

## 5. Health Care Professionals Bill 2014 – Second Reading approved

Mr Butt to move:

*That the Health Care Professionals Bill 2014 be read a second time.*

**The President:** We now turn to Item 5 on our Order Paper, the Health Care Professionals Bill 2014.

I call on Mr Butt to move.

**Mr Butt:** Thank you, Madam President.

I now move the Second Reading of the Health Care Professionals Bill.

There are two main aims for this Bill. The first is to prescribe the way in which some health care professionals, including doctors, nurses and midwives, and some allied health professionals are required to be registered. This now includes such health care professionals as chiropractors and osteopaths, who were not previously registered but who are registered under UK legislation.

It is important that the registration and ultimately the supervision and regulation of our health care professionals is in line with the registration and standards of the United Kingdom, not only for the assurance of the public but also so that such professionals can move to and from our Island and maintain their professional status. It is also important for our recruitment that we have the same registration standards.

The other main aim of the Bill is to facilitate new arrangements for doctors' validation. Our new revalidation needs to start as soon as possible, and that does give this Bill some degree of urgency. All doctors, whether they be consultants or GPs, need to have their professional skills and standing validated, and this Bill provides that the Island will be a health organisation which can validate our doctors.

Doctors will be validated at least every five years and this Bill provides power to a senior doctor, known in the Bill as a 'responsible officer', to have the legal authority to undertake the revalidations. The responsible officer will normally be the Medical Director and our current Medical Director in our Health Service has the necessary skills and qualifications to be the responsible officer.

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 United Kingdom if it is to be able to continue to employ the services of qualified registered health care professionals on the Island. This Bill gives the opportunity to bring the Island into line with the United Kingdom 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 (BMA), 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 United Kingdom and that therefore the Association has no objections to this Bill. The Isle of Man Medical Society, the local branch of the BMA, has also indicated support for this Bill.

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

Madam President, I move the Second Reading of the Health Care Professionals Bill to pass.

**Mr Downie:** I beg to second, Madam President, and reserve my remarks.

**The President:** The motion is that the Bill be read a second time. Those in favour, please say aye; against, no. The ayes have it. The ayes have it.

## **Health Care Professionals Bill 2014 – Clauses considered**

**The President:** We turn to clauses.

**Mr Butt:** Thank you, Madam President.

As I go through the clauses there will be some answers to queries that were made last week, which will become evident.

Clause 1 in 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 clause 1 do stand part of the Bill.

**Mr Downie:** I beg to second, Madam President, and reserve my remarks.

**The President:** The motion is that clause 1 do stand part of the Bill. Those in favour, please say aye; against, no. The ayes have it. The ayes have it.

Clause 2.

**Mr Butt:** Thank you, Madam President.

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 transitional or saving 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 the Bill.

**Mr Coleman:** I beg to second and reserve my remarks, Madam President.

**The President:** The motion is that clause 2 do stand part of the Bill. Those in favour, please say aye; against, no. The ayes have it. The ayes have it.

Clause 3.

**Mr Butt:** Thank you.

Clause 3, Madam President, contains the interpretation for the Bill and, in particular, introduces 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 practise 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 United Kingdom Medical Act 1983. This is deliberate, as the imperative now is for Manx legislation in this area to mirror the United Kingdom as closely as possible so that the Island can react swiftly to changes in practices 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 the Osteopaths Act were introduced in the United Kingdom in 1994 and 1993 respectively, no equivalent legislation has been introduced in the Isle of Man.

It is believed that in the 1990s this omission was a political decision within the then Department of Health and Social Security, but in more recent times the professions of chiropractic and osteopathy have been more widely accepted as mainstream health care

professions. The Department has, for the last few years, been looking for an opportunity to correct this omission and this Bill provides that opportunity.

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

Finally, clause (e) refers to numerous small professions, most of which are currently regulated under the Health Professions Order 2002 as amended, and they are brought into this Bill under the umbrella title of 'relevant professionals'.

