



DEPARTMENT OF HEALTH

*Rheynn Slaynt*

# A public consultation on the draft Health Care Professionals Bill 2014



**Isle of Man**  
Government

*Reiltys Ellan Vannin*

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**Consultation period: Monday 4 November - Monday 2 December 2013.**

# Foreword by the Minister for Health



This draft of the Health Care Professionals Bill represents a crucial piece of legislation which is essential to ensure that doctors practising medicine in the Isle of Man can undergo a process of General Medical Council revalidation. Without this revalidation, doctors will not be able to practise on the Island and the Department of Health would not be able to provide the majority of the Island's health services to the public.

In addition this Bill brings in regulation for chiropractors and osteopaths practising on the Island, and enables us to more effectively mirror changes to the law regarding the regulation of health care professionals in England. With so many aspects of our own health care system closely mirroring the UK's, and with our health care professionals being registered with and regulated by UK bodies; the ability to react swiftly and keep in step with changes to English law is essential.

The mandatory revalidation of doctors is a welcome step and will ensure that doctors practising in the Isle of Man are periodically checked to ensure that they remain fit to practise. This development will play an important part in the Department's efforts to continuously raise standards and put effective, safe, and patient centred care at the heart of everything it does.

The Department would gratefully welcome any comments you may have on the draft Bill.

A handwritten signature in black ink that reads "David Anderson." The signature is written in a cursive, flowing style.

**Hon David Anderson MHK**  
**Minister for Health**

# Background

The Department of Health is seeking comments on proposed new legislation - the Health Care Professionals Bill 2014 - about how certain health care professionals are regulated and related matters.

The main aims of this Bill are to facilitate new arrangements for doctors' revalidation and to update and improve the legislation around the regulation of various health care professionals, including doctors, nurses and midwives, some allied health professionals, chiropractors, and osteopaths.

For various reasons, some legislative, some contractual, and some historical, the Isle of Man is inextricably linked to the United Kingdom (UK) in the area of regulating its health care professionals, and the Department of Health is therefore obliged to closely follow the UK if it is to be able to continue to employ the services of qualified registered health care professionals on the Island.

## Revalidation of doctors

In the Autumn of 2012 the UK introduced a new system for the General Medical Council (GMC) to review the performance of doctors and to confirm their registration and licence to practise. This is known as revalidation. The first full year of a five year cycle of revalidation started in the UK earlier this year.

As part of the new system all health bodies in the UK are required to appoint Responsible Officers (ROs) to manage the process locally. The UK authorities, principally the GMC, have made it very clear that the Isle of Man must do the same and this legislation will facilitate this process.

The GMC has made it clear that appointing ROs other than via legislation would be unacceptable to them, and that the Island would be considered as having not met the standards set for the revalidation system. Under these circumstances the GMC would not then renew doctors' registrations, thus removing their licence to practise, and they would not be able to work in the Isle of Man.

## Responsible Officers

The role of RO is a new one. Each doctor will be linked to an RO in the area where they principally work (in our case the area is the Isle of Man) and it will be the RO's responsibility to make a recommendation to the GMC every five years as to whether the doctor should be revalidated as fit to practise.

In addition the RO will be responsible for ensuring that appropriate systems of clinical governance and appraisal are in place to enable revalidation to take place for all of the doctors in their area. This includes private doctors as well as those employed or contracted by the Department.

As the RO needs to have enough influence to make sure that organisations (the Department of Health, GP practices etc.) meet the requirements of the scheme, the appointee is usually a senior licensed doctor such as a Medical Director of the local General Hospital.

The principle piece of Isle of Man legislation which relates to the regulation of doctors is the Medical Act 1985 but there is nothing in the Act which would give the Department powers to appoint ROs.

It is currently anticipated that the Island's ROs will be the Department's Medical Director and a local GP.

