



Ag Rialáil Gairmithe Sláinte  
agus Cúraim Shóisialaigh

Regulating Health +  
Social Care Professionals

# Public Consultation Report

Bye-Law on a Code of Professional Conduct and  
Ethics for Speech and Language Therapists

June 2014



## Contents

Introduction	2
About CORU	2
The Public Consultation Process	2
Publicising the Consultation Process	3
Overview of responses to the consultation	4
Issues emerging from the consultation process	5
Acknowledgments	17
Conclusion	17
<b>Appendix 1:</b> Press Release	18
<b>Appendix 2:</b> Copy of advertisement	20
<b>Appendix 3:</b> Copy of online feedback form	21
<b>Appendix 4:</b> Draft Criteria and Standards of Proficiency for Education and Training	24



## Introduction

### **About the Speech and Language Therapists Registration Board**

The Speech and Language Therapists Registration Board has statutory responsibility for the registration of members of the profession; approval and monitoring of education and training programmes; establishing the code of professional conduct and ethics and standards of performance to which speech and language therapists must adhere and recognition of qualifications gained outside the State.

### **About CORU**

CORU is responsible for regulating health and social care professions. It comprises the Health and Social Care Professionals Council and the registration boards established under the Health and Social Care Professionals Act 2005 (as amended).

CORU's role is to protect the public by promoting high standards of professional conduct, professional education, training and competence amongst the designated professions.

The designated professions under the Act are social workers, clinical biochemists, dietitians, medical scientists, occupational therapists, orthoptists, physiotherapists, podiatrists, psychologists, radiographers, social care workers and speech and language therapists.

## The Public Consultation Process

### **Background**

The Speech and Language Therapists Registration Board has prepared a draft Bye-Law on a Code of Professional Conduct and Ethics for speech and language therapists.

When finalised, the Code will specify the standards of conduct, performance and ethics expected of registered speech and language therapists, and it is intended to reflect the needs of patients.



## Publicising the Consultation Process

A public consultation on the draft Bye-Law was held between 2 May 2014 and 6 June 2014.

A number of channels were used to publicise the consultation process and invite the submission of observations. These included:

- An advertisement was placed in the Irish Times on 2 May 2014 (See appendix one for a copy of the advertisement).
- A press release was placed on [www.coru.ie](http://www.coru.ie) (See appendix two for a copy of the press release).
- An online survey was developed. An email with a link was also sent to a targeted list of over 700 stakeholders, including the Professional Bodies, Trade Unions, educators and other interested parties who have previously corresponded with CORU (see appendix 3 for a copy of the survey).
- Information on the consultation along with a link to the online feedback form was hosted on the CORU website.

People were invited to participate in the consultation process in a number of ways:

- They could ring CORU to request a copy of the draft Bye-Law, and to offer feedback
- They could visit CORU's office to view the draft Bye-Law, and give their feedback in person.
- They could visit [www.coru.ie](http://www.coru.ie) and choose to complete an online feedback form, to print a copy of the form and post it, or email it to CORU.
- They could email submissions to [consultation@coru.ie](mailto:consultation@coru.ie)



## Overview of responses to consultation

There were 6 responses to the online survey:

Respondents were asked to identify if they were offering feedback on their own behalf or on behalf of an institution or organisation.

Individual	3
Organisation	3
Institution	0

Submissions were received on behalf of the following institutions and organisations:

- **SLT's Managers Group**



## Issues emerging from the consultation process

The content of the submissions received regarding this Bye-Law have been categorised as follows:

- 1.1 Delegation - by involving teachers and parents in treatment, is this delegating?
- 1.2 Provision of an interpreter
- 1.3 Incentives which could affect intervention and treatment
- 1.4 Respecting service users' relationships
- 1.5 Reminding colleagues of need for confidentiality
- 1.6 Conflict between employer requirements and provisions in the Code
- 1.7 Application of the Code – prospective or retrospective?
- 1.8 Health issues – How will they be assessed?
- 1.9 Referral to a colleague if task is beyond your experience
- 1.10 Second opinion
- 1.11 Acting within the limits of your knowledge, skills, competence and experience
- 1.12 Maximise service users' communicative abilities
- 1.13 Maximise health, welfare, protection and safety of service users with regard to feeding, eating, drinking and swallowing
- 1.14 Supervision
- 1.15 Keeping accurate records
- 1.16 Drafting Issues
- 1.17 Assist and advise
- 1.18 Other issues arising from other consultations
- 1.19 Changes made to other Codes following review of SLTRB code



