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PART-I

Sindh Healthcare Commission (SHCC)

NOTIFICATION

23rd October 2017

No: 0334/SHCC/BoC

In pursuance to the provisions of the Sections 2(xxix), 4, 13, 14, 15, 16, 17, 18, 19, 20, 22, 23, 24, 25, 26, 28, 29, 31, 35, 36, 37, 39 & 40 and in exercise of the powers conferred by subsection (1) of Section 40 read with sub-section (1) of Section 4 of the Sindh Health Care Commission Act 2013, and in order to carry out the purposes of the Sindh Healthcare Commission Act 2013, the Commission is pleased to make the following regulations.

PART-I

GENERAL

1. Short Title and Commencement

- i. These regulations shall be known as the "The Commission Regulations, 2017" of the Sindh Health Care Commission.
- ii. They shall come into force at once.
- iii. These shall extend to the whole of the Province of Sindh.
- iv. These shall apply to all healthcare establishments.

2. Definitions

- i. "Board" means the Board of Commissioners constituted under section 5 of the Act;
- ii. "Commission" means the Sindh Health Care Commission established under the Act;

- iii. **"Chief Executive Officer"** means the Chief Executive Officer of the Commission;
- iv. **"Government"** means the Government of Sindh;
- v. **"Regulations"** means the regulations made under this Act;
- vi. **"Health Care Establishment (HCE)"** means a hospital, diagnostic center, 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;
- vii. **"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;
- viii. **"Healthcare Service Provider"** means an owner, manager or in-charge 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;
- ix. **"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;
- x. **"License"** means license issued by the Commission under section 14 for the use of any premises or conveyance as a healthcare establishment and "licensed" and "licensing" shall be construed accordingly;
- xi. **"Licensee"** means a person to whom a license has been issued under this Act;
- xii. **"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;
- xiii. **"Person"** includes association of persons, authority, body, company, corporation, individual, partnership, proprietorship or other entity;
- xiv. **"Prescribed"** means prescribed by rules or regulations made under this Act;
- xv. **"Registration"** means the registration certificate issued under section 13;
- xvi. **"Act"** means the Sindh Healthcare Commission Act 2013
- xvii. **"U/S"** means under the section of the Sindh Healthcare Commission Act 2013
- xviii. **"Council for Homeopathy"** means the National Council for Homeopathy established under the Unani, Ayurvedic and Homoeopathic Practitioners Act, 1965 (Act II of 1965);

- xix. "Council for Tibb" means the National Council for Tibb established under the Unani, Ayurvedic and Homoeopathic Practitioners Act, 1965 (Act II of 1965);
- xx. "Medical and Dental Council" means the Medical and Dental Council constituted under the Medical and Dental Council Ordinance, 1962 (Ordinance XXXII of 1962);
- xxi. "Nursing Council" means the Pakistan Nursing Council established under the Pakistan Nursing Council Act, 1973 (Act XXVI of 1973);
- xxii. "Quack" means a pretender providing health services without having registration of Pakistan Medical Dental Council, Council for Tibb and Homeopathy and Nursing Council;
- xxiii. "Staff" means an employee of the Commission and includes consultants, advisors, liaison officers and experts;
- xxiv. "Directorate" means Directorate of the Sindh Healthcare Commission
- xxv. "Proprietor" means such person(s) who owns the premises at which a quack is rendering health services and includes any such person who may also be the Owner, Manager, In-charge of the Healthcare Establishment;
- xxvi. "SSDS" means Sindh Service Delivery Standards

PART-II

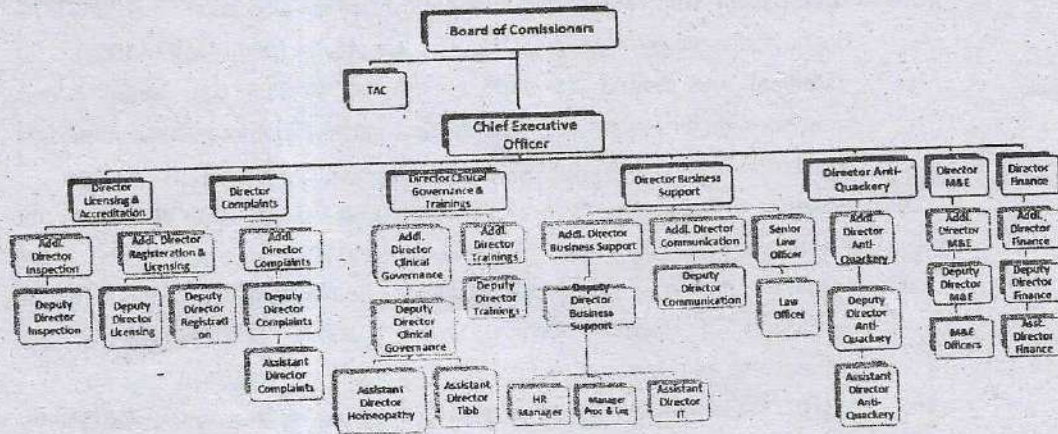
ORGANIZATION

3. Organizational Setup

In pursuance to Section 5 (1) & 11(2) of the Act, the Commission shall be organized into the following seven Directorates in the interest of efficiency and specificity.

- 1- Business Support
- 2- Finance
- 3- Licensing and Accreditation
- 4- Clinical Governance and Trainings
- 5- Anti-quackery
- 6- Complaints
- 7- Monitoring and Supervision

Each Directorate shall be headed by a Director who shall report to the Chief Executive Officer and shall be responsible for timely and efficient execution of the tasks/functions assigned to his/her Directorate. He shall be assisted by such number of staff as determined and notified by the Board. The hierarchy of command shall be as shown below.



4. Functions of the Directorate of Business Support

The Directorate of Business Support shall be responsible to assist the Chief Executive Officer in performance of the following functions.

- i. Manage the administration, operations and functions of the Commission;
- ii. Prepare the strategic and annual operational plans
- iii. Ensure implementation of the approved plans and policies;
- iv. Hold seminars, conferences and meetings on developing awareness about provision of high quality healthcare services;
- v. 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;
- vi. Coordinate, liaise and network with any person, agency or institution;
- vii. Develop and maintain liaison with all the stake-holders in order to encourage, reinforce and retain their support
- viii. 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;
- ix. Procure, maintain and manage all the assets of the Commission
- x. Provide logistic support for activities of the Commission
- xi. Maintain and update I.T. equipment
- xii. Develop, maintain and update computer software & programs
- xiii. Ensure timely repair & maintenance of the building, equipment, vehicles and furniture & fixtures
- xiv. 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;
- xv. 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.

