognition of qualification. **36C**.— ...**]**

F68**[**Requirements to be met for recognition of qualification. **36D**.— ...**]**

F71**[**Application for registration. **36E**.— ...**]**

F72**[**Provisions supplementary to *sections 36B* and *36E*. **36F**.— ...**]**

F73[Conditions attached to registration. **36G**.— ...]

F74[Appeal to Court against certain decisions of Council. **36H**.— ...]

F75[Correction of register. **36I**.— ...]

F76[Publication of register. **36J**.— ...]

F77[PART 5B

REGISTRATION OF ADAPTERS]

F78[Interpretation - *Part 5B*. **36K**.— ...]

F79[Register of adapters. **36L**.— ...]

F80[Application for registration. **36M**.— ...]

F81[Provisions supplementary to *sections 36L* and *36M*. **36N**.— ...]

F82[Conditions attached to registration. **36O**.— ...]

F83[Appeal to Court against certain decisions of Council. **36P**.— ...]

F84[Correction of register. **36Q**.— ...]

F85[Publication of register. **36R**.— ...]

PART 6

REGISTRATION OF MEDICAL PRACTITIONERS

Unregistered medical practitioners shall not practise medicine.

F86[**37.** (1) Subject to *sections 38* and *38B*, a person (including a medical practitioner) shall not practise medicine unless he or she is—

(*a*) a registered medical practitioner,

(*b*) an intern, or

(*c*) an adapter.

(2) Subject to *section 50*, a person shall not advertise his or her services as a medical practitioner unless he or she is a registered medical practitioner.**]**

Circumstances in which unregistered medical practitioners may practise medicine.

38.— F89**[**A person does not contravene *section 37(1)***]** if—

(*a*) F89**[**the person**]** is a dentist registered under the Dentists Act 1985 who only practises medicine in the course of, and for the purpose of, the lawful practise of dentistry,

(*b*) F89**[**the person**]** is a person registered under the Nurses Act 1985 who only practises medicine in the course of, and for the purposes of, the lawful practise of nursing or midwifery,

(*c*) F89**[**the person**]** is a registered pharmaceutical chemist or a registered dispensing chemist and druggist, under the Pharmacy Acts 1875 to 1977, who only practises medicine in the course of, and for the purposes of, the lawful practise of pharmacy in accordance with those Acts,

(*d*) F89**[**the person**]** is a person registered under the Health and Social Care Professionals Act 2005 to practise a profession designated under that Act who only practises medicine in the course of, and for the purposes of, the lawful practise of that profession,

F87**[**(*e*) F90**[**...**]**

(*f*) F89**[**the person**]** only practices medicine in any combination of any of the circumstances specified in F89**[***paragraphs (a)* to *(d)***]]**

(*g*) F88**[**...**]**

F91**[**Duty of medical practitioner — indemnity

38A.— (1) A registered medical practitioner shall ensure that the minimum level of indemnity (if any) applicable to him or her is in place at all times during which the practitioner's registration continues.

(2) A medical practitioner who contravenes *subsection (1)* shall, not later than 14 working days after the contravention occurs, give notice in writing to the Council of the contravention and particulars of the matters giving rise to the contravention (and whether or not the practitioner has, subsequent to the contravention, ceased to contravene that subsection).**]**

F92**[**Circumstances in which persons may practise medicine.

38B. (1) A person does not contravene *section 37(1)* if the person practises medicine only in the course of rendering first aid to another person.

(2) *Subsection (3)* applies to a person who is qualified to practise medicine under the law of a place outside the State and—

(*a*) who is in the State for a humanitarian purpose,

(*b*) who is a specialist in a medical specialty recognised under *section 89(1)* and in the State to provide medical treatment for the purpose of teaching or training in relation to that specialty, or

(*c*) who is in the State for the purpose of accompanying a sports team participating in a sporting event in the State.

(3) A person to whom this subsection applies does not contravene *section 37(1)* if the person practises medicine—

(*a*) relevant to a purpose referred to in *subsection (2)(a)*, *(b)* or *(c)*, and

(*b*) in accordance with a permit issued by the Council to that person and specifying the purpose referred to in *subsection (2)(a)*, *(b)* or *(c)* concerned,

for not more than the period specified in that permit (being a period not exceeding 30 days).**]**

Designated titles.

39.— (1) Subject to *subsections (2)*, *(3)* and *(4)*, the Minister may, after consulting the Council or pursuant to a recommendation of the Council, make regulations to designate for the purposes of this Act any title (including variants thereof and any combination of letters) to be used by any registered medical practitioner, or a class of registered medical practitioners, as specified in the regulations.

(2) The Minister shall not exercise the power under *subsection (1)* to designate for the purposes of this Act a title unless—

(*a*) the Minister has given interested persons, organisations and other bodies an opportunity to make representations to the Minister concerning the proposed designation,

(*b*) subject to *subsection (3)*, the Minister considers that it is appropriate and in the public interest that the title be so designated, and

(*c*) the regulations made in exercise of that power provide that a person who was, immediately before the commencement of the regulations, lawfully using the title but who, on that commencement, would contravene *section 40(2)* if the person continued to use the title, may continue to use the title for the period specified in the regulations (F93**[**being a period reasonable in the circumstances but, in any case, not less than 6 months**]**) without contravening that section.

(3) The Minister shall, in considering for the purposes of *subsection (2)(b)* whether it is appropriate and in the public interest that a specific title be designated for the purposes of this Act, have regard to—

(*a*) the extent to which any class of medical practitioners has, in the opinion of the Council, a defined scope of practice and applies a distinct and recognised body of knowledge,

(*b*) the degree of risk to the health, safety or welfare of the public from the incompetent, unethical or impaired practice of any class of medical practitioners, and

(*c*) any other factor that the Minister considers relevant.

(4) The Minister shall not make regulations under this section unless—

(*a*) a draft of the proposed regulations has been laid before the Houses of the Oireachtas, and

(*b*) a resolution approving the draft has been passed by each such House.

Use of designated titles.

40.— (1) A registered medical practitioner shall not use a title designated for the purposes of this Act pursuant to regulations made under *section 39(1)* unless—

(*a*) the regulations specify that the title may be used by any registered medical practitioner, or

(*b*) the practitioner falls within the class of registered medical practitioners that the regulations specify may use the title.

(2) Subject to *section 39(2)(c)*, a person shall not use a title referred to in *subsection (1)* unless entitled by virtue of that subsection to use the title.

Offences and penalties.

41.— (1) A person is guilty of an offence if the person—

F94**[**(*a*) contravenes *section 37(1)* or *(2)* or *40(2)***]**

(*b*) falsely represents to be a registered medical practitioner, or

(*c*) being a registered medical practitioner, falsely represents to be registered in a division of the register other than the division in which the person is registered.

(2) A person is guilty of an offence if the person causes or permits another person to make representations about the first-mentioned person that, if made by the first-mentioned person, would be an offence under *subsection (1)*.

(3) A person is guilty of an offence if the person, with intent to deceive, makes with regard to another person any representation that—

(*a*) the first-mentioned person knows to be false, and

(*b*) if made by the other person would be an offence by the other person under *subsection (1)*.

(4) A person is guilty of an offence if the person makes or causes to be made any false declaration or misrepresentation for the purpose of obtaining registration.

(5) A person guilty of an offence under this section is liable—

(*a*) on summary conviction, to a fine not exceeding €5,000 or imprisonment for a term not exceeding 6 months or both,

(*b*) on conviction on indictment—

(i) in the case of a first offence, to a fine not exceeding €130,000 or to imprisonment for a term not exceeding 5 years or both,

(ii) in the case of any subsequent offence, to a fine not exceeding €320,000 or to imprisonment for a term not exceeding 10 years or both.

(6) It shall be a defence in proceedings for an offence under *subsection (1)(a)* or *(2)* for the person charged with the offence to prove that the person took all reasonable steps to avoid the commission of the offence.

(7) Where a person is convicted of an offence under this section, the court recording the conviction shall, unless it is satisfied that there are special and substantial reasons for not doing so, order the person to pay to the prosecution the costs and expenses, measured by the court, incurred by the prosecution in relation to the prosecution of the offence.

Recovery of fees, etc.

42.— (1) Subject to *subsection (2)*, an unregistered medical practitioner shall not be entitled to charge or recover fees or outlays for medical services provided by the practitioner in the course of practising medicine.

(2) *Subsection (1)* shall not apply to—

(*a*) medical services provided by an unregistered medical practitioner at a time when the practitioner was a registered medical practitioner, or

(*b*) medical services provided by an unregistered medical practitioner to the extent that they were provided in any of the circumstances specified in any of *paragraphs (a)* to *(g)* of *section 38* F96**[**or in *section 38B***]**.

Register.

43.— (1) The Council shall establish and maintain a register to be known as the register of medical practitioners.

(2) The register shall contain the names of the medical practitioners registered, and the qualifications they are entitled to have registered, under this Act and F97**[**shall consist of 5 divisions**]** comprising—

(*a*) the General Division, which shall include the names of those medical practitioners F98**[**registered in that division pursuant to *section 44* or *46***]** and such other identifying particulars of those practitioners as the Council considers appropriate,

(*b*) the Specialist Division, which shall include the names of those medical practitioners F98**[**registered in that division pursuant to section *44* or *47***]** and such other identifying particulars of those practitioners as the Council considers appropriate,

(*c*) the Trainee Specialist Division, which shall include the names of those medical practitioners F98**[**registered in that division pursuant to *section 44*, *48* or *49***]** and such other identifying particulars of those practitioners F97**[**as the Council considers appropriate,**]**

(*d*) the Visiting EEA Practitioners Division, which shall include the names of those medical practitioners F98**[**registered in that division pursuant to *section 44* or *50***]** and such other identifying particulars of those practitioners F97**[**as the Council considers appropriate, and**]**

F99**[**(*e*) the Supervised Division, which shall include the names of those medical practitioners registered in that division pursuant to *section 50A* and such other identifying particulars of those practitioners (including the individually numbered, identifiable post to which each such registration applies) as the Council considers appropriate.**]**

(3) The register may be established and maintained in paper or electronic form.

(4) A certificate purporting to be signed by the chief executive officer, or another member of the staff of the Council authorised by the chief executive officer to give a certificate under this subsection, and to certify that on a specified day or days or during the whole of a specified period—

(*a*) a person named in the certificate—

(i) was a registered medical practitioner,

(ii) was a registered medical practitioner in the General Division, the Specialist Division, F97**[**the Trainee Specialist Division, the Visiting EEA Practitioners Division or the Supervised Division,**]** or

(iii) was not a registered medical practitioner,

or

(*b*) the registration of a medical practitioner named in the certificate—

(i) was suspended, or

(ii) was subject to the relevant conditions specified in the certificate,

shall, without proof of the signature of the person purporting to sign the certificate or that the person was the chief executive officer or another member of the staff of the Council so authorised, as the case may be, be evidence, unless the contrary is proved, of the matters stated in the certificate.

(5) The Council shall, as soon as is practicable after a medical practitioner has been registered and the appropriate fees paid, give the practitioner a certificate stating—

(*a*) the practitioner's name,

(*b*) the registration number attached to the practitioner's registration,

(*c*) the division of the register in which the practitioner's name has been included, and

(*d*) such other identifying particulars of the practitioner as the Council considers appropriate.

(6) Where relevant conditions have been attached to the registration of a practitioner, the Council shall enter in the register—

(*a*) a statement that the practitioner's registration is subject to conditions, and

(*b*) particulars of the conditions.

(7) A registered medical practitioner shall, as soon as may be after the practitioner has received the certificate referred to in *subsection (5)* and if it is practicable to do so, cause the certificate to be displayed—

(*a*) at the principal place where the practitioner practises medicine, and

(*b*) at all times during which the practitioner's registration continues and at no other time.

(8) A registered medical practitioner shall, as soon as may be after the person has received the certificate referred to in *subsection (5)*, cause the registration number stated on that certificate to be included on all medical prescriptions and all other documentation and records, whether in paper or electronic format, relating to that practitioner's practice as a registered medical practitioner.

F100**[**(7A) A registered medical practitioner shall, as soon as may be after the practitioner has received the certificate referred to in *subsection (5)* and, if it is practicable to do so, cause evidence in the manner specified by rules (if any) made under *section 11(2)(va)*, of the minimum level of indemnity (if any) applicable to him or her to be displayed—

(*a*) at the principal place where the practitioner practises medicine, and

(*b*) at all times during which the practitioner's registration continues and at no other time.**]**

Transitional provisions applicable to register.

44.— F102**[**(1) A medical practitioner whose name is, immediately before the register establishment day, entered in the General Register of Medical Practitioners shall, on that day, be deemed to be registered in the register.**]**

(2) Without prejudice to the operation of *subsection (3)*, a medical practitioner whose name is entered in the General Register of Medical Practitioners pursuant to—

(*a*) section 28 (as substituted by section 6 of the Act of 2002) of the Act of 1978, or

(*b*) section 29 (as amended by section 7 of the Act of 2002) of the Act of 1978,

may, for so long as the practitioner's name is so entered, only practise medicine pursuant to that registration subject to the same conditions that were applicable to the practise of medicine by that practitioner immediately before F102**[**the repeal of each of those sections by *section 3*]**.

(3) Where the Council gives the Minister a notice in writing stating the date on which the Council will be ready to administer the register, the Minister shall publish a notice in *Iris Oifigiúil* specifying that date as the date on which the register comes into operation.

(4) The Council shall ensure that, on the register establishment day—

(*a*) subject to *paragraphs (c)* to *(i)*, the name of a medical practitioner whose name is entered in the General Register of Medical Practitioners immediately before that day is entered in the General Division,

(*b*) subject to *paragraphs (c)* to *(i)*, the name of a medical practitioner whose name is entered in the Register of Medical Specialists immediately before that day is entered in the Specialist Division,

(*c*) the name of a medical practitioner whose name is entered in both the General Register of Medical Practitioners and the Register of Medical Specialists immediately before that day is only entered in the Specialist Division,

(*d*) the name of a medical practitioner whose name is entered in the General Register of Medical Practitioners immediately before that day pursuant to section 28 (as substituted by section 6 of the Act of 2002) of the Act of 1978 is entered in the Trainee Specialist Division,

(*e*) the name of a medical practitioner—

(i) whose name is entered in the General Register of Medical Practitioners or the Register of Medical Specialists, or both, immediately before that day, and

(ii) who practises medicine in an individually numbered, identifiable post which has been approved by the Council for the purpose of medical specialist training,

is only entered in the Trainee Specialist Division,

(*f*) the name of a medical practitioner whose name is entered in the General Register of Medical Practitioners immediately before that day pursuant to section 29 (as amended by section 7 of the Act of 2002) of the Act of 1978 is only entered in the Trainee Specialist Division,

(*g*) subject to *subsection (5)*, where any conditions were, immediately before that day, attached to the registration of any medical practitioner whose name is entered in the General Register of Medical Practitioners or the Register of Medical Specialists immediately before that day, there is entered in the register—

(i) a statement that the practitioner's registration is subject to conditions, and

(ii) particulars of the conditions,

(*h*) where immediately before that day and pursuant to Part V of the Act of 1978 the registration of the name of a medical practitioner entered in the General Register of Medical Practitioners or the Register of Medical Specialists immediately before that day had no effect for the duration of a specified period which expires on a date after the register establishment day, there is entered in the register—

(i) a statement that the practitioner's registration has no effect for the time being, and

(ii) a statement as to the date on which the practitioner's registration will (barring any further sanctions being imposed under this Act on the practitioner) once again have effect,

and

(*i*) no medical practitioner is registered in more than one division of the register except that a medical practitioner who is registered in the Specialist Division may also be registered in the Trainee Specialist Division if, and only if, the practitioner is undergoing specialist training in a medical specialty other than the medical specialty in respect of which the practitioner is registered in the Specialist Division.

(5) The Council is not required to comply with *subsection (4)(g)* in the case of conditions referred to in that subsection attached to the registration of a medical practitioner referred to in that subsection if the Council is satisfied that the division of the register in which the practitioner is registered makes those conditions redundant.

(6) Nothing in this section shall of itself operate to prevent a medical practitioner registered in the Specialist Division from practising medicine as if the practitioner were registered in the General Division.

F103**[**Application for recognition of qualification.

44A.— ...**]**

F104**[**Requirements to be met for recognition of qualification as general qualification.

44B.— ...**]**

F106**[**Requirements to be met for recognition of qualification as specialist qualification.

44C.— ...**]**

Registration of medical practitioners — general.

F107**[45.**— (1) A person may make an application to the Council, accompanied by the appropriate fee, to be registered in a division of the register other than the Supervised Division.

(2) An application under *subsection (1)* by a person shall be accompanied by—

(*a*) subject to *paragraph (b)*, evidence, in the manner specified by rules (if any) made under *section 11(2)(va)*, that the minimum level of indemnity (if any) applicable to that person is in place, or

(*b*) if the person does not fall within any class of medical practitioners in so far as a minimum level of indemnity is concerned, evidence of that fact.

(3) *Subsection (2)* applies, with all necessary modifications, to a renewal or restoration of registration as it applies to a first registration.

(4) The Council shall determine an application under *subsection (1)* from a person by registering the person in that division of the register (other than the Supervised Division) which is considered by the Council to be appropriate if—

(*a*) the Council is satisfied that the person holds a general qualification or specialist qualification,

(*b*) either—

(i) the person satisfies the Council that he or she has a knowledge of either the English language or the Irish language necessary for practising medicine in the State, or

(ii) the person passes the controls referred to in Regulation 85 of the Regulations of 2017 for controlling compliance with the languages obligation under paragraph (1) of that Regulation,

(*c*) the person satisfies the Council that he or she is a fit and proper person to practise medicine in the State, and

(*d*) rules made under *section 11* apply to the person, the person satisfies the Council that he or she complies with the rules.

(5) Subject to *subsection (6)*, the Council shall not register a person in more than one division of the register.

(6) A medical practitioner who is registered in the Specialist Division may also be registered in the Trainee Specialist Division if, and only if, the practitioner is undergoing specialist training in a medical specialty other than the specialty in respect of which the practitioner is registered in the Specialist Division.

(7) Notwithstanding any other provision of this Act, the Council shall not register a person unless the Council is satisfied that the person has provided—

(*a*) subject to *paragraph (b)*, evidence, in the manner specified by rules (if any) made under *section 11(2)(va)*, that the minimum level of indemnity (if any) applicable to that person is in place, or

(*b*) if the person does not fall within any class of medical practitioners in so far as a minimum level of indemnity is concerned, evidence of that fact.

