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PART-IV

PROVINCIAL ASSEMBLY OF SINDH
NOTIFICATION
KARACHI, THE 20TH MARCH, 2014.

NO.PAS/Legis-B-09/2013- The Sindh Healthcare Commission Bill, 2013 having been passed by the Provincial Assembly of Sindh on 24th February, 2014 and assented to by the Governor of Sindh on 19th March, 2014 is hereby published as an Act of the Legislature of Sindh.

THE SINDH HEALTHCARE COMMISSION ACT, 2013.

SINDH ACT NO. VII OF 2014.

AN
ACT

to improve the quality of healthcare services and banning quackery in the Province of Sindh in all its forms and manifestations;

WHEREAS it is expedient to make provision for the improvement, access, equity, and quality of healthcare service, to ban quackery in all its forms and manifestations and to provide for ancillary matters; Preamble.

It is hereby enacted as follows:-

1. (1) This Act may be called the Sindh Healthcare Commission Act, 2013. Short title, extension, commencement and application.

(2) It shall extend to the whole of the Province of Sindh.

(3) It shall come into force at once.

(4) It shall apply to healthcare establishments, public or private hospitals, non-profit organizations, charitable hospitals, trust hospitals, semi government and autonomous healthcare organizations.

Definitions.

2. In this Act, unless there is anything repugnant in the subject or context -

(i) "accreditation" means the process of accepting or declaring the healthcare establishment providing services in accordance with the standards and accepted medical, allopathic, homeopathic or Tibb-i-Unani protocols, guidelines or tools;

(ii) "Board" means the Board of Commissioners constituted under section 5;

(iii) "Chairperson" means the Chairperson of the Board;

(iv) "Chief Executive Officer" means the Chief Executive Officer of the Commission;

(v) "clinical governance" means a systematic approach to maintaining and improving the quality of patient care;

(vi) "Clinical audit" means a process that has been defined as a quality assurance process that seeks to improve the patient care.

(vii) "Commission" means the Sindh Healthcare Commission established under this Act;

(viii) "Commissioner" means a Member of the Board nominated under section 5;

(ix) "convener" means the convener of the Technical Advisory Committee;

(x) "Council for Homeopathy" means the National Council for Homeopathy established under the Unani, Ayurvedic and Homoeopathic Practitioners Act, 1965 (Act II of 1965);

(xi) "Council for Tibb" means the National Council for Tibb established under the Unani, Ayurvedic and Homoeopathic Practitioners Act,1965 (Act II of 1965);

(xii) "Fund" means the fund established under this Act;

(xiii) "Government" means the Government of Sindh;

(xiv) "grading" means the ranking of the healthcare establishments made on the basis of the tools;

(xv) "healthcare establishment" means a hospital, diagnostic centre, medical clinics, nursing home, maternity home, dental clinic, homeopathic clinic, Tibb clinic, acupuncture, physiotherapy clinic, **pharmacy or any system of the treatment.**

(a) wholly or partly used for providing healthcare services; and

(b) declared by Government, by order published in the official Gazette, as a healthcare establishment;

(xvi) "healthcare services" means services provided for diagnosis, treatment or care of persons suffering from any physical or mental disease, injury or disability including procedures that are similar to forms of medical, dental or surgical care but are not provided in connection with a medical condition and includes any other service notified by Government;

(xvii) "healthcare service provider" means an owner, manager or incharge of a healthcare establishment and includes a person registered by the Pakistan Medical Dental Council, National Council for Tibb and Homeopathy or Nursing Council, **pharmacy service provider;**

(xviii) "inspection team" means a team comprising of more than two medical experts having postgraduate qualification and not less than fifteen years experience in the concerned field and consisting of one employee of the Commission and others from public or private sector, to inspect any healthcare establishment;

(xix) "license" means license issued by the Commission under section 13 for the use of any premises or conveyance as a healthcare establishment and "licensed" and "licensing" shall be construed accordingly;

(xx) "licensee" means a person to whom a license has been issued under this Act;

(xxi) "Medical and Dental Council" means the Medical and Dental Council constituted under the Medical and Dental Council Ordinance, 1962 (Ordinance XXXII of 1962);

(xxii) "medical negligence" means a case where a patient sustains injury or dies as a result of improper treatment in a healthcare establishment and, in case of death, determined on the basis of medical autopsy report;

(xxiii) "Nursing Council" means the Pakistan Nursing Council established under the Pakistan Nursing Council Act, 1973 (Act XXVI of 1973);

