

### 3.3. Health Care Professionals Bill 2014 – Clauses considered

Mr Henderson to move.

**The Speaker:** We move now to Item 4 on our Order Paper... sorry, no, we do not. We move to the next Bill for clauses, the Health Care Professionals Bill, and I call on the mover, Mr Henderson.

**Mr Henderson:** Gura mie eu, Vainstyr Loayreyder.

Vainstyr Loayreyder, the overarching purpose of the Bill is to prescribe the manner in which certain health care professionals are required to be registered and for all related purposes.

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

For various reasons, some legislative, some contractual and some historical, the Isle of Man is inextricably linked to the United Kingdom 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.

In researching how best to introduce new legislation for revalidation, it was identified that the existing legislation governing the regulation of various health care professionals would benefit from an update and that, in addition, the opportunity should be taken to bring the Island into line with the UK and add the professions of chiropractic and osteopathy to the professions which are regulated on the Island.

A public consultation on the Bill received almost universal support and the British Medical Association, which is the representative body for most doctors in the UK, has specifically indicated that it is happy that the Bill establishes an equivalent regulatory system to the UK and that therefore the association has no objections to this Bill; indeed, as have the Isle of Man Medical Society incorporating the local branch of the British Medical Association.

The Bill contains 16 clauses. Hopefully the branches of Tynwald will support this Bill and it will come into operation on the day on which Royal Assent to it has been announced at Tynwald by the President of Tynwald.

Mr Speaker, turning to the Bill, part 1 of the Bill is introductory and clause 1 confirms the short title for the Act as the Health Care Professionals Act 2014.

I beg to move that clause 1 do stand part of the Bill.

**The Speaker:** Mr Cregeen.

**Mr Cregeen:** Thank you, Mr Speaker.

I beg to second and reserve my remarks.

**The Speaker:** I put the question that clause 1 do stand part of the Bill. Those in favour, say aye; against, no. The ayes have it. The ayes have it.

Clause 2.

**Mr Henderson:** Gura mie eu, Vainstyr Loayreyder.

Clause 2 allows for all sections of the Act, apart from this clause and clause 1, to be brought into operation using Appointed Day Orders and allows an Appointed Day Order to also make any transitional or savings provisions. It is the Department's intention to progress an Appointed Day Order at the earliest possible juncture after Royal Assent is announced so that the Act can come into operation as soon as possible.

I beg to move that clause 2 do stand part of this Bill.

**The Speaker:** Mr Cregeen.

**Mr Cregeen:** Thank you, Mr Speaker.

I beg to second and reserve my remarks.

**The Speaker:** I put the question that clause 2 stand part of the Bill. Those in favour, say aye; against, no. The ayes have it. The ayes have it.

Clause 3, please.

**Mr Henderson:** Gura mie eu, Vainstyr Loayreyder.

Clause 3 contains the interpretation for the Bill and in particular includes the term 'health care professional' to mean any of the following.

Firstly, a registered medical practitioner, that is a person who is a fully registered doctor and holds a licence to practice as such. Some terms in the interpretation are further defined as having the same meaning as in UK legislation – for example, in respect of doctors in the UK Medical Act 1983. This is deliberate as the imperative now is for Manx legislation in this area to mirror the UK as closely as possible so that the Island can react swiftly to changes in practice and standards and continue to attract a good quality of professionals. The existing legislation around the regulation of doctors is contained in the Medical Act 1985, which is to be repealed by this Bill in clause 15.

Secondly and thirdly, fully registered chiropractors and fully registered osteopaths are defined as health care professionals. Although the Chiropractors Act and Osteopaths Act were introduced in the UK in 1994 and 1993 respectively, no equivalent legislation has previously been introduced in the Isle of Man.

Fourthly, nurses and midwives are included in this Bill. The existing legislation covering nurses and midwives is contained in the section 39A to 39D of the National Health Service Act 2001. The equivalent UK legislation is Nursing and Midwifery Order 2001.

Finally, numerous smaller professions, such as physiotherapists and speech therapists, most of which are currently regulated under the Health Professions Order 2002 as amended, are brought into this Bill under the umbrella title of 'relevant professionals' by referring to the equivalent UK legislation, the Health and Social Work Professions Order 2001. The list of professions will be updated in line with the UK, which has also been previously circulated, Vainstyr Loayreyder.

Social workers are explicitly excluded from the list of relevant professionals as they are already regulated under the Regulation of Care Act 2013. The Health Professions Order 2002 is to be repealed under clause 16 of this Bill.