(8) The Council may, by notice in writing given to a person who has made an application under *subsection (1)*, request the person to give to the Council, within the period specified in the notice, such further information as the Council may require in order to determine the application.**]**

Medical practitioners to be registered in General Division.

46.— The Council shall register in the General Division a medical practitioner (other than a visiting EEA practitioner)—

(*a*) who is not able to be registered—

(i) in the Specialist Division pursuant to *section 47* , or

(ii) in the Trainee Specialist Division pursuant to *section 48* or *49*,

and

(*b*) who—

(i) has passed an examination, specified in rules made under *section 11* for the purposes of this subparagraph, for the purposes of registration in the General Division,

(ii) is exempted from *subparagraph (i)* by virtue of falling within a ground, specified in rules made under *section 11* for the purposes of this subparagraph, for such exemption,

F108**[**(iii) has his or her qualifications as a medical practitioner recognised under the Regulations of 2017, or**]**

(iv) subject to rules made under *section 11* which apply to this subparagraph, has been granted a document which, in the opinion of the Council, is at least the equivalent of a certificate of experience.

Medical practitioners to be registered in Specialist Division.

47. (1) The Council shall, in accordance with the relevant criteria specified in rules made under *section 11*, register in the Specialist Division the following medical practitioners:

(*a*) every medical practitioner who has, in the opinion of the Council, completed specialist training in a medical specialty recognised by the Council under *section 89(1)*;

(*b*) every medical practitioner who is granted evidence of satisfactory completion of specialist training by a body approved under *section 89(3)(a)(ii)*;

F110**[**(*c*) every medical practitioner who has his or her qualifications as a specialised doctor recognised under the Regulations of 2017; or**]**

(*d*) F111**[**...**]**

(*e*) F111**[**...**]**

(*f*) any medical practitioner who satisfies the Council that the practitioner has completed a programme of training and has acquired sufficient experience in specialised medicine of a standard considered by the Council to be adequate for the purposes of registration in the Specialist Division.

F112**[**(2) The Council may, until the 1st anniversary of the commencement of section 99 of the Regulated Professions (Health and Social Care) (Amendment) Act 2020, grant registration in any particular list of the Specialist Division to a medical practitioner who—

(*a*) is registered, or is able to be registered, in the General Division,

(*b*) on or before 31 December 2008, both met the qualifying criteria for appointment to a medical post in the State as a consultant and occupied such post, and

(*c*) satisfies the Council that he or she has sufficient competency such that he or she should be registered as a specialist in that list.

(3) For the purposes of *subsection (2)*, the Council shall, until the 1st anniversary referred to in that subsection, work with the bodies approved under *section 89(3)(a)*

to assist medical practitioners registered in the General Division to achieve the necessary standard for registration in the Specialist Division.**]**

Medical practitioners to be registered in Trainee Specialist Division.

F114**[48.** (1) The Council shall register in the Trainee Specialist Division a medical practitioner who meets all the requirements of *section 45* that apply to him or her and who—

(*a*) holds a general qualification or specialist qualification, and

(*b*) practises medicine in an individually numbered, identifiable post which has been approved by the Council for the purpose of medical specialist training.

(2) A medical practitioner who is registered in the Trainee Specialist Division but who ceases to practise medicine in an individually numbered, identifiable post which has been approved by the Council for the purpose of medical specialist training shall, as soon as is practicable after so ceasing to practise medicine but, in any case, not later than 14 days after so ceasing to practise medicine, give notice in writing to the Council of that fact.

(3) Where—

(*a*) the Council receives a notice under *subsection (2)* from a medical practitioner, or

(*b*) a medical practitioner fails to comply with *subsection (2)*,

sections 45(5) and *46* shall apply to and in relation to the Council and the practitioner.**]**

Internship registration in Trainee Specialist Division.

49.—F115**[**(1) The Council shall register in the Trainee Specialist Division a medical practitioner who has completed a course of study wholly or mainly in the State, a Member State or the United Kingdom, resulting in the award of a basic medical qualification and who intends to practise medicine in an individually numbered, identifiable intern post which has been approved by the Council for the purposes of intern training.**]**

(2) Subject to *subsection (3)*, on and after the relevant day, where a medical practitioner has completed a period of internship to the satisfaction of the Council, the Council shall grant the practitioner a certificate of experience.

(3) The Council shall not grant under *subsection (2)* a certificate of experience to a medical practitioner unless the Council is satisfied that the practitioner has, for the period or periods specified in rules made under *section 11* for the purposes of this subsection, been employed as a medical practitioner—

(*a*) in a hospital, health institution, clinic, general medical practice, or other health service setting, as is specified in rules made under *section 11* for the purposes of this subsection, and

(*b*) such hospital, health institution, clinic, general medical practice, or other health service setting, as the case may be, has been inspected and approved by the Council for acceptable intern training standards.

(4) Notwithstanding F116**[**the repeal of section 28 of the Act of 1978 by *section 3*, that section shall**]**, until the relevant day, and with all necessary modifications, apply to the grant of a certificate of experience under this Act as it applies to the grant of a certificate of experience under the Act of 1978.

(5) Where the Council gives the Minister a notice in writing stating the date on which the Council will be ready to grant certificates of experience, the Minister shall publish a notice in *Iris Oifigiúil* specifying that date as the date on which the Council shall commence to grant such certificates.

F115**[**(6) In this section—

"Member State" means—

(*a*) a state, other than the State, which is a member of the European Union,

(*b*) a state, other than a member of the European Union, which is a party to the agreement on the European Economic Area signed at Oporto on 2 May 1992 as adjusted by all subsequent amendments to that agreement, and

(*c*) Switzerland;

"relevant day" means the date specified in the notice referred to in *subsection (5)* published in Iris Oifigiúil as the date on which the Council shall commence to grant certificates of experience;

"United Kingdom" means—

(*a*) the United Kingdom of Great Britain and Northern Ireland,

(*b*) the Channel Islands, and

(*c*) the Isle of Man.**]**

Visiting EEA practitioners providing services on temporary and occasional basis.

F118**[50.**—(1) Where a medical practitioner complies with the requirements of *Part 4* and Regulation 85 of the Regulations of 2017, F119**[**and has provided evidence, in the manner specified by rules (if any) made under *section 11(2)(va)*, that the minimum level of indemnity (if any) applicable to that practitioner is in place, the Council shall**]**—

(*a*) temporarily register the practitioner in the Visiting EEA Practitioners Division, and

(*b*) enter in the register the particulars contained in the practitioner's declaration made pursuant to Regulation 13 of the Regulations of 2017,

and may revoke such temporary registration in accordance with Regulation 12(6) of the Regulations of 2017.

(2) A visiting EEA practitioner may advertise his or her services as a medical practitioner.

(3) A visiting EEA practitioner shall not practise medicine in the State F119**[**unless he or she has provided evidence in accordance with this section that the minimum level of indemnity (if any) applicable to that practitioner is in place and unless the practice is**]** in accordance with a declaration made by the practitioner under Regulation 13 of the Regulations of 2017 or in a case of urgency.**]**

F120**[**Registration of medical practitioners in Supervised Division.

50A.— (1) The Council shall register in the Supervised Division a medical practitioner who applies to have his or her name entered in the register where that practitioner meets—

(*a*) the requirements specified in this Act relating to the registration of medical practitioners in the Supervised Division, and

(*b*) the relevant criteria specified in rules made under *section 11* relating to the registration of medical practitioners in the Supervised Division.

(2) *Subsection (1)* does not apply in relation to a medical practitioner who—

(*a*) meets the requirements specified in this Act, and

(*b*) meets the criteria specified in rules made under *section 11*,

to permit that practitioner to be registered in another division of the register.

F121**[**(3) A medical practitioner may not be registered in the Supervised Division for a period in excess of 2 years in aggregate or, with the approval in writing of the Health Service Executive, in excess of 3 years in aggregate in a particular case.

(4) The registration of a medical practitioner in the Supervised Division shall apply to that medical practitioner only in respect of an individually numbered, identifiable

post which has been approved by the Council for the purposes of this section and which post is—

(*a*) subject to *subsection (7)*, certified by the Health Service Executive to be a publicly funded post, or

(*b*) funded by a third country which is sponsoring that person.**]**

(5) The Council shall not approve a post pursuant to *subsection (4)* unless it is satisfied that adequate arrangements for the supervision of the medical practitioner to whom the application for registration relates in the performance of his or her duties in the post have been established, having regard to the level of experience of the practitioner to whom the application for registration relates, the seniority of the post and the duties to be performed by that practitioner.

(6) A medical practitioner whose name is entered in the Supervised Division may not practise medicine in the State other than—

(*a*) in the post referred to in *subsection (4)* in relation to which that practitioner is registered, and

(*b*) in accordance with the terms and conditions of employment relating to that post.

(7) The Health Service Executive shall not certify that a post is a publicly funded post unless the remuneration and benefits in respect of the post are funded entirely or to a substantial extent by the Health Service Executive.

(8) Where a medical practitioner registered in the Supervised Division ceases to hold the post to which his or her registration relates, that person shall cease to be so registered.

(9) Where a medical practitioner registered in the Supervised Division ceases to hold the post to which his or her registration relates, the employer of that practitioner shall notify the Council of that fact within 5 days of the practitioner ceasing to hold such post.**]**

Registration of additional qualifications.

51.— (1) A registered medical practitioner may make an application, accompanied by the appropriate fee, to the Council to have a qualification acquired by the practitioner and which falls within *subsection (2)* entered in the register in addition to the practitioner's qualifications already entered therein.

(2) The Council shall determine the qualifications, not being qualifications required for the purposes of registration, which may be entered in the register as additional qualifications.

(3) Where the Council enters in the register an additional qualification acquired by a medical practitioner, the Council shall, as soon as is practicable thereafter, give the practitioner a certificate stating that the additional qualification has been entered in the register.

Application to have registration removed, etc.

52.— (1) A registered medical practitioner may make an application to the Council to have the practitioner's registration removed.

(2) Subject to *subsection (3)*, the Council shall determine an application under *subsection (1)* from a registered medical practitioner by removing the practitioner's registration.

(3) Where the Council receives an application under *subsection (1)* from a registered medical practitioner and—

F123**[**(*a*) the practitioner is the subject of—

(i) an application for an inquiry under section 45 of the Act of 1978 which has not been considered or, if appropriate, an inquiry has not been completed under Part V of that Act, or

(ii) a complaint which has not been disposed of or otherwise dealt with under *Part 7* and, if appropriate, *Parts 8* and *9*, or**]**

(*b*) the practitioner has been convicted in the State of an offence triable on indictment or has been convicted outside the State of an offence consisting of acts or omissions which would constitute an offence triable on indictment if done or made in the State,

F125**[**the Council may consider such an application if the Council is satisfied that the removal of the practitioner's registration would not be contrary to the public interest**]** .

(4) A medical practitioner whose registration has been removed pursuant to *subsection (2)* may make an application, accompanied by the appropriate fee, to the Council to have the practitioner's registration restored F126**[**unless the removal of the registration was effected (whether in whole or in part) on the ground that the removal would not be contrary to the public interest as referred to in *subsection (3)***]**.

F125**[**(5) The Council shall determine an application under *subsection (4)* from a medical practitioner by restoring the practitioner's registration unless the Council has ceased to be satisfied that the practitioner is a fit and proper person to practise medicine in the State.**]**

F124**[**(5A) *Subsections (4)* and *(5)* do not apply to a medical practitioner registered in the Supervised Division.**]**

(6) Where the Council is satisfied by medical evidence that a registered medical practitioner is suffering from an illness or condition of a permanent or terminal nature which, due to the nature of the condition, renders it impossible for the practitioner—

(*a*) to practise medicine in a safe and competent manner, and

(*b*) to notify the Council of the practitioner's illness or condition, as the case may be,

then the Council may remove the practitioner's registration.

Conditions attached to first registration.

53.— (1) A medical practitioner making an application for registration shall declare in the application whether the practitioner has any relevant medical disability.

(2) Where the Council is satisfied that—

(*a*) a medical practitioner making an application for registration has a relevant medical disability, and

(*b*) in the interests of public safety, registration should only be granted to the practitioner subject to conditions on the practising of medicine by the practitioner which take account of that disability,

the Council shall specify the conditions (in this section referred to as the "proposed conditions") which, in the opinion of the Council, are necessary to be attached to the registration of the practitioner in those interests.

(3) Where the medical practitioner the subject of a decision under *subsection (2)* agrees in writing to the attachment of the proposed conditions to the practitioner's registration, the Council shall register the practitioner and at the same time comply with *section 43(6)* in respect of the conditions.

Refusal of registration, etc., and appeal to Court against Council's decision.

54.— (1) Nothing in *sections 45* to *53* shall operate to prevent the Council from refusing to register or restore the registration of a medical practitioner on the grounds of the unfitness of the practitioner to practise medicine.

(2) Where the Council makes a decision—

(*a*) under *subsection (1)* to refuse to register or restore the registration of a medical practitioner,

(*b*) to register a medical practitioner in a division of the register other than the division specified in the practitioner's application under *section 45* for registration, or

(*c*) to attach conditions to the registration of a medical practitioner pursuant to *section 53*,

the Council shall forthwith give notice in writing to the practitioner of the decision, the date of the decision and the reasons for the decision.

(3) A medical practitioner the subject of a decision referred to in *subsection (2)* may, not later than 3 months after the date on which the practitioner was given notice of the decision pursuant to that subsection, appeal to the Court against the decision.

(4) The Court may, on the hearing of an appeal under *subsection (3)* by a medical practitioner—

(*a*) either—

(i) confirm the decision the subject of the appeal, or

(ii) cancel that decision and replace it with such other decision as the Court considers appropriate, which may be a decision—

(I) to register or restore the registration of the practitioner in such division of the register as the Court considers appropriate and with no conditions attached to the registration, or

(II) to register or restore the registration of the practitioner—

(A) in such division of the register as the Court considers appropriate, and

(B) with such conditions attached to that registration as the Court considers appropriate,

and

(*b*) give the Council such directions as the Court considers appropriate and direct how the costs of the appeal are to be borne.

(5) The Council shall, on complying with a direction given by the Court under *subsection (4)*, give notice in writing to the medical practitioner concerned of the Council's compliance with the direction.

F129[Declarations by registered medical practitioners, etc. in relation to certain matters in State or other jurisdictions, etc.

54A.— (1) Subject to *subsections (2)* to *(4)*, a registered medical practitioner, intern or adapter shall, in each year, give to the Council a declaration in writing providing particulars of any relevant proceedings that are pending or in progress.

(2) If, in any year, *subsection (1)* does not apply to a registered medical practitioner, intern or adapter because there are no particulars referred to in that subsection which he or she is required to give to the Council, the practitioner, intern or adapter shall give to the Council a declaration in writing to that effect.

(3) If, in any year subsequent to a year in which a registered medical practitioner, intern or adapter gave particulars referred to in *subsection (1)* to the Council, there has been no material change in the matter to which the particulars relate, the practitioner, intern or adapter may, instead of again giving those particulars to the Council, give to the Council a declaration in writing to the effect that there has been no material change to the matter to which the particulars relate.

(4) A registered medical practitioner, intern or adapter shall, in each year, comply with *subsection (1)*, *(2)* or *(3)* —

(*a*) not earlier than 6 weeks before he or she is required to pay, in that year, the appropriate fee determined under *section 36(1)(b)*, *(cb)* or *(ce)*, as appropriate, and

(*b*) not later than the last day of that 6 weeks.

(5) A registered medical practitioner, intern or adapter shall, not later than 3 months after the final determination of any relevant proceedings, give to the Council—

(*a*) a declaration in writing providing particulars of the sanctions (if any) imposed on the practitioner, intern or adapter in consequence of those proceedings, or

(*b*) if no such sanctions were so imposed, a declaration in writing to that effect.

(6) The Council may, by notice in writing given to a registered medical practitioner, intern or adapter who has made a declaration under this section, require the practitioner, intern or adapter to provide to the Council, within a reasonable period specified in the notice, further information concerning any particulars provided to the Council in the declaration.

(7) (*a*) A registered medical practitioner, intern or adapter shall comply with a notice under *subsection (6)* given to the practitioner, intern or adapter.

(*b*) Where the Council considers that a registered medical practitioner has contravened *paragraph (a)*, the Council shall forthwith make a complaint.

(8) In this section—

"final determination", in relation to any relevant proceedings and a registered medical practitioner, intern or adapter, means—

(*a*) the conclusion of those proceedings without any party to the proceedings making an appeal, against a decision in those proceedings to impose or to not impose a sanction on the practitioner, intern or adapter, within the ordinary time in the State or the other jurisdiction concerned, as appropriate, for making such an appeal, or

(*b*) if such an appeal is made—

(i) the abandonment or withdrawal of the appeal, or

(ii) the determination of the appeal,

whichever first occurs;

"relevant proceedings", in relation to a registered medical practitioner, intern or adapter, means any disciplinary or judicial proceedings (other than any such proceedings under this Act), in respect of which the practitioner, intern or adapter is the subject—

(*a*) in the State or another jurisdiction which may directly or indirectly result in the practitioner, intern or adapter—

(i) being prohibited from providing one or more than one kind of health or social care in the State or that jurisdiction, or

(ii) having a restriction placed on his or her ability to provide one or more than one kind of health or social care in the State or that jurisdiction,

(*b*) in another jurisdiction which may result in the practitioner, intern or adapter being convicted, in that jurisdiction, for an offence consisting of acts or omissions that, if done or made in the State, would constitute an offence triable on indictment, or

(*c*) in the State which may result in the practitioner, intern or adapter being convicted, in the State, for an offence triable on indictment;

"sanction" includes any restriction or measure.**]**

Correction of register.

55.— (1) For the purpose of keeping the register correct, the Council shall from time to time as occasion requires correct all clerical errors in the register, remove therefrom all entries therein procured by fraud or misrepresentation, enter in the register every change which comes to the Council's knowledge in the addresses of the registered medical practitioners, and remove the registration of all registered medical practitioners whose death has been notified to, or comes to the knowledge of, the Council.

(2) Where the Council takes any action pursuant to *subsection (1)* for the purposes of keeping the register correct, the Council shall forthwith notify the medical practitioner concerned, or the practitioner's next of kin, as may be appropriate, of the action taken and of the reasons therefor.