### 1.1 Delegation - by involving teachers and parents in treatment, is this delegating?

15-

**You must:**

**b. you must only delegate to a person who you believe to have the knowledge, skills and experience to carry out the task safely and effectively, unless they are supervised by an experienced practitioner;**

“Definition of “delegate”: Is it sufficient to assume that a teacher has the relevant competency to carry out a programme of activities delegated by an SLT. The assessment of the capacity of a parent to follow a task is more difficult again.”  
(Comment regarding parents is made by 2 people).

“What is the meaning of the word delegation in this section? Many service delivery models focus on provision of home and school programmes to parents and teachers. Is this considered delegation? As SLTs we do not have any line management over other professions such as teaching and therefore are unable to judge the skills of those professional staff.”

#### **Decision:**

The SLTRB discussed these issues and decided that it was not necessary to make any amendments to the Code.

### 1.2 Provision of an interpreter

1 –

**You must:**

**b. respect diversity, different cultures and values;**

4 respondents said that “the use of interpreters to assist in communicating with a service user who does not have English as their first language is often requested by an SLT. However that request may not be approved. This section indicated that diversity must be respected and this would include the ability to communicate effectively with someone from another culture if English is not the first language. Is the request for an interpreter enough to meet this standard, given that the final decision of whether one will attend is not made by the individual SLT and is made by more senior management?”



**Decision:**

The SLTRB agreed that there are a number of provisions in the Code that may be relevant to this issue and decided not to amend the Code to make specific provision for interpreters.

**1.3 Incentives which could affect intervention and treatment**

A respondent suggested that the following wording be included in section 1 – must not accept gifts or financial inducements that might affect their personal judgment.

A respondent said “Section 3 in the Dieticians Code has a point (3g) that would seem to be also appropriate to SLTs - (3g - be influenced by financial or other incentives in decisions relating to intervention and treatment. At all times you must use your scientific knowledge, clinical skills and experience in an accurate and professionally responsible way).”

**Decision:**

The SLTRB considered the wording adopted by the DRB and OTRB in section 1:

You must not:

- b. accept inducements, payment, gifts or benefits that could be reasonably perceived as affecting your professional judgement.

The SLTRB decided to adopt this wording and inserted section 1.b into the Code.

**1.4 Respecting service users’ relationships**

One respondent suggested that respecting service user relationships should be added to the list in section 1. Service users’ relationships with their families and other caring relationships should be respected.

**Decision:**

The SLTRB decided that an amendment was not necessary.



## 1.5 Reminding colleagues of need for confidentiality

2-

### **Disclosure of information to colleagues:**

- **If you need to share service user information with a relevant colleague to give safe and effective care, you must inform them that the information must be kept confidential.**

“This is a statement of disclosure of information to colleagues. We would query the need for this statement and also its intention. Is it intended that every time a client is discussed with another SLT colleague, a statement relating to the need for confidentiality is made. This is impractical when considering the nature of clinical supervision relationships between staff and the need for supervision of staff of varying grades and experience levels. In addition, staff work together in clinics and this requires a sharing of information to facilitate appropriate management of the service user by that service. As all SLTs will be covered by this code of professional conduct and ethics, it is felt this additional statement is not required. If this statement is meant to refer to communication to those outside of the profession of SLT, then this should be stated.”

### **Decision:**

The SLTRB considered the wording adopted by the SWRB and made the following amendment to the “Disclosure of information to colleagues” heading and content in section 2 in order to make it clearer:

“Disclosure of information to other relevant Professionals

Information may need to be shared with other relevant professionals to provide safe and effective care. If disclosure of a service user’s information is necessary as part of their care, you should take reasonable steps to ensure that you make such a disclosure to an appropriate person who understands that the information must be kept confidential.”

## 1.6 Conflict between employer requirements and provisions in the Code

3 –

### **You must not:**

- b. exploit or discriminate against service users, carers or colleagues in any way;**

“If an SLT has a caseload that he/she is managing as a clinician in what is deemed to be an equitable and fair manner and the SLT is then issued with a directive from higher managers to provide a quantum of service to a specific small portion of that



caseload thus taking away service from the remainder of the caseload could the SLT be deemed to be discriminating against the larger portion of his/her caseload?" (Comment is made by 4 people).