- xvi. Maintain HR record including personal files, performance evaluation reports, verification of academic credentials, disciplinary actions, leave balance etc.
- xvii. Conduct induction training of the newly appointed staff of the Commission
- xviii. Take measures for the welfare of the present and past employees of the Commission as well as its all registered members;
- xix. Take into consideration the policy advice of the Technical Advisory Committee and recommend necessary action
- xx. Co-ordinate with the Government
- xxi. Support all activities of the Commission and take rectification/improvement measures
- xxii. Defend the actions/interests of the Commission in the courts of law.
- xxiii. Develop and implement annual communication plans
- xxiv. Ensure proper designing and publications of all SHCC related materials
- xxv. Promote and strengthen institutional image, credibility, and operational efficiency of the SHCC through brand communication both at the internal and external level.
- xxvi. Prepare press releases & news reports of different functions & events and send publication in the print & electronic media.
- xxvii. Build and nurture rapport with the national and local media to ensure that SHCC's advocacy messages and program achievements receive positive media attention
- xxviii. Ensure that SHCC's website is updated and improved regularly by posting articles, blogs, videos and other related contents.
- xxix. Ensure that the SHCC helpline is functional and giving right information against inquiries
- xxx. Develop and regularly update SHCC database
- xxxi. Ensure that data collection and analysis system is working efficiently.
- xxxii. Ensure that data analysis report is generated on monthly basis
- xxxiii. Prepare comprehensive monthly, quarterly and annual reports of business support activities, within two weeks for monthly, within one month for quarterly and annual reports, and submit the same to the Director M&E regularly.

5. Functions of the Directorate of Finance

The Directorate of Finance shall be responsible to assist the Chief Executive Officer in performance of the following functions.

- i. Manage the Commission's funds and assets;
- ii. Prepare the annual budget and re-appropriation proposal, as the case may be, for a financial year in the prescribed manner.
- iii. Prepare comprehensive monthly, quarterly and annual statement of accounts

of the Commission which shall include a balance sheet and an account of income and expenditure reports, within two weeks for monthly, within one month for quarterly and annual reports, and submit the same to the Director M&E regularly.

- iv. Appoint a firm of chartered accountants, after following the prescribed procedure, for audit of the statement of accounts of the Commission.
- v. Protect the financial health of the Commission;
- vi. Conduct pre-audit of all expenditures above Rs. 25,000/-, in one case
- vii. Ensure recovery of the fees, fines & penalties 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).
- viii. Maintain auditable record of all financial transactions

6. Functions of the Directorate of Licensing and Accreditation

The Directorate of Licensing and Accreditation shall be responsible to assist the Chief Executive Officer in performance of the following functions.

- (a) Maintain register of all healthcare service providers;
- (b) Develop and implement a comprehensive system for registration, licensing and accreditation of all health facilities, services and pharmacies
- (c) Prepare and implement annual plan for registration, licensing and accreditation of health care establishments
- (d) Conduct third party evaluation through independent performance/ clinical audit of healthcare establishments in the private sector.
- (e) Appoint inspection teams of highly qualified experts in the relevant field to perform the functions and exercise the powers of the Commission in relation to inspections of the healthcare establishments under the Act.
- (f) 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;
 - Revoke a license if the license has been obtained by fraud or misrepresentation
 - Suspend a license of a healthcare establishment if repeated cases of medical negligence of same nature are proved
- (g) 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;
- (h) Impose and collect fees and charges on registration, licensing and accreditation under this Act;
- (i) Issue regulations, guidelines, instructions and directives to persons involved in the provision of healthcare services;
- (j) Determine grading of the healthcare establishments

- (k) Prepare comprehensive monthly, quarterly and annual reports on the inspections carried out, healthcare establishment registered, licensed and accredited under the Act, within two weeks for monthly, within one month for quarterly and annual reports, and submit the same to the Director M&E regularly.

7. Functions of the Directorate of Clinical Governance and Trainings

The Directorate of Clinical Governance and Trainings shall be responsible to assist the Chief Executive Officer in performance of the following functions.

- (a) Perform such functions and exercise such powers as may be required to improve the quality of healthcare services and clinical governance
- (b) Monitor and implement the standards of the healthcare services developed/approved by the Government;
- (c) Keep the Standards under review and suggest amendment(s) if necessary
- (d) Develop training materials & facilities and conduct trainings of staff of the Commission as well as healthcare establishments
- (e) Enforce 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.
- (f) Devise a strategy and take measures to counter sale of drugs without prescription.
- (g) Develop the guidelines to save health service provider from harassment, undue pressure and damage to property in performing their professional duties and disseminate the same to all concerned.
- (h) Prepare comprehensive monthly, quarterly and annual reports on the clinical governance & training activities, within two weeks for monthly, within one month for quarterly and annual reports, and submit the same to the Director M&E regularly.

8. Functions of the Directorate of Anti-quackery

The Directorate of Anti-quackery shall be responsible to assist the Chief Executive Officer in performance of the following functions.

- (1) Develop, update & implement Anti Quackery strategies and measures and issue necessary directions.
- (2) Coordinate with key stakeholders such as Health Department, DGHSS, DHOs, district administration and law enforcing agencies etc. for conduction of anti-quackery activities.
- (3) Keep proper record of the anti-quackery activities, results achieved and all other

ancillary matters

- (4) Prepare comprehensive monthly, quarterly and annual reports on the Anti-Quackery activities, within two weeks for monthly, within one month for quarterly and annual reports, and submit the same to the Director M&E regularly.
- (5) Receive and investigate the reports/complaints relating to the quacks.
- (6) Seal/close down the premises of the quack if the report/complaint is found to be true.
- (7) Recommend the Chief Executive Officer of the Commission to impose fine upon the quack U/S 28 (1) and upon such medical officer under whose board/name the quack was practicing (in accordance with the order passed by the High Court of Sindh in C.P.No.D-919/2014 on 20-10-2016) which may extend to five hundred thousand rupees in either case, depending upon the facts and circumstances of the case and keeping in view the gravity of the offence, or to proceed for cancellation of registration with the relevant council of the healthcare service provider found to be practicing quackery; provided that the Director Anti-quackery shall issue a show-cause notice upon the defaulter wherein a minimum of fifteen days time, from receipt of the communication, shall be given to the respondent to submit his defense if any and an opportunity of personal hearing shall also be afforded to the respondent before giving recommendation for imposition of fine and provided further that the Chief Executive Officer of the Commission shall take approval of the Board of Commissioners U/S 9(2) of the Act before issuing orders for imposition of fine.