(3) The Council shall take such steps as it considers necessary from time to time to ensure that the particulars entered in the register are accurate.

(4) Where any particulars entered in the register in respect of a registered medical practitioner change, the practitioner shall, as soon as is practicable but, in any case, not later than 30 days after the occurrence of the change, give notice in writing to the Council specifying the change.

(5) Where a registered medical practitioner intends to be, or has been, absent from the State for a continuous period of more than 12 months, the practitioner shall, as soon as is practicable, give notice in writing to the Council—

(*a*) of that fact, and

(*b*) of particulars of any employment that the practitioner intends to take up, or has taken up, outside the State in a medical capacity.

(6) A registered medical practitioner shall give notice in writing to the Council of any material matter which would be likely to affect the continuation of the practitioner's registration not later than 30 days after that matter comes to the knowledge of the practitioner.

(7) In *subsection (6)*, "material matter", in relation to a registered medical practitioner, includes—

(*a*) the imposition of conditions on any registration or licence,

(*b*) the suspension, withdrawal or removal of any registration or licence, or

(*c*) the refusal to grant registration or a licence,

in relation to any regulatory body in or outside the State, and any medical capacity of the practitioner, and includes any conviction of a criminal nature whether imposed in or outside the State.

F131[Council may request certain information concerning medical practitioners, etc., from certain bodies in State or other jurisdictions.

55A.— ...]

Publication of register.

56.— (1) Subject to *subsection (2)*, the Council shall ensure that the register is published in the prescribed manner.

(2) The Council need not make available for inspection or publish the residential addresses, home telephone numbers or e-mail addresses of registered medical practitioners or other similar details that, in its opinion, should, in the interests of the security of the practitioners, be protected from disclosure.

PART 7

COMPLAINTS TO PRELIMINARY PROCEEDINGS COMMITTEE CONCERNING REGISTERED MEDICAL PRACTITIONERS

F132[Application of Parts 7, 8 and 9 to medical practitioners previously registered in Supervised Division.

56A.— In this Part and in *Parts 8* and *9*, notwithstanding the definition of registered medical practitioner in *section 2*, a reference to a registered medical practitioner shall, subject to *section 60(1A)* and *section 70A*, be construed as including a reference to a medical practitioner whose name was previously registered in the Supervised Division but whose name is no longer so registered and who is not registered in any other division of the register whether or not the registration of the medical practitioner ceased before or after the making of a complaint. **]**

F133[Application of Parts 7, 8 and 9 to interns and adapters.

56B.— ...**]**

Complaints concerning registered medical practitioners.

57.— (1) A person (including the Council) may make a complaint to the F134[chief executive officer] concerning a registered medical practitioner on one or more than one of the grounds of—

(*a*) professional misconduct,

(*b*) poor professional performance,

(*c*) a relevant medical disability,

(*d*) a failure to comply with a relevant condition,

(*e*) a failure to comply with an undertaking or to take any action specified in a consent given in response to a request under F134[*section 59A(1)* or *67(1)*],

F135[(*ea*) the imposition on the practitioner of—

(i) a prohibition against him or her providing one or more than one kind of health or social care in the State or another jurisdiction, or

(ii) a restriction on his or her ability to provide one or more than one kind of health or social care in the State or another jurisdiction,]

(*f*) a contravention of a provision of this Act (including a provision of any regulations or rules made under this Act), or

F136[(*fa*) a failure to comply with regulations made under section 13 (2) of the Health (Pricing and Supply of Medical Goods) Act 2013,]

(*g*) a conviction in the State for an offence triable on indictment or a conviction outside the State for an offence consisting of acts or omissions that, if done or made in the State, would constitute an offence triable on indictment.

(2) A complaint may be made on the grounds of professional misconduct or poor professional performance notwithstanding that the matter to which the complaint relates occurred outside the State.

F137[(2A) (*a*) The chief executive officer may, in relation to a complaint heard, being heard or to be heard by the Fitness to Practise Committee, whenever he or she considers it necessary to do so, request in writing the Garda Síochána to give to him or her information concerning the criminal record of the medical practitioner the subject of the complaint that the Committee may reasonably require for the performance of its functions.

(*b*) The Garda Síochána shall, subject to section 55 of the Data Protection Act 2018 , comply with a request under *paragraph (a)* as soon as is practicable after receiving the request.

(*c*) The chief executive officer may, whenever he or she considers it necessary to do so, request in writing that the registrar or clerk of a court which has convicted a medical practitioner of an offence in the State to give to him or her a certificate of conviction (or, in the case of the District Court, a certified copy of the order concerned made by the Court), or a certified copy of the judgment, or both, in respect of the offence that the chief executive officer or Council (including any committee thereof), or both, may reasonably require for the performance of his or her or its functions under this Act in relation to that medical practitioner.

(*d*) The registrar or clerk of the court concerned the subject of a request under *paragraph (c)* shall comply with the request as soon as is practicable after receiving the request.

(*e*) In this subsection, "criminal record", in relation to a medical practitioner, means a record of the previous convictions (other than spent convictions within the meaning of section 5 of the Criminal Justice (Spent Convictions and Certain Disclosures) Act 2016) of the practitioner for offences (if any).

(2B) Subject to *subsection (2C)*, where the chief executive officer receives a complaint, he or she shall comply with *section 58A* in respect of the complaint unless—

(*a)* he or she is satisfied that the complaint is not made in good faith, or

(*b*) he or she is satisfied that the complaint is frivolous or vexatious.

(2C) *Subsection (2B)* shall not apply to a complaint where the Council is the complainant.

(2D) Where the chief executive officer decides that a complaint falls within *subsection (2B)(a)* or *(b)*, he or she shall give notice in writing to the complainant (and, if the chief executive officer is of the opinion that it is in the interests of the complainant, or the registered medical practitioner to whom the complaint relates, or of both, to do so, to such practitioner) of the decision and the reasons for the decision.**]**

(3) The F134**[**chief executive officer**]** shall make reasonable efforts to ensure that—

(*a*) the complainant is kept informed of all decisions made under this Part and, if applicable, *Parts 8* and *9* by F134**[**the chief executive officer, the Preliminary Proceedings Committee**]**, any other committee, or the Council, in relation to the complaint concerned,

F134**[**(*b*) the authorised officers act expeditiously, and**]**

(*c*) complaints are processed in a timely manner.

F137**[**(3A) The chief executive officer may, in relation to the complaint concerned, inform, in addition to the complainant, other parties to the proceedings under this Act concerning the complaint, of the decisions referred to in *subsection (3)(a)*.**]**

(4) F138**[**...**]**

(5) Where a complaint falls within *subsection (1)(g)*, the F134**[**chief executive officer**]** shall immediately refer the complaint to the Council.

(6) The Council shall consider a complaint referred to it under *subsection (5)* and—

(*a*) if it is of the opinion that—

(i) the nature of the offence that is the subject of the complaint or the circumstances in which the offence was committed render the practitioner F139**[**a person who has permanently ceased to be a fit and proper person to continue to practise medicine**]**, and

(ii) it is in the public interest that it take action immediately under this paragraph,

the Council shall decide under *section 71* to impose on the practitioner the sanction referred to in F139**[***section 71(1)(f)***]** as if the complaint were a report referred to in *section 69(1)* of the Fitness to Practise Committee in relation to the complaint, and the other provisions of *Part 9* (except *section 72(2)*) shall apply to that decision accordingly,

(*b*) in any other case, shall refer the complaint back to the F134**[**chief executive officer and direct that officer**]** to deal with the complaint as if the complaint had never been so referred.

(7) Nothing in *subsection (6)* shall be construed to—

(*a*) prejudice the generality of *section 60*, or

(*b*) limit the range of the sanctions which the Council may decide to impose under *section 71* on a registered medical practitioner in any case where the Council has taken the action referred to in *subsection (6)(b)*.

(8) The F134**[**chief executive officer**]** shall refuse to consider or further consider a complaint in respect of a matter which occurred before F140**[**the repeal of section 45 of the Act of 1978 if the matter was the subject of an application under that section**]**.

F137**[**(8A) A complaint made before the commencement of section 109 of the Regulated Professions (Health and Social Care) (Amendment) Act 2020 which has not been disposed of or otherwise dealt with under this Act before that commencement shall be disposed of or otherwise dealt with under this Act as this Act was in force immediately before that commencement.**]**

(9) A complaint is a protected disclosure under the Health Act 2004 (as amended by the *Health Act 2007*).

Persons to assist Preliminary Proceedings Committee.

58.— F143**[**(1) The chief executive officer may appoint—

(*a*) such and so many persons (including any members of the staff of the Council) as he or she deems appropriate to be authorised officers to investigate complaints and to assist the chief executive officer and the Preliminary Proceedings Committee in relation to complaints for such period and subject to such terms as the chief executive officer may determine, and

(*b*) such other persons as he or she deems appropriate to provide the chief executive officer, the authorised officers or the Preliminary Proceedings Committee with such advice, assistance or expertise as may be required in relation to the consideration or investigation of complaints for such period and subject to such terms as the chief executive officer may determine.

(2) Subject to *subsection (4)*, the chief executive officer shall specify the functions to be performed by authorised officers.**]**

(3) Without prejudice to the generality of *subsection (2)*, the functions specified under that subsection may include one or more than one of the following:

F144**[**(*a*) investigating complaints,**]**

F145**[**(*aa*) interviewing persons for the purposes of assessing the relevance or evidential value of information or documents they wish to give to the chief executive officer or Preliminary Proceedings Committee;**]**

(*b*) interviewing persons as to the evidence they propose to give to the Preliminary Proceedings Committee;

(*c*) recording, in writing or otherwise, the statements given and answers made by persons whilst being so interviewed;

F146**[**(*d*) reporting to the chief executive officer;

(*e*) requesting persons to provide the chief executive officer with statements in writing concerning any matter relevant to the chief executive officer's

or Preliminary Proceedings Committee's functions and examining statements given in response to the requests;

(*f*) requesting suitably qualified experts to provide an authorised officer, the chief executive officer or the Preliminary Proceedings Committee with advice and assistance required to assist in the performance of their functions; and**]**

F147**[**(*g*) providing the chief executive officer or Preliminary Proceedings Committee with any other advice or assistance required in relation to the preparation of the chief executive officer's or Preliminary Proceedings Committee's reports.**]**

(4) F144**[**An authorised officer**]**—

(*a*) shall not administer oaths F148**[**...**]**, but

(*b*) may, if authorised by the F144**[**chief executive officer**]** to do so, request a person interviewed as described in *subsection (3)* to sign a record of a statement made or answer given by the person during the interview.

(5) F144**[**An authorised officer**]** who makes a request referred to in *subsection (4)(b)* shall inform the person to whom the request is made of the power under section 66 of the Fitness to Practise Committee to give a direction in relation to the statement or answer the subject of the request.

F144**[**(6) The chief executive officer shall provide each authorised officer with a warrant—

(*a*) identifying the authorised officer, and

(*b*) specifying the functions that the authorised officer has the authority to perform by virtue of *subsection (2)* and, if applicable, *subsections (4)(b)* and *(5)*.**]**

F144**[**(7) Where an authorised officer performs a function specified in that authorised officer's warrant provided under *subsection (6)*, the authorised officer shall produce the warrant for inspection at the request of a person in respect of whom the function is performed.**]**

F149**[**Investigation of complaints.

58A.— (1) Subject to *section 57(2B)*, the chief executive officer, following the receipt of a complaint, shall cause such investigation as he or she deems appropriate to be carried out and, for the purposes of the investigation, shall appoint an authorised officer to carry out the investigation.

(2) (*a*) The chief executive officer and the authorised officer appointed under *subsection (1)* may, for the purposes of considering whether there is sufficient cause to warrant further action being taken in relation to a complaint, take account of such matters relating to the registered medical practitioner the subject of the complaint that arise from the investigation of the complaint as they consider appropriate.

(*b*) References to a complaint in this section (other than *subsection (10)*), in the definitions of "allegation" and "inquiry" in *section 2* and in *sections 7(2)(j)*, *11(2)(g)*, *20(2)*, *52(3)(a)*, *59A* to *65*, *67* to *71* and *79(2)* shall be construed as including references to any of the matters referred to in *paragraph (a)*.

(3) The authorised officer shall investigate the complaint and prepare a report for the chief executive officer.

(4) The authorised officer may, by notice in writing given to a complainant, do one or more of the following:

(*a*) require the complainant to verify, by affidavit or otherwise, anything contained in the complaint;

(*b*) request the complainant to provide, within a reasonable period specified in the notice, further information relating to the matter the subject of the complaint;

(*c*) require that the information requested under *paragraph (b)* be provided by means of a statutory declaration.

(5) The chief executive officer may refuse to consider or further consider a complaint if the complainant, without reasonable excuse, does not comply with a notice under *subsection (4)* given to the complainant.

(6) The authorised officer shall give notice in writing to the registered medical practitioner, the subject of a complaint, of the complaint, its nature and, if known, the name of the complainant.

(7) The registered medical practitioner the subject of a complaint may provide to the authorised officer any information that the practitioner believes should be considered by the Preliminary Proceedings Committee or the Fitness to Practise Committee.

(8) The authorised officer may, by notice in writing given to a registered medical practitioner the subject of a complaint, require the practitioner to provide the authorised officer, within a reasonable period specified in the notice, with such information relating to the complaint as is specified in the notice.

(9) A registered medical practitioner shall comply with a notice under *subsection (8)* given to the practitioner.

(10) Where a complaint is withdrawn before it is considered by the Preliminary Proceedings Committee, the chief executive officer may—

(a) decide that no further action is to be taken in relation to the matter the subject of the complaint, or

(*b*) proceed as if the complaint had not been withdrawn.

(11) The chief executive officer shall, following the receipt of the investigation report from the authorised officer, forward the complaint and the investigation report and any other information which the chief executive officer deems appropriate to the Preliminary Proceedings Committee for consideration.

(12) *Subsections (1)(c)*, *(2)* (in so far as the last-mentioned subsection relates to the production of records) and *(9)* of *section 66* shall apply to and in relation to the chief executive officer as those subsections apply to and in relation to the Fitness to Practise Committee and the chairperson of the Fitness to Practise Committee and the other provisions of *section 66* (including *subsections (4)* to *(6)*) shall, with all necessary modifications, be construed accordingly.**]**

Consideration of complaints by Preliminary Proceedings Committee.

59.— (1) The Preliminary Proceedings Committee shall, as soon as is practicable after receiving a complaint F151**[**and investigation report and any other information from the chief executive officer**]**, consider whether there is sufficient cause to warrant further action being taken in relation to the complaint.

F150**[**(1A) The Preliminary Proceedings Committee may, for the purposes of considering whether there is sufficient cause to warrant further action being taken in relation to a complaint, take account of such matters relating to the registered medical practitioner the subject of the complaint that arise from F152**[**the investigation of the complaint and the investigation report and other information as it considers**]** appropriate and references to a complaint in this section (other than *subsection (10)*), in the definitions of "allegation" and "inquiry" in *section 2* and in *sections 7(2)(j)*, *11(2)(g)*, *20(2)*, *52(3)(a)*, F152**[***59A* to *65***]**, *67* to *71* and *79(2)* shall be construed as including references to any such matter. **]**

(2) Where the Preliminary Proceedings Committee considers that a complaint is proper to the procedures of another body or authority, including any scheme which may be in place pursuant to Part 9 of the Health Act 2004, it may inform the complainant of its view that the complaint is proper to such other procedures.

(3) F153**[**...**]**

(4) F153**[**...**]**

(5) F153**[**...**]**

(6) F153**[**...**]**

(7) F153**[**...**]**

(8) F153**[**...**]**

(9) The Preliminary Proceedings Committee shall, before forming an opinion on whether there is sufficient cause to warrant further action being taken in relation to a complaint, or whether the complaint should be referred to another body or authority, consider—

(*a*) any information supplied under this section concerning the complaint, and

(*b*) whether the complaint is trivial or vexatious or without substance or made in bad faith.

F151**[**(9A) Where the Preliminary Proceedings Committee is of the opinion that additional information or an additional investigation, or both, is or are required concerning a complaint, it shall advise the chief executive officer that it is of that opinion.

(9B) Where the chief executive officer is advised under *subsection (9A)*, he or she shall—

(*a*) seek to obtain the additional information required and give it to the Preliminary Proceedings Committee, or

(*b*) ensure that the additional investigation required is undertaken and the further investigation report arising from the additional investigation is given to the Preliminary Proceedings Committee,

or both if so required by that advisement.**]**

(10) Where a complaint is withdrawn while it is being considered by the Preliminary Proceedings Committee, the Committee may F153**[**...**]**—

(*a*) decide that no further action is to be taken in relation to the matter the subject of the complaint, or

(*b*) proceed as if the complaint had not been withdrawn.

(11) *Subsections (1)(c), (2)* (in so far as it relates to the production of records) and *(9)* of *section 66* shall apply to and in relation to the Preliminary Proceedings Committee and the chairperson of that Committee as those subsections apply to and in relation to the Fitness to Practise Committee and the chairperson of the Fitness to Practise Committee F151**[**and the other provisions of *section 66* (including *subsections (4)* to *(6)*) shall, with all necessary modifications, be construed accordingly**]**.

F154**[**Undertakings and consents.

59A.— (1) The Preliminary Proceedings Committee may request the registered medical practitioner the subject of the complaint to do one or more than one of the following:

(*a*) if appropriate, undertake not to repeat the conduct the subject of the complaint;

(*b*) undertake to be referred to a professional competence scheme and to undertake any requirements relating to the improvement of the practitioner's competence and performance which may be imposed;

(*c*) consent to undergo medical treatment;

(*d*) consent to being censured by the Council.

(2) Where a registered medical practitioner gives an undertaking or consent the subject of a request under *subsection (1)* by the Preliminary Proceedings Committee—

(*a*) the investigation of the complaint shall be considered to be completed,

(*b*) *section 63* shall not apply to the complaint, and

(*c*) the Committee shall submit to the Council a report in writing specifying—

(i) the nature of the complaint that resulted in the investigation, and

(ii) the measures included in the undertaking or consent.

(3) Where a registered medical practitioner refuses to give an undertaking or consent the subject of a request under *subsection (1)*, the Preliminary Proceedings Committee may proceed as if the request had not been made.**]**

If immediate suspension of registration is necessary to protect public.