7 –

**You must:**

**b. practise only in areas in which you have relevant competence, education, training and experience. If a task is beyond your knowledge, skills or experience, you must refer the service user to a colleague who has the skills to help the service user;**

"In the context of the new teams under Progressing Disabilities..., we all have concerns as we are now expected to see service users which we have little or no experience or have been sent on a course but do not have the years of experience that we consider we should have to deal with this caseload."

"In situations in where there is conflict between an individual SLT and management in relation to competence, training or education to work with a service user, what is recommended?"

"If directed by HSE to breach the code can you still be held responsible for professional misconduct e.g: directed to work outside of limits of knowledge, skill, training and experience (Section 7 a & b)"

7-

**You must:**

**d. make sure you understand the purpose of a referral from a service user or another health or social care professional. You must only accept the referral and provide assessment, intervention or treatment if it is in the service user's best interest. If this is not the case then the referral must be discussed with the referrer and clear reasoning given as to why the referral is inappropriate.**

"Another query is if you are asked to do things associated with HIQA but do not consider that it is appropriate, does HIQA supersede CORU?" (This comment is made by 3 people).

7 –

**You must:**

**f. meet professional standards of practice and work in a lawful, safe and effective manner;**

"How do these professional codes of conduct and Ethics link with other statutory agencies such as HIQA. When in conflict, which should the SLT follow? There have been incidences of conflict between what SLTs would consider good practice and what HIQA require already identified, e.g. the use of over the bed signage for service users with dysphagia."



**Decision:**

The SLTRB considered the wording included by the SWRB in its Code to clarify the matter:

“If there is a conflict between this Code of Professional Conduct and Ethics and a registrant’s work environment, the registrant’s obligation is to the Code.”

The SLTRB also considered the wording adopted by the DRB and the OTRB who have also included similar wording in their Codes (in different places – SWRB and OTRB under “Demonstrate ethical awareness” and DRB under “Carry out your duties in a professional and ethical way”).

The decided to adopt the SWRB wording and place it in the “About the Code” section.

**1.7 Application of the Code – prospective or retrospective?**

In section 4 “Provide information about conduct and competence” a respondent asks from when the requirements in relation to reporting of offences and in relation to disciplinary matters apply? Are they retrospective?

**Decision:**

The SLTRB decided not to make any amendment to the Code.

**1.8 Health issues – how will they be assessed?**

**5 – Address health issues related to your fitness to practise**

**You must:**

- a. look after your physical, emotional and psychological health and avoid contact with service users if you are ill, emotionally distressed or on medication which may affect your judgment or performance;**
- b. follow your employer’s guidelines regarding personal health issues which could place service users or others at risk;**
- c. limit your practice or stop practising if your performance or health could have negative effect on service users.**

“What criteria will be used to measure each of the areas listed in this point?” (This comment is made by 3 people)

**Decision:**

The SLTRB decided not to make any amendment to the Code.  
Speech and Language Therapists Registration Board



## 1.9 Referral to a colleague if task is beyond your experience

7-

**You must**

**b. practise only in areas in which you have relevant competence, education, training and experience. If a task is beyond your knowledge, skills or experience, you must refer the service user to a colleague who has the skills to help the service user;**

“The instruction within this point of referring a service user to a colleague if there are issues or competence, training or education. There is a general query or how this would be achieved if the SLT was working in isolation. Does the SLT judge their skills and competence – what role does a line manager or clinical supervisor play in both the judgment of competency and also transfer of clients between staff.”

**Decision:**

The SLTRB decided not to make any amendment to the Code.

## 1.10 Second opinion

7-

**You must:**

**c. accept that a service user has the right to a second opinion from another practitioner. If asked, you must refer the service user promptly to another practitioner;**

“Is it sufficient to highlight to manager to access alternative colleague to provide second opinion?”

“We would query if this referral is the responsibility of the individual SLT e.g. in private practice if an individual requests a second opinion, an SLT would provide them with the details of the PP website and let them source another individual SLT rather than refer. Within the HSE, a Line Managers position is often that SLTs couldn't be seen to recommend somebody by referring outside of the service for a second opinion so would have followed a similar procedure. We suggest amending the wording to remove this responsibility from the individual.”

