

**Medical Protection
submission to the Public
Consultation on Medical
Council (Recognition and
Registration) Rules 2026**

October 2026

Public Consultation on Medical Council (Recognition and Registration) Rules 2026

Stakeholders have been invited to take part in the Medical Council's public consultation on changing their recognition and registration rules.

The draft Medical Council (Recognition and Registration) Rules 2026 can be viewed [here](#).

The Medical Council will be conducting a proportionality assessment on the draft Rules. As part of this assessment, and in addition to the request for general feedback, they are seeking stakeholders' views in respect of the proportionality of the Rules.

Privacy Notice / Data Protection

This survey is aimed at registered doctors, health care professionals, representative bodies and other relevant stakeholders, including the public. The survey is being conducted by the Medical Council. A report will be prepared based on the responses to this survey; however, individual responses will not be reported. Any personal information submitted to the Medical Council will be treated strictly in accordance with the **General Data Protection Regulation** (EU) 2016/679 and the **Data Protection Act 2018**.

Please note that people may, under the **Freedom of Information (FOI) Act 2014**, request to see the submissions we receive so any information provided in response to the survey may be released in response to an FOI request. This means that the requester might receive your answers to the survey. However, any personal information included in responses would be redacted prior to release.

Closing date

The public consultation period will be live from the 3rd of September until the 6th of October 2026.

Consultation questions

1. Details

***Are you completing this survey:**

As an authorised representative of an organisation/body, expressing the views of that organisation/body

Note: if you are providing the views of an organisation/body, it is necessary that you provide its name and your position.

***What organisation/body do you work for?**

Medical Protection

***What is your job / position / role?**

Policy and Public Affairs Officer

Please describe your interest in this consultation process

On behalf of Medical Protection

2. Register of Interns

Interns will no longer be registered in the Trainee Specialist division, and a separate Register of Interns will now be established. This is similar to the existing requirements.

*** Please provide your general observations on proposed Rules regarding the Register of Interns.**

Medical Protection notes the proposal to establish a standalone Register of Interns. The consultation materials state that this is similar to existing arrangements, however the practical advantages of moving interns from the Trainee Specialist Division to a separate register are not entirely clear. We would welcome further explanation of the policy rationale, including whether the change is intended to improve public understanding, oversight, administrative efficiency or another identified regulatory objective.

2.1 INFORMATION IN REGISTER OF INTERNS

Certain information will be contained on the (newly established) Register of Interns and any certificate of registration issued in relation to an intern. Under the proposed Rules, this information will include:

- i. Name
- ii. Qualification(s)
- iii. Date(s) qualification(s) awarded
- iv. Registration number
- v. Postal address and/or email address for correspondence;
- vi. Gender
- vii. Registration status which, where relevant, will include details of any condition attached to the intern's registration or any undertaking given by the intern
- viii. Registration date
- ix. Such other information as the Medical Council, from time to time, considers appropriate.

Do you think it is justified and proportionate that the Medical Council includes this information on the Register of Interns and on interns' certificates of registration?

Yes

No

Please provide some additional details on your above response.

The proposed information appears necessary for regulatory and public protection purposes. Medical Protection would encourage the Medical Council to ensure that only information which is necessary and proportionate is published or disclosed, particularly where personal information is concerned. It should also be consistent with information displayed for other registers.

2.2 MINIMUM PERIOD OF INTERNSHIP

An intern must be employed as an intern for a minimum of 12 months of supervised practice, to be completed consecutively save where approved by the Council, and in accordance with standards and guidelines issued by the Council. This is similar to the existing requirement save that the supervised practice must be in accordance with standards and guidelines issued by the Council, and there is currently no express requirement that the period be completed in one 12-month block.

Do you think it is justified and proportionate that the minimum period for an intern is 12 months of supervised practice, completed consecutively, and that the supervised practice must be in accordance with standards and guidelines issued by the Council?

Yes

No

Please provide some additional details on your above response.