60.— (1) The Council may make an *ex parte* application to the Court for an order to suspend the registration of a registered medical practitioner, whether or not the practitioner is the subject of a complaint, if the Council considers that the suspension is necessary to protect the public until steps or further steps are taken under this Part and, if applicable, *Parts 8* and *9*.

F155**[**(1A) In the case of a medical practitioner whose name was previously registered in the Supervised Division and that practitioner's name is not registered in any other division of the register, the Council may make an *ex parte* application to the Court for an order prohibiting that practitioner from applying for registration in any of the divisions of the register.

(1B) The Council shall not make an application under *subsection (1A)* unless it considers that the prohibition sought is necessary to protect the public until steps or further steps are taken under this Part and, if applicable, *Parts 8* and *9*.

(1C) An application under *subsection (1A)* may be made whether or not the practitioner is the subject of a complaint.**]**

(2) An application under F156**[***subsection (1)* or *(1A)***]** shall be heard otherwise than in public unless the Court considers it appropriate to hear the application in public.

(3) The Court may determine an application under *subsection (1)* by—

(*a*) making any order it considers appropriate, including an order directing the Council to suspend the registration of the registered medical practitioner the subject of the application for the period specified in the order, and

(*b*) giving to the Council any direction that the Court considers appropriate.

F155**[**(3A) The Court may determine an application under *subsection (1A)* by—

(*a*) making any order it considers appropriate, including an order prohibiting the medical practitioner the subject of the application from applying for registration in any division of the register for the period specified in the order, and

(*b*) giving to the Council any direction that the Court considers appropriate. **]**

(4) The Council shall, on complying with a direction of the Court given F156**[**under *subsection (3)* or *(3A)*, as the case may be,**]** give notice in writing to the medical practitioner concerned of the Council's compliance with the direction.

F157**[**(5) (*a*) *Paragraph (b)* applies where—

(i) a registered medical practitioner becomes the subject of an order under *subsection (3)(a)* or *(3A)(a)*, and

(ii) the Council has reason to believe that—

(I) the practitioner is registered in another jurisdiction as a medical practitioner or has made an application to be registered as a medical practitioner in another jurisdiction which has not yet been determined, and

(II) that order may not have come to the attention of the body duly authorised to perform functions in that jurisdiction that correspond to the functions of the Council.

(*b*) The Council shall give notice in writing to that body of that order and may, notwithstanding any provision of Directive 2005/36/EC or of the Regulations of 2017, provide that body with a copy of that order and copies of other documents relevant to that order.**]**

No further action or referral of complaint to another body or authority or to professional competence scheme.

61.— (1) Where the Preliminary Proceedings Committee is, in respect of a complaint, of the opinion that—

(*a*) there is not sufficient cause to warrant further action being taken in relation to the complaint,

F158**[**(*b*) the complaint should be referred to another body or authority,**]**

F159**[**(*ba*) the medical practitioner the subject of the complaint should be referred to a professional competence scheme, or**]**

(*c*) the complaint is one that could be resolved by mediation or other informal means pursuant to guidelines prepared under *section 62(1)*,

it shall inform the Council of that opinion.

(2) The Council may, after considering an opinion referred to in *subsection (1)* in respect of a complaint—

(*a*) decide that no further action is to be taken in relation to the complaint,

(*b*) direct the Preliminary Proceedings Committee to refer the F158**[**complaint**]** to another body or authority,

(*c*) refer the F159**[**medical practitioner the subject of the**]** complaint to a professional competence scheme,

(*d*) refer the complaint for resolution by mediation or other informal means, or

(*e*) if it considers it necessary to do so, direct that further action be taken under *section 63*.

(3) Where the Council, in respect of a complaint, makes a decision referred to in *subsection (2)(a)* or a referral referred to in *subsection (2)(b)* or *(d)*, the Council shall give notice in writing of the decision or referral, as the case may be, to—

(*a*) the registered medical practitioner the subject of the complaint, and

(*b*) the complainant in any case where the Council is not the complainant.

Resolution of complaints by mediation or other informal means.

62.— (1) Subject to *subsections (3)* and *(6)* and without prejudice to the generality of *section 12*, the Council may prepare guidelines for resolving complaints by mediation or other informal means.

(2) Without prejudice to the generality of *subsection (1)*, guidelines prepared under that subsection may include provision for one or more than one of the following:

(*a*) a determination to be made about whether a complaint can be resolved by mediation or other informal means or whether it warrants the holding of an inquiry;

(*b*) the persons who may attempt to mediate or otherwise resolve the complaint;

(*c*) the recording of the manner in which the complaint was resolved and of the agreement of the complainant and the registered medical practitioner the subject of the complaint to the resolution;

(*d*) the steps to be taken (including notice to the complainant, the registered medical practitioner the subject of the complaint and the Preliminary Proceedings Committee) if the complaint cannot, in the opinion of the person attempting to do so, be resolved by mediation or other informal means;

(*e*) any other matters that the Council considers necessary or appropriate for facilitating the resolution of the complaint by mediation or other informal means.

(3) No attempt may be made to resolve a complaint by mediation or other informal means without the consent of the complainant and the registered medical practitioner the subject of the complaint.

(4) A consent given by a registered medical practitioner the subject of a complaint for the purpose of this section shall not be taken as an admission of any allegation.

(5) No answer or statement made, in the course of attempting to resolve a complaint pursuant to the guidelines prepared under *subsection (1)*, by the complainant or the registered medical practitioner the subject of the complaint may—

(*a*) be communicated to any person other than the persons participating in the attempt to resolve the complaint, or

(*b*) be used in any disciplinary, civil or criminal proceedings.

(6) The resolution of a complaint pursuant to guidelines prepared under *subsection (1)* shall not include the payment by any party of any financial compensation.

(7) The Council shall ensure that guidelines prepared by it under *subsection (1)* are published in the prescribed manner.

Referral of complaint to Fitness to Practise Committee.

63.— F160**[**Subject to *section 59A(2)(b)*, where**]**—

(*a*) the Preliminary Proceedings Committee is of the opinion that there is a *prima facie* case to warrant further action being taken in relation to a complaint, or

(*b*) the Council directs under *section 61(2)(e)* that further action be taken under this section in relation to a complaint,

the Preliminary Proceedings Committee shall refer the complaint to the Fitness to Practise Committee F161**[**together with all other material (including investigation reports) that the Committee is of the opinion are relevant to the complaint and that the Fitness to Practise Committee needs to consider to dispose of or otherwise deal with the complaint**]**.

PART 8

Complaints referred to Fitness to Practise Committee

Duty to notify registered medical practitioner and complainant or other witnesses of referral to, and hearing by, Fitness to Practise Committee.

64.— (1) The chief executive officer shall, as soon as is practicable after a complaint is referred under *section 63* to the Fitness to Practise Committee, give notice in writing to—

(*a*) the registered medical practitioner the subject of the complaint of the following:

(i) the referral of the complaint to the Fitness to Practise Committee;

(ii) the nature of the matter that is to be the subject of the inquiry, including the particulars of any evidence in support of the complaint;

(iii) the opportunity of the practitioner, or the practitioner's representative, to be present and to defend the practitioner at the hearing; and

(iv) the opportunity for the practitioner to request that some or all of the hearing be held otherwise than in public if the practitioner can show reasonable and sufficient cause;

and

(*b*) any witnesses who may be required to give evidence at an inquiry (including, where appropriate, the complainant) of the opportunity of the witness to request that some or all of the hearing be held otherwise than in public if the witness can show reasonable and sufficient cause.

(2) The chief executive officer shall give notice in writing to the registered medical practitioner the subject of a complaint referred to the Fitness to Practise Committee of the date, time and place of the hearing of the complaint in sufficient time for the practitioner to prepare for the hearing.

Conduct of hearing.

65.— (1) The Fitness to Practise Committee shall, subject to *sections 67* and *68*, hear a complaint referred to it under *section 63*.

(2) A hearing before the Fitness to Practise Committee shall be held in public unless—

(*a*) following a notification under *section 64*, the registered medical practitioner or a witness who will be required to give evidence at the inquiry or about whom personal matters may be disclosed at the inquiry requests the Committee to hold all or part of the hearing otherwise than in public, and

(*b*) the Committee is satisfied that it would be appropriate in the circumstances to hold the hearing or part of the hearing otherwise than in public.

(3) At the hearing of a complaint before the Fitness to Practise Committee—

(*a*) the chief executive officer, or any other person with leave of the Committee, shall present the evidence in support of the complaint,

(*b*) the testimony of witnesses attending the hearing shall be given on oath, and

(*c*) there shall be a full right to cross-examine witnesses and call evidence in defence and reply.

(4) Any member of the Fitness to Practise Committee may administer oaths for the purposes of an inquiry.

F162[Fitness to Practise Committee may order that certain information not be published.

65A.— (1) Subject to *subsections (2)* and *(3)*, where the Fitness to Practise Committee is satisfied that there is reasonable cause to believe that all or part of the information (in this section referred to as the "relevant information") relating to all or part of a hearing (in this section referred to as the "relevant hearing") before the committee being held in public should not be disclosed, it may order that the relevant information shall not be disclosed.

(2) A person may disclose all or part of any relevant information if the disclosure is in such form as to prevent particulars relating to the identity of a party to the proceedings at the relevant hearing being ascertained from it.

(3) Nothing in this section shall be construed as prohibiting a disclosure of relevant information pursuant to a court order.

(4) A person who contravenes *subsection (1)* shall be guilty of an offence and liable on summary conviction to a class A fine or a term of imprisonment not exceeding 6 months or both.**]**

Powers and protections relating to witnesses and evidence.

66.— (1) For the purposes of an inquiry, the Fitness to Practise Committee has all the powers, rights and privileges that are vested in the Court or a judge of the Court on the occasion of an action and that relate to—

(*a*) enforcing the attendance of witnesses,

(*b*) examining witnesses on oath or otherwise, and

(*c*) compelling the production (including discovery) of records.

(2) Without prejudice to the generality of *subsection (1)*, a summons issued by the chairperson of the Fitness to Practise Committee or by such other member of that Committee as is authorised by it for the purpose of the inquiry may be substituted for and is the equivalent of any formal process capable of being issued in an action for enforcing the attendance of witnesses and compelling the production of records.

(3) Subject to any rules in force under *section 11* and to the necessity of observing fair procedures, the Fitness to Practise Committee may receive evidence given—

(*a*) orally before the committee,

(*b*) by affidavit, or

(*c*) as otherwise allowed by those rules, including by means of a live video link, a video recording, a sound recording or any other mode of transmission.

(4) A witness before the Fitness to Practise Committee is entitled to the same immunities and privileges as a witness before the Court.

(5) A person is guilty of an offence if the person—

(*a*) having been duly summoned to attend before the Fitness to Practise Committee fails without reasonable excuse to attend at the time and place indicated on the summons,

(*b*) while attending as a witness before the Fitness to Practise Committee refuses to—

(i) take an oath lawfully required by the Committee to be taken,

(ii) produce any record in the person's power or control that the person is lawfully required by the Committee to produce, or

(iii) answer any question that the person is lawfully required by the Committee to answer,

or

(*c*) while attending before the Fitness to Practise Committee does anything that, if the Committee were a court of law having power to punish for contempt, would be contempt of court.

(6) A person guilty of an offence under *subsection (5)* is liable on summary conviction to a fine not exceeding €5,000.

(7) Where a person fails to comply with a summons to attend before the Fitness to Practise Committee or refuses, while attending as a witness before the Fitness

to Practise Committee, to do anything referred to in *subsection (5)(b)* that the person is lawfully required by the Committee to do, the Court, on application by the Council, may—

(*a*) by order require the person to attend before the Committee or to do the thing that the person refused to do, as the case may be, and

(*b*) make such interim or interlocutory orders as it considers necessary for that purpose.

(8) Neither an application for an order under *subsection (7)* nor the making of such an order precludes proceedings being brought for an offence under *subsection (5)(a)* or *(b)* in relation to a person on whose failure or refusal the application or order was based.

(9) Where the Fitness to Practise Committee requires the medical records of a patient of any registered medical practitioner to be produced for the purposes of an inquiry conducted by the Committee, the records shall not be made available to the Committee unless—

(*a*) the patient has consented in writing to the records being made so available, or

(*b*) the Committee has directed in writing the practitioner, or any other person who has power over or control of the records, to make the records so available.

If registered medical practitioner consents to censure or remedial action, etc.

67.— (1) The Fitness to Practise Committee may, at any time after a complaint is referred to it, request the registered medical practitioner the subject of the complaint to do one or more than one of the following:

(*a*) if appropriate, undertake to not repeat the conduct the subject of the complaint;

(*b*) undertake to be referred to a professional competence scheme and to undertake any requirements relating to the improvement of the practitioner's competence and performance which may be imposed;

(*c*) consent to undergo medical treatment;

(*d*) consent to being censured by the Council.

F163**[**(1A) Where a registered medical practitioner gives an undertaking or consent the subject of a request under *subsection (1)* by the Fitness to Practise Committee, the inquiry into the complaint shall be considered to be completed.**]**

(2) Where a registered medical practitioner refuses to give an undertaking or consent the subject of a request under *subsection (1)* by the Fitness to Practise Committee, the Committee may proceed as if the request had not been made.

If complaint is withdrawn while it is being considered by Fitness to Practise Committee.

68.— Where a complaint is withdrawn while it is being considered by the Fitness to Practise Committee, the Committee may F164**[**...**]**—

(*a*) decide that no further action is to be taken in relation to the matter the subject of the complaint, or

(*b*) proceed as if the complaint had not been withdrawn.

Report to Council by Fitness to Practise Committee.

69.— (1) Subject to *subsection (2)*, the Fitness to Practise Committee shall, on completing an inquiry into a complaint, submit to the Council a report in writing on its findings.

(2) The report referred to in *subsection (1)* of the Fitness to Practise Committee—

(*a*) shall specify—

(i) the nature of the complaint that resulted in the inquiry,

F165**[**(ii) the evidence presented to the Committee,

(iii) the Committee's findings as to whether any allegation is proved, whether on the grounds on which the complaint was made or on any other grounds referred to in *section 57*, and**]**

F166**[**(iv) if there is an undertaking or consent under *section 67(1)*, the measures included in the undertaking or consent,**]**

and

(*b*) may include such other matters relating to the registered medical practitioner the subject of the complaint as the Committee considers appropriate.

Steps to be taken by Council after receiving report.

F167**[70.**— The Council shall, on receiving the report referred to in *section 69(1)* of the Fitness to Practise Committee in relation to a complaint—

(*a*) if there is an undertaking or consent under *section 67(1)*, comply with *section 71(2)* in respect of the measures concerned, and

(*b*) in any other case—

(i) if the Committee finds that no allegation against the registered medical practitioner the subject of the complaint is proved, dismiss the complaint,

(ii) if the Committee finds that any allegation against the practitioner is proved, decide under *section 71(1)* or *71A(1)*, as may be appropriate, one or more than one sanction to be imposed on the practitioner.**]**

PART 9

IMPOSITION OF SANCTIONS ON REGISTERED MEDICAL PRACTITIONERS FOLLOWING REPORTS OF FITNESS TO PRACTISE COMMITTEE

F168**[***Sections 71* and *72* not to apply in certain cases.

70A.— *Sections 71* and *72* do not apply where the medical practitioner concerned was previously registered in the Supervised Division but his or her registration in that division has ceased and he or she is not registered in any other division of the register.**]**

F169**[**Measures to be taken by Council after receiving report referred to in *section 59A(2)(c)*.

70B.— (1) *Subsection (2)* applies as soon as is practicable after the Council has received and considered the report referred to in *section 59A(2)(c)* of the Preliminary Proceedings Committee in relation to a complaint concerning—

(*a*) a registered medical practitioner, or

(*b*) a medical practitioner referred to in *section 70A*.

(2) The measures to be taken in respect of the medical practitioner shall be those contained in the report.**]**

Duty of Council to decide on appropriate sanction.

F170**[71.**— (1) Subject to *sections 57(6)(a)* and *72* and *subsection (2)*, the Council shall, as soon as is practicable after receiving and considering the report referred to in *section 69(1)* of the Fitness to Practise Committee in relation to a complaint concerning a registered medical practitioner where *section 70(b)(ii)* is applicable, decide that one or more than one of the following sanctions be imposed on the practitioner:

(*a*) an advice or admonishment, or a censure, in writing;

(*b*) a censure in writing and a fine not exceeding €5,000;

(*c*) the attachment of conditions to the practitioner's registration, including restrictions on the practice of medicine that may be engaged in by the practitioner;

(*d*) the transfer of the practitioner's registration to another division of the register;

(*e*) the suspension of the practitioner's registration for a specified period;

(*f*) the cancellation of the practitioner's registration;

(*g*) a prohibition from applying for a specified period for the restoration of the practitioner's registration.

(2) Where the report referred to in *section 69(1)* follows an undertaking or consent under *section 67(1)*, then the measures to be taken in respect of the registered medical practitioner shall be those contained in the report.**]**

F171**[**Duty of Council to decide on appropriate sanction in certain cases (Supervised Division).

71A.—F172**[**(1)**]** F173**[**Subject to *subsection (2)*, in the case**]** of a medical practitioner who was previously registered in the Supervised Division but his or her registration in that division has ceased and he or she is not registered in any other division of the register, the Council shall, as soon as practicable after receiving and considering the report referred to in *section 69(1)* of the Fitness to Practise Committee in relation to a complaint concerning a medical practitioner where F173**[***section 70(b)(ii)***]** is applicable, decide that one or more than one of the following sanctions be imposed on the practitioner:

(*a*) an advice or admonishment, or a censure, in writing;

(*b*) a censure in writing and a fine not exceeding €5,000;

(*c*) the attachment of conditions which are to apply to the registration of the medical practitioner where the practitioner applies for registration on the register, including restrictions on the practice of medicine that may be engaged in by the practitioner;

(*d*) a prohibition on the practitioner from applying for a specified period for registration in one or more than one division of the register.**]**

F174**[**(2) Where the report referred to in *section 69(1)* follows an undertaking or consent under *section 67(1)*, then the measures to be taken in respect of the medical practitioner shall be those contained in the report.**]**

Provisions supplementary to *section 71*.