**Decision:**

The SLTRB agreed that it may not always be possible to refer a service user and



having considered the public consultation responses, decided to amend the wording in section 7.c as follows:

“You must accept that a service user has a right to a second opinion from another practitioner. If asked, you must support the service user to promptly access a second opinion.”

### **1.11 7 – Act within the limits of your knowledge, skills, competence and experience**

Additional wording suggested by a respondent “you must not guarantee the effectiveness of any therapeutic procedure directly or by implication but can make reasonable prognoses where appropriate. Where relevant, you must not misrepresent your services or professional expertise.”

#### **Decision:**

The SLTRB agreed that the wording in section 11.a is adequate and decided not to make any amendment to the Code.

### **1.12 Maximise service users’ communicative abilities**

**9-**

**You must:**

- a. seek to optimise services users’ ability to communicate in all environments;**
- b. aim to improve quality of life through facilitation of communication;**
- c. undertake appropriate assessment, diagnostic and management approaches in line with evidence informed practice and within the limits of your knowledge, skills and experience;**
- d. advocate for service users with communication impairments.**

“It is suggested that promoting social inclusion for those with communication impairment is included in this section. This should include promoting the education of the public in relation to communication.”

“In this section, consider changing the title to ‘maximising health, welfare, protection and safety of service users with regard to communication abilities’ – as is used in section 10. The inability to communicate effectively may lead to situations which impact on health, welfare, protection and safety of service users and this title reflects the importance of communication in our day to day lives.”



**Decision:**

The SLTRB agreed that section 9.b sufficiently covers the first point and that no amendment to the Code is necessary.

**1.13 Maximise health, welfare, protection and safety of service users with regard to feeding, eating, drinking and swallowing**

**10-**

**You must.”**

- c. undertake appropriate assessment, diagnosis and management of feeding, eating, drinking and swallowing in line with evidence informed practice and within the limits of your knowledge, skills and experience;**
- d. advocate for service users with feeding, eating, drinking and swallowing disorders**

“We need to reflect current challenges within the system e.g. SLT’s are not always able to provide a service that is in line with evidence informed practice. Evidence informed practice may indicate that an individual would benefit from intensive therapy. Service limitations may mean that indirect therapy is provided via a home programme to family/nursing staff or weekly rather than daily therapy.”

“SLT’s should continually advocate for appropriate services. Suggest that to reflect this issue we include the term ‘within service available/departmental policy.’”

“It is suggested that promoting the education of the public in relation to swallowing disorders is included.”

**Decision:**

The SLTRB agreed that these issues are adequately covered by the Code and decided not to make any amendment to the Code.

**1.14 Supervision**

**14-**

**You should:**

**Meet your professional obligation to teach, train and mentor other Speech and Language Therapists and other professionals in specified practice areas.**



“The word ‘supervise’ should be added to the list of ‘teach, train and mentor’

“There is no reference to the need for supervision, throughout the SLT’s career. This should be included.”

**Decision:**

The SLTRB considered the wording adopted by the SWRB:

“You should:

Seek and engage in supervision in professional practice on an on-going and regular basis.”

The SLTRB decided to adopt this wording and inserted it in section 7 of the Code.

### 1.15 Keep accurate records

**16-**

**You must:**

**c. if you supervise students, review each student’s entries in the records and record that you have done so;**

“While it is practice to review all student notes, it is not current practice in some settings to counter sign each student entry in an SLT note. This practice depends on local practice and also the level of the student. Similarly, where records are kept on IT systems, there may not be a system to allow counter signature. What is the interpretation of ‘review each student’s entries in the records and record that you have done so’. Is it sufficient for a record of this review to be kept in supervision notes or should this record be kept with the service user notes? IASLT suggests that this point is amended to include ‘follow local policy.’ (Comment is made by 2 people).”

**Decision:**

The SLTRB decided not to make any amendments to the Code.

### 1.16 Drafting issues

**1-**

**You must:**

**g: when working in a team, be responsible for:  
your own professional conduct,**



**any service or professional advice you give,  
your own failure to act,  
any appropriate tasks you delegate and  
any tasks delegated to you;**

There were 2 comments on this section.

“This should state "working within a team and/or as an individual (independent practitioner)" (This comment is made by 2 people).