9. Functions of the Directorate of Complaints

The Directorate of Complaints shall be responsible to assist the Chief Executive Officer in performance of the following functions.

- (a) Enquire and investigate into maladministration, malpractice and failures in the provision of healthcare services or any employee of the healthcare service provider and issue consequential advice and orders;
- (b) Impose and collect penalties on violation, breach or noncompliance of the provisions of this Act, rules, regulations, standing orders and instructions issued from time to time;
- (c) Advocate rights and responsibilities of recipients and providers of the healthcare services;
- (d) 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.
- (e) Impose fine on the complainant up to two hundred thousand rupees, if the complaint, submitted by him, is proved false.
- (f) Impose a fine which may extend to five hundred thousand rupees on the person who, in the opinion of the Commission, fails to comply with the final decision or

recommendation of the Commission.

- (g) 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.
- (h) Impose a fine which may extend to fifty thousand rupees upon a licensee or healthcare service provider who -
- (1) Refuses or fails, without reasonable cause, to furnish any information to the inspection team;
 - (2) Gives any false or misleading information to the inspection team.
- (i) Prepare comprehensive monthly, quarterly and annual reports on the Directorate activities, within two weeks for monthly, within one month for quarterly and annual reports, and submit the same to the Director M&E regularly.

10. Functions of the Directorate of Monitoring and Evaluation

The Directorate of Monitoring and Evaluation shall be responsible to assist the Chief Executive Officer in performance of the following functions.

- Develop, update and implement M&E system
- Monitor Key Performance Indicators(KPIs) for all Directorates of the Commission
- Develop, update and put in practice tools and procedures for M&E, data collection, compilation, analysis & reporting
- Train the M&E team on use of the tools and procedures
- Support the Directorates in development of their annual plan, performance indicators and proper documentation/organization of data
- Compile annual plan of the Commission based on annual plans of all the Directorates by 31st May, for each financial year and present the same to the CEO.
- Monitor & evaluate functions of all the Directorates and the inspection teams
- Prepare comprehensive monthly, quarterly and annual reports, on the activities and performance of the Commission, within one month for monthly, within two months for quarterly and annual reports and submit the same to the CEO regularly.
- The CEO shall place the reports before the Board for approval and then shall submit a copy of the annual performance report of the Commission together with a copy of the statement of accounts of the Commission certified by the Auditors and the copy of the Auditor's report to the Govt. and make it available for public as well, within one hundred and twenty days from the end of each financial year, U/S 34(4) of the Act.
- Identify areas for improvement and suggest measures for the same

PART-III
REGISTRATION

Under Section 13 of the Sindh Healthcare Commission Act 2013; a healthcare service provider shall not provide healthcare services without being registered under this Act.

11. Application for Registration

For the purposes of registration;

- (1) Every existing Healthcare Service Provider/In-charge of Healthcare Establishment shall, within a period of ninety days of the coming into force of this Act, apply for registration in accordance with this Act.
- (2) Any new Healthcare Service Provider shall register himself before commencement of the healthcare services.
- (3) A person seeking to be registered as a Healthcare Service Provider shall make an application to the Commission by using the form as prescribed in **Schedule-I**. Such application must be accompanied by such particulars, documents etc. as mentioned therein.

12. Certificate of Registration

- (1) If a person fulfills the afore-mentioned requirements, the Commission shall issue a "Certificate of Registration" to the person within thirty days, on the format as prescribed in **Schedule-III**, otherwise the applicant shall be considered as having been provisionally registered for ninety days.
- (2) If an applicant does not fulfill the requirements for registration, the same shall be communicated to him within thirty days of receipt of the application and the applicant shall be bound to fulfill the missing requirement, failing which he shall be deemed as "unregistered" and as if no application for registration was ever made by him.
- (3) The registration shall be carried out free of cost and without any fee.
- (4) The Director Licensing and Accreditation shall be the competent authority to register a Healthcare Service Provider and issue the Registration Certificate to him.

13. Unregistered Healthcare Service Provider

- (1) The Commission shall issue a notice to the unregistered Healthcare Service Provider directing him to get himself registered, within thirty days, failing which coercive measures including imposition of fine and closing down/sealing the Health Care Establishment shall be taken.
- (2) In case of no response within thirty days of the communication, 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 U/S 13(5) and the Commission may close down/seal the Health Care

Establishment till the defaulter fulfills all the requirements for registration and may refer the case to the competent forum for further proceedings.

- (3) The Chief Executive Officer of the Commission shall take approval of the Board U/S 9(2) of the Act, before issuing any order for imposition of fine.

PART-IV

LICENSING

14. Provisional License

- (1) After registration, the Commission shall provide a copy of the Sindh Service Delivery Standards (SSDS) Manual and shall impart training to at least two employees of the Healthcare Establishment, to be nominated by its In-charge, regarding Service Delivery Standards & their implementation.
- (2) Within thirty days of the issuance of the certificate of registration, the healthcare service provider shall make an application for a Provisional License to the Commission U/S 15(1) by using the format as prescribed in **Schedule-I**. Such application must be accompanied by such particulars, documents etc. as mentioned therein and fees as prescribed in **Schedule-II**
- (3) On receipt of an application, complete with all required documents, the Commission shall;
 - (a) Conduct inspection of the Healthcare Establishment to verify the particulars provided in the application for registration and to assess standard of healthcare services being rendered at the healthcare establishment, through Inspection Team(s), duly constituted U/S 2(xviii) & 22(1).
 - (b) Convey in writing the deficiencies identified during the first inspection to the In-charge of the Healthcare Establishment within two weeks.
 - (c) Issue a provisional license to the Healthcare Establishment, within thirty days of acceptance of application U/S 16(2) of the Act.
- (4) The healthcare establishment, within the validity of the provisional license, shall upgrade itself to meet the standards set by the Commission or rectify the deficiencies pointed out by the Commission and request for inspection for the Regular License.
- (5) The Chief Executive Officer of the Commission shall be the competent authority to issue a Provisional License.
- (6) The Provisional License shall be issued in the form and containing such particulars and on such terms & conditions as prescribed in **Schedule-III**
- (7) The Provisional License shall be valid for a period of six months and shall be renewable for a period of further six months subject to application for renewal

and payment of the prescribed fee, after which the Healthcare Service Provider/Healthcare Establishment (1) shall be issued Regular License if it fulfills the requirements; (2) shall be fined, which may extend to five hundred thousand rupees U/S 14(2) of the Act, if it does not fulfill the requirements for a regular license; (3) shall be closed down/sealed, in total or in part as deemed appropriate, if it has failed to make any improvement in terms of deficiencies pointed out and conveyed after first inspection, till the defaulter fulfills all the requirements for a Regular License.