Discussions with representatives of the GMC have indicated that, whilst they would not require the Isle of Man to have identical legislation in place as the UK, they would need to be satisfied that:

- the Island had legally appointed ROs in place to manage the revalidation process locally;
- that the ROs had the legal authority to carry out the duties required under the UK scheme (as laid down in the UK legislation);
- that the ROs had the legal backing to take appropriate action should a doctor's fitness to practise be questioned;
- that the ROs would get the necessary resource support from the Department to allow the scheme to operate adequately; and
- that the Department had in place appropriate clinical governance and appraisal systems to facilitate revalidation.

The new Health Care Professionals Bill will achieve this.

Although the Isle of Man did not have to start operating the scheme at the same time as the UK, it does need to start as soon as possible to allow all doctors to be revalidated within the first five years of the scheme. There is, therefore, some urgency for this legislation to be introduced.

## Other legislative changes required

In researching how best to introduce the new legislation for revalidation it was identified that the

existing legislation governing the regulation of doctors - the Medical Act 1985 - was in need of some updating generally.

In addition, it was identified that some other legislation governing the regulation of other health care professionals would also benefit from an update, specifically the Nurses and Midwives Order 2002 and the Health Professions Order 2002.

Note: the content of the Nurses and Midwives Order has recently been moved into the National Health Service Act 2001 (as new sections 39A to 39D) via the Regulation of Care Act 2013. An updated version of the 2001 Act is not yet available.

It was also decided that the opportunity should be taken to add the professions of chiropractic and osteopathy to the professions which are regulated on the Island. This will bring the Island into line with the UK, where these professions are already regulated under the Chiropractors Act 1994 and the Osteopaths Act 1993 respectively, and will introduce a consistency of regulation with the other professions.

In the same way that doctors already have to be registered with the GMC and nurses with the Nursing and Midwifery Council, this will mean that chiropractors will have to be registered with the General Chiropractic Council in order to work on the Island and osteopaths will have to be registered with the General Osteopathic Council.

Subsequently, it was decided that it would make sense for all of this legislation to be together in one place, hence the Health Care Professionals Bill.



# How the consultation process works

The purpose of this consultation exercise is to invite comments on the proposed Health Care Professionals Bill 2014. The draft Bill is contained in Appendix 1 of this document which should be read in combination with the next section which explains the various elements of the draft Bill.

The purpose of consultation is not to be a referendum but an information, views, and evidence gathering exercise from which the Department can take a more informed decision on the content of the draft Bill. In any consultation exercise the responses received do not guarantee changes to the draft Bill.

## Responses to the consultation

The deadline for responses is **2 December 2013**. All views are welcome and responses should be submitted in writing via post, e-mail or fax to:

Health Care Professionals Bill 2014 Consultation  
Department of Health, Crookall House,  
Demesne Road, Douglas, Isle of Man, IM1 3QA

E-mail: [dh@gov.im](mailto:dh@gov.im)

Fax: 01624 685008

## Additional copies of this document

For additional hard copies of this document, please contact the Department of Health or, alternatively, copies can be collected from:

- The Library of Tynwald, Legislative Buildings, Douglas;
- Local authority offices;
- Branches of the Isle of Man Post Office; and
- The Welcome Centre, Sea Terminal, Douglas.

An electronic version of this document can be found online at [www.gov.im/consultations.gov](http://www.gov.im/consultations.gov).

If you have any queries about this consultation please contact us by e-mailing [dh@gov.im](mailto:dh@gov.im) or by telephoning 01624 642614.

## Important points to remember

- When submitting your views please indicate whether you are responding as an individual or on behalf of an organisation or a group of people
- Where appropriate you should provide evidence to support your response
- To ensure that the process is open, transparent, and in line with the Isle of Man

Government's Code of Conduct on Consultation, submissions will only be considered where the name of the individual(s) or organisation responding is provided

- Unless you specifically request otherwise, any responses received may be published either in part or in their entirety, including your name
- Please mark your response clearly if you wish your response and name to be kept confidential
- Confidential responses will be included in any statistical summary and numbers of comments received
- Any anonymous, abusive, or offensive responses will be discounted.

## Summary of responses

The Department will aim to publish a summary of the responses received within six weeks of the closing date of the consultation, which will be made available on the Isle of Man Government website. Copies will be available upon request from the Chief Executive's Office using the contact details opposite.