Medical Protection recognises the value of continuity in training and supervision. The proposed period is justified and proportionate. While requiring the period to be completed consecutively may support continuity of training and assessment, the Medical Council should ensure that exceptions can be considered promptly and flexibly where doctors have experienced legitimate interruptions to training, in order to avoid unnecessary delays in registration.

However, it is important that any minimum period should not negatively impact on those who wish to work less than full time

3. Register of Adapters

Eligible doctors whose qualifications do not entitle them to 'Automatic Recognition' under EU law may be required to complete compensatory measures to address identified training deficits required for recognition in Ireland. If completing an adaptation period in Ireland, they will be registered in the new Register of Adapters for the duration.

Please provide your general observations on proposed Rules regarding the Register of Adapters.

Medical Protection has no significant concerns regarding the creation of a Register of Adapters. The proposal appears to provide a transparent mechanism for managing practitioners undertaking adaptation periods as part of the recognition process and appears to be in the interests of supporting the registrant and also patient safety.

3.1 INFORMATION IN REGISTER OF ADAPTERS

The Register of Adapters has been newly established. It is proposed to include the following information in the Register of Adapters and any certificates of registration issued in relation to adapters:

- i. Name
- ii. Qualification(s)
- iii. Date(s) qualification(s) awarded
- iv. Registration number
- v. Postal address and/or email address for correspondence
- vi. Gender
- vii. Registration status which, where relevant, will include details of any condition attached to registration or any undertaking given
- viii. Registration date
- ix. The adaptation period required to be completed (including particulars of the training in medical practice to which the adaptation period relates)
- x. The date of expiration of the adaptation period
- xi. Such other information as the Medical Council, from time to time, considers appropriate.

Do you think it is justified and proportionate that the Medical Council includes this information on the Register of Adapters and any certificates of registration issued to adapters?

Yes

No

Please provide some additional details on your above response.

The proposed information appears necessary for regulatory and public protection purposes. Medical Protection would encourage the Medical Council to ensure that only information which is necessary and proportionate is published or disclosed, particularly where personal information is concerned. It should also be consistent with information displayed for other registers.

4. Recognition of Qualifications

Doctors who are not entitled to 'Automatic Recognition' of their qualifications under Directive 2005/36/EC will need to have their medical degree formally recognised by the Medical Council before they can proceed to registration.

Please provide your general observations on proposed Rules regarding the recognition of qualifications.

Medical Protection supports the Medical Council's objective of ensuring that doctors seeking registration have the necessary knowledge, skills and experience to practise safely in Ireland. We welcome efforts to modernise and clarify the framework for recognising qualifications, particularly where this reduces unnecessary duplication in assessment processes while maintaining appropriate safeguards for patient safety.

Recognition processes should be transparent and proportionate providing assurance of competence without creating unnecessary barriers for doctors who have already demonstrated their knowledge and skills through recognised qualifications, supervised practice or accredited training.

4.1 EXEMPTIONS FROM THE PRES OR THE PLAB

The Rules contain a number of exemptions from the requirement that certain applicants for recognition pass either the PRES or PLAB. These exemptions include (these being the specific exemptions that it is proposed to update via these Rules):

- (a) the purpose of this exemption is to extend the possibility of relying on the Regulations of 2017 to certain other applicants; and
- (b) the person has been awarded a recognised postgraduate qualification or equivalent and has completed an internship of a minimum of one year supervised practice (to include at least two months in medicine and two months in surgery) or a minimum of two years in an accredited training programme. The recognised qualifications have been updated and expanded and the period of time required in respect of both medicine and surgery is being reduced from at least three months to at least two months. The period of time in an accredited training programme is being reduced from three years to two years

Do you think that the grounds of exemption from having to undertake the PRES or the PLAB are justified and proportionate?

Yes

No

Please provide some additional details on your above response.

Medical Protection considers the proposed exemptions to be justified and proportionate where applicants have already demonstrated competence through recognised postgraduate qualifications, supervised practice or accredited training programmes. We support the proposed reduction in the required periods of supervised practice and accredited training, which should help streamline the registration process for suitably qualified doctors

4.2 CERTIFICATE OF EXPERIENCE

The draft Rules provide that a document is at least the equivalent of a Certificate of Experience, if it has been awarded following 12 months of supervised practise completed consecutively unless otherwise approved by the Medical Council. This is similar to the existing period (save that the current requirement does not specify that the period must be completed consecutively).