(xxiv) "Pakistan Medical Association" means the Pakistan Medical Association, a society registered under the Societies Registration Act,1860 (Act XXI of 1860);

(xxv) "performance audit" means a process done through the tools and other similar instruments;

(xxvi) "person" includes association of persons, authority, body, company, corporation, individual, partnership, proprietorship or other entity;

(xxvii) "prescribed" means prescribed by rules or regulations made under this Act;

(xxviii) "property" includes all kinds of property and assets, whether movable or immovable, tangible or intangible, deeds of title or any document evidencing right, title or interest of any kind in any property or assets;

(xxix) "quack" means a pretender providing health services without having registration of Pakistan Medical Dental Council, Council for Tibb and Homeopathy and Nursing Council;

(xxx) "registration" means the registration certificate issued under section 13;

(xxxi) "regulations" means the regulations made under this Act;

(xxxii) "rules" means the rules made under this Act;

(xxxiii) "staff" means any employee or Commissioner of the Commission and includes consultants, advisors, liaison officers and experts;

(xxxiv) "standards" include the minimum service deliver standards notified by Government;

(xxxv) "Technical Advisory Committee" means the Committee constituted under section 10; and

(xxxvi) "tools" include the third party performance audit tools notified by Government

CHAPTER-II
HEALTHCARE COMMISSION AND GOVERNANCE

Establishment of the Commission.

3. (1) Government may, by notification in the official gazette, establish a Commission to be called the Sindh Healthcare Commission for carrying out the purposes of this Act.

(2) The Commission shall be a body corporate having perpetual succession and a common seal, with powers to enter into contract, sue and be sued by its name.

(3) The head office of the Commission shall be at Karachi and it may have such other offices in the Province of Sindh as the Commission may determine.

Functions and Powers of the Commission.

4. (1) The Commission shall perform such functions and exercise such powers as may be required to improve the quality of healthcare services and clinical governance and to ban quackery.

(2) Without prejudice to the generality of the provisions of sub-section (1), the Commission shall -

(a) maintain register of all healthcare service providers;

(b) grant, revoke and renew licenses to persons involved in the provision of the healthcare services and to vary terms and conditions and purposes of the licenses;

(c) monitor and regulate the quality and standards of the healthcare services developed by Government;

(d) operate accreditation programs in respect of the healthcare services and to grant accreditation to such healthcare service providers who meet the prescribed criteria and standards;

(e) enquire and investigate into maladministration, malpractice and failures in the provision of healthcare services and issue consequential advice and orders;

(f) impose and collect fees and charges on registration, licensing and accreditation under this Act;

(g) impose and collect penalties on violation, breach or non-compliance of the provisions of this Act, rules, regulations, standing orders and instructions issued from time to time;

(h) advocate rights and responsibilities of recipients and providers of the healthcare services;

(i) hold seminars, conferences and meetings on developing awareness about provision of high quality healthcare services;

(j) enter into agreement or arrangement with the Federal Government, Provincial Government, any authority, board, council or entity, non-governmental organization, domestic or international institution or agency for the purposes of this Act;

(k) coordinate, liaise and network with any person, agency or institution;

(l) take on lease the land, buildings for the purpose of offices or premises of the Commission at such price and on such terms as may be necessary;

(m) appoint, engage, authorize and terminate employees, consultants, advisers, attorneys, inspection teams, contractors, agents and experts on such terms and conditions as deemed fit and assign, delegate or entrust them with such functions and powers as are expedient for the performance of functions of the Commission;

(n) take measures for the welfare of the present and past employees of the Commission as well as its all registered members;

(o) issue regulations, guidelines, instructions and directives to persons involved in the provision of healthcare services;

(p) grading of the healthcare establishment; and

(q) take necessary steps to put ban on quackery;

(3) The Commission may assign any of its functions to a person on such terms and conditions as may be agreed between the Commission and the person.

(4) In the performance of its functions, the Commission shall –

(a) take into consideration the policy advice of the Technical Advisory Committee; and

(b) co-ordinate with Government.

(5) The Commission shall conduct third party evaluation through independent performance/ clinical audit of healthcare establishments in the private sector.

(6) Notwithstanding anything contained in any other law, the Commission may –

(a) on a complaint by any aggrieved person; or
(b) on a complaint by any aggrieved healthcare service provider;
(c) on a reference by Government or the Provincial Assembly of Sindh; or
(d) on a motion of the Supreme Court of Pakistan or the High Court made during the course of any proceedings before it,

undertake investigation into allegations of maladministration, malpractice or failures on the part of a healthcare service provider, or any employee of the healthcare service provider.