(8) The Chief Executive Officer of the Commission shall take approval of the Board U/S 9(2) of the Act, before issuing an order for imposition of fine.

(9) Healthcare Establishments operated by the same applicant or Licensee but having different location shall be separately assessed and issued separate licenses under the Act.

15. Regular License

- (1) After issuance of the Provisional License, the Commission shall conduct inspection of the Healthcare Establishment after at least three months of issuance of the Provisional License and after proper intimation with at least ten days notice, through Inspection Team(s), duly constituted U/S 2(xviii) & 22(1).
- (2) If the healthcare establishment has met the prescribed level of the notified Service Delivery Standards, as conveyed in the inspection report, the Incharge of the Healthcare Establishment/Healthcare Service Provider shall apply for a Regular License to the Commission by using the format as prescribed in Schedule-I. Such application shall be accompanied by such particulars, documents etc. as mentioned therein and fees as prescribed in Schedule-II.
- (3) The Commission shall, within the period of thirty days of receipt of the application for Regular License which is complete in all aspects, issue the Regular License to the healthcare establishment U/S 16(2)(4) of the Act.
- (4) If deficiencies are persisting, the same shall be conveyed in writing to the Incharge of the healthcare establishment, with the direction to take rectification measures without any further delay, well within validity period of the Provisional License and under intimation to the Director Licensing & Accreditation so that another inspection can be scheduled before expiry of the provisional license.
- (5) If the healthcare service provider fails to rectify within the original or extended period of validity of the provisional license, the Commission may take coercive measures and impose penalties as enunciated above for an unregistered healthcare establishment.
- (6) The Regular License shall be issued in the form and containing such particulars including but not limited to, the kind of healthcare establishment, the purpose in respect of which the license is issued and purposes incidental thereto, and on such terms & conditions as prescribed in Schedule-III

(7) The Chief Executive Officer shall be the competent authority to issue a Regular License.

(8) The Regular License shall be valid for a period of five years and may be renewed upon its expiry subject to application for such renewal and payment of the prescribed fee.

16. Display of License

A License issued by the Commission shall be visibly displayed at the Healthcare Establishment at a prominent place.

17. Renewal of Licenses

(1) The healthcare service provider shall make an application for renewal of a license at least three months before its expiry in case of a Regular License and one month in case of a Provisional License, addressed to the competent authority of the Commission, in the format as prescribed in **Schedule-I** and accompanied by such particulars, documents etc. as mentioned therein and fees as prescribed in **Schedule-II**.

(2) On receipt of the application, the Commission shall conduct inspection U/S 16(3) of the Act.

(3) If the healthcare establishment fulfills the requirements for renewal of the license, the same shall be renewed within thirty days of acceptance of the application.

(4) If the Commission concludes that the said Healthcare Establishment does not fulfill the requirements, the Commission shall direct the healthcare service provider to rectify the deficiencies pointed out in the inspection report within a stipulated period of time.

(5) If the healthcare service provider fails to rectify, the Commission may take coercive measures as enunciated above or may issue provisional license to give additional time for the defaulter to improve, as deemed expedient by the competent authority.

18. Un-authorized Use of Healthcare Establishment

In pursuance of Section 14 of the Act,

(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 provided that if the fine is not paid or no rectification measures are taken regarding the deficiencies pointed out and

conveyed in the Inspection Report, the Commission may revoke the license already issued and may close down/seal the healthcare establishment or a part thereof till the requirements for issuance/renewal of a license, as the case may be, are met.

- (3) The Chief Executive Officer of the Commission shall take approval of the Board U/S 9(2) of the Act, before issuing an order for imposition of fine.

19. Shifting of Healthcare Establishment

In pursuance of Section 14(3) of the Act,

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

20. Change in infrastructure, services, ownership or key staff members

- (a) Any change in the services rendered at the already Licensed Healthcare Establishment, shall not be implemented without prior written approval/issuance of amended license, as the case may be, from the Commission.
- (b) Any change in the infrastructure including addition/alteration in any manner shall be made in conformity to the relevant laws/rules and intimated to the Commission, within thirty days. This does not apply to minor alterations and the routine maintenance and repairs that do not affect the scope of the services.
- (c) Any change in the ownership of a private healthcare establishment or change of In-charge of the Establishment or head of any of its department/unit, shall be reported to the Commission within thirty days.
- (d) The Commission may proceed to issue an amended license on the terms and conditions as deemed appropriate by the Commission, including but not limited to payment of additional fee(s) as prescribed in Schedule-II

21. Suspension of Licenses

- (1) If the Commission receives report/complaint of repeated cases of medical negligence in a healthcare establishment, it shall undertake investigation. If the allegation is proved, the Commission shall suspend license of the defaulter healthcare establishment U/S 18(2) of the Act.
- (2) The Commission may suspend a license and may impose fine which may extend to five hundred thousand rupees and may close down/seal the healthcare establishment or a part thereof as deemed necessary U/S 24 of the Act, on receipt of a report from a duly appointed inspection team ; 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;

Provided that a show-cause notice is served upon the defaulter wherein he is asked to explain his position within one week and rectify the deficiencies/faults pointed out in the report within a period of thirty days from the date of receipt of the notice. Provided further that the rectification time may be extended once for a period of further thirty days if an application in this respect is made by the healthcare service provider, on plausible grounds, before expiry of the stipulated time.

(3) If the healthcare service provider fails to rectify the deficiencies/faults within the original or extended time, proceedings for revocation of his license as mentioned below, shall be initiated;

Provided that the Chief Executive Officer of the Commission shall take approval of the Board of Commissioners U/S 9(2) of the Act before issuing orders for suspension of a license or imposition of the fine.

22. Revocation of Licenses

The Commission may revoke a license if;

(1) The license has been obtained by fraud or misrepresentation.

(2) The healthcare establishment is found to be used in violation of the terms and conditions of a license issued under this Act;

Provided that a show-cause notice shall be served upon the defaulter wherein a minimum of fifteen days from receipt of the communication, shall be given to the respondent to submit his defense if any and an opportunity of personal hearing shall also be afforded to the respondent before revocation of the license and provided further that the Chief Executive Officer of the Commission shall take approval of the Board of Commissioners U/S 9(2) of the Act before issuing orders for revocation of a license.

(3) The healthcare establishment whose license has been revoked shall be dealt with as a healthcare establishment without a license under the Act.