## Code of Practice on Consultation

It is the intention of the Department to carry out this consultation in accordance with the Isle of Man Government's Code of Practice on Consultation which is available at [www.gov.im](http://www.gov.im) or upon request.

The Code sets out the following six criteria:

- 1) Consult widely throughout the process, allowing a minimum of six\* weeks for a minimum of one written consultation at least once during the development of the legislation or policy
- 2) Be clear about what your proposals are, who may be affected, what questions are being asked and the timescale for responses
- 3) Ensure your consultation is clear, concise and widely accessible
- 4) Give feedback regarding the responses received and how the consultation process influenced the policy
- 5) Monitor your Department's effectiveness at consultation
- 6) Ensure your consultation follows best practice, including carrying out an Impact Assessment if appropriate.

\* Due to the urgency for this legislation to progress so that the revalidation process for doctors can start, the Minister has agreed to a consultation period of four weeks in accordance with criterion 1.4 of the Code.

# Content of the Bill

A draft copy of the Bill can be found in Appendix 1. Comments are welcomed on specific sections or more generally.

## Part 1 - Introductory

Part 1 contains the short title for the Act (section 1), the commencement provisions (i.e. that for the most part the Bill will require appointed day orders to bring it into force) (section 2) and the interpretation for various terms used in the Bill (section 3).

In particular, section 3 introduces the term health care professional and defines this as any of the following:

- a) a registered medical practitioner – this term is further defined as a person who is a fully registered person and holds a licence to practise. The terms ‘fully registered person’ and ‘licence to practise’ are defined as having the same meaning as in the UK Medical Act 1983;
- b) a fully registered chiropractor – this term is further defined as having the same meaning as in the UK Chiropractors Act 1994;
- c) a fully registered osteopath – this term is further defined as having the same meaning as in the UK Osteopaths Act 1993;
- d) a member of the profession of nursing or midwifery who is a registrant – registrant is further defined as having the same meaning as in the UK Nursing and Midwifery Order 2001; or
- e) a relevant professional who is a registered professional – relevant professional is further defined as having the same meaning as in the UK Health and Social Work Professions Order 2001, with social workers excluded.

## Part 2 - Registered Medical Practitioners

Part 2 contains two sections. Section 4 (Recovery of charges for medical services) is essentially an update from the Medical Act 1985, and section 5 introduces the new provisions relating to doctors revalidation.

### Recovery of Charges for Medical Services

Paragraph 1 of section 4 simply confirms that if a person who was not a registered medical practitioner tried to recover a charge for providing medical advice or attendance or for performing a surgical operation, they would not be able to do this through a court of law.

Paragraph 2 states that paragraph 1 only applies to medical practitioners, in that where certain other professionals are allowed, through their own professional qualifications and registration, to provide medical advice or attendance or perform surgical operations, they are not restricted from pursuing charges through the courts under this Act.

### Appointment of Responsible Officers

Paragraph 1 gives the Department the legal authority to act as a designated body, in the same way as a body in the UK would, so that it can appoint ROs for the purposes of doctors revalidation.

Paragraph 2 then requires the Department to appoint one or more ROs, in accordance with the UK Responsible Officers Regulations, to evaluate the fitness to practise of registered medical practitioners practising in the Isle of Man.

Paragraph 3 then confirms that an Isle of Man RO will have the same functions as an RO in the UK.

Paragraph 4 then requires an Isle of Man RO to cooperate with the GMC, any of its committees, or any persons authorised by it, in connection with carrying out the functions of the role.

Paragraph 5 defines the UK Responsible Officers Regulations.

## Part 3 - Offences and evidence

This part deals with offences and evidence in relation to all of the various health care professionals defined in Part 1 instead of them being dealt with in different pieces of legislation as previously.

### Pretending to be a health care professional

Paragraph 1 of Section 6 of the Bill creates the offence of falsely representing oneself as a health care professional with intent to deceive, either expressly or by implication.

Paragraphs 2 and 3 also make it an offence for another person to cause or permit the false representation of a person as a health care professional.