And just to advise, Vainstyr Loayreyder, hopefully there will be an amendment moved and first tabled to this just to reorganise the word 'professional' and 'profession' as a minor amendment to make the Act run in legal accordance.

So with that, Vainstyr Loayreyder, I beg to move that clause 3 do stand part of the Bill.

**The Speaker:** Mr Cregeen.

**Mr Cregeen:** Thank you, Mr Speaker.

I beg to second and reserve my remarks.

**Mr Anderson:** Thank you, Mr Speaker.

Hon. Members, due to an unfortunate oversight, two very small amendments are required to the Health Care Professionals Bill and these come in clause 3, which we are on now, where it has been identified that the definition of 'relevant professional' does not quite work in relation to the reference the UK Health Professionals Order mentioned within it. After consideration by the

legislative drafters, it is proposed that the title of this definition should refer to 'relevant profession' instead of 'professional'.

As a consequence of this change, reference to 'relevant professional' in the definition of registered professional also needs to be amended to 'relevant profession'.

I hope you will support these amendments so the Bill can proceed.

I beg to move:

*Amendments to clause 3*

*Page 6, line 10 for 'relevant professional' substitute 'relevant profession'.*

*Page 6 line 14 for 'relevant professional' substitute 'relevant profession'.*

**The Speaker:** Hon. Member for Ayre, Mr Teare.

**Mr Teare:** Thank you, Mr Speaker.

I beg to second.

**The Speaker:** I put the question...

Mrs Cannell, did you wish to speak? (**Mrs Cannell:** Yes.)

Mrs Cannell.

**Mrs Cannell:** Thank you, Mr Speaker. Sorry, I should have given you the eye a bit earlier. (*Interjections and laughter*)

I just wanted to ask the hon. mover of the Bill, in his opening remarks he said that the contents of the Bill, the principle of the Bill has... I cannot remember the exact terminology he used, but he suggested that it did not have unanimous support, it had the majority of support. I wonder if he could indicate which registered medical professional was actually against the aspects of the Bill or if he could clarify his opening remarks, please.

**The Speaker:** Mr Anderson, do you wish to reply?

**Mr Anderson:** No...

**The Speaker:** Mr Henderson.

**Mr Henderson:** Gura mie eu, Vainstyr Loayreyder.

In answer to the Hon. Member for East Douglas, as far as I am aware there has been no objection to this. Quite the contrary, it is a legal requirement. End of story. We use the term 'overwhelming' to try and describe the situation and merely that, Vainstyr Loayreyder.

**The Speaker:** I put first the amendment to clause 3. Those in favour of the amendment, please say aye; against, no. The ayes have it. The ayes have it.

Clause 3 as amended, those in favour, say aye; against, no. The ayes have it. The ayes have it.

Clause 4, please.

**Mr Henderson:** Gura mie eu, Vainstyr Loayreyder.

I would just like to say, in commencing clause 4, I will however just check my explanation to the Hon. Member for East Douglas and come back to her with a positive on the Third Reading (**A Member:** Hear, hear.) if I might, just to recheck myself, but I think I am fairly accurate in what I am saying.

Clause 4, Vainstyr Loayreyder, part 2 of the Bill deals with matters specifically relating to registered medical practitioners.

Clause 4(1) is a modified rewording of section 1 of the existing Medical Act 1985, and the equivalent section from the UK Medical Act 1983, and simply confirms that if a person who is not a registered medical practitioner tries to recover a charge for providing medical advice or attendance or for performing a surgical operation, they would not be able to do so through a court of law.

As in the UK, it is not actually illegal for any person to provide medical advice or attendance or to perform a surgical operation, which may be, in legal terms, as simple as applying a bandage or plaster, or suggesting that someone takes a paracetamol for a headache, as long as they do not claim to be, or give the impression that they are, a qualified medical practitioner. We will come back to this in clause 6.

The aim of clause 4(1) is to take away any incentive that someone might have to set up a business to undertake these functions, but allow, for example, charitable organisations to undertake the functions at no charge.

Clause 4(2) states that clause 4(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 by this Act.

I beg to move that clause 4 do stand part of this Bill.

**The Speaker:** Mr Cregeen.

**Mr Cregeen:** Thank you, Mr Speaker.

I beg to second and reserve my remarks.

**The Speaker:** I put the question that clause 4 do stand. Those in favour, say aye; against, no. The ayes have it. The ayes have it.

Clause 5, please.