By referring to the UK legislation – the Health and Social Work Professions Order 2001 – the list of professions will be updated in line with the United Kingdom, and for the information of Members this does include such occupations as art therapists, biomedical scientists, chiropodists and podiatrists, clinical scientists, dieticians, hearing-aid dispensers, occupational therapists, operating department practitioners, orthoptists, paramedics, physiotherapists, practitioner psychologists, prosthetics and orthodontists.

Social workers are explicitly excluded from the list of relevant professionals as they are already regulated under the Regulation of Care Act 2013, which we took through Council last year.

The Health Professions Order 2002 is to be repealed under clause 16 of this Bill.

Madam President, I beg to move that clause 3 do stand part of this Bill.

**The President:** The Hon. Member, Mr Coleman.

**Mr Coleman:** I beg to second, Madam President, and reserve my remarks.

**The President:** The Hon. Member, Mr Wild.

**Mr Wild:** Thank you, Madam President.

It is merely, I suppose, a question of interest or clarification, but would there be any plans to extend the definition of what a health care professional is to practitioners of complementary medicine, as that certainly is an area which is becoming much more prolific on the Island in particular?

**The President:** The Hon. Member, Mr Corkish.

**Mr Corkish:** Thank you, Madam President.

The Regulation of Care Bill may cover it of course, but much on the same line as my hon. friend, Mr Wild, homoeopathy is very much to the fore and I do not know whether that extends to 'health care professional' or not.

**The President:** The Hon. Member, Mr Crowe.

**Mr Crowe:** Thank you, Madam President.

Could the hon. mover just clarify the transition process as to will all people operating as health care professionals now be able to continue in their present roles and validation will occur periodically or on the renewal of the time limit on their current working situation? It is really the transition, how it will work in practice, which is the query I have, Hon. Member.

**The President:** The Hon. Member, Mr Downie.

**Mr Downie:** Thank you, Madam President.

The mover said, when he was moving the clause, that there was a list here provided for us of relevant professionals, and that would be by and large in line with what the situation is in the UK.

The question I ask is if there are new professional bodies being formed and therefore accepted onto the list, would there be a requirement for the Department to bring that to Tynwald so that we would know that such an order had gone through under this legislation?

I think if that was to be done it would clarify some of the issues raised by my other colleagues here. I know there is a great concern that lots of people will become registered, in some way or other, who are not exactly accepted by the body of the major health service professionals as they are at the moment.

I know some forms of homoeopathy are not. (**Mr Wild:** Aromatherapy.) Aromatherapists and so on. There are new things coming on all the time. Likewise, I am sure we have acupuncturists on the Isle of Man who operate. I think they are licensed, but I am sure that as knowledge of the Chinese culture and other alternative forms of medicine come more to the fore there will be a push for some of these people to become registered practitioners in their own right. So I think we need to be absolutely clear, if we are bringing people on, that Tynwald or the public in general know that the people they are dealing with are properly approved and accredited.

**The President:** The mover to reply.

**Mr Butt:** Thank you, Madam President.

I will reply to the last point first, from Mr Downie.

This Bill does give flexibility to always follow the UK procedures, and in clause 12 there is the power under 12(2) to amend the definition of 'health care professional' at any time. But under part (5) of clause 12, that has to come before Tynwald so they are aware of any changes in the order to change the definition of 'health care professional'.

In regard to the other comments, in terms of homoeopathy, complementary medicine etc, the purpose of this Bill, and with the use of clause 12 in effect, is that whenever the UK change their legislation to actually incorporate a new procedure or a different procedure which is not currently listed, such as acupuncture, we would have the power under this Bill to immediately be flexible enough to align with the UK to make sure we have reciprocity with them; and then, of course, the procedures under clause 12(5) to go before Tynwald will come into operation.

On Mr Crowe's point in regard to transition, there will be no need for transition. Validation does go on at the moment; it is just that it has to be done now by the local health authority. We now become a local health authority with our own power to revalidate doctors and we have to have this legislation to provide the validation locally, which is done every five years. There is also, for information, an appraisal every year of every doctor to see are they competent as well – an internal appraisal. At any time within the five years, if there are any problems they can be raised and dealt with by other processes.