(7) The Commission shall take cognizance of any case of harassment of healthcare service provider or damage to healthcare establishment property and may refer such a case to the competent forum.

(8) The Commission shall take measures and devise a strategy to counter sale of drugs without prescription.

(9) The Commission may exercise the same powers as are vested in a civil court under the Code of Civil Procedure, 1908 (V of 1908), in respect of the following matters:-

(a) summoning and enforcing the attendance of any person and examining him on oath;
(b) compelling the production of documents;
(c) receiving evidence on affidavits; and
(d) issuing commission for the examination of witnesses.

(10) The Commission may authorize members of the staff to administer oaths and to attest various affidavits, affirmations or declarations, which shall be admitted in evidence in all proceedings under this Act without proof of the signature or seal or official character of such person.

(11) If the complaint, submitted by aggrieved person, is proved false, the complainant shall be liable to pay a fine upto two hundred thousand rupees.

(12) Any practitioner in possession of a medical qualification that allows him to practice Medicine or Surgery in the European Union, Canada, UK, Australia or United States shall be eligible to do the same in the Province of Sindh without hindrance but will be responsible to provide good medical care with ethics under this Act. He shall be answerable to the authority for any queries arising from the care provided by him under this Act. He will follow the regulations of this Act in the same manner as applicable to other doctors working in the Province, subject to registration with Pakistan Medical and Dental Council.

(13) The Commission shall frame the guidelines to save health service provider from harassment, undue pressure and damage to property in performing their professional duties.

(14) The Security and protection while on duty of the Health Care Worker should be the responsibility of the organization availing their services.

(15) The organizations, public or private, government, local, provincial or federal for which the doctors and Health Care Workers are working must provide them full protection, both physical and legal.

(16) In case of physical injury incurred while performing the duties, the -

(a) doctors and health care workers should be fully compensated;

(b) doctors and healthcare workers should have legal protection and in case of litigation, the administration must own the responsibility of legal cover and provide full financial and legal help accordingly.

Constitution of the Board.

5. (1) The general superintendence, direction and management of the affairs of the Commission and overall policy making in respect of its operations shall vest in the Board which may exercise all such powers and do all such acts, deeds and things which may be exercised or done by the Commission under this Act.

(2) Government shall notify the Board which shall consist of nine Commissioners, seven of whom shall be nominated on the recommendation of the Committee.

(3) A person shall not be eligible to be nominated as Commissioner unless he possesses a minimum of fifteen years experience in public or private sector.

(4) The Committee shall recommend to Government a panel of two persons for each vacant post of the seven Commissioners to be nominated on the recommendation of the Committee.

(5) Government shall nominate a former Judge of the Sindh High Court and a financial expert as Commissioners.

(6) The Board shall regulate the conduct of its meetings, quorum and minutes of the meetings.

(7) Government shall prescribe the remuneration payable to a Commission for attending a meeting of the Board.

(8) A decision of the Board shall not be valid if decided in a meeting without quorum.

(9) The Committee, for the purpose of recommendation for nomination of Commissioners under this section, shall consist of the following:

(i)	Health Minister	Chairperson
(ii)	Health Secretary	Member
(iii)	Vice Chancellor of a Public Health University nominated by Government	Member

(iv)	Vice Chancellor of a **Private** Health University **nominated by Government**	Member
(v)	President / Secretary General **of PMA Sindh**	Member
(vi)	President / Secretary General of Private **Hospital Association**	**Member**
(vii)	One representative of College of **Physicians and Surgeons Pakistan Sindh Chapter**	Member
(viii)	**An eminent senior medical professional recognized nationally and internationally,** be nominated by the Secretary Health not below the rank of Grade 20.	Member
(ix)	**One Representative of General Practitioners nominated by Health Department.**	Member

Term of the Commissioners.

6. (1) A Commissioner shall hold office for a term of three years and shall be eligible for re-nomination in accordance with the provisions of section 5.

(2) In case of a casual vacancy of a Commissioner, Government shall appoint a person as Commissioner in accordance with the provisions of section 5 for the remainder of the term of the Commissioner, who has died, resigned or disqualified under this Act.

Disqualifications.

7. No person shall be, or shall continue to be, the Chairman or a Commissioner who -

(a) has tendered resignation and not withdrawn it within a period of thirty days;
(b) is, or at any time has been, adjudicated as insolvent;
(c) is found to be of unsound mind by a court of competent jurisdiction;
(d) is, or has at any time been, convicted of any offence which, in the opinion of Government, is an offence involving moral turpitude;
(e) absents himself from three consecutive meetings of the Board, without leave of absence from the Board;
(f) is an employee, adviser or consultant or a healthcare service provider; and
(g) is a salaried official of the Commission.