Paragraph 3 states the penalty for the above offences as a fine not exceeding £5,000.

### **Practising while registration is suspended**

Taken together paragraphs 1 and 2 of section 7 make it an offence for a health care professional to carry out, or give the impression that they are prepared to carry out, the functions of a health care professional while their registration is suspended. Paragraph 3 states the penalty for the above offences as a fine not exceeding £5,000.

### **Pretending to be the holder of a licence to practise**

Paragraph 1 of section 8 creates the offence of falsely representing oneself as holding a licence to practise as a health care professional.

Paragraph 2 states the penalty for the above offence as a fine not exceeding £5,000.

### **Attendance at birth by unqualified person**

Paragraph 1 of section 9 of the Bill creates the offence of performing the functions of a midwife without being registered as such.

Paragraph 2 creates exceptions to this rule for:

- a) registered medical practitioners;
- b) medical practitioners and midwives whilst they are undergoing specific midwifery training; and
- c) persons who are required to carry out the functions because of sudden and urgent necessity.

Paragraph 3 states the penalty for the above offence as a fine not exceeding £5,000.

### **Proof of registration, etc.**

Section 10 of the Bill confirms that certificates mentioned in the various Acts and Orders referred to in the Bill are to be taken as evidence of registration etc.

## **Part 4 - Final provisions**

This part picks up various provisions which aren't covered elsewhere in the Bill.

### **Effect of suspension of registration**

Section 11 of the Bill states that a suspension of the registration of a health care professional does not automatically terminate any employment or appointment held by that professional. However, the professional must not carry out the functions of their employment or appointment during the period of the suspension.

### **Regulation of health care professionals**

Paragraph 1 of section 12 allows the Department to apply legislative changes, which have been applied in England in relation to health care professionals, to the Island by Order. The

professions regulated by the Dental Act 1985 and the Opticians Act 1996 have been included in this provision.

The use of an Order will avoid the need for further primary legislation each time there is a change. This should speed up the whole process of keeping up to date with England, which, in this area, is imperative. For example the new English provisions relating to revalidation could well have been implemented on the Island by now if this provision had already been in place.

Paragraph 2 allows an Order to also include incidental, consequential and transitional amendments.

Paragraph 3 requires the Department to consult representatives of the various professions before making an Order, and paragraph 4 requires an Order to be approved by Tynwald.

These provisions amend the existing position under the National Health Service Act 2001 whereby amendments by Order could only be made if the changes in England had been made using an Order in Council under the Health Act 1999.

### **National Health Service Act 2001 amended**

Section 13 of the Bill makes amendments to the National Health Service Act 2001 as a consequence of this Act by repealing sections 39A, 39B, 39C, 39D and 40 and amending the definition of medical practitioner. Sections 39 A to D contained provisions relating to the regulation of nurses and midwives and section 40 contained the wording which has now been amended and included as section 12 of this Act.

### **Other legislation amended**

Section 14 of the Bill contains all of the amendments to other Isle of Man legislation which are required as a consequence of this Bill.

### **Legislation repealed**

Sections 15 and 16 repeal the Medical Act 1985 and the Health Professions Order 2002, which are no longer required as a consequence of this Bill.



# **Appendix 1 - Draft copy of Health Care Professionals Bill 2014**

A complete copy of the Bill in its current form can be found overleaf.



## HEALTH CARE PROFESSIONALS BILL 2014

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## HEALTH CARE PROFESSIONALS BILL 2014

A **BILL** to prescribe the manner in which certain health care professionals are required to be registered and for related purposes

**BE IT ENACTED** by the Queen's Most Excellent Majesty, by and with the advice and consent of the Council and Keys in Tynwald assembled, and by the authority of the same, as follows:—

### PART 1 – INTRODUCTORY

#### 1 Short title

The short title of this Act is the Health Care Professionals Act 2014.

#### 2 Commencement

- (1) Section 1 and this section came into force on the passing of this Act.
- (2) The remainder of the Act comes into force on a day or on days appointed by the Department by order.