72.— (1) The Council shall, on deciding under *section 71* to impose a sanction referred to in F175**[***section 71(1)(b), (c)***]**, *(d)*, *(e)* or *(g)* on a registered medical practitioner, specify—

(*a*) in the case of a sanction referred to in F175**[***section 71(1)***]***(b)*, the amount of the fine imposed on the practitioner,

(*b*) in the case of a sanction referred to in F175**[***section 71(1)***]***(c)*, the nature of the conditions to be attached to the practitioner's registration,

(*c*) in the case of a sanction referred to in F175**[***section 71(1)***]***(d)*, the division of the register to which the practitioner's registration is to be transferred,

(*d*) in the case of a sanction referred to in F175**[***section 71(1)***]***(e)*, the period of suspension of the practitioner's registration,

(*e*) in the case of a sanction referred to in F175**[***section 71(1)***]***(g)*, the period for which the practitioner is prohibited from applying for the restoration of the practitioner's registration.

(2) The Council shall not decide under *section 71* to impose the sanction referred to in F175**[***section 71(1)(f)***]** on a registered medical practitioner on the grounds of a conviction for an offence referred to in *section 57(1)(g)* unless—

(*a*) in the Council's opinion, the nature of the offence or the circumstances in which it was committed render the practitioner F175[a person who is not a fit and proper person to practise medicine], or

(*b*) a conviction for such offence would render a person unable to be registered under this Act.

F176[Provisions supplemental to *section 71A*.

72A.— The Council shall, on deciding under *section 71A* to impose a sanction referred to in F177[*section 71A(1)(b), (c)*] or *(d)* on a medical practitioner, specify—

(*a*) in the case of a sanction referred to in F177[*section 71A(1)*](*b*), the amount of the fine imposed on the practitioner,

(*b*) in the case of a sanction referred to in F177[*section 71A(1)*](*c*), the nature of the conditions to be attached to the practitioner's registration,

(*c*) in the case of a sanction referred to in F177[*section 71A(1)*](*d*), the period for which the practitioner is prohibited from applying for registration in the register.]

Duty to notify registered medical practitioner of Council's sanction.

73.— (1) Subject to *subsection (2)*, the Council shall, as soon as is practicable after deciding under F178[*section 71* or *section 71A*, as the case may be,] to impose a sanction on a registered medical practitioner, give notice in writing to the practitioner and, in any case where the Council is not the complainant, the complainant, of—

(*a*) the nature of the sanction that the Council has decided to impose,

(*b*) the date on which the decision was made, and

(*c*) the reasons for the imposition of the sanction.

F179[(2) Where the Council has decided to impose a sanction on a registered medical practitioner (other than a sanction arising from measures referred to in *section 71(2)* or *71A(2)*), the Council shall give notice in writing to the practitioner of the practitioner's entitlement, under *section 75*, to appeal to the Court against the decision.]

Confirmation by Court required before certain decisions become effective.

74.— F180[(1)] A decision F181[under *section 71* or *71A*] to impose a sanction F182[(not being a sanction referred to in *section 71(1)(a)* or *71A(1)(a)* or arising from measures referred to in *section 71(2)* or *71A(2)*)] on a registered medical practitioner shall not take effect unless the decision is confirmed by the Court on an application under *section 75* or *76*.

F183[(2) A decision under *section 71(1)* or *71A(1)* to impose a sanction (being a sanction referred to in *section 71(1)(a)* or *71A(1)(a)*) on a registered medical practitioner shall not take effect unless—

(*a*) the decision is confirmed by the Court on an application under *section 75*, or

(*b*) the 21 days referred to in *section 75(1)* within which the practitioner may appeal to the Court against the decision expires without the practitioner making such appeal.]

Appeal to Court against Council's decision under *section 71*.

75.— F184[(1) A registered medical practitioner the subject of a decision under *section 71(1)* or *71A(1)* to impose a sanction (other than a sanction arising from measures referred to in *section 71(2)* or *71A(2)*) may, not later than 21 days after the notice under *section 73(1)* of the decision was given by the Council, appeal to the Court against the decision.]

(2) The Court may, on the hearing of an appeal under *subsection (1)* by a medical practitioner, consider any evidence adduced or argument made, whether or not adduced or made to the Fitness to Practise Committee.

(3) The Court may, on the hearing of an appeal under *subsection (1)* by a medical practitioner—

(*a*) either—

(i) confirm the decision the subject of the application, or

(ii) cancel that decision and replace it with such other decision as the Court considers appropriate, which may be a decision—

(I) to impose a different sanction on the practitioner, or

(II) to impose no sanction on the practitioner,

and

(*b*) give the Council such directions as the Court considers appropriate and direct how the costs of the appeal are to be borne.

(4) The Council shall, on complying with a direction given by the Court under *subsection (3)*, give notice in writing to the medical practitioner concerned of the Council's compliance with the direction.

Application to Court for confirmation of Council's decision.

76.— (1) Where a registered medical practitioner does not, within the period allowed under *section 75(1)*, appeal to the Court against a decision F185**[**under *section 71* or *71A***]** to impose a sanction F186**[**(other than a sanction referred to in *section 71(1)(a)* or *71A(1)(a)* or arising from measures referred to in *section 71(2)* or *71A(2)*)**]** on the practitioner, the Council shall, as soon as is practicable after the expiration of that period, make an application to the Court for the confirmation of the decision.

(2) An application under *subsection (1)* may be made on an *ex parte* basis.

(3) The Court shall, on the hearing of an application under *subsection (1)*, confirm the decision F185**[**under *section 71* or *71A***]** the subject of the application unless the Court sees good reason not to do so F187**[**and direct how the costs of the application are to be borne**]**.

Evidence relating to appeal under *section 75(I1)* or application under *section 76(1)* to Court.

77.— (1) The Court may, on the hearing of an appeal under *section 75(1)* or an application under *section 76(1)*, admit and have regard to the evidence of any person of good standing in the medical profession as to what constitutes professional misconduct or poor professional performance in relation to the practice of that profession.

(2) The decision of the Court on an appeal under *section 75(1)* or an application under *section 76(1)* is final except that the Council or the medical practitioner to whom the decision relates may, by leave of the Court or Supreme Court, appeal against the decision to the Supreme Court on a specified question of law.

Duty to notify registered medical practitioner of compliance with decisions confirmed or given by Court.

78.— (1) The Council shall, on complying with a decision confirmed or given by the Court under *section 75* or *76* to attach conditions to the registration of a medical practitioner, give notice in writing to the practitioner of the conditions as soon as is practicable after complying with *section 43(6)* in respect of the conditions.

(2) The Council shall, on complying with a decision confirmed or given by the Court under *section 75* or *76* to transfer a registered medical practitioner's registration to another division of the register—

(*a*) transfer the practitioner's registration to the division concerned, and

(*b*) give notice in writing to the practitioner of the division to which the practitioner's registration has been transferred as soon as is practicable after effecting such transfer.

(3) The Council shall, on complying with a decision confirmed or given by the Court under *section 75* or *76* to suspend for a specified period or to cancel the registration of a medical practitioner, give notice in writing to the practitioner of—

(*a*) the suspension or cancellation, as the case may be, and

(*b*) in the case of a suspension, the period, beginning not earlier than 7 days after the date of the Court's decision, during which the registration is to be suspended.

(4) For the avoidance of doubt, it is hereby declared that where the registration of a medical practitioner is suspended in compliance with a decision confirmed or given by the Court under *section 75* or *76* to suspend that registration for a specified period—

(*a*) subject to *paragraphs (b)* and *(c)*, this Act shall apply to the practitioner during that period as if the practitioner were an unregistered F188**[**medical practitioner, and**]**

(*b*) *section 40* shall not apply to the practitioner during that period to the extent only that the practitioner uses a title referred to in that section which would not be a contravention of that section if the practitioner's registration were not F188**[**suspended.**]**

(*c*) F189**[**...**]**

Removal of registration for failure to pay fee.

79.— (1) Subject to *subsection (2)*, where a registered medical practitioner fails to pay an appropriate fee required to be paid by the practitioner notwithstanding that a reminder notice to pay the fee has been sent to the practitioner at the practitioner's registered address, the Council may, not earlier than 21 days after that reminder has been sent, remove the practitioner's registration.

(2) The Council shall not exercise its power under *subsection (1)* in the case of a registered medical practitioner the subject of a complaint which has not been disposed of or otherwise dealt with under *Part 7* and, if applicable, *Part 8* and this Part.

Restoration, etc., of registration following payment of certain fees.

80.— Where a medical practitioner's registration has been removed pursuant only to *section 79*, the chief executive officer shall restore that registration if—

(*a*) within 6 months after the date on which the appropriate fee became due, the practitioner makes an application to the Council for the restoration of the practitioner's registration, and

(*b*) the practitioner pays to the Council the appropriate fees.

F190**[**Removal of registration for failure to provide certain evidence relating to indemnity

80A.— (1) Subject to *subsection (2)*, where a medical practitioner fails to provide evidence referred to in F191**[***subsection (2)* or that subsection as modified in accordance with *subsection (3)***]**, as the case may be, of *section 45*, notwithstanding that a request to provide that evidence has been sent to the practitioner's registered address, the Council may, not earlier than 21 days after that request has been sent, remove the practitioner's registration.

(2) The Council shall not exercise its power under *subsection (1)* in the case of a registered medical practitioner the subject of a complaint which has not been disposed of or otherwise dealt with under *Part 7* and, if applicable, *Part 8* and this Part.**]**

F192**[**Restoration after removal under *section 80A*

80B.— Where a medical practitioner's registration has been removed pursuant only to *section 80A*, the chief executive officer shall restore that registration if the practitioner provides the evidence referred to in F193**[***subsection (2)* or that subsection as modified in accordance with *subsection (3)***]**, as the case may be, of *section 45* not later than 6 months after the date on which the practitioner was obliged to provide such evidence and pays to the Council the appropriate fee.**]**

Restoration of registration which has been cancelled.

81.— (1) The Council shall not restore a medical practitioner's registration which has been cancelled except in accordance with this section.

(2) The Council may at any time decide to restore the registration of a medical practitioner whose registration has been cancelled if—

(*a*) the practitioner has requested the Council to make the decision and has paid the appropriate fee required at the time of the request for restoration,

(*b*) the practitioner is not prohibited under this Part from applying for restoration of the registration,

(*c*) the practitioner has been given an opportunity to make an oral or written submission to the Council,

(*d*) the Council has considered any submission made under *paragraph (c)* and the criteria specified in rules made under *section 11* for the restoration of registration pursuant to this section, and

(*e*) after considering all relevant facts, the Council considers it appropriate to make the decision.

(3) The Council may on deciding to restore a medical practitioner's registration, also decide to attach to the registration any conditions that the Council considers appropriate.

(4) The Council shall, on deciding to restore a medical practitioner's registration or to attach conditions to the registration of a medical practitioner whose registration has been so restored, give notice in writing to the practitioner of the restoration and, if applicable, of the attachment of the conditions as soon as is practicable after—

(*a*) restoring the registration, or

(*b*) restoring the registration and complying with *section 43(6)* in respect of the conditions,

as the case may be.

(5) The Council shall, on deciding to refuse to restore a medical practitioner's registration, give notice in writing (accompanied by a copy of *section 83*), as soon as is practicable after making the decision, to the practitioner of—

(*a*) the decision,

(*b*) the date on which the decision was made, and

(*c*) the reasons for the decision.

Removal of conditions attached to registration.

82.— (1) The Council may at any time decide to remove all or any conditions, to which this section applies pursuant to *subsection (4)*, attached to the registration of a registered medical practitioner if—

(*a*) the practitioner has requested the Council to make the decision,

(*b*) the practitioner has been given an opportunity to make an oral or written submission to the Council,

(*c*) the Council has considered any submission made under *paragraph (b)* and any other relevant information that has come to its attention, and

(*d*) after considering all relevant facts, the Council considers it appropriate to make the decision.

(2) The Council shall, on deciding to remove any or all conditions referred to in *subsection (1)* attached to the registration of a registered medical practitioner, give notice in writing to the practitioner of their removal.

(3) The Council shall, on deciding to refuse to remove any condition referred to in *subsection (1)* attached to the registration of a medical practitioner, give notice in writing (accompanied by a copy of *section 83*), as soon as is practicable after making the decision, to the practitioner of—

(*a*) the decision,

(*b*) the date on which the decision was made, and

(*c*) the reasons for the decision.

(4) This section applies to any conditions attached to the registration of a medical practitioner pursuant to—

(*a*) a decision referred to in *section 78(1)*, or

(*b*) *section 81(3)*.

Appeal to Court against Council's decision under *section 81* or *82*.

83.— (1) A medical practitioner the subject of a decision made by the Council—

(*a*) under *section 81* to refuse to restore the practitioner's registration or to attach conditions to the practitioner's registration, or

(*b*) under *section 82* to refuse to remove a condition to which that section applies attached to the person's registration,

may, not later than 21 days after the practitioner received notice of the decision under *section 81(5)* or *82(3)*, as the case may be, appeal to the Court against the decision.

(2) The Court may, on the hearing of an appeal under *subsection (1)* by a medical practitioner, consider any evidence adduced or argument made, whether or not adduced or made to the Council.

(3) The Court may, on the hearing of an appeal under *subsection (1)* by a medical practitioner—

(*a*) either—

(i) confirm the decision the subject of the appeal, or

(ii) cancel that decision and replace it with such other decision as the Court considers appropriate, which may be a decision—

(I) to restore the registration of the practitioner in such division of the register as the Court considers appropriate and—

(A) with no conditions attached to the registration, or

(B) with such conditions attached to the registration as the Court considers appropriate,

or

(II) to remove the conditions attached to the practitioner's registration or replace conditions attached to the registration of the practitioner with such other conditions as the Court considers appropriate,

and

(*b*) give the Council such directions as the Court considers appropriate and direct how the costs of the appeal are to be borne.

(4) The Council shall, on complying with any direction given by Court under *subsection (3)*, give notice in writing to the medical practitioner concerned of the Council's compliance with the direction.

Notification to Minister, Health Service Executive and employer of certain matters relating to sanctions.

84.— (1) The Council shall give notice in writing to F194**[**the Health Service Executive and such other persons as it thinks fit**]** as soon as is practicable after any of the following measures take effect under this Part:

(*a*) the cancellation of a medical practitioner's registration;

(*b*) the restoration of a medical practitioner's registration;

(*c*) the removal of a medical practitioner's registration;

(*d*) the suspension of a medical practitioner's registration;

(*e*) the termination of the period during which a medical practitioner's registration is suspended;

(*f*) the transfer of a medical practitioner's registration to another division of the register;

(*g*) the attachment of conditions to a medical practitioner's registration;

(*h*) the removal of conditions attached under this Part to the registration of a medical practitioner's registration;

(*i*) the prohibiting of a medical practitioner from applying for a specified period for the restoration of the practitioner's registration;

(*j*) the censuring and fining of a registered medical practitioner;

F194**[**(*k*) the censuring of a registered medical practitioner;**]**

F195**[**(*l*) the advisement or admonishment of a registered medical practitioner.**]**

(2) Where it comes to the Council's attention that, under the law of a state other than the State, a measure corresponding to one referred to in any of F194**[***paragraphs (a)* to *(l)***]** of *subsection (1)* has been taken in relation to a registered medical practitioner, the Council shall, F195**[**if satisfied that it is in the public interest to do so and**]** as soon as is practicable, give notice in writing to F196**[**...**]** the Health Service Executive of the measure.

(3) The Council shall F195**[**(if satisfied that, in the case of a measure referred to in *subsection (2)*, it is in the public interest to do so)**]** give notice in writing to an employer (other than the Health Service Executive) where—

(*a*) it comes to the Council's attention that any measure referred to in *subsection (1)* or *(2)* has been taken in relation to a registered medical practitioner employed by the employer, and

(*b*) the employer's name is known to the Council.

F194**[**(4) (*a*) *Paragraph (b)* applies where—

(i) it comes to the Council's attention that any measure referred to in *subsection (1)* has been taken in relation to a registered medical practitioner, and

(ii) the Council has reason to believe that—

(I) the practitioner is registered in another jurisdiction, and

(II) that measure may not have come to the attention of the body duly authorised to perform functions in that jurisdiction that correspond to the functions of the Council.

(*b*) The Council shall give notice in writing to that body of that measure and may, and notwithstanding any provision of Directive 2005/36/EC or of the Regulations of 2017, provide that body with copies of documents relevant to that measure (including a copy of the report concerned referred to in *section 69(1)*).**]**

F195**[**(5) (a) *Paragraph (b)* applies where—

(i) it comes to the Council's attention that any measure referred to in *subsection (2)* has been taken in relation to a registered medical practitioner, and

(ii) the Council has reason to believe that—

(I) the practitioner is registered in another jurisdiction, and

(II) that measure may not have come to the attention of the body duly authorised to perform functions in that jurisdiction that correspond to the functions of the Council.

(*b*) The Council shall, if satisfied that it is in the public interest to do so, give notice in writing to that body of that measure.**]**

Information Council may publish in public interest.

85.—F197**[**(1)**]** The Council shall, F198**[**(if satisfied that, in the case of a measure referred to in *section 84(1)(k)* or *(l)* or *paragraph (a)(ii)*, it is in the public interest to do so)**]**—

(*a*) advise the public when—

(i) any measure referred to in *section 84(1)* takes effect under this Part in respect of a medical practitioner,

(ii) any measure referred to in *section 84(2)* in respect of a medical practitioner comes to the knowledge of the Council,

F198**[**(*b*) if satisfied that it is in the public interest to do so, publish a transcript of all or any part of the proceedings of the Fitness to Practise Committee at an inquiry or publish all or any part of a report referred to in *section 69(1)* of the Fitness to Practise Committee (and, in either case, whether with or without any information which would enable all, or any one or more than one, of the parties to the proceedings concerned to be identified).**]**

F197**[**(2) The Council shall not publish anything under this section which is inconsistent with a decision (if any) of the Court arising from the performance of a function under *section 75* or *76*.**]**

PART 10

Education and Training

Duties of Health Service Executive in relation to medical and dental education and training.

86.— (1) In this section—

"dental training bodies" means the bodies approved by the Dental Council under section 37(3) of the Dentists Act 1985;

"medical training bodies" means the bodies approved by the Council under *section 89(3)(a)(ii*.

(2) The Health Service Executive, in accordance with section 7(4)(*b*) of the Health Act 2004, shall, with respect to basic medical education and training, facilitate the education and training of students training to be registered medical practitioners.