Chairperson.

8. (1) The Commissioners shall hold a secret ballot to elect the Chairperson from amongst themselves for a term of three years.

(2) Government shall notify the Chairperson elected by the Commissioners and the Chairperson shall hold office during the pleasure of majority of the Commissioners.

(3) The Chairperson shall cease to hold office if a vote of no confidence has been passed by the majority of the Commissioners or he ceases to hold office as Commissioner.

(4) The Chairperson shall not, for one year after the expiry of his term of office, enter into the employment or accept any advisory or consultancy relationship with any healthcare service provider in the Province of Sindh.

Functions and powers of the Board.

9. The Board may –

(a) determine the character, value and mission of the Commission;

(b) provide leadership and oversight activities of the Commission;

(c) ensure the effective and efficient use of resources, solvency and safeguarding of the assets of the Commission;

(d) establish and maintain strategic direction of the Commission;

(e) oversee implementation of strategic objectives of the Commission;

(f) *monitor performance and review achievements of the Commission;

(g) ensure adequate and effective governance and risk management systems in the Commission;

(h) promote and develop partnerships with other organizations;

(i) approve the standing orders of the Commission;

(j) approve annual plans and reports;

(k) approve annual accounts, budget and estimates of income and expenditure;

(l) appoint Inspection Team(s);

(m) appoint bankers (**National Bank / Sindh Bank**) and auditors;

(n) handle and redress any complaint about the Commission;

(o) appoint, oversee, authorize the Chief Executive Officer, determine his terms and conditions of service and take any disciplinary action against him;

(p) regulate appointment, grades, appraisal, dismissal and terms and conditions of service of the employees of the Commission.

(2) The Board shall take all the decisions regarding penalties, suspension and revocation of licenses in a meeting.

(3) The Board may establish committees for assistance and advice to the Board in relation to the performance of its functions and determine the membership, remuneration of members and terms of reference of each committee.

Technical Advisory Committee.

10. (1) The Board shall constitute a Technical Advisory Committee consisting of the following members:-

(a) one representative each to be nominated by the –

(i) Pakistan Medical and Dental Council's elected member from Sindh or his representative (established under the Pakistan Medical and Dental Council Ordinance, 1962);

(ii) College of Physicians and Surgeons of Pakistan established under the Pakistan College of Physicians and Surgeons Ordinance, 1962 (Ordinance XX of 1962);

(iii) Pakistan Nursing Council established under the Pakistan Nursing Council Act, 1973;

(iv) Pharmacy Council of Pakistan established under the Pharmacy Act, 1967 (Act XI of 1967);

(v) Mental Health Authority established under the Mental Health Ordinance, 2001;

(vi) National Council for Homeopathy;

(vii) National Council for Tibb;

(viii) Auditor General of Pakistan established under Article 168 of the Constitution;

(ix) Vice Chancellor from public sector Health University in the Province of Sindh.

(x) Vice Chancellor from private sector University in the Province of Sindh;

(xi) Pakistan Medical Association Sindh

(b) one representative of the Government to be nominated by the **Health Minister**, Government of Sindh,

(c) one member of the Provincial Assembly of the Sindh to be nominated by the Speaker of the Assembly;

(d) one representative each of the District selected by the Government for one year on non-recurring basis;

(e) five experts in healthcare services to be nominated by the Convener of the Technical Advisory Committee in consultation with the Chairperson; and
(f) two international health experts to be nominated by Government.

(2) Except for the ex-officio members referred to in sub-section (1), all other members of the Technical Advisory Committee shall hold office for a period of three years and shall be eligible for re-appointment for another term of three years.

(3) The Technical Advisory Committee shall elect one of its members as the Convener.

(4) The Convener of the Technical Advisory Committee shall chair meetings of the Committee and the Chief Executive Officer may attend any meeting of the Committee.

(5) The Board may determine the remunerations payable to the members of the Technical Advisory Committee for attending a meeting as per Government TA/DA Rules.

(6) The Technical Advisory Committee may organize itself into sub-committees and shall provide advice on any matter referred to it by the Commission, including the matters relating to –

(a) policy and strategic framework of the Commission;
(b) healthcare standards, accreditation and quality assurance;
(c) governance process of the Commission;
(d) advocacy, promotion and contribution towards development and sustainability of the work of the Commission; and
(e) stakeholder consultation for the promotion access equity, quality and standards of the healthcare services.