#### 3 Interpretation

- (1) In this Act –

“**Department**” means the Department of Health;

“**fully registered chiropractor**” has the same meaning as in the UK Chiropractors Act;

“**fully registered osteopath**” has the same meaning as in the UK Osteopaths Act;

“**fully registered person**” has the same meaning as in the UK Medical Act;

“**health care professional**” means –

- (a) a registered medical practitioner;
- (b) a fully registered chiropractor;
- (c) a fully registered osteopath;
- (d) a member of the profession of nursing or midwifery who is a registrant; or

(e) a relevant professional who is a registered professional;

“**licence to practise**” has the meaning given to that expression by section 29A(1) of the UK Medical Act;

“**relevant professional**” has the same meaning as in the UK Health Professions Order except that the expression does not include “social workers in England” as that expression is defined by that Order;

“**registered medical practitioner**” means a person who –

- (a) is a fully registered person; and
- (b) holds a licence to practice;

“**registered professional**”, in respect of a relevant professional, has the same meaning as in the UK Health Professions Order;

“**registrant**”, in respect of a member of the profession of nursing or midwifery, has the same meaning as in the UK Nursing and Midwifery Order;

“**UK Chiropractors Act**” means the Chiropractors Act 1994 (of Parliament);

“**UK Health Act**” means the Health Act 1999 (of Parliament);

“**UK Health Professions Order**” means the Health and Social Work Professions Order 2001 made under section 60 of the UK Health Act;

“**UK Medical Act**” means the Medical Act 1983 (of Parliament);

“**UK Nursing and Midwifery Order**” means the Nursing and Midwifery Order 2001 made under section 60 of the UK Health Act;

“**UK Osteopaths Act**” means the Osteopaths Act 1993 (of Parliament).

## PART 2 – REGISTERED MEDICAL PRACTITIONERS

### 4 Recovery of charges for medical services

- (1) A person who is not a registered medical practitioner may not, in a court of law, recover a charge for providing medical advice or attendance or for the performance of a surgical operation.
- (2) However, subsection (1) does not apply in respect of a person who is a member of a profession regulated by a body, apart from the General Medical Council, mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002 (of Parliament).

### 5 Appointment of responsible officers

- (1) The Department has, in respect of the Island, the same functions as a body designated in Part 1 of the Schedule to the UK Responsible Officers Regulations.

- (2) Accordingly, the Department must appoint one or more persons with the qualification prescribed by the UK Responsible Officers Regulations to evaluate the fitness to practise of registered medical practitioners practising in the Island.
- (3) A responsible officer has, in respect of a registered medical practitioner practising in the Island, the same functions as a responsible officer appointed under the UK Responsible Officers Regulations has in respect of medical practitioners practising in England.
- (4) A responsible officer, in carrying out his or her functions, must co-operate with the General Medical Council, any of its committees and any person authorised by the Council, in connection with the functions of responsible officers.
- (5) In this section “UK Responsible Officers Regulations” means the Medical Profession (Responsible Officers) Regulations 2010 made under section 45A of the UK Medical Act and section 120 of the Health and Social Care Act 2008 (of Parliament).

## **PART 3 – OFFENCES AND EVIDENCE**

### **6 Pretending to be a health care professional**

- (1) A person is guilty of an offence if, with intent to deceive, he or she, expressly or by implication falsely represents himself or herself to be a health care professional.
- (2) A person (“the first person”) is guilty of an offence, if, with intent to deceive, expressly or by implication causes or permits another person to make a representation about the first person that, if made by the first person with intent to deceive, would be an offence by that person under subsection (1).
- (3) A person is guilty of an offence if, with intent to deceive, the person makes with regard to another person (“the second person”) any representation that the person knows to be false and that if made by the second person with intent to deceive would be an offence by the second person under subsection (1).
- (4) A person guilty of an offence under this section is liable on summary conviction to a fine not exceeding £5,000.

### **7 Practising while registration is suspended**

- (1) This section applies to a health care professional while his or her registration is suspended.

- (2) The health care professional is guilty of an offence if he or she carries out the functions of a health care professional or, expressly or by implication, represents himself or herself as being prepared to do so.
- (3) A person guilty of an offence under subsection (2) is liable on summary conviction to a fine not exceeding £5,000.