**Mr Henderson:** Gura mie eu, Vainstyr Loayreyder.

In the autumn of 2012, the United Kingdom introduced a new system for the General Medical Council to review the performance of doctors and to confirm their registration and licence to practice – this is known as revalidation. The first full year of a five-year cycle of revalidation started in the UK early in 2013.

Although the Island 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.

Within the National Health Service the existing annual appraisal process for doctors will continue, alongside revalidation and the Department will continue to have the option to refer a doctor for a further action by the GMC if there are any concerns within the five years.

As part of the new scheme, all health bodies in the UK are required to appoint responsible officers to manage the process locally and clause 5(1) will give the Department the legal authority to act as such a body.

The role of ‘responsible officer’ is a new one. Each doctor in the Island will be linked to a responsible officer, who responsibility it will be to make a recommendation to the GMC as to whether the doctor should be revalidated as fit to practice.

Clause 5(2) requires the Department to appoint one or more responsible officers, in accordance with the UK Responsible Officers Regulations.

Clause 5(5) defines the UK Responsible Officers Regulations. The Department has taken the view that, because of the desire to mirror the UK as closely as possible in this important area, it is more appropriate to adopt the UK regulations and avoid the need to constantly update our own regulations.

The responsible officer 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 the Island. This includes private doctors as well as those employed or contracted by the Department so they need to have enough influence to make sure that organisations, including the Department of Health and GP practices, meet the requirements of the scheme. The appointee is therefore usually a senior licensed doctor and it is anticipated that the Department's Medical Director will fulfil the role here.

Our responsible officer will be revalidated by a senior doctor from the UK.

Clauses 5(3) confirms that our responsible officer will have the same functions as a responsible officer in the UK and must co-operate with the General Medical Council in the same way.

The GMC have made it clear that appointing responsible officers, other than via legislation, would be unacceptable to them, and the Island would be considered as having not met the standards set for the revalidation scheme. Under these circumstances, the GMC would not then renew doctors' registrations, thus removing their licence to practice.

Whilst in theory a doctor could still work in the Isle of Man, it has been made very clear to the Department that no self-respecting doctor would come to work in the Island if we did not have this legislation. This is because if the Island was not recognised by the General Medical Council, any work done here by a doctor would not then count towards their revalidation and they would risk their registration being compromised or possibly even withdrawn.

Any doctors who might come to the Island under these circumstances would most likely be doctors who were not interested in maintaining their registration, due to imminent retirement or perhaps a chequered past.

Without the links to the GMC, which validation will facilitate, we would have great difficulty checking on a doctor's history. The Department does not consider this an acceptable alternative.

Therefore, Vainstyr Loayreyder, I beg to move that clause 5 stand part of the Bill.

**The Speaker:** Mr Cregeen.

**Mr Cregeen:** Thank you, Mr Speaker.

I beg to second and reserve my remarks.

**The Speaker:** Mrs Cannell.

**Mrs Cannell:** Thank you, Mr Speaker.

I just have a couple of queries. When the hon. mover spoke on subsection (5) about the UK Responsible Officers Regulations, these are UK regulations, are they not? They are made under the UK Medical Act and also the Health and Social Care Act 2008. I am just wondering at what time, what opportunity would Hon. Members get to see a copy of those regulations and whether or not this particular clause, subsection (5) is pre-empting Tynwald approving the regulations, because usually regulations are laid before Tynwald for approval or not, as the case may be?

My second question is that when the Hon. Member says that the Medical Director will be the responsible officer, the person to take up this particular role, I am just wondering what impact that will have on going forward with the Beamans Report that specifies that in the future any Medical Director should not have any surgical obligations? I am just wondering whether or not we are looking at perhaps having to change the legislation if the Beamans recommendations come into full force going forward?

Thank you.

**The Speaker:** Mr Henderson to reply.

**Mr Henderson:** Gura mie eu, Vainstyr Loayreyder.

I am a little confused here with what Mrs Cannell has put to me because the regulations we are putting through here hopefully – and the Act is to, as I have explained – mirror entirely the UK regulations for the sake of reciprocity and for ease of recruitment and so on, and for us to make sure our revalidation is completely at home with the UK – in fact, one and the same thing.

So we have to have an Act, legislation and Orders that mirror the UK. This did go out to consultation a good while ago, Vainstyr Loayreyder, so all Members were aware of it and of the wording and of how we were going to do it. If the Hon. Member wishes to have further information on the printed UK regulations, then certainly she can come and see me afterwards and I can obtain a copy if she so wishes.