Chief Executive Officer.

11.(1) The Board shall appoint a person having a minimum of twenty years of experience in hospital or public administration, medicine, accounting, finance, law, regulation or other related field to be the Chief Executive Officer of the Commission.

(2) The Chief Executive Officer shall, subject to the supervision and control of the Board, administer the affairs of the Commission, and may exercise such powers as are delegated to him by the Board.

(3) In particular, the chief executive officer shall –

(a) manage the administration, operations and functions of the Commission;

(b) act as the principal accounting officer responsible and accountable for the management of the Commission's funds and assets;

(c) prepare and present the Board with strategic and operational plans for its review and appraisal;

(d) assist the Board in strategic thinking, planning and leadership and implement its policies;

(e) protect the financial health of the Commission;

(f) act as spokesperson and advocate of the Commission; and

(g) provide leadership to the senior management and direction to all staff.

(4) The Chief Executive Officer shall devote his whole time and attention to the affairs of the Commission.

Disqualifications of Chief Executive Officer.

12. A person shall not be appointed or hold office as Chief Executive Officer who –

(a) is a member of the Federal or Provincial legislature, local council or local body constituted under any law or has contested last general election;

(b) is employed in any capacity in the service relating to the affairs of the Federation or Province or holds any office for which salary or other remuneration is payable out of public funds;

(c) is a director, officer or employee of any healthcare service provider or has an interest or share in any healthcare establishment;

(d) has been convicted of tax evasion or for an offence involving moral turpitude; or

(e) is in default of payments due from him, for more than one hundred and eighty days, to any bank, financial institution, cooperative society, governmental agency, department or corporation.

CHAPTER-III
REGISTRATION AND LICENSING

Registration.

13.(1) A healthcare service provider shall not provide healthcare services without being registered under this Act.

(2) An existing healthcare service provider shall, within a period of ninety days of the coming into force of this Act, apply for registration in accordance with this Act.

(3) A person seeking to be registered as a healthcare service provider shall make an application to the Commission in the prescribed form and accompanied by such particulars, documents as the Commission may prescribe.

(4) If a person fulfills the requirements of this section, the Commission shall issue a certificate of registration to the person within **thirty** days otherwise the applicant shall be considered as having provisionally registered **for ninety days.**

(5) The Commission may impose a fine which may extend to five hundred thousand rupees upon a healthcare service provider or any other person who practices without registration.

Licensing.

14. (1) A healthcare establishment shall not be used except in accordance with the terms and conditions of a license issued under this Act.

(2) If a healthcare establishment is not licensed under this Act or is used otherwise, the Commission may impose a fine, which may extend to five hundred thousand rupees upon the healthcare service provider.

(3) In case of shifting of a healthcare establishment, the license issued earlier under this Act shall be valid in **accordance with the stipulated condition of original license and it shall be mandatory** on the healthcare establishment to inform the Commission in advance about the shifting of the premises.

Application for issue and renewal of licenses.

15. (1) Within thirty days of the issuance of the certificate of registration, or such other time as may be fixed by Government, the healthcare service provider shall make an application for a license to the Commission in the prescribed form which shall be accompanied by such particulars, documents and fees as the Commission **shall** prescribe **schedule.**

Licensing of Existing Health facilities Procedure.

16. (1) The existing healthcare establishments shall be awarded license on the production of a certificate issued by the Pakistan Medical and Dental Council. For meeting the mutually agreed standards, an appropriate and reasonable period of time will be given keeping in view the ground realities regarding availability of trained human resource, improvement of the existing human resource and all other allied factors **according to minimum delivery standards prescribed by government.** The period may vary considering the nature of the establishment and availability of appropriate human resource that is to say tertiary to primary and big city to small town.

(2) The Commission shall, on receipt of an application, complete with all required documents under section 15, issue a provisional license to the healthcare establishment and shall, within the period of thirty days from the date of acceptance of the application, issue the regular license to the healthcare establishment.

(3) The Commission **shall**, before issuing the license, inspect the premises or conveyance to be licensed, or cause such premises or conveyance to be inspected by the Inspection Team authorized by the Commission.

(4) A license issued by the Commission under this section –

(a) shall be in such form as may be prescribed;
(b) shall be valid for the period of five years; and
(c) may be renewed upon its expiry.

Kinds of licenses.

17. (1) Every license of a healthcare establishment shall specify the kind of healthcare establishment for which it is issued and the purposes thereof.