“The statement ‘when working in a team’ is restricting in this section. It is felt the statements listed in this section apply to an SLT at all times and therefore should be rephrased to remove the statement ‘when working in a team’ and adding at all times – therefore becoming ‘at all times, be responsible for’.

**Decision:**

The SLTRB decided not to make any amendments to the Code

**4 –**

**You must:**

- c. report, to the appropriate authority, any serious breaches of behaviour or malpractice by yourself or others in this or other jurisdictions. Malpractice includes negligence, incompetence, breach of contract, unprofessional behaviour, causing danger to health, safety or the environment, and covering up any of these issues;**

“Can you provide clarity on ‘others’ in this section?” (4 people make this comment)

**Decision:**

The SLTRB decided not to make any amendments to the Code

### **1.17 Assist and advise**

**13 –**

**You should help and advise colleagues, recently qualified registrants and students in your profession to develop the professional skills, values, courtesies, attitudes and behavior they will need when dealing with service users careers and staff.**



“Supporting students and other SLTs is considered an important task for all SLTs by IASLT. Therefore it is recommended ‘should’ is replaced with ‘must’.”

From the OTRB consultation – there should be consistency in the language – is it “assist and advise” or “help and advise”.

**Decision:**

The SLTRB agreed to amend the wording to “assist and advise”.

**1.18 Other issues arising from other consultations:**

In section 2, there is a paragraph starting with “Registrants must” in relation to use of social media. One respondent to the OTRB suggested that this is an abrupt change from the rest of the language in the document which talks directly to the registrant – “You”. The OTRB have made this change.

**Decision:**

The SLTRB considered the wording adopted by the DRB and OTRB and it agreed to adopt the wording as a “you must” requirement at section 2.d:

“You must be conscious of your need to use social media and social networking in a responsible way, in particular, to avoid any breach of your obligations in this Code such as confidentiality under clause 3 and use of records and information under clause 16.”

**1.19 Changes made to other Codes following review of SLTRB code**

For noting - The OTRB made a change to paragraph 1 to reflect the change made by the SLTRB (dividing paragraph c into paragraphs c and d, per the SLTRB Code) following feedback.



## Acknowledgments

CORU would like to extend our appreciation and thanks to all those that participated in the consultation process. The report from the consultation process was reviewed by the Speech and Language Therapists Registration Board.

## Conclusion

CORU would like to extend our appreciation and thanks to all those that participated in the consultation process. The report from the consultation process was reviewed by the Speech and Language Therapists Registration Board.



## Appendix 1: Press release

May, 2014

Background:

The Speech and Language Therapists Registration Board is responsible for protecting the public by fostering high standards of professional conduct, education, training and professional competence among Speech and Language Therapists. The Board is currently putting in place the foundations for the regulation of the profession and wants to hear the views of both the Public and the Profession on the:

- [Speech and Language Therapists Registration Board Application for Registration Bye-Law 2014](#)
- [Speech and Language Therapists Registration Board Approved Qualifications Bye-Law 2014](#)
- [Speech and Language Therapists Registration Board Code of Professional Conduct and Ethics Bye-Law 2014](#)

### **Bye-Laws for you to view:**

The relevant bye-Laws are listed below for you to read in advance of submitting your views:

- To read the text of the Speech and Language Therapists Registration Board Application for Registration Bye-Law 2014 [Click Here](#)
- To read the text of the Speech and Language Therapists Registration Board Approved Qualifications Bye-Law 2014 [Click Here](#)
- To read the Speech and Language Therapists Registration Board Code of Professional Conduct and Ethics Bye-Law 2014 [Click Here](#)

### **How to submit your views:**

The **Preferred Option** is to use the online consultation feedback forms below. You can comment on each of the bye-laws by selecting the relevant link below. Follow the instructions and when you have completed your response on the selected bye-law just hit submit. It is not necessary to comment on all bye-laws.

- Speech and Language Therapists Registration Board Application for Registration Bye-Law 2014 [Click Here](#)
- Speech and Language Therapists Registration Board Approved Qualifications Bye-Law 2014 [Click Here](#)
- Speech and Language Therapists Registration Board Code of Professional Conduct and Ethics Bye-Law 2014 [Click Here](#)



If you do not wish to submit your views online you can forward them directly by email to [consultation@coru.ie](mailto:consultation@coru.ie) or in writing to: The Speech and Language Therapists Registration Board Public Consultation, CORU, 13-15 The Mall, Beacon Court, Bracken Road, Sandyford, Dublin 18.