With regard to the Medical Director, whatever the Beamans Report says or does not say, or whatever any other report says or does not say, the issue is the registration and licence to practice of a medical practitioner, and that is paramount and core within this. It is something that has to be done by law, certainly in the UK, and hopefully here. What I said to start with in moving the clauses today was hopeful approval by the branches in Tynwald, and I am certainly not pre-empting what may or may not happen at a future date, but I am asking for the House's concurrence with the clauses this morning.

But we do envisage that the Medical Director post will cover the responsible officer designation, as put in the legislation, and that is how it is going to have to work, Vainstyr Loayreyder. So if there are queries that Mrs Cannell feels that I have not touched upon, she is more than welcome to come and see me later and certainly I can put them out or at the Third Reading if necessary.

Gura mie eu, Vainstyr Loayreyder.

**The Speaker:** I put the question that clause 5 do stand part of the Bill. Those in favour, please say aye; against, no. The ayes have it. The ayes have it.

Clause 6, Mr Henderson.

**Mr Henderson:** Gura mie eu, Vainstyr Loayreyder.

Clause 6 deals with offences and evidence in relation to all of the various health care professions defined in part 1.

The Department has decided that in the first instance the penalties for the various offences in this part should remain as they are set out in both the existing Manx legislation and the equivalent UK legislation. That is in all cases, on summary conviction, a fine not exceeding £5,000.

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

In order to remove any doubt that this might only apply to registered professionals, the clause goes on to say that any person who describes himself or herself by any name that implies that they are a health care professional is also guilty of an offence.

Subclauses (3) and (4) also make it an offence for another person to falsely represent a person as a health care professional.

I beg to move that clause 6 stand part of the Bill.

**The Speaker:** Mr Cregeen.

**Mr Cregeen:** Thank you, Mr Speaker.

I beg to second and reserve my remarks.

**The President:** Mr Singer.

**Mr Singer:** Thank you.

If I could make a comment, and perhaps the Hon. Member could come back to me on this, where did the figure of £5,000 come from, because to me it seems to be rather low for somebody who is

misrepresenting themselves as a health professional and in fact could treat people and cause serious injury or maybe even death to somebody? This appears to me to be rather low and I wonder why the Department decided on this figure.

**The Speaker:** Mr Anderson.

**Mr Anderson:** Would the mover agree with me that the more important thing is that the GMC would have a sanction on this which would be more for punishment than the actual fine?

**Mr Singer:** No, they cannot. They are not registered.

**The Speaker:** Mover to reply.

**Mr Henderson:** Gura mie eu, Vainstyr Loayreyder.

There are several issues afoot here with regard with this. The £5,000 fine is set as per the UK and we are mirroring that at the minute. It may be that it could, in theory, in the future be reappraised.

However, this is addressing the act of misrepresenting oneself. It is about using your name and deceiving a member of the public; it is not about what you may or may not cause as a result of that. So that is different again, which may well be brought to a court of law under different circumstances. So I think that should address the Hon. Members.

So, if you like, Vainstyr Loayreyder, you could be prosecuted for misrepresentation, and then you could be taken again for other issues that may well have come as a consequence of that. So I think that should reassure Members.

I beg to move, sir.

**The Speaker:** I put the question that clause 6 do stand part of the Bill. Those in favour, say aye; against, no. The ayes have it. The ayes have it.

Clause 7.

**Mr Henderson:** Gura mie eu, Vainstyr Loayreyder.

Clause 7 makes 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 if their registration is suspended.

I beg to move that clause 7 do stand part of the Bill.

**The Speaker:** Mr Cregeen.

**Mr Cregeen:** Thank you, Mr Speaker.

I beg to second and reserve my remarks.

**The Speaker:** I put the question that clause 7 do stand. Those in favour, say aye; against, no. The ayes have it. The ayes have it.

Clause 8.

**Mr Henderson:** Gura mie eu, Vainstyr Loayreyder.

Clause 8 creates the offence of falsely representing oneself as holding a licence to practice as a health care professional.

I beg to move that clause 8 stand part of the Bill.

**The Speaker:** Mr Cregeen.

**Mr Cregeen:** Thank you, Mr Speaker.  
I beg to second and reserve my remarks.

**The Speaker:** I put the question that clause 8 do stand. Those in favour, say aye; against, no. The ayes have it. The ayes have it.  
Clause 9, please.