## **8 Pretending to be the holder of a licence to practise**

- (1) A person is guilty of an offence if, not being the holder of a licence to practise, he or she, with intent to deceive, expressly or by implication, falsely represents himself or herself to be the holder of a licence to practise.
- (2) A person guilty of an offence under subsection (1) is liable on summary conviction to a fine not exceeding £5,000.

## **9 Attendance at birth by unqualified person**

- (1) A person is guilty of an offence if, not being a midwife who is a registrant, the person performs the functions of a midwife.
- (2) It is not an offence under subsection (1) if –
  - (a) the person is a registered medical practitioner;
  - (b) the person is undergoing training to become a medical practitioner and the function was carried out as part of a course of practical instruction in midwifery recognised by the General Medical Council;
  - (c) the person is undergoing training to become a midwife and the function was being carried out as part of a course of practical instruction in midwifery recognised by the Nursing and Midwifery Council constituted under article 3 of the UK Nursing and Midwifery Order; or
  - (d) the person was required to carry out the function because of sudden and urgent necessity.
- (3) A person guilty of an offence under subsection (1) is liable on summary conviction to a fine not exceeding £5,000.

## **10 Proof of registration, etc.**

In respect of an offence under this Part, a certificate mentioned in -

- (a) section 34A(1) of the UK Medical Act;
- (b) section 9(8) of the UK Chiropractors Act;
- (c) section 9(5) of the UK Osteopaths Act;
- (d) article 8(4) of the UK Nursing and Midwifery Order; or
- (e) article 8(4) of the UK Health Professions Order,

is evidence of a matter certified in it.

## PART 4 – FINAL PROVISIONS

### 11 Effect of suspension of registration

- (1) This section applies if a health care professional –
  - (a) is employed as a health care professional; or
  - (b) is the holder of an appointment that can only be held by a health care professional,and the registration of the person as a health care professional is suspended.
- (2) The suspension does not of itself terminate the employment or appointment.
- (3) However, the person must not carry out the functions of the employment or appointment during the period of the suspension.

### 12 Regulation of health care professions

- (1) The Department may, by order, modify the regulation of a profession regulated by this Act or by –
  - (a) the Dental Act 1985; or
  - (b) the Opticians Act 1996;to give effect in the Island to a modification of the regulation of the profession made by an enactment regulating the profession in England.
- (2) The Department may, by order, amend the definition “**health care professional**” in section 3 to include an additional description of health care professional.
- (3) An order under this section may –
  - (a) amend or repeal a statutory provision (including a provision of this Act) that appears to the Department to be inconsistent with, or to have become unnecessary or to require modification, in consequence of the order; and
  - (b) make incidental, supplementary, consequential and transitional provisions (including adding such a provision to this Act) that appear to the Department to be necessary or expedient.
- (4) Before making an Order under this section the Department must consult any body that appears to the Department to represent the members of the relevant profession.
- (5) An order under this section cannot come into operation unless it has been approved by Tynwald.

### 13 National Health Service Act 2001 amended

The National Health Service Act 2001 is amended –

- (a) by omitting the cross-heading “Regulation of medical professions” immediately before section 39A;
- (b) by repealing sections 39A, 39B, 39C, 39D and 40; and
- (c) by substituting for “**medical practitioner**” in section 43, –  
“**medical practitioner**” means a registered medical practitioner;  ”.

### 14 Other legislation amended

In a provision mentioned in column 1 of the following table, for the expression in column 2 there is substituted the expression in column 3.