I beg to move clause 3, Madam President.

**The President:** The motion is that clause 3 do stand part of the Bill. Those in favour, please say aye; against, no. The ayes have it. The ayes have it.

Clause 4.

**Mr Butt:** Thank you, Madam President.

Clause 4. Part 2 of the Bill deals with matters specifically relating to registered medical practitioners.

Clause 4(1) is a modernised 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 as simple as applying a bandage or a 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. This is covered in clause 6 under the offences under the Bill.

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 would allow though, for example, charitable organisations to undertake the functions at no charge.

Clause 4(2) states that 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. Those organisations include the General Medical Council, the General Dental Council, the General Optical Council, the General Osteopathic Council, the General Chiropractic Council and members of the Royal Pharmaceutical Society of Great Britain and Northern Ireland.

Madam President, I beg to move that clause 4 stand part Bill.

**The President:** The Hon. Member, Mr Coleman.

**Mr Coleman:** I beg to second, Madam President, and reserve my remarks.

**The President:** The motion is that clause 4 do stand part of the Bill. Those in favour, please say aye; against, no. The ayes have it. The ayes have it.

Clause 5.

**Mr Butt:** Madam President, clause 5. 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 practise. This is known as revalidation.

The first full year of a five-year cycle of revalidation started in the United Kingdom early in 2013. Although the Island did not have to start operating the scheme at the same time as the United Kingdom, 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 our Health Service there is an existing annual appraisal process for doctors which will continue alongside revalidation, and the Department will continue to have the option to refer a doctor for further action by the General Medical Council if there are any concerns at any time within the five years.

As part of the new scheme, all health bodies in the United Kingdom are required to appoint responsible officers to manage the process locally, and clause 5(1) will give the new Department of Health and Social Care 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 whose responsibility it will be to make a recommendation to the General Medical Council as to whether the doctor should be revalidated as fit to practise.

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

Subclause (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 re-validated by a senior doctor from the United Kingdom, so he will be covered as well.

Clause 5(3) confirms that our responsible officer will have the same functions as a responsible officer in the United Kingdom 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 General Medical Council would not then renew doctors' registrations, thus removing their licence to practise. 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 on 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 because of a chequered past. Without the links to the GMC, which revalidation will facilitate, we would have great difficulty checking on a doctor's history. The Department does not consider this as an acceptable alternative.

Madam President, I did say 'he' when I referred to the responsible officer; it could equally be a female doctor, as we have somebody qualified within the Department who could take on that role.

Madam President, I beg to move that clause 5 do stand part of this Bill.

**The President:** The Hon. Member, Mr Coleman.

**Mr Coleman:** I beg to second and reserve my remarks, Madam President.

**The President:** The Hon. Member, Mr Wild.

**Mr Wild:** Thank you, Madam President.

Just out of interest, in terms of this process, from a Government perspective will it be evidenced by certification and continual professional development logs?

Thank you.

**The President:** The mover to reply.

**Mr Butt:** Thank you, Madam President.

I do know that the annual appraisal has those elements in it – personal development and training etc.

The revalidation on the five-year cycle is really for the General Medical Council and for their benefit to make sure that they are able to confirm that our doctors are suitable to practise here, but the annual appraisal does provide local development and training, which is the element I think you are concerned about.

**Mr Wild:** Thank you.

**The President:** The motion is 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 Butt:** Madam President, clause 6, which is part 3, deals with offences and evidence in relation to all the various health care professionals defined in part 1.

The Department has decided that, in the first instance, the penalties for various offences in this part should remain as they are set out in both the existing Manx legislation and in the equivalent United Kingdom 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, Madam President, that clause 6 do stand part of the Bill.