(3) The Health Service Executive shall, with respect to specialist medical and dental education and training, have the following responsibilities:

(*a*) to promote the development of specialist medical and dental education and training and to co-ordinate such developments in co-operation with the Council, the Dental Council, the medical training bodies and the dental training bodies;

(*b*) in co-operation with the medical training bodies and the dental training bodies and after consultation with the Higher Education Authority, to undertake appropriate medical and dental practitioner workforce planning

for the purpose of meeting specialist medical and dental staffing and training needs of the health service on an ongoing basis;

(*c*) to assess on an annual basis the number of intern training posts and the number and type of specialist medical training posts required by the health service and, pursuant to that assessment, to put proposals to the Council in relation to the Council's functions under *section 88(3)(a)* and *(4)(a)*;

(*d*) to assess on an annual basis the need for and appropriateness of medical posts which—

(i) do not fall within *paragraph (c)*, and

(ii) are not posts for consultants,

and to publish the results of that assessment; and

(*e*) to advise the Minister, after consultation with the medical training bodies and the dental training bodies and with such other bodies as it may consider appropriate, on medical and dental education and on all other matters, including financial matters, relating to the development and co-ordination of specialist medical and dental education and training.

(4) The Minister may, by notice in writing given to the Health Service Executive, require the Executive to provide such information in relation to the performance of the Executive's functions under this Act as is specified in the notice and within the period specified in the notice (being a period reasonable in the circumstances).

(5) The Health Service Executive shall comply with a notice given to it under *subsection (4)* except to the extent that it is prohibited from doing so by another provision of this Act.

(6) Specialist medical and dental education and training shall, for the purposes of sections 38 and 39 of the Health Act 2004, be deemed to be a health and personal social service within the meaning of section 2 of that Act.

(7) The Health Service Executive shall carry out such functions, other than functions assigned to it by this Act, as may be assigned to it from time to time by the Minister following consultation with it in relation to medical and dental education and training.

Functions of Council in relation to Directives of European Union relating to medical education and training.

F201**[87.**—(1) The Council shall ensure that medical education and training complies with the requirements of Directive 2005/36/EC and the Regulations of 2017.

(2) The Council shall give notice to the Minister forthwith of any administrative measure implemented by it for the purposes of this section.**]**

Duties of Council in relation to medical education and training.

88.— (1) The Council shall—

(*a*) set and publish in the prescribed manner the standards of medical education and training for basic and specialist medical qualifications, and

(*b*) monitor adherence to the standards referred to in *paragraph (a)*.

(2) The Council shall, in relation to basic medical education—

(*a*) subject to F202**[***section 87***]**, after it has consulted with the Minister for Education and Science, and in accordance with the relevant criteria specified in rules made under *section 11*—

(i) approve, approve subject to conditions attached to the approval of, amend or remove conditions attached to the approval of, or withdraw the approval of—

(I) programmes of basic medical education and training, and

(II) the bodies which may deliver those programmes,

(ii) refuse to approve a body as a body which may deliver those programmes,

(*b*) prepare and publish in the prescribed manner guidelines on curriculum issues and content to be included in programmes approved under *paragraph (a)*,

(*c*) prepare and publish in the prescribed manner standards required for the award of a basic medical qualification pursuant to programmes approved under *paragraph (a)*,

(*d*) monitor adherence to the criteria referred to in *paragraph (a)*, the guidelines referred to in *paragraph (b)* and the standards referred to in *paragraph (c)*,

(*e*) inspect bodies approved under *paragraph (a)* in order to ensure ongoing compliance with the criteria referred to in that paragraph, the guidelines referred to in *paragraph (b)* and the standards referred to in *paragraph (c)*,

(*f*) inspect places in the State where training is provided to persons undertaking training for a basic medical qualification, for the purposes of medical education and training standards,

(*g*) following inspections under *paragraph (f)*, issue recommendations to the management of any place referred to in that paragraph on any improvements in medical education and training standards which may be required or any other issues arising from such inspections,

(*h*) publish in the prescribed manner details of all inspections carried out under this subsection,

(*i*) prepare and publish in the prescribed manner guidelines for bodies approved under *paragraph (a)* on ethical standards and behaviour appropriate for medical students pursuing a course of study leading to a basic medical qualification pursuant to programmes approved under *paragraph (a)*, and

(*j*) advise the Minister and the Minister for Education and Science on any issues relating to its functions under this subsection.

(3) The Council shall, in relation to medical education and training for interns—

(*a*) on foot of proposals received from the Health Service Executive under *section 86(3)(c)*, and in accordance with relevant criteria specified in rules made under *section 11*, specify the number of intern training posts it approves for the purposes of intern training,

(*b*) prepare and publish in the prescribed manner guidelines on medical education and training for interns,

(*c*) advise the Health Service Executive in regard to the minimum entry criteria for posts approved under *paragraph (a)* in consultation with bodies approved under *section 89(3)(a)(ii)*,

(*d*) specify and publish in the prescribed manner the standards for training and experience required for the granting of a certificate of experience,

(*e*) inspect places with posts approved under *paragraph (a)* for the purposes of monitoring adherence to guidelines referred to in *paragraph (b)* and the standards referred to in *paragraph (d)*,

(*f*) following inspections under *paragraph (e)*, issue recommendations to the management of any place referred to in that paragraph on any improvements which may be required or any other issues arising from such inspections,

(*g*) following prior consultation with the Minister, the Health Service Executive and the management of any place referred to in *paragraph (e)*, and having regard to the views expressed in that consultation, remove approval from

such place for the purposes of internship training where the Council considers that the guidelines referred to in *paragraph (b)* or the standards referred to in *paragraph (d)* are no longer being adhered to in respect of that place,

(*h*) publish in the prescribed manner details of all inspections carried out under this subsection, and

(*i*) advise the Minister on any issues relating to its functions under this subsection.

(4) The Council shall, in relation to specialist medical education and training—

(*a*) on foot of proposals received from the Health Service Executive under *section 86(3)(c)*, and in accordance with the relevant criteria specified in rules made under *section 11*, specify the number and type of posts it approves for the purposes of specialist medical education and training,

(*b*) prepare and publish in the prescribed manner guidelines on specialist medical education and training,

(*c*) advise the Health Service Executive in regard to the minimum entry criteria for posts approved under *paragraph (a)* in consultation with bodies approved under *section 89(3)(a)(ii)*,

(*d*) specify and publish in the prescribed manner the standards for training and experience required for the granting of a specialist medical qualification,

(*e*) inspect places with posts approved under *paragraph (a)* for the purposes of monitoring adherence to guidelines referred to in *paragraph (b)* and the standards referred to in *paragraph (d)*,

(*f*) following inspections under *paragraph (e)*, issue recommendations to the management of any place referred to in that paragraph on any improvements which may be required or any other issues arising from such inspections,

(*g*) following prior consultation with the Minister, the Health Service Executive and the management of any place referred to in *paragraph (e)*, and having regard to the views expressed in that consultation, remove approval from such place for the purposes of specialist training where the Council considers that the guidelines referred to in *paragraph (b)* or the standards referred to in *paragraph (d)* are no longer being adhered to in respect of that place,

(*h*) publish in the prescribed manner details of all inspections carried out under this subsection, and

(*i*) advise the Minister on issues relating to its functions under this subsection.

(5) Where the Council makes a decision under *subsection (2)(a)(i)(II)* or *(ii)*, it shall give notice in writing (accompanied by a copy of *section 90*), as soon as is practicable after making the decision, to the body the subject of the decision of—

(*a*) the decision,

(*b*) the date on which the decision was made, and

(*c*) the reasons for the decision.

(6) F203**[**Without prejudice to *subsection (2)(a)*, on the commencement of this subsection**]**—

(*a*) a programme of basic medical education and training leading to the qualification of—

(i) Bachelor of Medicine and Bachelor of Surgery of the National University of Ireland,

(ii) Bachelor of Medicine and Bachelor of Surgery of the University of Dublin, or

(iii) Licentiate of the Royal College of Physicians of Ireland and Licentiate of the Royal College of Surgeons in Ireland,

shall be deemed to be a programme of basic medical education and training approved under *subsection (2)(a)(i)(I)* as if, F203**[**on that commencement**]**, the Council had approved such programme under that subsection, and the other provisions of this Act (including *subsection (7)*) shall be construed accordingly,

(*b*) a body which, immediately before F203**[**the commencement of this subsection**]**, delivered a programme of basic medical education and training leading to a qualification referred to in *paragraph (a)* shall be deemed to be a body approved under *subsection (2)(a)(i)(II)* in respect of such programme as if, on that commencement, the Council had so approved the body, and the other provisions of this Act (including *section 17(1)(a)*) shall be construed accordingly.

(7) The Council may recognise a degree, diploma or other qualification awarded in a third country to be at least the equivalent of a qualification awarded following the satisfactory completion of a programme of basic medical education and training approved under *subsection (2)(a)(i)(I)*.

(8) The Council shall prepare and publish in the prescribed manner guidelines on ethical considerations to be taken into account in respect of the acceptance or otherwise of any non-Exchequer funding offered or provided in relation to medical education and training for basic and specialist medical qualifications.

(9) The Council shall, in consultation with the Dental Council, the Health Service Executive and such other appropriate bodies as the Council thinks fit, arrange for the provision of career information to registered medical practitioners and registered dentists.

Training bodies and qualifications for the purposes of the Specialist and Trainee Specialist Divisions.

89.— (1) Subject to *subsection (5)*, the Council may, with the consent of the Minister, determine the medical specialties which it recognises for the purpose of its functions under this Act.

(2) The Council shall specify, in relation to each medical specialty recognised under *subsection (1)*, the titles and designations of qualifications in specialised medicine granted in the State which may be required to enable a medical practitioner to secure registration in the Specialist Division in respect of that specialty.

(3) Subject to F207**[***section 87***]**, the Council shall, in relation to each medical specialty recognised under *subsection (1)*, with the consent of the Minister and in accordance with the relevant criteria specified in rules made under *section 11*—

(*a*) approve, approve subject to conditions attached to the approval of, amend or remove conditions attached to the approval of, or withdraw the approval of—

(i) programmes of specialist training in relation to that medical specialty, and

(ii) the bodies which may grant evidence of the satisfactory completion of specialist training in relation to that medical specialty,

(*b*) refuse to approve a body as a body which may grant evidence of the satisfactory completion of specialist training in relation to that medical specialty.

(4) Where the Council withdraws an approval under *subsection (3)* from a body referred to in that subsection, it shall, where appropriate, make every effort to approve under that subsection an alternate body.

(5) The medical specialties recognised under *subsection (1)* shall include such medical specialties as may be designated as applying to the State in any Directive adopted by the Council of the European Communities relating to specialised medicine.

(6) Where the Council makes a decision under *subsection (3)(a)* or *(b)*, it shall give notice in writing (accompanied by a copy of *section 90*), as soon as is practicable after making the decision, to the body the subject of the decision of—

(*a*) the decision,

(*b*) the date on which the decision was made, and

(*c*) the reasons for the decision.

(7) Notwithstanding the repeal of F208**[**section 38 of**]** the Act of 1978 by *section 3* —

(*a*) a specialty which was, F209**[**immediately before that repeal**]**, recognised under section 38(1) of that Act shall be deemed to be a medical specialty recognised under *subsection (1)*—

(i) as if, F209**[**on that repeal**]**, the Council had recognised it as a medical specialty under that subsection, and

(ii) on the same conditions as the specialty was recognised under section 38(1) of that Act F209**[**immediately before that repeal**]**,

and the other provisions of this Act shall be construed accordingly, and

(*b*) a body which was, F209**[**immediately before the repeal of section 38 of that Act, recognised under subsection (3) of that section**]** for the purpose of granting evidence of satisfactory completion of specialist training in relation to a specialty recognised under section 38(1) of that Act and which falls within *paragraph (a)* shall be deemed to be a body approved under *subsection (3)(a)(ii)* for the purposes of granting evidence of the satisfactory completion of specialist training in relation to that medical specialty—

(i) as if, F209**[**on that repeal**]**, the Council had approved it as such a body under that subsection, and

(ii) on the same conditions as the body was approved under section 38(3) of that Act F209**[**immediately before that repeal**]**,

and the other provisions of this Act shall be construed accordingly.

Appeal to Court against Council's decision under *section 88(2)(a)(i)(II)* or *(ii)* or *89(3)(a)(ii)* or *(b)*.

90.— (1) A body the subject of a decision made by the Council under *section 88(2)(a)(i)(II)* or *(ii)* or *89(3)(a)(ii)* or *(b)* may, not later than 21 days after the body received notice of the decision under *section 88(5)* or *89(6)*, as the case may be, appeal to the Court against the decision.

(2) The Court may, on the hearing of an appeal under *subsection (1)* by a body, consider any evidence adduced or argument made, whether adduced or made to the Council.

(3) The Court may, on the hearing of an appeal under *subsection (1)* by a body—

(*a*) either—

(i) confirm the decision the subject of the appeal, or

(ii) cancel that decision and replace it with such other decision as the Court considers appropriate,

and

(*b*) give the Council such direction as the Court considers appropriate and direct how the costs of the appeal are to be borne.

(4) The Council shall, on complying with any direction given by the Court under *subsection (3)*, give notice in writing to the body concerned of the Council's compliance with the direction.

PART 11

MAINTENANCE OF PROFESSIONAL COMPETENCE

Duty of Council in relation to maintenance of professional competence of registered medical practitioners.

91.— (1) It shall be the duty of the Council to satisfy itself as to the ongoing maintenance of the professional competence of registered medical practitioners.

(2) The Council shall, not later than the 1st anniversary of the commencement of this section, or such longer period as the Minister permits in writing at the request of the Council, develop, establish and operate one or more than one scheme for the purposes of performing its duty under *subsection (1)*.

(3) The Council shall, in respect of a professional competence scheme—

(*a*) review the operation of the scheme periodically, and

(*b*) may, following such a review, make recommendations to the Minister as to the steps that, in the opinion of the Council, may need to be taken to improve the operation of the scheme.

(4) The Council may, with the consent of the Minister and in accordance with the relevant criteria specified in rules made under *section 11*—

(*a*) recognise, recognise subject to conditions attached to the recognition of, amend or remove conditions attached to the recognition of, or withdraw the recognition of, a body approved under *section 88(2)(a)(i)(II)* or *89(3)(a)(ii)* with which the Council may make and carry out an arrangement with for the purposes of assisting the Council to perform its duty under *subsection (1)*, or

(*b*) refuse to recognise a body approved under *section 88(2)(a)(i)(II)* or *89(3)(a)(ii)* as a body with which the Council may make and carry out an arrangement with for those purposes.

(5) The Council shall monitor and assess the performance of bodies recognised under *subsection (4)* based on the criteria referred to in that subsection.

(6) Where, arising from the performance of its duty under *subsection (1)*, the Council considers that a registered medical practitioner—

(*a*) who, being required under *section 94(2)* to co-operate with any requirements imposed on the practitioner in rules made under *section 11*, has refused to so co-operate, has failed to so co-operate or has ceased to so co-operate,

(*b*) has contravened *section 94(4)*,

(*c*) may pose an immediate risk of harm to the public, or

(*d*) may have committed a serious breach of its guidance on ethical standards and behaviour,

then the Council shall forthwith make a complaint.

F211**[**(7) Where, arising from the performance of its duty under *subsection (1)*, the Council considers that a medical practitioner registered in the General Division, the Specialist Division, the Trainee Specialist Division or the Supervised Division has been given every reasonable opportunity by the Council to improve the practitioner's professional performance but whose professional competence is found by the Council to continue to be below the standards of competence that can reasonably be expected for continued registration in the General Division, the Specialist Division, the Trainee Specialist Division or the Supervised Division, as the case may be, then the Council may make a complaint.**]**

(8) Where the Council makes a decision under *subsection (4)(a)* or *(b)*, it shall give notice in writing (accompanied by a copy of *section 92*), as soon as is practicable after making the decision, to the body the subject of the decision of—

(*a*) the decision,

(*b*) the date on which the decision was made, and

(*c*) the reasons for the decision.

Appeal to Court against Council's decision under *section 91(4)(a)* or *(b)*.

92.— (1) A body the subject of a decision made by the Council under *section 91(4)(a)* or *(b)* may, not later than 21 days after the body received notice of the decision under *section 91(8)*, appeal to the Court against the decision.

(2) The Court may, on the hearing of an appeal under *subsection (1)* by a body, consider any evidence adduced or argument made, whether adduced or made to the Council.

(3) The Court may, on the hearing of an appeal under *subsection (1)* by a body—

(*a*) either—

(i) confirm the decision the subject of the appeal, or

(ii) cancel that decision and replace it with such other decision as the Court considers appropriate,

and

(*b*) give the Council such direction as the Court considers appropriate and direct how the costs of the appeal are to be borne.

(4) The Council shall, on complying with any direction given by the Court under *subsection (3)*, give notice in writing to the body concerned of the Council's compliance with the direction.

Duty of Health Service Executive and other employers in relation to the maintenance of professional competence of registered medical practitioners.

93.— (1) The Health Service Executive shall facilitate the maintenance of professional competence of registered medical practitioners pursuant to a professional competence scheme applicable to the practitioners concerned.

(2) An employer of a registered medical practitioner, not being the Health Service Executive, shall facilitate the maintenance of professional competence of registered medical practitioners pursuant to a professional competence scheme applicable to the practitioners concerned.

Duty of registered medical practitioners to maintain professional competence.

94.— (1) A registered medical practitioner shall maintain the practitioner's professional competence on an ongoing basis pursuant to a professional competence scheme applicable to that practitioner.

(2) A registered medical practitioner shall co-operate with any requirements imposed on the practitioner in rules made under *section 11*.

(3) The Council may, by notice in writing given to a registered medical practitioner whose registration does not fall within *subsection (2)* but who has given an undertaking pursuant to F212**[***section 59A(1)* or *67(1)***]**, require the practitioner to co-operate with such an undertaking to the satisfaction of the Council.

(4) A medical practitioner shall comply with a notice under *subsection (3)* given to the practitioner.

Confidentiality.

95.— (1) Subject to *subsections (2)* and *(4)*, a person who acquires any information by virtue of the person's performance or assistance in the performance of functions under this Act relating to any professional competence scheme shall preserve confidentiality with regard to the information and, without prejudice to the foregoing, shall not—

(*a*) disclose the information to another person except where the disclosure is necessary for such performance or assistance, or

(*b*) cause or permit any other person to have access to the information except where the access is necessary for that other person to perform or assist in the performance of functions under this Act (including the functions of any *section 20(2)* committee).