23. Role of the Board.

In pursuance to section 9(2) of the Act;

(a) The Chief Executive Officer shall take prior approval of the Board before issuing orders regarding imposition of fines, suspension and revocation of licenses

(b) In case of conflict of interest, it shall be mandatory for a Commissioner to declare the same and abstain from participation in the decision making in relation to the afore-mentioned matters.

PART-V**INSPECTIONS**

Under sections 4(2)(m), 16(3) and 22(1) of the Act;

- (1) The Commission shall appoint inspection teams 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;
- (2) 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.
- (3) 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 specified hereinafter in this behalf.

24. Constitution of Inspection Teams

In pursuance to Section 2(xviii) of the Act;

- (a) A person desiring to be enrolled as member inspection team must be a medical expert having post-graduate qualification in medical/public health/hospital administration and not less than fifteen years of experience in the concerned field in public/private sector.
- (b) Advertisement in at least two newspapers shall be made to invite applications for enrolment as member inspection team.
- (c) Interviews of the shortlisted candidates with good repute shall be conducted by a Committee constituted by the Chief Executive Officer and consisting of at least three Directors with the Director Licensing & Accreditation as Chair.
- (d) A panel of eligible medical experts, consisting of such numbers as deemed expedient by the Commission, shall be enrolled to act as member inspection team.
- (e) The Director Licensing & Accreditation shall constitute inspection team(s) as per requirement, consisting of more than two duly enrolled medical experts and including one Deputy Director Inspection of the Commission.
- (f) The members of the inspection team shall be paid travelling allowances at the rates prescribed/amended from time to time by the Commission.

25. Time of Inspection.

In pursuance to Section 22(2),

- (1) an inspection team may inspect a healthcare establishment;
 - (a) At the time of issuance and renewal of license;
 - (b) On receipt of a complaint;

Provided that first inspection shall be carried out after provision of SSDS Manual and conduction of training of at least two employees of the healthcare establishment on application of the Manual and provided further that in case of issuance of the original or amended license, the Commission shall give at least one week notice before inspection of the healthcare establishment.

- (2) The Commission may inspect any healthcare establishment at any time to ensure continued implementation of the service delivery standards and regulations, guidelines, instructions & directives issued by the Commission from time to time U/S 4(2)(o) and such inspection shall be done at least once a year after issuance of regular license.

26. Scope of Inspection

U/S 22(3)(4) & 24;

- (1) 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.
- (2) 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; it shall immediately report the matter in writing to the Commission along with the necessary details for further necessary action.
- (c) The Commission may impose fine which may extend to five hundred thousand rupees upon the healthcare service provider U/S 28 (1) provided that the Commission shall afford adequate opportunity of hearing U/S 28(2) and provided further that the CEO shall take approval of the Board U/S 9(2) before issuance of orders for imposition of the fine.
- (3) The inspection team may enquire if there has been any instance of maladministration, malpractice or failure in the provision of healthcare services;

27. Inspection Process

- (a) Each inspection team shall inspect the assigned healthcare establishment(s) on the prescribed criteria/guidelines.
- (b) The inspection team(s) shall submit "Inspection Report" to the Director Licensing & Accreditation, on the prescribed format, for further necessary action.
- (c) The Director Licensing & Accreditation shall convey any deficiency/lacuna/violation etc. to the In-charge of the healthcare establishment within fifteen days of the inspection with the direction to rectify the same within a given time frame.

- (d) Follow-up inspections shall be conducted on as and when required basis.

28. Non-Cooperation by a healthcare service provider

A health service provider who fails to cooperate with the inspection team duly appointed by the Commission shall be dealt as under:

- (1) U/S 22(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.

- (2) U/S 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;

Provided that a show-cause notice shall be served upon the defaulter wherein a minimum of fifteen days time, from receipt of the communication, shall be given to the respondent to submit his defense if any and an opportunity of personal hearing shall also be afforded to the respondent before imposition of fine and provided further that the Chief Executive Officer of the Commission shall take approval of the Board U/S 9(2) of the Act before issuing orders for imposition of fine.

29. Right of entry for the inspection team

- (a) An application for registration, issuance of a license or its renewal pursuant to these Regulations would amount to willful grant of right to the inspection team to enter and thoroughly inspect the healthcare establishment for which the registration certificate or a license is sought in order to verify the information submitted on, or in connection with, such an application. Consequently, the inspection team duly appointed by the Commission shall have the right to enter upon and into premises of the applicant or the licensee, as the case may be, pursuant to these Regulations at any time without threat of injury, verbal abuse, or harassment and in the spirit of mutual cooperation in order to determine the status of compliance with the Act, Rules, Regulations, Standards, guidelines, instructions or orders issued by the Commission.

- (b) The said "Right of Entry" shall also entitle the inspection team for full access to all the relevant records, documents and reports etc. in the healthcare establishment as required for meeting the purpose of the inspection.

- (c) Right of Entry gives the inspection team an authorization to copy records, documents and reports either manually or by photocopy unless otherwise protected by law, at expense of the healthcare establishment.

30. Immunity for a member of the inspection team

- (a) In pursuance of Section 22(6);

Except in the case of a prosecution for an offence under the 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 the Act.

(b) In pursuance of Section 27;

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

31. Binding on a member of the inspection team

In pursuance of Section 22(7);

The inspection team or any of its member 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 the Act unless allowed in writing by the Commission.

PART- VI

CATEGORIZATION OF HEALTHCARE ESTABLISHMENTS

For the purposes of fees and implementation of various SSDS, the registered healthcare establishments will be categorized as under:

Category I: HCEs with more than 50 beds

Cat I - a: Above 300 beds

Cat I - b: 251 to 300 beds

Cat I - c: 201 to 250 beds

Cat I - d: 151-200

Cat I - e: 101-150

Cat I - f: 51-100

Category II: HCEs with 1-50 beds

Cat II - a: 25 to 50 beds

Cat II - b: 1 to 24 beds

Category III: HCEs with OPD services only

These include single person clinics, poly clinics, Homeopathic clinics, Tibb clinics, Family Welfare Clinics, LHV clinics, Maternity Homes etc.

Category IV:

Diagnostic and Imaging Centers

Category V:

Pharmacies and medical stores

PART- VII**RECORDS****32. Register of Healthcare Establishments**

In pursuance to Sections 4(2)(a) & 17(3) of the Act, the Commission shall maintain a register of all Healthcare Service Providers/ Healthcare Establishments containing such details/particulars as prescribed in **Schedule-III**

33. Patient Record

All the Healthcare Service Providers/ Healthcare Establishments shall maintain proper record of all the patients and treatment given to them in the manner and containing such details as provided in the Sindh Service Delivery Standards.