**Table**

<i>Column 1</i>	<i>Column 2</i>	<i>Column 3</i>
<b>Provision</b>	<b>Expression to be omitted</b>	<b>Expression to be substituted</b>
<b>Access to Health Records and Reports Act 1993</b> Schedule, para 1(1)	“ <b>medical practitioner</b> ” means a fully registered person within the meaning of the <i>Medical Act 1985</i> ;	“ <b>medical practitioner</b> ” means a registered medical practitioner;
<b>Control of Employment Act 1975</b> Schedule 1, para 6	6. Employment as a doctor, that is to say, a fully registered person within the meaning of the <i>Medical Act 1985</i> .	6. Employment as a registered medical practitioner.
<b>Interpretation Act 1976</b> Section 3	“ <b>registered</b> ”, for a nurse or midwife, means registered as mentioned in section 39A of the <i>National Health Service Act 2001</i> ;	“ <b>registered</b> ”, followed by a reference to a medical practitioner, chiropractor, osteopath, nurse, midwife or other health professional regulated by the Health Care Professionals Act 2014, means a person of that description registered in the manner prescribed by that Act;
<b>Medicines Act 2003</b> Schedule 2 (definition of doctor)	means a fully registered person within the meaning of the <i>Medical Act 1985</i>	means a registered medical practitioner
<b>Misuse of Drugs Act 1976</b> Section 38(1) (definition of “doctor”)	“ <b>doctor</b> ” means a fully registered person within the meaning of the <i>Medical Act 1985</i> ;	“ <b>doctor</b> ” means a registered medical practitioner;
<b>Poisons Act 1979</b> Section 9(2)	“ <b>doctor</b> ” means a fully registered person within the	“ <b>doctor</b> ” means a registered medical practitioner;



	meaning of the <i>Medical Act 1985</i> ;	
<b>Veterinary Surgeons Act 2005</b> Section 2(1)(c)	(c) the carrying out or performance of any treatment, test or operation by a fully registered person within the meaning of the <i>Medical Act 1985</i> or a registered dentist within the meaning of the <i>Dental Act 1985</i> at the request of a veterinary surgeon;	(c) the carrying out or performance of any treatment, test or operation by a registered medical practitioner or a registered dentist within the meaning of the <i>Dental Act 1985</i> at the request of a veterinary surgeon;
<b>Veterinary Surgeons Act 2005</b> Section 2(1)(e)	(e) the performance by a fully registered person within the meaning of the <i>Medical Act 1985</i> of an operation on an animal for the purpose of removing an organ or tissue for use in the treatment of human beings;	(e) the performance by a registered medical practitioner of an operation on an animal for the purpose of removing an organ or tissue for use in the treatment of human beings;
<b>Video Recordings Act 1985</b> Section 8(11)	(11) For the purposes of subsection (10), an occupation is a medical or related occupation if, to carry on the occupation, a person is required — (a) to be a fully registered person within the meaning of section 9 of the <i>Medical Act 1985</i> ; or (b) to be registered within the meaning of section 11 of the <i>Nurses and Midwives Act 1947</i> .	(11) For the purposes of subsection (10), an occupation is a medical or related occupation if, to carry on the occupation, a person is required to be a registered medical practitioner, a registered nurse or a registered midwife.

## 15 Medical Act 1985 repealed

The *Medical Act 1985* is repealed.

## 16 Health Professions Order 2002 revoked

The *Health Professions Order 2002* is revoked.

# Appendix 2 - List of bodies consulted

The following bodies have been sent information on this consultation. If you feel there are other interested parties who should be consulted, please contact us on [dh@gov.im](mailto:dh@gov.im) or 01624 642614.

- Attorney General
- Chief Officers of Departments, Boards and Offices of the Isle of Man Government
- Chiropractors
- Dental practices
- General Chiropractic Council
- General Medical Council
- General Osteopathic Council
- GP practices
- Health and Care Professions Council
- Isle of Man Association of Optometrists and Registered Opticians
- Isle of Man Chamber of Commerce
- Isle of Man Dental Association
- Isle of Man Health and Care Association
- Isle of Man Health Services Consultative Committee
- Isle of Man Law Society
- Isle of Man Medical Society
- Isle of Man Nursing and Midwifery Advisory Council
- Isle of Man Pharmacy Contractors Association
- Isle of Man Trades Union Council
- Local authorities
- Members of Tynwald
- Nursing and Midwifery Council
- Opticians
- Osteopaths
- Pharmacies
- The Law Commission.



DEPARTMENT OF HEALTH

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**The information in this document can be provided in large print  
or audio format upon request.**



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