(2) Notwithstanding *subsection (1)*, the Council may disclose information—

(*a*) in the form of a summary compiled from information provided in relation to registered medical practitioners participating in a competence scheme if the summary is so compiled as to prevent particulars relating to the identity of any such practitioners being ascertained from it,

(*b*) with a view to the institution of, or otherwise for the purposes of, any criminal proceedings or any investigation in the State, or

(*c*) in connection with any civil proceedings to which the Council is a party.

(3) F213**[**...**]**

(4) Nothing in this section shall be construed as prohibiting a disclosure of information pursuant to a court order.

(5) A person who contravenes *subsection (1)* shall be guilty of an offence and liable on summary conviction to a fine not exceeding €5,000 or a term of imprisonment not exceeding 6 months or both.

PART 12

Dissolution of Postgraduate Medical and Dental Board

Interpretation of *Part 12*.

96.— In this Part—

"Postgraduate Medical and Dental Board" means the board established under section 39 of the Act of 1978;

"transfer day" means the day appointed by the Minister under *section 97(1)* as the transfer day.

Transfer day and dissolution of Board.

97.— (1) The Minister shall, by order, appoint a day as the transfer day for the purposes of this Part.

(2) The Postgraduate Medical and Dental Board is, by this Act, dissolved on the transfer day.

(3) References to the Postgraduate Medical and Dental Board in any Act of the Oireachtas passed before the transfer day or in any instrument made before the transfer day under an Act of the Oireachtas are to be read on and after that day as references to the Health Service Executive.

Minister may require information from Board.

98.— (1) The Minister, may, by notice in writing given to the Postgraduate Medical and Dental Board, require the Board to provide to the Minister, either on or before the transfer day, such information in relation to the performance of the Board's functions as is specified in the notice.

(2) The Postgraduate Medical and Dental Board shall comply with a notice given to it under *subsection (1)* except to the extent that it is prohibited from doing so by another provision of the Act of 1978.

Transfer of staff.

99.— (1) Every person who, immediately before the transfer day, was an officer or servant of the Postgraduate Medical and Dental Board is transferred to, and becomes a member of, the Health Service Executive's staff on the transfer day.

(2) Except in accordance with a collective agreement negotiated with a recognised trade union or staff association, a person transferred under this section is entitled,

while in the Health Service Executive's service, to be employed on conditions of employment no less favourable than those to which that person was entitled immediately before the transfer day.

(3) The previous service of a person transferred under this section with the Postgraduate Medical and Dental Board is to be counted as service for the purposes of, but subject to any exceptions or exclusions in—

(*a*) the Redundancy Payments Acts 1967 to 2003,

(*b*) the Protection of Employees (Part-Time Work) Act 2001,

(*c*) the Organisation of Working Time Act 1997,

(*d*) the Minimum Notice and Terms of Employment Acts 1973 to 2005,

(*e*) the Unfair Dismissals Acts 1977 to 2005,

(*f*) the Carer's Leave Act 2001,

(*g*) the Parental Leave Acts 1998 and 2006.

(4) Any superannuation benefits awarded by the Executive to or in respect of a person transferred under this section, and the conditions relating to those benefits, are to be no less favourable than those applicable to or in respect of that person immediately before the transfer day.

(5) In this section—

"conditions of employment" includes conditions in respect of remuneration and related matters;

"recognised trade union or staff association" means a trade union or staff association recognised by the Health Service Executive for the purposes of negotiations that are concerned with the conditions of employment or working conditions of employees.

Transfer of property and liabilities to Health Service Executive.

100.— (1) With effect from the transfer day, the following are transferred to the Health Service Executive:

(*a*) all property (real and personal) and rights held or enjoyed immediately before that day by the Postgraduate Medical and Dental Board;

(*b*) all liabilities incurred before that day by that Board that had not been discharged before that day.

(2) Without any further conveyance, transfer or assignment—

(*a*) property which falls within *subsection (1)* vests, on the transfer day, in the Health Service Executive for all the estate, term or interest for which, immediately before that day, it was vested in the Postgraduate Medical and Dental Board, but subject to all trusts and equities affecting the property and capable of being performed,

(*b*) rights which fall within *subsection (1)* are, on and after the transfer day, rights of the Health Service Executive, and

(*c*) liabilities which fall within *subsection (1)* are, on and after the transfer day, liabilities of the Health Service Executive.

(3) All monies, stocks, shares and securities transferred to the Health Service Executive by this section that, immediately before the transfer day, are in the name of the Postgraduate Medical and Dental Board, shall, at the request of the Executive, be transferred into its name.

(4) Every right and liability transferred to the Health Service Executive by this section may, on and after the transfer day, be sued on, recovered or enforced by or against the Executive in its own name and it shall not be necessary for it to give

notice of the transfer to the person whose right or liability is transferred by this section.

Preservation of certain contracts and adaptation of references.

101.— Every contract or agreement made between the Postgraduate Medical and Dental Board (or any trustee or agent acting on its behalf) and any other person, and in force immediately before the transfer day—

(*a*) continues in force on and after that day,

(*b*) is to be read and have effect as if the name of the Health Service Executive were substituted in the contract or agreement, as the case may be, for that of the Postgraduate Medical and Dental Board or, as the case may be, any trustee or agent acting on its behalf, and

(*c*) is enforceable against the Health Service Executive.

Pending legal proceedings.

102.— If, immediately before the transfer day, any legal proceedings to which the Postgraduate Medical and Dental Board is a party are pending, the Health Service Executive's name shall be substituted in the proceedings for the name of that Board, and the proceedings shall not abate because of the substitution.

Preparation of accounts.

103.— (1) The Health Service Executive shall, as soon as is practicable after the transfer day, prepare, in such form as may be approved by the Minister, all proper and usual accounts of money received or expended by the Postgraduate Medical and Dental Board in the accounting year, or the part of an accounting year, of that Board ending immediately before the transfer day.

(2) The Health Service Executive shall submit accounts prepared under *subsection (1)* to the Comptroller and Auditor General for audit.

(3) The Health Service Executive shall, after the audit by the Comptroller and Auditor General of the accounts prepared under *subsection (1)*, present to the Minister the audited accounts together with the Comptroller and Auditor General's report.

(4) The Minister shall ensure that, as soon as possible after the audited accounts and the report referred to in *subsection (3)* are presented to the Minister, copies of them are laid before each House of the Oireachtas.

PART 13

MISCELLANEOUS

Privilege.

104.— (1) In any action for defamation, the following proceedings, reports and communications are absolutely privileged—

(*a*) proceedings of a Preliminary Proceedings Committee or of the Fitness to Practise Committee under any of *Parts 7*, *8* and *9*,

(*b*) communications by the Fitness to Practise Committee under *section 67*,

(*c*) reports of the Fitness to Practise Committee under *section 69*,

(*d*) communications by the Council under *section 70*, and

(*e*) any other communication made by—

(i) a committee pursuant to any of *Parts 7*, *8* and *9* in performing a function of the committee, or

(ii) the Council pursuant to any of *Parts 7*, *8* and *9* in performing a function of the Council.

F214**[**(1A) In any action for defamation, the proceedings, reports and communications of the chief executive officer under any of *Parts 7*, *8* and *9* are absolutely privileged.**]**

(2) Subject to *subsection (4)*, a document which relates to a medical practitioner's participation in a professional competence scheme, to the extent that it does so relate, shall not be admitted in evidence (whether by discovery or otherwise) in any civil proceedings except with the consent of the medical practitioner (in this section referred to as the "relevant consent").

(3) No witness in any civil proceedings shall be obliged or permitted to disclose, in the absence of the relevant consent—

(*a*) subject to *subsection (4)*, the contents of a document which relates to a medical practitioner's participation in a professional competence scheme to the extent that it does so relate, or

(*b*) subject to *subsection (5)*, any deliberation, in relation to a medical practitioner's participation in a professional competence scheme, of a person.

(4) Neither *subsection (1)* nor *subsection (3)(a)* shall apply in the case of a document the subject of an allegation that it has not been made in good faith.

(5) *Subsection (3)(b)* shall not apply in the case of a deliberation the subject of an allegation that it has not been made in good faith.

Investigation.

105.— (1) F215**[**The chief executive officer shall, at the request of the Minister, or may, of his or her**]** own initiative or upon a complaint made by a member of the public, investigate any case of an individual—

(*a*) who, not being a registered medical practitioner, is suspected of practising or having practised medicine in contravention of a provision of this Act, or

(*b*) who, not being a registered medical practitioner, is suspected of claiming or having claimed to be a registered medical practitioner in contravention of a provision of this Act.

(2) Where the F215**[**chief executive officer has carried out an investigation under *subsection (1)*, the chief executive officer shall, if he or she**]** has reasonable grounds to believe that the individual the subject of the investigation—

(*a*) is not a registered medical practitioner, and

(*b*) either—

(i) is practising or has practised medicine in contravention of a provision of this Act, or

(ii) is claiming or has claimed to be a registered medical practitioner,

F215**[**then the chief executive officer**]** shall report the matter forthwith to the Garda Síochána and the Minister and may seek an injunction in the High Court requiring the person to cease the activities F215**[**the chief executive officer reasonably**]** believes to be in contravention of this Act.

F216**[**Admissibility of certain documents relating to proceedings in State or other jurisdictions.

105A.— (1) In any proceedings under this Act concerning a medical practitioner, intern or adapter, a document that purports to be a relevant document shall be admissible as evidence of any fact stated therein of which evidence would be admissible in those proceedings.

(2) In any proceedings under this Act concerning a medical practitioner, intern or adapter, a document purporting to be a certification by a court, tribunal or other authority of a document purporting to be a relevant document (and whether or not the certification is incorporated into the document) and to be signed by or on behalf of that court, tribunal or other authority shall be deemed, for the purpose of this section, to be such a certificate and to be so signed, unless the contrary is proved.

(3) Where a document is admissible in evidence under this section, any document which purports to be a translation of that document shall be admissible as evidence of the translation if it is certified as correct by a person competent to do so and a document purporting to be a certificate under this subsection shall be deemed to be such a certificate, and to be signed by the person purporting to have signed it, unless the contrary is proved.

(4) In this section—

"adapter" includes—

(*a*) a person who has made an application under *section 36M* for registration which has not yet been determined by the Council, and

(*b*) a former adapter;

"final determination", in relation to any relevant proceedings and a medical practitioner, intern or adapter, means—

(*a*) the conclusion of those proceedings without any party to the proceedings making an appeal, against a decision in those proceedings to impose or to not impose a sanction on the practitioner, intern or adapter, within the ordinary time in the State or other jurisdiction concerned, as appropriate, for making such an appeal, or

(*b*) if such an appeal is made—

(i) the abandonment or withdrawal of the appeal, or

(ii) the determination of the appeal,

whichever first occurs;

"intern" includes—

(*a*) a person who has made an application under *section 36E* for registration which has not yet been determined by the Council, and

(*b*) a former intern;

"registered medical practitioner" includes—

(*a*) a person who has made an application under *section 45* or *50A* for registration which has not yet been determined by the Council, and

(*b*) a former registered medical practitioner;

"relevant document", in relation to a medical practitioner, intern or adapter, means any of the following:

(*a*) a copy of a transcript of all or any part of relevant proceedings that has been certified, by or on behalf of the court, tribunal or other authority before which the proceedings were held, to be a true and accurate copy of that transcript;

(*b*) a copy of all or any part of a report arising out of such proceedings certified, by or on behalf of the court, tribunal or other authority which made the report, to be a true and accurate copy of that report;

(*c*) if, after the final determination of such proceedings, sanctions are, or continue to be, imposed on the practitioner, intern or adapter in consequence of such proceedings, a statement in writing giving particulars of such sanctions so imposed certified, by or on behalf of the court, tribunal or other authority which imposed the sanctions, to be true and accurate particulars of the sanctions that are, or continue to be, imposed on the practitioner, intern or adapter after the final determination of the proceedings;

(*d*) if, after the final determination of such proceedings, no sanctions are, or continue to be, imposed on the practitioner, intern or adapter in

consequence of such proceedings, a statement in writing to that effect certified by or on behalf of the court, tribunal or other authority before which the proceedings were held;

"relevant proceedings", in relation to a medical practitioner, intern or adapter, means any disciplinary or judicial proceedings (other than such proceedings under this Act), in respect of which the practitioner, intern or adapter is the subject—

(*a*) in the State or another jurisdiction which may directly or indirectly result in the practitioner, intern or adapter—

(i) being prohibited from providing one or more than one kind of health or social care in the State or that jurisdiction, or

(ii) having a restriction placed on his or her ability to provide one or more than one kind of health or social care in the State or that jurisdiction,

(*b*) in another jurisdiction which may result in the practitioner, intern or adapter being convicted, in that jurisdiction, for an offence consisting of acts or omissions that, if done or made in the State, would constitute an offence triable on indictment, or

(*c*) in the State which may result in the practitioner, intern or adapter being convicted, in the State, for an offence triable on indictment;

"sanction" includes any restriction or measure.**]**

F217**[**Prosecution of summary proceedings.

105B.— ...**]**

Council to be licensing authority, etc., under Anatomy Act 1832.

106.— The Council—

(*a*) is, by virtue of this section, authorised to—

(i) grant a licence to practise anatomy in the State,

(ii) appoint inspectors of places in the State where anatomy is carried on, and

(iii) be the person to whom such inspectors shall make returns,

under and in accordance with the Anatomy Act 1832, and

(*b*) shall, at the request of the Minister and as soon as is practicable after it receives the request, provide the Minister with such information concerning its functions under the Anatomy Act 1832 as the Minister specifies in the request.

Power to specify forms.

107.— (1) The relevant body may specify the form of documents required for the purposes of this Act as the relevant body thinks fit.

(2) The relevant body's power under *subsection (1)* may be exercised in such a way as to—

(*a*) include in the specified form of any document referred to in that subsection a statutory declaration—

(i) to be made by the person completing the form, and

(ii) as to whether the particulars contained in the form are true and correct to the best of that person's knowledge and belief,

and

(*b*) specify two or more forms of any document referred to in that subsection, whether as alternatives, or to provide for particular circumstances or particular cases, as the relevant body thinks fit.

(3) A form specified under this section shall be—

(*a*) completed in accordance with such directions and instructions as are specified in the form,

(*b*) accompanied by such documents as are specified in the form, and

(*c*) if the completed form is required to be provided to—

(i) the relevant body,

(ii) another person on behalf of the relevant body, or

(iii) any other person,

so provided in the manner, if any, specified in the form.

(4) Without prejudice to the generality of *subsection (1)*, the Council may—

(*a*) specify a form to be completed by a registered medical practitioner in connection with the payment by the practitioner of any fee determined under *section 36(1)(b)*,

(*b*) in that form, require the practitioner to supply the Council with such information that the practitioner would have to supply the Council if the practitioner were not registered but were seeking registration (including information about any relevant medical disability).

(5) In this section, " relevant body " means—

(*a*) subject to *paragraph (b)*, the Council,

(*b*) in relation to a function under this Act performed by a *section 20(2)* committee, that committee.

Construction of references to registered medical practitioner and Medical Council, etc.

108.— (1) Every reference to a registered medical practitioner contained in any enactment or any statutory instrument shall be construed as a reference to a registered medical practitioner within the meaning of *section 2*.

(2) Every reference to the General Register of Medical Practitioners contained in any other enactment or statutory instrument shall F220**[**, on and after the register establishment day,**]** be construed as a reference to F221**[**...**]** the register.

(3) Every reference to—

(*a*) the Medical Council, or

(*b*) the Medical Registration Council,

contained in any other enactment or any statutory instrument shall be construed as the Council within the meaning of *section 2*.

Persons entitled to sign medical certificates.

109.— (1) Subject to *subsection (2)*, every certificate which is required for any purpose by or under any enactment or any statutory instrument to be signed by any physician, surgeon, licentiate in medicine and surgery or other medical practitioner shall, F222**[**on and after the repeal of section 59 of the Act of 1978**]**, be signed by a registered medical practitioner and no such certificate signed F222**[**on or after that repeal**]** by a person who is not a registered medical practitioner shall be of any validity or effect.

(2) *Subsection (1)* shall not operate to prevent a person who is not a registered medical practitioner from signing a certificate if any enactment or any statutory instrument requires or permits the person to sign the certificate in a capacity other

than the capacity of physician, surgeon, licentiate in medicine and surgery or other medical practitioner and that person is of that other capacity.

(3) In this section, "certificate" includes a prescription.

F223[Special measures registration having regard to Covid-19

110.— (1) A previous registrant may make an application to the Council to be registered pursuant to this section.

(2) Subject to *subsections (3)* to *(7)*, the provisions of this Act shall, with all necessary modifications, apply to—

(*a*) a *section 110* registration as they apply to a registration in the register effected by another section of this Act, and

(*b*) a *section 110* registrant as they apply to a registered medical practitioner who is not a *section 110* registrant.

(3) No fee shall be charged for, or relating to—

(*a*) a *section 110* application, or

(*b*) a *section 110* registration or the retention of such registration.

(4) Where a previous registrant's name is entered in the register pursuant to a *section 110* registration, the Council shall enter in the register, or cause to be entered in the register, the term '(*section 110* registration)' immediately after that name to indicate that his or her registration arises from the operation of this section.

(5) (*a*) Nothing in this section shall be construed to prevent a previous registrant's name from being entered in the register pursuant to the operation of another section of this Act, whether or not his or her name is already entered in the register pursuant to a *section 110* registration.

(*b*) Where a previous registrant's name is entered in the register pursuant to the operation of this Act (other than this section) when his or her name is already entered in the register pursuant to a *section 110* registration, the Council shall remove from the register, or cause to be removed from the register, the latter entry at the same time as the first-mentioned entry is made.

(*c*) The refusal of a *section 110* registration for a previous registrant shall not prevent that registrant from making an application under another section of this Act to be registered.

(6) (*a*) Subject to *subsection (7)*, each *section 110* registration that is still in force on the 31st day of July 2020, shall, on and after that date, cease to have effect.

(*b*) The Council shall remove from the register, or cause to be removed from the register, on the date referred to in *paragraph (a)*, or as soon as is practicable thereafter, each name that was entered in the register pursuant to a *section 110* registration.