34. Staff record

All the Healthcare Service Providers/ Healthcare Establishments shall maintain complete record of the staff working in the facility.

(1) The HR Department will be responsible for maintaining copies of the following documents in the personnel file of each employee.

- Curriculum Vitae
- Photograph
- CNIC
- All academic and professional qualifications
- All training/experience certificates
- Offer of appointment letter
- Physical Fitness certificate
- Letter to police authorities for verification of Character Antecedents
- Letter for feedback from references
- Job Description
- Contract
- Joining report
- Induction orientation about the institution, assigned department and assigned job etc.
- Induction training including waste management, dealing with fire/non-fire emergencies and job specific training etc.
- Job ID Card.

- Verification of academic credentials from their primary source.
- Leave record
- Letters related to disciplinary proceedings
- Annual Performance Evaluation Reports
- In-service trainings
- Salary Increment
- Promotion
- Resignation/termination/transfer letter (whichever is received in the HRD)

(2) The personal files shall remain property of the Health Care Establishment and shall not be accessible to any un-authorized person.

(3) The employee will be entitled to get copies of his personal documents subject to submission of written application and permission by the competent authority.

PART-VIII

ANTI-QUACKERY

In pursuance to Section 2 (xxix), 4(1) & 4(2)(q) of the Act, the Commission shall perform such functions and exercise such powers and take such necessary steps as mentioned hereinafter for banning quackery in the Province of Sindh in all its forms and manifestations and for dealing with quacks.

35. Determination of "Quack"

In pursuance to Section 2 (xxix) of Sindh Health Care Commission Act 2013, a Healthcare Service Provider shall be deemed as "quack" if he/she is:

- i. Duly qualified but not validly registered with Pakistan Medical & Dental Council, Council for Tibb and Homeopathy and Nursing Council;
- ii. Neither qualified nor registered with the relevant council
- iii. Duly qualified and validly registered but providing services beyond the provisions of his registration
- iv. Neither duly qualified nor validly registered but practicing under the name of a qualified and validly registered medical practitioner

36. Anti-Quackery Directorate

The Commission shall establish Anti-Quackery Directorate which shall be responsible to perform all such functions and take such necessary steps as are required to put ban on quackery in the Province of Sindh in all its forms and manifestations.

37. Regular Anti-Quackery Campaigns

- (1) Anti-Quackery campaigns shall be launched by the Anti-Quackery Directorate on regular basis.
- (2) The Director Anti-Quackery shall appoint anti-quackery teams including at least one medical expert to inspect the healthcare establishments for the purpose of enforcement of anti-quackery regulations.
- (3) The Director Anti-Quackery shall intimate the concerned executive/police authorities about the visit of anti-quackery teams in their area of jurisdiction and request them, under the law, to provide security and any other assistance that may be required for conduction of the anti-quackery campaign well within spirit and object of the law.
- (4) In accordance with Section 35 of the Act, all executive authorities and law enforcement agencies of Government shall act in aid of the Commission.

38. Public Awareness about Quackery

The Director Anti-Quackery shall take all necessary steps to create and enhance public awareness about various forms of quackery, health problems caused by quackery and the steps taken by the Commission for eradication of quackery in all its forms and manifestations.

The Director may use print and electronic media and official website of the Commission for dissemination of all the relevant information in addition to arranging public seminars and walks etc. on the issue of quackery.

39. Powers/Functions of Anti-Quackery Team

- (1) The Anti-Quackery Team shall have the powers to:
 - (a) Inspect any healthcare establishment
 - (b) Check any document, material, procedure, credentials of the staff etc. for the purposes of verification under these regulations
 - (c) Take copies/samples if required
 - (d) Seize all or any relevant material/evidence, if deemed necessary, including but not limited to prescription slips, medicines being given and/or administered to the patients by the healthcare service provider
 - (e) Prepare a recovery memorandum at the premises/site in the presence of the Owner, Manager, In-charge of the Healthcare Establishment or the Proprietor, as the case may be, and take his/her signature along with thumb impression. In case, such person(s) refuse to do so, it would be sufficient for the Incharge of the team to record such refusal.
 - (f) Record statements of the patients and/or their attendants who may be willing to appear before the Commission as a witness.

(g) Seal/close down the premises where quackery is being practiced in any form whatsoever, permanently or till the completion of the rectification measures or issue warning to the defaulter, as deemed fit and appropriate under the circumstances.

(h) Recommend:

- i. Imposition of fine upon the quack U/S 28 (1) and upon such medical officer under whose board/name the quack was practicing which may extend to five hundred thousand rupees in either case.
- ii. Cancellation of registration with the relevant council, of any healthcare service provider found to be practicing quackery.
- iii. Initiation of legal action including lodgment of case against the defaulter(s).

(2) Prepare a report and forward the same to the Director Anti-quackery along with the copies/samples/seized materials/recovery memorandum/ statements recorded etc. as enunciated above.

40. Representation against the action of the Anti-Quackery Team

(1) In case a healthcare service provider is aggrieved by any action of the Anti-Quackery Team, he/she may, within a period of thirty days of the action or receipt of copy of the report whichever is earlier, submit a representation to the Chairperson Board of Commissioners SHCC who shall refer the same to the Complaint Management Committee of the Board U/S 9(n) of the Act.

(2) The said representation must be accompanied by attested copies of the:

- (a) CNIC of the applicant along with that of the owner of the premises if different from the applicant
- (b) Ownership documents or Tenancy Agreement relating to the said premises;
- (c) Present and Permanent address
- (d) Contact Numbers: Work, Home & Mobile
- (e) Last paid utility bills of Electricity, Water & Gas.
- (f) Details of all the employees of the Healthcare Establishment along with their academic credentials and supporting documents.
- (g) *Affidavit, duly verified by the Oath Commissioner

(3) The Committee shall examine the case, record the statements if deemed expedient and afford fair opportunity to the aggrieved person to defend himself. The Committee shall formulate its recommendations duly supported by evidence/reasons within sixty days and forward the case to the Chairperson Board of Commissioners who shall cause the same included in the agenda of the forthcoming Board meeting for the final decision U/S 9(2).

(4) The action taken by the Anti-Quackery Team shall remain valid until and unless modified/revoked by the Board/court as the case may be.

PART - IX**COMPLAINTS**

In pursuance to Section 2 (xxii), 4(6)(7)(9)(11), 23, 24, 25, 26, 28 & 40 and for carrying out the purposes of the Sindh Healthcare Commission Act 2013, the Commission shall implement the following mechanism to address the complaints.