(2) A licensed healthcare establishment shall not be used for any purpose other than the purpose in respect of which the license is issued and purposes incidental thereto.

(3) The Commission shall maintain a register of all licensed healthcare establishments and may enter in the register any necessary details or other particulars of the healthcare establishment.

Revocation and Suspension of licenses.

18. (1) The Commission may revoke a license if the license has been obtained by fraud or misrepresentation.

(2) The Commission **shall** suspend a license of a healthcare establishment if repeated cases of medical negligence of same nature have been proved against it.

Medical negligence.

19. (1) Subject to sub-section (2), a healthcare service provider may be held guilty of medical negligence on one of the following two findings:-

(a) the healthcare establishment does not have the requisite human resource and equipments which it professes to have possessed; or

(b) he or any of his employee did not , in the given case, exercise **with minimum service delivery standard prescribed by government** competence the skill which he or his employee did possess.

(2) The recognized and known complications of a medical or surgical treatment are not considered as medical negligence.

CHAPTER-IV
STANDARDS OF HEALTH CARE SERVICES

Standards of Healthcare Services.

20. (1) The Commission shall implement the standards developed and approved by Government.

(2) The Commission, with the approval of Government shall -

(a) prepare and publish statements of standards in relation to the provision of healthcare services; and

(b) keep the standards under review and publish amended statements whenever deemed appropriate.

(3) Government may, after considering any representations made in relation to the standards prepared and published by the Commission, make such revision with respect thereto as deemed necessary and the Commission shall publish the revised standards.

(4) For meeting the mutually agreed standards, an appropriate and reasonable period of time shall be given keeping in view the ground realities regarding availability of trained Human Resource, improvement of the existing Human Resource and all other allied factors.

Accreditation.

21. (1) The Commission shall develop framework and procedures for the accreditation of the healthcare establishments and issue necessary guidelines and instructions in this behalf in phased manner.

(2) The Commission shall review best national and international practices in accreditation and build supportive links and enter into collaborations and agreements with national and international organizations in relation to accreditation of the healthcare establishments.

CHAPTER-V
INSPECTION AND ENFORCEMENT

Inspection.

22. (1) The Commission may, by order in writing, appoint an inspection team of highly qualified experts in the relevant field to perform the functions and exercise the powers of the Commission in relation to inspections under this Act, rules or regulations subject to such conditions and limitations as the Commission may specify in this behalf.

(2) An inspection team may inspect a healthcare establishment -

(a) at the time of issuance and renewal of license;

(b) on receipt of a complaint;

(3) The inspection team may inspect any apparatus, appliance, equipment, instrument, product, goods or item used or found in, or any practice or procedure being carried out at the healthcare establishment.

(4) The inspection team may enquire if there has been any instance of maladministration, malpractice or failure in the provision of healthcare services;

(5) The Commission may impose a fine which may extend to fifty thousand rupees upon a licensee or healthcare service provider who -

(a) refuses or fails, without reasonable cause, to furnish any information to the inspection team;

(b) gives any false or misleading information to the inspection team.

(6) Except in the case of a prosecution for an offence under this Act, a member of the inspection team shall not be bound to give evidence in any proceedings in respect of, or to produce any document containing, any information which has been obtained from any healthcare establishment in the course of carrying out any investigation, inspection, enquiry or performing any duty or function under this Act.

(7) The Inspection Team shall not disclose any information at any forum which is contained in the medical record, or which relates to the condition, treatment or diagnosis, of any person, as may have come to his knowledge in the course of carrying out any investigation, inspection or performing any duty or function under this Act unless allowed in writing by the Commission.

Procedure of investigation.

23. (1) The Commission shall prescribe the procedure for the conduct of investigation to be carried out by the Commission under this Act.

(2) A complaint shall be made on solemn affirmation or oath and in writing addressed to the Commission by the person aggrieved or, in the case of his or her death, by the legal representative and shall be lodged in person at the Office or handed over to the Chief Executive Officer of the Commission in person or sent by any other means of communication to the Office.

(3) The Commission shall not entertain anonymous or pseudonymous complaints against the healthcare service provider or healthcare establishment.

(4) A complaint shall be made not later than thirty days from the day on which the person aggrieved first had the notice of the matter alleged in the complaint.

Directions as to apparatus, appliance, equipment, or products.

24. Where, in the opinion of the Inspection Team -

(a) the use of any apparatus, appliance, equipment, instrument, product, goods or item; or

(b) the carrying out of any practice or procedure in a healthcare establishment,

is dangerous or detrimental to any person therein or otherwise unsuitable for the purpose for which it is used or carried out, he shall immediately report the matter in writing to the Commission along with the necessary details. On receipt of report, the Commission may act according to the rules, regulations and the procedure prescribed by Government.