(7) (*a*) The Minister may, by order, specify a different date for the purposes of *subsection (6)* (including a different date for a previous different date specified in an order made under this paragraph) and, if the Minister so specifies, that subsection and *section 111(2)* shall be construed, with all necessary modifications, to take account of that first-mentioned date.

(*b*) *Section 8(2)* shall, with all necessary modifications, apply to an order made under *paragraph (a)* as that section applies to an order made under *section 8*.

(8) In this section—

"previous registrant" means a former registered medical practitioner whose name was removed from the register;

"*section 110* application" means an application under subsection (1);

"*section 110* registrant" means a registered medical practitioner who is such pursuant to—

(*a*) the Council's determination of a *section 110* application, or

(*b*) a decision (howsoever called) of the Court arising from the Council's determination of a *section 110* application;

"*section 110* registration" means a registration effected pursuant to—

(*a*) the Council's determination of a *section 110* application, or

(*b*) a decision (howsoever called) of the Court arising from the Council's determination of a *section 110* application.**]**

F224**[**Modification of operation of *section 105(1)(a)*

111.— (1) Subject to *subsection (2)*, a relevant individual is not, for the purposes of *section 105(1)(a)*, practising medicine in contravention of a provision of this Act if he or she is acting—

(*a*) under the direction and control of a registered medical practitioner, or

(*b*) in accordance with a direction in writing given by a registered medical practitioner to that relevant individual.

(2) This section shall cease to have effect on the date on which a *section 110* registration (within the meaning of *section 110(8)*) ceases to have effect pursuant to *section 110(6)*.

(3) In this section, "relevant individual" means—

(*a*) a dentist registered under the Dentists Act 1985,

(*b*) a person registered under the Health and Social Care Professionals Act 2005 to practise a profession designated under that Act,

(*c*) a pharmacist or a pharmaceutical assistant registered under the Pharmacy Act 2007,

(*d*) a nurse or midwife registered under the Nurses and Midwives Act 2011, or

(*e*) a person registered in the register under the Pre-Hospital Emergency Care Council (Establishment) Order 2000 (S.I. No. 109 of 2000).**]**

F225**[**Notifications under Act

112.— (1) Where the Council, a *section 20(2)* committee or the chief executive officer is required or authorised under this Act to notify a registered medical practitioner, former registered medical practitioner, intern, former intern, adapter or former adapter of a decision or other matter concerning the person, the notification shall be sent by pre-paid post or electronically to him or her at the address stated in the register of medical practitioners, register of interns or register of adapters (as the case may be) in which his or her name is or was (as the case may be) entered.

(2) Where the Council or the chief executive officer is required or authorised under this Act to notify a person (not being a registered medical practitioner, former registered medical practitioner, intern, former intern, adapter or former adapter) who has made an application under this Act of a decision or other matter concerning the application, the notification shall be sent by pre-paid post or electronically to the person at the address stated in the application.

(3) Where a notification under this Act has been sent to a person in accordance with *subsection (1)* or *(2)*, the notification shall be deemed, in the absence of evidence to the contrary, to have been duly delivered to the person on the 3rd working day after the day on which it was so sent.**]**

Section 3.

SCHEDULE 1

Repeals and Revocations

PART 1

Acts Repealed

1. Medical Practitioners Act 1978 (No. 4 of 1978).
2. Medical Practitioners (Amendment) Act 1993 (No. 17 of 1993).
3. Medical Practitioners (Amendment) Act 2000 (No. 24 of 2000).
4. Medical Practitioners (Amendment) Act 2002 (No. 17 of 2002).

PART 2

Statutory Instruments Revoked

1. Medical Practitioners Act 1927 (Application of Section 26) Order 1944 (S.I. No. 82 of 1944).
2. Medical Practitioners Act 1927 (Application of Section 26) Order 1953 (S.I. No. 272 of 1953).
3. Medical Practitioners Act 1927 (Application of Section 26) Order 1958 (S.I. No. 212 of 1958).
4. Medical Practitioners Act 1927 (Application of Section 26) Order 1960 (S.I. No. 206 of 1960).
5. Medical Practitioners Act 1927 (Application of Section 26) Order 1961 (S.I. No. 31 of 1961).
6. Medical Practitioners Act 1927 (Application of Section 26) Order 1961 (S.I. No. 99 of 1961).
7. Medical Council (Election of Members) Regulations 1978 (S.I. No. 197 of 1978).
8. European Communities (Recognition of Medical Qualifications) Regulations 1976 (S.I. No. 288 of 1976).
9. Medical Practitioners (Termination of Agreement) Order 1979 (S.I. No. 158 of 1979).
10. Rules made pursuant to section 25A of the Medical Practitioners Act 1978 as inserted by the Medical Practitioners (Amendment) Act 2002 (S.I. No. 285 of 2003).
11. Rules made pursuant to section 25A of the Medical Practitioners Act 1978 as inserted by the Medical Practitioners (Amendment) Act 2002 (S.I. No. 286 of 2003).
12. Rules made pursuant to section 25A of the Medical Practitioners Act 1978 as inserted by the Medical Practitioners (Amendment) Act 2002 (S.I. No. 287 of 2003).

Section 4(4).

SCHEDULE 2

Council: Membership and Meetings

Tenure of Office

1. Subject to the provisions of this Schedule in relation to the filling of casual vacancies, every member of the Council shall hold office, unless the member sooner dies, resigns or becomes disqualified, for a period, not exceeding 5 years, specified in writing by the Minister.

F226**[**2. No person shall hold office as a member of the Council for more than 2 consecutive terms irrespective of the period of each of those terms (for which purpose membership of the Council which occurred before the commencement of this paragraph shall be taken into account).**]**

Resignations and Termination of Membership

3. Subject to *paragraph 4*, where the Minister receives a request in writing from the Council to terminate the appointment of a member of the Council on the ground that the member has failed to comply with *paragraph 12*, the Minister may terminate the appointment of the member.

4. The Minister shall not terminate the appointment of a member of the Council pursuant to a request referred to in *paragraph 3* unless—

(*a*) the request is accompanied by evidence which satisfies the Minister that—

(i) the member has been given a reasonable opportunity to make representations in writing to the Council to explain the reasons why the member has failed to comply with *paragraph 12*, and

(ii) the member has failed or refused to make those representations,

or

(*b*) the request is accompanied by—

(i) evidence which satisfies the Minister that the member has been given a reasonable opportunity to make representations in writing to the Council to explain the reasons why the member has failed to comply with *paragraph 12*,

(ii) copies of the representations in writing made by the member to the Council, and

(iii) a statement by the Council that it has given due regard to those representations in writing but has reached the conclusion that they do not afford a reasonable excuse for the member's failure to comply with *paragraph 12*,

and

(*c*) where *subparagraph (b)* is applicable, the Minister is satisfied that the conclusion referred to in *clause (iii)* of that subparagraph is reasonable in the circumstances of the case.

5. A member of the Council may resign membership by giving notice in writing signed by the member to the Council, but the resignation shall not become effective until the meeting of the Council next held after receipt of the notice of resignation.

6. The membership of the Council of a medical practitioner appointed under any of *section 17(1)(b)* to *(f)* shall terminate on the person ceasing to be a registered medical practitioner.

Casual Vacancies

7. (1) Where a casual vacancy occurs among the members of the Council, other than those appointed under *section 17(1)(f)* or *(n)*, the Council shall forthwith notify the body or authority which nominated such person and that body or authority shall, as soon as is convenient, nominate a person or persons which the Minister may consider for appointment to fill such vacancy and any person so appointed shall, subject to the other provisions of this Act, serve as a member of the Council for such period as is unexpired of the term of office of the person whom the person so appointed replaces.

(2) Where a casual vacancy occurs among the members of the Council appointed under *section 17(1)(f)*, the Council, after consultation with the Minister, shall co-opt a registered medical practitioner who would, pursuant to the provisions of this Act, be eligible for election to fill such vacancy and any practitioner so co-opted shall, subject to the provisions of this Act, serve as a member of the Council for such period as is unexpired of the term of office of the person whom the practitioner so appointed replaces.

(3) Where F227**[**a casual vacancy occurs among the members of the Council appointed under *section 17(1)(n)***]**, the Minister may appoint a person who would, pursuant to the provisions of this Act, be eligible to fill such vacancy and any person so appointed shall, subject to the provisions of this Act, serve as a member of the Council for such period as is unexpired of the term of office of the person whom the person so appointed replaces.

Quorum

8. The quorum for a meeting of the Council shall be 7 provided that, in the case of a meeting of the Council where the matter of the imposition of a sanction under *Part 9* on a registered medical practitioner is on the agenda, the quorum shall be 10.

Meetings

9. The Council shall hold at least 4 meetings in every year and may hold such other meetings as may be necessary for the performance of its functions by video link or by the circulation of papers.

10. The Council may, by notice in writing given to all the members of the Council, specify the minimum number of meetings of the Council which the members are required to attend.

11. The Council may, by notice in writing given to all the members of a committee, specify the minimum number of meetings of the committee which the members are required to attend.

12. A member of the Council given a notice under *paragraph 10* or *11* shall take all necessary steps to comply with the notice.

President and Vice-President

13. (1) Subject to *section 17(3)*, the Council shall, from time to time, elect one of its members eligible under that section to be so elected, to be President of the Council and another of its members to be Vice-President of the Council.

(2) The President and Vice-President of the Council shall each hold office as such for such term as may be specified by the Council at the time of their respective appointments unless—

(*a*) the President or Vice-President, as the case may be, ceases to be, or becomes disqualified from being, a member of the Council,

(*b*) the President or Vice-President, as the case may be, resigns that office and the resignation becomes effective under this paragraph, or

(*c*) the Council by a resolution, for which not less than two-thirds of the members of the Council vote, and of the intention to propose which not less than 7 days notice is given to every member of the Council, terminates the appointment of the President or Vice-President.

(3) The President or Vice-President of the Council may at any time resign from that office by giving notice in writing signed by the President or Vice-President, as the case may be, to the Council, but the resignation shall not become effective until the meeting of the Council next held after the receipt by the Council of the notice of resignation.

(4) Where, at an election of the President or Vice-President of the Council, there is an equality of votes for 2 or more registered medical practitioners, it shall be determined by lot which of those practitioners shall be President or Vice-President, as the case may be.

Proceedings at Meetings

14. The proceedings of the Council shall not be invalidated by any vacancy or vacancies among its members or by any defect in the appointments to the Council or in the qualifications of any member thereof.

15. The President or, in the absence of the President, the Vice-President of the Council—

(*a*) may convene a meeting of the Council,

(*b*) shall convene a meeting of the Council when requested to do so by a requisition signed by not less that 6 members of the Council.

16. (1) Where the President or, in the absence of the President, the Vice-President of the Council refuses to convene a meeting of the Council after a requisition for that purpose signed by not less than 6 members of the Council has been presented to the President or Vice-President, as the case may be, any 3 members of the Council may forthwith convene a meeting of the Council.

(2) Where the President or, in the absence of the President, the Vice-President of the Council, without so refusing, does not, within 7 days after the presentation of a requisition for that purpose signed by not less than 6 members of the Council, convene a meeting of the Council, any 3 members of the Council may, on the expiration of those 7 days, convene a meeting of the Council.

17. At least 3 clear days before every meeting of the Council, notice in writing, signed by the President or Vice-President of the Council, as the case may be, or, if the meeting is convened by members of the Council, by such members, of the time and place of the meeting shall be sent to every member of the Council: if the meeting is convened by members of the Council, the notice convening the meeting shall specify the business to be transacted thereat.

18. At a meeting of the Council—

(*a*) the President of the Council shall, if present, be the chairperson,

(*b*) if and so long as the President of the Council is not present, or if the office of President is vacant, the Vice-President of the Council shall, if present, be the chairperson,

(*c*) if and so long as the President of the Council is not present or the office of President is vacant and the Vice-President is not present or the office of Vice-President is vacant, the members of the Council who are present shall elect one of their number to be chairperson of that meeting.

19. (1) The Council shall ensure that minutes of each meeting of the Council are prepared.

(2) The minutes of a meeting shall be submitted for confirmation as an accurate record at the next meeting of the Council.

(3) When confirmed, with or without amendment, the minutes of a meeting shall be signed by the person chairing the meeting at which they were submitted for confirmation.

20. The names of all members present at a meeting of the Council shall be recorded in the minutes of the proceedings of the meeting.

21. Subject to *paragraphs 8* and *13(4)*, all acts of the Council and all questions coming or arising before the Council may be done and decided by a majority of such members of the Council as are present and vote in relation to the act or matter at a meeting of the Council duly convened according to law.

22. In the case of an equality of votes on any question arising at a meeting of the Council (other than the election of the President or the Vice-President) the chairperson of that meeting shall have a second or casting vote.

23. Save as is otherwise provided by any enactment, including this Act, the Council may make standing orders for the regulation of its proceedings, and may amend or revoke such standing orders.

Number 25 *of* 2007

MEDICAL PRACTITIONERS ACT 2007

REVISED

Updated to 29 July 2026

About this Revised Act

This Revised Act presents the text of the Act as it has been amended since enactment, and preserves the format in which it was first passed.

Related legislation

Health Acts 1947 to 2024: this Act is one of a group of Acts included in this collective citation, to be construed together as one (*Health Insurance (Amendment) and Health (Provision of Menopause Products) Act 2024* (42/2024), s. 1(2)). The Acts in this group are:

- *Health Act 1947* (28/1947)
- *Health Act 1953* (26/1953) (citation only)
- *Health (Fluoridation of Water Supplies) Act 1960* (46/1960) (citation only)
- *Health Act 1970* (1/1970)
- *Misuse of Drugs Act 1977* (12/1977), s. 36 and s. 42 in so far as it amends the *Health Acts 1947 to 1970* (citation only)
- *Health (Family Planning) Act 1979* (20/1979)
- *Health (Amendment) Act 1986* (10/1986)
- *Health (Amendment) Act 1987* (3/1987)
- *Health (Nursing Homes) Act 1990* (23/1990)
- *Health (Amendment) Act 1991* (15/1991), other than s. 8
- *Health (Amendment) Act 1994* (11/1994)
- *Health (Amendment) Act 1996* (15/1996)
- *Health (Amendment) (No. 2) Act 1996* (23/1996)
- *Health (Amendment) (No. 3) Act 1996* (32/1996), other than ss. 21 and 22
- *Health (Provision of Information) Act 1997* (9/1997)
- *Health (Eastern Regional Health Authority) Act 1999* (13/1999)
- *Health (Miscellaneous Provisions) Act 2001* (14/2001), except in so far as it relates to the *Tobacco (Health Promotion and Protection) Act 1988* (citation only)
- *Health Act 2004* (42/2004)
- *Health (Amendment) Act 2005* (3/2005), in so far as it amends the *Health Acts 1947 to 2004*
- *Irish Medicines Board (Miscellaneous Provisions) Act 2006* (3/2006), Part 5
- *Health (Repayment Scheme) Act 2006* (17/2006)
- *Hepatitis C Compensation Tribunal (Amendment) Act 2006* (22/2006), except s. 6
- *Health (Nursing Homes) (Amendment) Act 2007* (1/2007)
- *Health Act 2007* (23/2007)
- *Medical Practitioners Act 2007* (25/2007), s. 57(9) (citation only)
- *Health Act 2008* (21/2008)
- *Health (Miscellaneous Provisions) Act 2009* (25/2009), s. 64
- *Health (Amendment) Act 2010* (15/2010) (citation only)
- *Health (Amendment) (No. 2) Act 2010* (20/2010)
- *Child Care (Amendment) Act 2011* (19/2011), ss. 35 and 36 (citation only)

- *Health (Alteration of Criteria for Eligibility) Act 2013* (10/2013)
- *Health (Pricing and Supply of Medical Goods) Act 2013* (14/2013), s. 30 (citation only)
- *Health Service Executive (Governance) Act 2013* (23/2013)
- *Health (Alteration of Criteria for Eligibility) (No. 2) Act 2013* (42/2013) (citation only)
- *Local Government Reform Act* (1/2014), the amendment to the *Health (Fluoridation of Water Supplies) Act 1960* provided for in section 5 (6) and sch. 2, part 6.
- *Health Service Executive (Financial Matters) Act 2014* (17/2014)
- *Health (General Practitioner Service) Act 2014* (28/2014)
- *Health (General Practitioner Service) Act 2015* (19/2015)
- *Health (General Practitioner Service) Act 2018* (13/2018)
- *Health Service Executive (Governance) Act 2019* (17/2019), other than Part 3
- *Health (General Practitioner Service and Alteration of Criteria for Eligibility) Act 2020* (11/2020)
- *Withdrawal of the United Kingdom from the European Union (Consequential Provisions) Act 2020* (23/2020), Part 2
- *Health (Miscellaneous Provisions) (No. 2) Act 2022* (20/2022), other than s. 7
- *Health Insurance (Amendment) and Health (Provision of Menopause Products) Act 2024* (42/2024), ss. 2-4

Acts previously included in the group but now repealed are:

- *Health Act 1954* (23/1954)
- *Health and Mental Treatment Act 1957* (16/1957), s. 1
- *Health and Mental Treatment (Amendment) Act 1958* (37/1958), s.1
- *Health (Homes For Incapacitated Persons) Act 1964* (8/1964)
- *Health and Mental Treatment (Amendment) Act 1966* (2/1966), s. 1
- *Health (Mental Services) Act 1981* (17/1981)
- *Health (Family Planning) (Amendment) Act 1985* (4/1985)
- *Health (Amendment) Act 2004* (19/2004)
- *Withdrawal of the United Kingdom from the European Union (Consequential Provisions) Act 2019* (8/2019), Part 2

Annotations

This Revised Act is not annotated and only shows textual amendments. An annotated version of this revision is also available which shows textual and non-textual amendments and their sources. It also shows editorial notes including statutory instruments made pursuant to the Act and previous affecting provisions.

Material not updated in this revision

Where other legislation is amended by this Act, those amendments may have been superseded by other amendments in other legislation, or the amended legislation may have been repealed or revoked. This information is not represented in this revision but will be reflected in a revision of the amended legislation if one is available.

Where legislation or a fragment of legislation is referred to in annotations, changes to this legislation or fragment may not be reflected in this revision but will be reflected in a revision of the legislation referred to if one is available.

A list of legislative changes to any Act, and to statutory instruments from 1972, may be found linked from the page of the Act or statutory instrument at www.irishstatutebook.ie.