**Mr Henderson:** Gura mie eu, Vainstyr Loayreyder.  
Clause 9 creates the offence of performing the functions of a midwife without being registered as such.

Subclause (2) creates exceptions for registered medical practitioners; medical practitioners and midwives, whilst they are undergoing specific midwifery training; and persons who are required to carry out the functions of a midwife because of sudden and urgent necessity.

No offence is committed under this clause by an unqualified person who was present at a birth, as long as they did not assume responsibility by assisting or assuming the role of a medical practitioner or registered midwife.

An unqualified person may include a non-registered midwife, a doula or labour coach, a nurse, the woman's partner, a relative or a friend. A doula or labour coach is a non-medical person who assists a woman before, during and after childbirth by providing information, physical assistance and emotional support.

Vainstyr Loayreyder, I beg to move.

**The Speaker:** Mr Cregeen.

**Mr Cregeen:** Thank you, Mr Speaker.  
I beg to second and reserve my remarks.

**The Speaker:** I put the question that clause 9 stand. Those in favour, say aye; against, no. The ayes have it. The ayes have it.  
Clause 10.

**Mr Henderson:** Gura mie eu, Vainstyr Loayreyder.  
Clause 10 confirms that certificates mentioned in the Acts and Orders referred to in the Bill are to be taken as evidence of the matters they are certifying.  
I beg to move that clause 10 do stand part of Bill.

**The Speaker:** Mr Cregeen.

**Mr Cregeen:** Thank you, Mr Speaker.  
I beg to second and reserve my remarks.

**The Speaker:** I put the question that clause 10 do stand. Those in favour, say aye; against, no. The ayes have it. The ayes have it.  
Clause 11.

**Mr Henderson:** Gura mie eu, Vainstyr Loayreyder.  
Clause 11, part 4, contains the final provisions of the Bill.  
Clause 11 states that a registration suspension does not automatically terminate any employment or appointment held by a health care professional. However, the professional must not carry out the functions of their employment or appointment during the period of the suspension.  
I beg to move that clause 11 stand part of the Bill.

**The Speaker:** Mr Cregeen.

**Mr Cregeen:** Thank you, Mr Speaker.  
I beg to second and reserve my remarks.

**The Speaker:** Mrs Cannell.

**Mrs Cannell:** Thank you, Mr Speaker.

I just wonder, and if the Hon. Member has not got the information to hand, perhaps he could advise the House at Third Reading, but in his knowledge and with his briefing papers, is there a sort of expectation as to how long a professional person might be suspended for? Is there a pattern? What is the maximum period of suspension for a professional, if he could advise? If he has not got that information now, Third Reading will be fine.

**The Speaker:** Mr Henderson.

**Mr Henderson:** Gura mie eu, Vainstyr Loayreyder.

I am afraid I will have to refer the Hon. Member to the General Medical Council's website if she wants to look at the kind of examples she is looking for. In effect, what she has asked is how long is a piece of string. It depends on what has caused the actual suspension from the professional register, whether it was medical, nursing or otherwise, and to what degree what kind of investigations that would incur as a result of whatever action it might be. It could be something as simple as lasting a week or two or it could be something that is considerably longer. The point with the clause is that it places a protection in for the public where a concern has been raised and a registration has been suspended. It puts an assurance in that that person must not practice why the suspension is in place.

**The Speaker:** I put the question that clause 11 stand part of the Bill. Those in favour, say aye; against, no. The ayes have it. The ayes have it.  
Clause 12.

**Mr Henderson:** Gura mie eu, Vainstyr Loayreyder.

Clause 12, under the National Health Service Act 2001, the modification of the regulation of certain professions in England can be applied to the Island by Order, but only if the changes in England have been made using an Order in Council under the UK Health Act 1999.

Clause 12 extends this provision so that the Department can use an Order to apply any legislative changes to the Island which have been applied in England in relation to the health care professionals covered by this Bill.

The extended provision will avoid the need for us to introduce amending primary legislation every time there is a change to the UK legislation. 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 have been implemented on the Island by now if this provision had already been in place.

The professions regulated by the Dental Act 1985 and the Opticians Act 1996 have been included in this provision as they were included in the previous provisions under the NHS Act 2001.

Dentists and opticians could also have been brought into the other provisions of this Bill, but it was identified that their respective existing Acts, which contain legislation which extends beyond simply regulating health care professionals, may need more significant updating which could cause delays. Because of the urgency to implement revalidation, the Department decided not to risk a delay and to leave progressing the updating of these Acts to a later date.