41. Directorate of Complaints

There shall be established a Directorate of Complaints which shall deal with all the complaints by the providers/recipients of healthcare services/inspection team/investigation team. It shall be headed by a Director who will be assisted by such number of staff as determined by the Board.

42. Scope of Complaints

The Commission may accept a complaint regarding allegations of:

- (a) maladministration, malpractice or failure in the provision of healthcare services, on the part of a healthcare service provider, or any employee of the healthcare service provider U/S 4(6).
- (b) harassment of healthcare service provider or damage to healthcare establishment property U/S 4(7).
- (c) medical negligence U/S 2(xxii) & 19.
- (d) the use of any apparatus, appliance, equipment, instrument, product, goods or item; or 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 U/S 24.
- (e) obstruction, hindrance or impedance in the performance of function or execution of duty of inspection/investigation team U/S 25.

43. Medical Negligence

U/S 2(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; and

U/S 19 of the Act,

- (1) 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 employees 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.

44. Who can lodge the complaint?

The complaint can be lodged:

- (1) by any aggrieved person or in case of his/her death, by the legal representative U/S 4(6)(a) & 23(2);
- (2) by any healthcare service provider U/S 4(6)(b);
- (3) on a reference by Government or the Provincial Assembly of Sindh U/S 4(6)(c);
- (4) on a motion of the Supreme Court of Pakistan or the High Court made during the course of any proceedings before it U/S 4(6)(d);
- (5) by an inspection team:
 - (a) U/S 22(5), where a licensee or healthcare service provider-
 - i. refuses or fails, without reasonable cause, to furnish any information to the inspection team;
 - ii. gives any false or misleading information to the inspection team.
 - (b) U/S 24, where, in the opinion of the Inspection Team –
 - (ii) the use of any apparatus, appliance, equipment, instrument, product, goods or item; or
 - (iii) 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.
 - (c) U/S 25, where a person obstructs, hinders or impedes an Inspection Team in the performance of its function or execution of its duty.

45. Procedure of lodging a complaint

- (1) An aggrieved recipient of healthcare services shall first make a complaint to the owner/manager of the Healthcare Establishment within thirty days from the day on which the person aggrieved first had the notice of the matter alleged in the complaint U/S 23(4).
- (2) Such complaint must be in writing, duly signed & thumb impressed and accompanied by:
 - i. Copy of CNIC
 - ii. Complete address
 - iii. Contact number(s)
 - iv. Supportive documents if any
 - v. An affidavit
- (3) The owner/manager of the Healthcare Establishment shall make a proper inquiry, afford a fair opportunity to the complainant to prove his case including opportunity of personal hearing and decide the matter within thirty days from the

date of submission of the complaint.

- (4) If no decision is made within thirty days or the complainant is not satisfied with the decision of the owner/manager of the Healthcare Establishment, he may lodge a complaint to the Chief Executive Officer of the Commission within thirty days of the communication of the decision.
- (5) If the healthcare service provider wants to lodge a complaint against his harassment or damage to the healthcare establishment property, he shall lodge the same with the Commission, within thirty days of the alleged event U/S 4(7) of the Act.
- (6) If an Inspection Team wants to lodge a complaint U/S 24, it shall immediately report the matter in writing to the Chief Executive Officer through Director Licensing & Accreditation along with the necessary details.
- (7) The complaint to the Commission shall be;
 - (a) addressed to the Chief Executive Officer of the Commission
 - (b) made on solemn affirmation or oath
 - (c) in writing
 - (d) by the person aggrieved or, in the case of his or her death, by the legal representative
 - (e) containing complete address and contact number(s)
 - (f) duly signed and thumb impressed
 - (g) accompanied by copy of CNIC, the complaint made to the owner/manager of the healthcare establishment & his decision on the complaint if conveyed within due time, supporting documents if any, and an affidavit.
 - (h) 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.
- (8) The Affidavit should clearly state that the information provided in the complaint is true to the best of knowledge & belief of the complainant and that no suit, appeal or any other proceeding is pending in any court of competent jurisdiction regarding the complaint and that no allegation in the complaint has been made without reasonable and justifiable ground(s) and with any malicious intent to defame, harass, embarrass and/or pressurize the party complained against and that the complainant undertakes that he shall keep the Commission informed of any change in his address or contact number and shall regularly attend the proceedings on the dates fixed for hearing by the Commission and that he understands that if he absents himself, without sufficient cause despite three consecutive notices, or willfully delays the proceedings of the Commission, then he/she shall be liable to pay the costs as awarded by the Commission and that the Commission may proceed ex-parte to complete the investigation.

- (9) The Commission shall not entertain the complaint if:
- (a) It is not complete
 - (b) It is anonymous or pseudonymous;
 - (c) It is time barred
 - (d) The subject matter is subjudice before a court of competent jurisdiction on the date of receipt of the complaint;
 - (e) The subject matter does not fall within the purview of the Act.

46. Complaint Handling

- (a) The complaint shall be received at the reception under a diary No. and put up before the Chief Executive Officer for further orders.
- (b) The Chief Executive Officer shall mark the complaint to the Director Complaints.
- (c) The Director Complaints shall review the complaint to decide its maintainability in accordance with the Act, Rules and Regulations. In case of any objection on the maintainability, the complainant shall be afforded opportunity to make good any deficiency of documents etc. and explain any ambiguity.
- (d) If the complaint is still found to be not maintainable, the same shall be declined, stating the reasons therein, subject to approval of the Chief Executive Officer.
- (e) The Director Complaints may appoint an inquiry officer or constitute an inquiry committee to investigate a particular complaint. He may also constitute a Standing Inquiry Committee for enquiring into routine complaints;

Provided that the Director Complaints shall lead the inquiry committee in case of a complaint involving death or disability or outcome of a serious nature and provided further that the Director Complaints shall be the competent authority to assess the severity of the outcome.

47. Procedure of Investigation

In pursuance to Section 23(1); the following procedure shall be adopted for investigation of a complaint:

- (a) If the complaint is held as maintainable by the Director Complaints, he shall admit the same and issue notice to the respondent(s) to submit the defence to the Inquiry Officer/Chair Inquiry Committee, as the case may be, along with affidavit and within seven days of receipt of the communication, with a copy to the complainant and the Chief Executive Officer and refer the complaint, along with all the record, to the inquiry officer/committee, for investigation.
- (b) The Inquiry Officer or the Chair Inquiry Committee, as the case may

be, shall proceed with the investigation and issue at least two reminders, one week apart, to the respondent if he/she fails to submit his/her defence within the stipulated time.