Do you think it is justified and proportionate that the Medical Council imposes these requirements on the recognition of a document as at least the equivalent of a certificate of experience?

Yes

No

Please provide some additional details on your above response.

Medical Protection considers this requirement to be justified and proportionate, as completion of 12 months of supervised practice provides important evidence of clinical competence. While requiring the period to be completed consecutively may support continuity of training and assessment, the Medical Council should ensure that exceptions can be considered promptly and flexibly where doctors have experienced legitimate interruptions to training, in order to avoid unnecessary delays in registration. It is also important that any minimum period should not negatively impact on those who wish to work less than full time.

***Recognition of qualification as specialist qualification**

The Rules provide that the Medical Council will extend the possibility of relying on the Regulations of 2017 to certain other applicants and be satisfied that a person has achieved a standard adequate for recognition as a specialist qualification.

Do you think it is justified and proportionate that the Rules provide for the recognition of qualifications as specialist qualifications in the above circumstances?

Yes

No

Please provide some additional details on your above response.

Medical Protection considers this proposal to be justified and proportionate. It enables suitably qualified doctors to have their specialist qualifications recognised without unnecessary barriers, while ensuring the Medical Council remains satisfied that the required standard has been

5. Details to be entered in register of medical practitioners

It is proposed that, where relevant to the medical practitioner's registration status, the register and certificate will now include the details of any condition attaching to the registration and any undertaking the medical practitioner has given. This replaces the narrower requirement that the register must state "CONDITIONS ATTACHED" where registration was subject to conditions. The ability to write to the Medical Council to request particulars of a condition has accordingly been removed.

The other additional entry relates to the Supervised Division. The Register and any Certificate of Registration in relation to that medical practitioner must state the individually numbered, identifiable post to which that registration applies.

Do you think it is justified and proportionate that the Medical Council includes such additional information on the Register of Medical Practitioners and any certificate of registration in relation to a medical practitioner?

Yes

No

Please provide some additional details on your above response.

Medical Protection considers this proposal justified and proportionate but emphasises that sensitive personal information i.e. health issues, must not be made publicly available. The process should therefore retain sufficient flexibility to reflect individual circumstances, while allowing relevant organisations to seek clarification of any conditions where necessary to ensure they are properly understood and not inadvertently breached.

6. Registration in supervised division

6.1 LEVEL 1 ASSESSMENT

Under the Rules, the Level 1 assessment is as follows:

- (a) verification of documentation; and
- (b) production of a declaration demonstrating compliance with the requirements of section 50A(5) of the Act, signed by the chief executive officer (or equivalent) of the hospital or clinical site and the medical practitioner's clinical supervisor.

A specific Form of Declaration for the purposes of demonstrating compliance with section 50A(5) of the Act is no longer prescribed.

Do you think it is justified and proportionate that documentation for the purposes of the Level 1 assessment is requested in this manner?

Yes

No

Please provide some additional details on your above response.

Medical Protection is not best placed to comment on this aspect of the proposal and therefore has no substantive observations to make.

6.2 REMOVAL OF LEVEL 2 ASSESSMENT ATTEMPT LIMIT

For the purposes of the Level 2 assessment, the draft Rules have removed the maximum number of attempts a candidate can undertake (which is currently three).

Do you think it is justified and proportionate that the limit on attempts on Level 2 assessments be removed?

Yes

No

Please provide some additional details on your above response.

Medical Protection is not best placed to comment on this aspect of the proposal and therefore has no substantive observations to make.

6.3 LEVEL 2 ASSESSMENT

Under the draft Rules, the Level 2 assessment will comprise an examination which will assess general clinical knowledge. Currently, that assessment is prescribed as PRES Level 2. In practice, when the new rules come into force, applicants will be requested to complete PRES Level 2 or an equivalent examination (e.g. PLAB).

Do you think it is justified and proportionate to provide in more general terms for the Level 2 assessment?