Obstructing Inspection Investigation Teams in execution of their duties.

25. The Commission may impose a fine which may extend to fifty thousand rupees on a person who obstructs, hinders or impedes an Inspection Team in the performance of its function or execution of its duty.

Violations by bodies corporate.

26. (1) Where any contravention of this Act is committed by a body corporate and it is proved to have been committed with the consent or connivance of, or to be attributable to any director, manager, secretary or other officer or employee of the body corporate, or any person who purported to act in any such capacity, he as well as the body corporate shall be liable to pay fine for the violation.

(2) Where it appears to the Commission that the circumstances of a case warrant action under any other law, the Commission may refer such case to the concerned governmental authorities or law enforcement agencies for appropriate action under relevant laws.

Protection from liability.

27. No suit or other legal proceedings shall lie against Government, the Commission, Board, Technical Advisory Committee, Chief Executive Officer, officers, inspection teams, advisers, consultants or agents of the Commission for anything done in good faith in the execution or purported execution of this Act, rules or regulations.

Jurisdiction of Commission for adjudication of fine.

28. (1) Notwithstanding anything contained in any other law, the Commission may, for contravention of a provision of this Act, rules or regulations, impose fine which may extend to five hundred thousand rupees in accordance with the provisions of this Act, keeping in view the gravity of offence, notified by the Commission from time to time.

(2) The Commission shall afford adequate opportunity of hearing to a person before imposing fine on the person under this Act.

(3) If the complaint, submitted either by an aggrieved person or a healthcare service provider is proved false, the Commission may impose fine which may extend to two hundred thousand rupees upon the complainant.

(4) Commission shall implement the effective cleanliness', in-force hospital waste management rules 2005 according to Pakistan Environment Protection Act 1997 and implementation of the Prevention of Defacement of Property Ordinance 2013 in letter and spirit.

29. No suit, prosecution or other legal proceedings related to provision of healthcare services shall lie against a healthcare service provider except under this Act. **Immunity.**

30. Save as provided in this Act, no court other than the Court of the District and Sessions Judge shall have jurisdiction – **Bar of jurisdiction.**

(a) to question the validity of any action taken or intended to be taken, or order made, or anything done or purporting to have been taken, made or done under this Act; or

(b) to grant an injunction or stay or to make any interim order in relation to any proceeding before, or anything done or intended to be done or purporting to have been done by, or under the orders or at the instance of the Commission.

31. (1) A person who is aggrieved by the – **Appeal.**

(a) refusal of the Commission to issue or renew a license;

(b) decision of the Commission to suspend or revoke a license;

(c) order of closing down of a healthcare establishment or making improvements in the healthcare establishment;

(d) order relating to equipments, apparatus, appliances, or other things at a healthcare establishment; or

(e) imposition of fine by the Commission,

may, within thirty days from the date of communication of the order of the Commission, prefer an appeal in writing to the District and Sessions Judge.

(2) The healthcare establishment shall provide legal aid to a person, working in the healthcare establishment, pertaining to the matters related to this Act.

CHAPTER-VI
FUND, BUDGET AND ACCOUNTS

32.(1) There shall be established a Fund for the purposes of this Act which shall vest in, and be administered and controlled by the Commission. **Fund.**

(2) The Fund shall consist of –

(a) such sums as Government may grant by way of seed money or otherwise;

(b) donations from domestic and international donor agencies and other institutions;

(c) grants of money and sums borrowed or raised by the Commission for the purposes of meeting any of its obligations or discharging any of its duties;

(d) fees, penalties or other charges imposed under this Act; and

(e) all other sums which may in any manner become payable to or vested in the Commission in respect of any matter incidental to the exercise of its functions and powers.

(3) The Fund shall be expended for the purpose of –

(a) paying any expenditure lawfully incurred by the Commission, including the remuneration of employees appointed by the Commission, their provident fund contributions, superannuating allowances or gratuities;

(b) meeting the costs and charges of the contractors, inspection teems, advisors, consultants and agents hired by the Commission;

(c) paying any other expenses, costs or expenditure properly incurred or accepted by the Commission in the performance of its functions or the exercise of its powers under this Act, including legal fees and costs;

(d) purchasing or hiring equipment, machinery and any other materials, acquiring land and erecting buildings, and carrying out any other work and undertakings in the performance of its functions or the exercise of its powers under this Act;

(e) repaying any financial accommodation received or moneys borrowed under this Act and the profit, return, mark-up or interest due thereon; and

(f) generally paying any expenses for carrying into effect the provisions of this Act.