A report outlining the consultation process will be published on [www.coru.ie](http://www.coru.ie) following consideration of all submissions.

**Closing date for receiving your views:**

The closing date for receiving your views on the Speech and Language Therapists Registration Board 3 Bye-Laws is 12.00 **noon on Friday 6 June 2014.** Submissions received after this time will not be considered.



## Appendix 2: Copy of Advertisement



Ag Rialáil Gairmithe Sláinte  
agus Cúraim Shóisialaigh  
Regulating Health +  
Social Care Professionals

### Public Consultation

**The Dietitians Registration Board,  
The Occupational Therapists  
Registration Board and  
The Speech & Language Therapists  
Registration Board**

Seek the views of members of the public, the relevant professions and other interested parties on the following consultations:

- **Approved Qualifications Bye-Law**
- **Application for Registration Bye-Law**
- **Code of Professional Conduct and Ethics Bye-Law**

Information on the consultation process and procedure including the text of the bye-laws can be found at [www.coru.ie](http://www.coru.ie).

**The closing date for submitting comments is 5.00pm on Friday, 6 June 2014.**

A decorative graphic at the bottom of the advertisement consisting of overlapping, semi-transparent shapes in shades of blue and black, creating a wave-like effect.



## Appendix 3: Copy of Online Feedback Form

### **Speech & Language Therapists Registration Board: Public Consultation on Code of Professional Conduct and Ethics**

Thank you for taking the time to participate in CORU's consultation process on a by-law on the Code of Professional Conduct and Ethics for Speech & Language Therapists.

We are currently developing a system of statutory registration for health and social care professionals. The purpose of this regulation is to protect the public.

The Code of Professional Conduct and Ethics for Speech & Language Therapists has been drafted using the framework code developed by the Health and Social Care Professionals Council at CORU. The Speech & Language Therapists Registration Board, consisting of both lay members and representatives of the profession, have carefully and thoughtfully adapted the framework with additional assistance from experts.

The Code specifies the standards of conduct, performance and ethics expected of registered speech & language therapists and it is intended to reflect the needs of patients and the standards they can expect when interacting with the practice of speech & language therapy. Failure to meet the standards specified in the Code could result in a complaint of professional misconduct being made about the registrant.

If you have any queries about the consultation process or completing the survey, please contact CORU on 01 2933160 or email [consultation@coru.ie](mailto:consultation@coru.ie).

The closing date for receipt of submissions is 5:00pm on Friday, 06/06/2014. Any submissions received after that time will not be considered. A report on the consultation process will be published on [www.coru.ie](http://www.coru.ie).

We want to hear the views of the public and the profession and by participating in this consultation process you are helping to shape how speech & language therapists are regulated.

Yours faithfully,  
Ginny Hanrahan  
Registrar



**Q1 Contact Details:**

You do not need to provide this information but please do if you would like us to provide you with details on the outcome of this consultation process.

First Name: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Email: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**Q2 Are you contributing to this survey in (please tick one)**

a personal capacity? \_\_\_\_\_  
on behalf of an organisation? \_\_\_\_\_

If on behalf of an organisation, please specify the name of the organisation): \_\_\_\_\_

**Question 3.**

Please indicate if you would like your name and/or organisation to be kept confidential and excluded from the consultation report.

Include in consultation report

Exclude from consultation report

It would be helpful if you could explain if you regard the information you have provided as confidential.



**Question 4:**

Please provide any comments you have on the draft Bye-Law on the Approved Qualifications for Occupational Therapists?

**Question 5:**

Is there anything you believe should be added to this bye-law?

Is there anything you believe should be removed from this bye-law?

**(please tick as many as apply)**

- Advertisement in a newspaper \_\_\_\_\_
- On [www.coru.ie](http://www.coru.ie) \_\_\_\_\_
- By email \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

Thank you for participating in this consultation process. Your views will be taken into consideration. If you have any queries please contact CORU on 01 2933160 or email [consultation@coru.ie](mailto:consultation@coru.ie)



## Appendix 4: Draft Bye-Law on approved qualifications

[http://www.coru.ie/uploads/documents/SLTRB\\_code\\_for\\_public\\_consultation.pdf](http://www.coru.ie/uploads/documents/SLTRB_code_for_public_consultation.pdf)