Yes

No

Please provide some additional details on your above response.

Medical Protection is not best placed to comment on this aspect of the proposal and therefore has no substantive observations to make.

6.4 GROUNDS FOR EXEMPTION FROM LEVEL 2 ASSESSMENT

Specifically, these Rules propose to update the exemption from the Level 2 assessment where a medical practitioner has obtained specific qualifications or passed specific examinations or equivalent. Schedule 2 to the Rules contains an updated list of the relevant qualifications and examinations.

If the applicant has a postgraduate qualification as listed in Schedule 2 (or the equivalent) it will not be necessary to have also completed an internship or accredited training programme.

Do you think it is justified and proportionate that the Medical Council provides for the above exemption to having to complete the Level 2 assessment for the purposes of registration in the Supervised Division?

Yes

No

Please provide some additional details on your above response.

Medical Protection is not best placed to comment on this aspect of the proposal and therefore has no substantive observations to make.

7. Annual retention fees

Under the Rules, the Medical Council will no longer be required to set different fees for different age categories of applicants. Instead, the Council will have discretion to determine the fees for retention (which could include continuing the current practice relating to age categories). The rules will also no longer prescribe how applications for retention (and payment of fees) must be made, and this will be decided on by the Council as provided for in section 36 of the Act.

Do you think it is justified and proportionate that the Rules provide the Council with general discretion and more flexibility in relation to fees for retention and how applications for retention are made, rather than these matters having to be provided for in rules?

Yes

No

Please provide some additional details on your above response.

Medical Protection is not best placed to comment on this aspect of the proposal and therefore has no substantive observations to make.

8. Restoration to register following cancellation of registration

The Medical Council must now take two further criteria into account when deciding whether to restore the registration of a medical practitioner following cancellation. These are:

- i. Any adverse effect which the restoration, with or without conditions, would have on public confidence and professional standards;
- ii. Any other relevant matter to the application for restoration bearing in mind the object of the Medical Council to protect the public by promoting and better ensuring high standards of professional conduct and professional education, training and competence among registered medical practitioners.

Do you think it is justified and proportionate that the criteria that must be taken into account when considering restoration be expanded to include these factors?

Yes

No

Please provide some additional details on your above response.

Medical Protection considers this proposal to be justified and proportionate. Public confidence and professional standards are important considerations when determining whether a medical practitioner should be restored to the Register. However, restoration decisions should continue to be based on an assessment of the individual circumstances of each case, including any evidence of remediation and current fitness to practise.

9. Language competence

The Rules also provide that the Medical Council may request evidence of language competency, for the purposes of registration. This represents a codification of existing practice (see, e.g. the Guide to Professional Conduct & Ethics for Registered Medical Practitioners).

Doctors need to be able to communicate proficiently in the English language with patients and colleagues to safely practise medicine in Ireland. The evidence of competency required is explained on [our website](#).

Please provide your general observations on proposed Rules regarding English language competence.

Medical Protection supports the proposed provision regarding English language competence. Effective communication is fundamental to safe clinical practice, informed consent, continuity of care and effective teamwork. The proposal is consistent with approaches taken by other medical regulators including the GMC (UK).

Do you think it is justified and proportionate that the Medical Council may request evidence of language competence?

Yes

No

Please provide some additional details on your above response.

Yes, as explained in previous answer.

10. Do you have any other observations on the proposed Rules?

In general, what are your views on the proposed new Rules?

Strongly support

Support

Neutral

Object

Strongly object

Medical Protection is broadly supportive of the proposed Rules and welcomes efforts to update and consolidate the registration framework. Our principal observation is that the rationale and practical impact of certain changes could be explained more clearly, particularly the establishment of a separate Register of Interns and the introduction of a requirement for supervised practice to be completed consecutively. Greater clarity in these areas would assist stakeholders in assessing the proportionality and benefits of the proposals.

Contact

Should you require further information about any aspects of our response to this consultation, please do not hesitate to contact us.

Alice O Flynn

Policy and Public Affairs Officer

alice.oflynn@medicalprotection.org

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