Subclause (2) of clause 12 will allow the Department, by Order, to add additional types of health care professional to the list contained in the definition of health care professional in clause 3. Given

the way in which this Act is constructed, an additional type of health care professional would only be added if the UK decided to regulate a health care profession which is not covered by the existing definition.

Subclause (3) allows an Order to also make any necessary consequential statutory changes.

Subclause (4) requires the Department to consult representatives of any relevant professions before making an Order under this clause, and subclause (5) requires an Order to be approved by Tynwald.

I beg that clause 12 stand part of the Bill.

**The Speaker:** Mr Cregeen.

**Mr Cregeen:** Thank you, Mr Speaker.

I beg to second and reserve my remarks.

**The Speaker:** I put the question that clause 12 stand part of the Bill. Those in favour, say aye; against, no. The ayes have it. The ayes have it.

Clause 13.

**Mr Henderson:** Gura mie eu, Vainstyr Loayreyder.

Clause 13 makes amendments to the NHS Act 2001 as a consequence of this Bill by repealing sections 39A to 39D and 40 and amending the definition of 'medical practitioner' to that Act to reflect the meaning in this Bill.

Sections 39A to 39D contain provisions relating to the regulation of nurses and midwives which will no longer be needed, and section 40 contains the wording, which has now been amended and included as clause 12 of this Bill.

I beg that clause 13 stand part of the Bill.

**The Speaker:** Mr Cregeen.

**Mr Cregeen:** Thank you, Mr Speaker.

I beg to second and reserve my remarks.

**The Speaker:** I put the question that clause 13 stand. Those in favour, say aye; against, no. The ayes have it. The ayes have it.

Clause 14, please.

**Mr Henderson:** Gura mie eu, Vainstyr Loayreyder.

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

A definition of 'medical practitioner' in the schedule to the Access to Health Records and Reports Act 1993 is amended as a consequence of the Medical Act 1985 being repealed.

Wording in schedule 1, paragraph (6) of the Control of Employment Act 1975 is amended as a consequence of the Medical Act 1985 being repealed.

The definition of 'registered' in section 3(1) of the Interpretation Act 1976 is extended to include reference to any of the professions mentioned in this Bill.

Definitions of 'doctor' in schedule 2 to the Medicines Act 2003, section 38(1) of the Misuse of Drugs Act 1976, and section 9(2) of the Poisons Act 1979 are amended as a consequence of the Medical Act 1985 being repealed.

Wording in section 2(1)(c) and (e) of the Veterinary Surgeons Act 2005 is amended as a consequence of the Medical Act 1985 being repealed.

Wording in section 8(11) of the Video Recordings Act 1985 is amended as a consequence of the Medical Act 1985 being repealed and as a consequence of the Nurses and Midwives Act 1947 having been repealed by the Regulation of Care Act 2013.

I beg to move that clause 14 stand part of the Bill, Vainstyr Loayreyder.

**The Speaker:** Mr Cregeen.

**Mr Cregeen:** Thank you, Mr Speaker.

I beg to second and reserve my remarks.

**The Speaker:** I put the question that clause 14 do stand. Those in favour, say aye; against, no. The ayes have it. The ayes have it.

Clause 15.

**Mr Henderson:** Gura mie eu, Vainstyr Loayreyder.

Clause 15 repeals the Medical Act 1985 which is no longer required as a consequence of this Act.

I beg to move that clause 15 stand part of the Bill.

**The Speaker:** Mr Cregeen.

**Mr Cregeen:** Thank you, Mr Speaker.

I beg to second and reserve my remarks.

**The Speaker:** I put the question that clause 15 do stand. Those in favour, say aye; against, no. The ayes have it. The ayes have it.

And finally, clause 16.

**Mr Henderson:** Gura mie eu, Vainstyr Loayreyder.

Clause 16 revokes the Health Professions Order 2002, which is no longer required as a consequence of this Act.

I beg to move that clause 16 do stand part of the Bill and in doing so would... I think we have already confirmed that. There was just a little information that the cost of the additional work load required for the purposes of this Bill would be met within existing resources.

I beg to move, sir.

**The Speaker:** Mr Cregeen.

**Mr Cregeen:** Thank you, Mr Speaker.

I beg to second and reserve my remarks.

**The Speaker:** I put the question that clause 16 do stand part of the Bill. Those in favour, say aye; against, no. The ayes have it. The ayes have it.

Thank you, Hon. Members.