**The President:** The Hon. Member, Mr Coleman.

**Mr Coleman:** I beg to second, Madam President, and reserve my remarks.

**The President:** The Hon. Member, Mr Downie.

**Mr Downie:** Thank you, Madam President.

Looking at the offences, the fines and penalties seem ridiculously low when in another place today they have been debating a Bill where failure to register as a landlord is a fine of £25,000 or six months in prison. Given that a person could be impersonating a health care professional on a private basis and picking up fees for this, does the mover think that this is a severe enough penalty, or should we be looking at the penalties?

**The President:** The Hon. Member, Mr Braidwood.

**Mr Braidwood:** Thank you, Madam President.

In a very similar vein to Mr Downie, if I recollect, there was an individual in the Isle of Man – and I am sure Mr Butt would know that person – who was pretending to be a doctor and in actual fact went to prison. I was just looking at the penalty, which only gives a fine and does not give any imprisonment as a deterrent.

**The President:** The Hon. Member, Mr Wild.

**Mr Wild:** Thank you, Madam President.

Again, on a similar vein, I was going to ask the mover whether or not the penalty is sufficient to deter people from ‘having a go’ at being a health professional, because I do recollect the case that my hon. colleague refers to in terms of the person – I think pretending to be an anaesthetist – who ended up in prison, but seriously put people’s lives at risk.

**The President:** The mover to reply.

**Mr Butt:** Thank you, Madam President.

It is interesting this is raised because this was raised with the Department and within the Department as being perhaps insufficient a penalty to deter people. However, we decided we have to stay with the United Kingdom and mirror it as closely as possible. That is the whole point of this Bill in a way: to mirror the UK regulation standards.

I remember the particular case from many years ago. The person went to prison because the charge was actually not a charge under these regulations; it was a charge of obtaining money by deception, obtaining employment by deception – a criminal charge, probably under the Theft Act. It would be deception and therefore they would be able to go to prison.

So, if there was a breach of the other criminal laws, in terms of theft or deception or obtaining employment by deception, they could be charged under those as well. This is purely the medical health care professionals regulations, which we have to have in line with the United Kingdom – including the penalties, I am informed.

**Mr Wild:** Thank you.

**The President:** The motion is that clause 6 do stand part of the Bill. Those in favour, please say aye; against, no. The ayes have it. The ayes have it.

Clause 7.

**Mr Butt:** Thank you, Madam President.

Clause 7 relates to practising while suspended. It 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.

**Mr Coleman:** I beg to second, Madam President, and reserve my remarks.

**The President:** The motion is that clause 7 do stand part of the Bill. Those in favour, please say aye; against, no. The ayes have it. The ayes have it.

Clause 8.

**Mr Butt:** Thank you, Madam President.

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

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

**Mr Coleman:** I beg to second, Madam President, and reserve my remarks.

**The President:** The motion is that clause 8 do stand part of the Bill. Those in favour, please say aye; against, no. The ayes have it. The ayes have it.

Clause 9.

**Mr Butt:** Thank you, Madam President.

Clause 9 creates the offence of performing the functions of a midwife without being registered as such.

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

No offence is committed under this clause by an unqualified person who is present at a birth, as long as they do not assume responsibility for the birth by assisting or assuming the role of a

medical practitioner or registered midwife. An unqualified person may include an unregistered midwife, a labour coach, a nurse, a woman's partner, a relative or a friend. They are non-medical people who assist women before, during and after childbirth by providing information, physical assistance and emotional support.

Madam President, I beg to move that clause 9 do stand part of the Bill.

**Mr Coleman:** I beg to second, Madam President, and reserve my remarks.

**The President:** The motion is that clause 9 do stand part of the Bill. Those in favour, please say aye; against, no. The ayes have it. The ayes have it.

Clause 10.

**Mr Butt:** Clause 10, Madam President, relates to provision of evidence to undertake prosecutions and it confirms that certificates mentioned in the Acts and Orders referred to in this Bill are to be taken as evidence of the matters they are certifying.

I beg to move that clause 10 do stand part of the Bill.

**Mr Coleman:** I beg to second, Madam President, and reserve my remarks.

**The President:** The motion is that clause 10 do stand part of the Bill. Those in favour, please say aye; against, no. The ayes have it. The ayes have it.