Annual budget.

33. (1) The Commission shall prepare and approve annual budget for a financial year in the prescribed manner.

(2) No expenditure shall be made for which provision has not been made in any approved budget except if made from any previously approved contingency funds, unless further approval is sought and obtained from the Board.

Annual report and accounts.

34. (1) Within ninety days from the end of each financial year, the Commission shall prepare a report on the activities and performance of the Commission, including inspections carried out under this Act during the financial year. **Commission shall submit a copy of the report to Government and made it available for public.**

(2) The Commission shall keep proper accounts and shall, as soon as practicable, after the end of each financial year, prepare a statement of accounts of the Commission for the financial year which shall include a balance sheet and an account of income and expenditure.

(3) The Commission shall appoint a firm of chartered accountants for audit of the statement of accounts of the Commission.

(4) The Board shall, within one hundred and twenty days of the end of each financial year, together with the annual report of the Commission under sub-section (2), send a copy of the statement of accounts of the Commission certified by the Auditors and the copy of the Auditor's report to Government.

CHAPTER-VII
MISCELLANEOUS

Executive authorities to assist the Commission

35. All executive authorities and law enforcement agencies of Government shall act in aid of the Commission.

Recovery of fines and other dues as arrears of land revenue.

36. The Commission may recover the fines imposed under this Act or other dues recoverable under the Act as arrears of land revenue under the Sindh Land Revenue Act 1967 (Act XVI of 1967).

Failure to comply with the decision of the Commission.

37. Any person who, in the opinion of the Commission, fails to comply with the final decision or recommendation of the Commission, the Commission may impose a fine which may extend to five hundred thousand rupees on the person.

Public Servant.

38. Every employee of the Commission including its officers, advisors, consultants and every person acting or purporting to act under this Act, rules and regulations shall be deemed to be a public servants within the meaning of section 21 of the Pakistan Panel Code, 1860.

Common seal.

39.(1) The Commission shall have a common seal and such seal shall be kept by the Chief Executive Officer or such other person as the Board may authorize.

(2) The seal shall be authenticated in the same manner as may be prescribed by regulation and any document purported to be sealed with the seal so authenticated shall be receivable as evidence of the particulars stated in the document.

Regulations.

40. (1) The Commission may, by notification in the official Gazette, make regulations for carrying out the purposes of this Act.

(2) Without prejudice to the generality of sub-section (1), the Commission may make regulations with respect to all or any of the following matters:-

(a) the forms, fees and registers for the purposes of this Act;

(b) the records of patients treated in a healthcare establishment are provided;

(c) the records of the staff of a healthcare establishment;

(d) the requirements as to the number and qualifications of nursing and other staff in a healthcare establishment;

(e) the apparatus, appliances, equipment and instruments to be provided and maintained in a healthcare establishment;

(f) the ambulances to be provided and maintained by a healthcare establishment;

(g) the standards of accommodation, sanitation, and other amenities in a healthcare establishment;

(h) fix penalties according to offence;

(i) the cleanliness and hygiene in a healthcare establishment;

(j) the safety and welfare of patients in a healthcare establishment are provided;

(k) the management, control, superintendence and care of a healthcare establishment;

(l) the composition, procedures, duties and responsibilities of quality assurance committees of healthcare establishments; and

(m) the regulation and control of prices of the healthcare services.

(3) The power to make regulations conferred by this section shall be subject to the condition of previous publication and, before making any regulations, the draft thereof shall be published in the official Gazette, two newspapers of wide circulation and on the website of the Commission, for eliciting public opinion thereon within a period of not less than fifteen days from the date of publication.

Rules.

41. (1) Government may, by notification in the official Gazette, make rules for giving effect to the provisions of this Act.

(2) The power to make rules conferred by this section shall be subject to the condition of previous publication and, before making any rule, the draft thereof shall be published in the official Gazette for eliciting public opinion thereon within a period of not less than fifteen days from the date of publication.

Removal of difficulty.

42. If any difficulty arises in giving effect to any provision of this Act, Government may make such order not inconsistent with the provisions of this Act as may appear to it to be necessary for the purpose of removing such difficulty.

BY ORDER OF THE SPEAKER
PROVINCIAL ASSEMBLY OF SINDH

G.M.UMAR FAROOQ
SECRETARY
PROVINCIAL ASSEMBLY OF SINDH

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