Clause 11.

**Mr Butt:** Clause 11, Madam President, moves onto part 4, which 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 suspension.

I beg to move that clause 11 do stand part of the Bill.

**Mr Coleman:** I beg to second, Madam President, and reserve my remarks.

**The President:** The motion is that clause 11 do stand part of the Bill. Those in favour, please say aye; against, no. The ayes have it. The ayes have it.

Clause 12.

**Mr Butt:** Thank you, Madam President.

This clause refers to matters referred to earlier. 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 United Kingdom Health Act 1999.

Clause 12 extends this provision so 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 in the United Kingdom. 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 provision 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 simple regulation, may need more significant update, which could cause delays. Because of the urgency to implement the 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 professionals in clause 3. Given the way in which the Act is constructed, an additional type of health care professional would only be added if the United Kingdom decided to regulate a health care profession which is not covered in the existing definition. Notwithstanding the above, the United Kingdom Health and Care Professions Council regularly reviews which professions it should be regulating, and if a new provision, such as acupuncture or Chinese medicine, was added to the UK Health and Social Work Professions Order, this profession will also then be regulated in the Isle of Man.

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

Subclause (4) states the Department must consult representatives of any relevant professions before making an Order.

Subclause (5) states that any changes made by an Order under this clause must be approved by Tynwald – the point that was made earlier.

I beg to move that clause 12 do stand part of the Bill.

**Mr Coleman:** I beg to second, Madam President, and reserve my remarks.

**The President:** The motion is that clause 12 do stand part of the Bill. Those in favour, please say aye; against, no. The ayes have it. The ayes have it.

Clause 13.

**Mr Butt:** Clause 13 makes amendments to the NHS Act 2001 as a consequence of this Bill by repealing sections 39A to 39D and section 40, and amending the definition of ‘medical practitioner’ in 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 in clause 12 of this Bill.

I beg to move that clause 13 do stand part of this Bill.

**Mr Coleman:** I beg to second, Madam President, and reserve my remarks.

**The President:** The motion is that clause 13 do stand part of the Bill. Those in favour, please say aye; against, no. The ayes have it. The ayes have it.

Clause 14.

**Mr Butt:** Thank you, Madam President.

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

The 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 professions mentioned in this Bill.

Definitions of 'doctor' in schedule 2 of 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, Madam President, that these amendments in clause 14 do stand part of the Bill.

**Mr Coleman:** I beg to second, Madam President, and reserve my remarks.

**The President:** The Hon. Member, Mr Crowe.

**Mr Crowe:** Thank you, Madam President.

Just on the amendment to the Control of Employment Act 1975, schedule 1, paragraph 6: this actually is covered by my colleague Mr Wild's move of today for the Third Reading of the Bill in schedule 1, clause 5 of the Control of Employment Bill 2013. So it will follow through logically.

**Mr Downie:** Doctors are exempt anyway.

**Mr Crowe:** Yes, but the reference to it there has an exemption.

**The President:** The mover to reply.

**Mr Butt:** Thank you, Madam President.

Yes, it is quite an amazing coincidence that these two complex things have intermingled on the same day.

I beg to move, Madam President.

**The President:** The motion is that clause 14 do stand part of the Bill. Those in favour, please say aye; against, no. The ayes have it. The ayes have it.

It is rather unusual to see a table of legislative amendments included actually in the clause, rather than in a schedule.

**Mr Butt:** It does make it simpler though, I think.

**The President:** We turn to clauses 15 and 16.

**Mr Butt:** Thank you, Madam President.

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

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

I beg to move that clauses 15 and 16 do stand part of the Bill.

**Mr Coleman:** I beg to second, Madam President, and reserve my remarks.

**The President:** The motion is that clauses 15 and 16 do stand part of the Bill. Those in favour, please say aye; against, no. The ayes have it. The ayes have it.

That concludes consideration of clauses of the Health Care Professionals Bill, Hon. Members.