- (c) If the respondent fails to submit his/her defence even after seven days of the second reminder, the Inquiry Officer/Chair Inquiry Committee shall proceed ex-parte and shall:
- i. issue notice to the complainant to appear on a fixed date & time along with all the evidence (witnesses/documents) to prove his/her case.
 - ii. examine all the documents presented by the complainant.
 - iii. examine the complainant and the witnesses if any which shall include, examination-in-chief, cross examination and re-examination if required.
 - iv. evaluate all the evidence recorded/collected/presented.
 - v. draw inferences stating the reasons and compile the inquiry report.
- (d) If the respondent submits his/her defence, the Inquiry Officer/Inquiry Committee, as the case may be, shall:
- i. issue notice to the complainant and the respondent to appear on a fixed date & time along with all the evidence (witnesses/documents) to prove their stance.
 - ii. examine all the documents presented by both the parties.
 - iii. record statement/ examination-in-chief of each party and its witnesses, if any, in the presence of the opposite party and afford opportunity of cross examination to the opponent and opportunity of re-examination to the party producing the witness(es);
- Provided that first of all, the complainant shall be afforded the opportunity to prove his/her case and provided further that the Inquiry Officer/Members of the Inquiry Committee can put any question to any party or their witnesses at any time during the proceedings to satisfy themselves about the facts of the case and that examination-in-chief, cross examination and re-examination shall be duly signed & thumb impressed by both the parties.
- iv. evaluate all the evidence recorded/collected/presented.
- (e) The Inquiry Officer/Inquiry Committee will complete the inquiry report, within sixty days of the start of proceedings;
- Provided that the Inquiry Officer/Chair Inquiry Committee may

request, by stating the reasons therein, and the Chief Executive Officer may grant additional time, if deemed expedient, to complete the investigation/inquiry.

- (f) The Inquiry Officer/Chair Inquiry Committee shall forward the inquiry report along with their recommendations to the Director Complaints, if the Director is not the Chair of the inquiry committee.
- (g) The Director Complaints shall forward the recommendations of the Inquiry Officer/Inquiry Committee, as the case may be, along with his own comments to the Chief Executive Officer who will be the Competent Authority to pass appropriate order on behalf of the Commission.

48. Powers of the Inquiry Officer/Inquiry Committee

(1) The Inquiry Officer/Inquiry Committee may visit the alleged Healthcare Establishment/site, if deemed necessary, to;

- a) collect evidence
- b) 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; or
- c) take sample(s) for evaluation
- d) make sketch(es) or take photographs.

(2) The Inquiry Officer/Inquiry Committee may take the opinion of an expert having no conflict of interest, if required under the circumstances of the case.

(3) U/S 4(9); the Inquiry Officer/Inquiry Committee, duly appointed/constituted by 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.

49. Disposal of complaint

- (a) The Director Complaints may reject a complaint, after taking approval of the CEO if:

- i. It is found to be incompetent and/or not maintainable under the Act, Rules and Regulations.
 - ii. The complainant fails to provide evidence and/or record, in his possession, required to decide the complaint within stipulated period of time;
 - iii. The complainant fails to attend hearing(s) despite issuance of three consecutive notices issued at the address given by the complainant or any new address duly provided by him;
- (b) The Director Complaints may dispose of a complaint, after taking approval of the CEO if:
- i. The complaint is withdrawn by the complainant during the course of investigation.
 - ii. Where the subject matter of the complaint has already been adjudicated upon by a court of competent jurisdiction and there are no further steps required to be taken under the Act.
 - iii. Where the Director Complaints comes to the conclusion that the healthcare service provider has taken the rectification measures as directed by the Commission and that no further action is required on the part of the Commission, in the public interest.
- (c) If the complaint is proved to be false;
- U/S 4(11) & 28(3), if the complaint, submitted either by an aggrieved person or a healthcare service provider is proved false, the Director Complaints may recommend and the Chief Executive Officer may impose fine which may extend to two hundred thousand rupees upon the complainant subject to approval by the Board U/S 9(2).
- (d) If the complaint is proved to be true;
- The Chief Executive Officer, upon the recommendation by the Director Complaints, may:
- i. impose fine U/S 28(1) which may extend to five hundred thousand rupees upon the defaulter, subject to approval by the Board U/S 9(2);
- Provided that U/S 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.
- ii. suspend or revoke license of the healthcare establishment U/S 18, subject to approval by the Board U/S 9(2);

- iii. direct the healthcare service provider to take certain rectification measures within a stipulated time;
- iv. If circumstances of a case warrant action under any other law, the Chief Executive Officer may, upon the recommendation by the Director Complaints, refer the case to the competent forum U/S 4(7) or the concerned government authorities or law enforcement agencies for appropriate action under the relevant laws U/S 26(2).

Provided that adequate opportunity of hearing shall be afforded to a person before imposing any penalty and provided further that the maximum limit of fine shall be fifty thousand rupees if the complaint has been lodged U/S 22(5) or 25.

50. Representation against the orders of the Chief Executive Officer

- (1) Any party aggrieved by the order passed by or on behalf of the Chief Executive Officer on the complaint, may, within a period of thirty days of the communication of the order, submit a representation to the Chairperson Board of Commissioners SHCC who shall refer the same to the Complaint Management Committee of the Board U/S 9(n) of the Act.
- (2) The said representation must be duly signed & thumb impressed by the person filing the representation and accompanied by attested copies of:
 - (a) CNIC
 - (b) Certified/attested copy of the order passed on the complaint
 - (c) Affidavit, duly verified by the Oath Commissioner
- (3) The Committee shall examine the case, record the statements if deemed expedient and afford fair opportunity to the aggrieved party to prove his case. The Committee shall formulate its recommendations duly supported by evidence/reasons within sixty days and forward the case to the Chairperson Board of Commissioners who shall pass the final order keeping in view these recommendations and the facts of the case.
Provided that the Committee may request, by stating the reasons therein, and the Chairperson may grant additional time, if deemed expedient, to complete the proceedings.

PART-X

MISCELLANEOUS

51. Seal of the Commission

In pursuance to Section 39 of the Act;

- (1) The Commission shall have a common seal
- (2) The seal shall be kept by the Chief Executive Officer
- (3) The seal shall be embossed on the licenses, certificates, declarations and such other documents as the Board may decide from time to time.
- (4) The embossed seal shall be authenticated by signature of the CEO
- (5) Any document purported to be sealed with the seal so authenticated shall be receivable as evidence of the particulars stated in the document.

52. Committees of the Commission

To run the business of the Commission and in the interest of participative management;

- (1) The Chief Executive Officer shall be the competent authority to constitute a committee for a particular purpose, other than the Selection Committees constituted by the Board for recruitment of the staff.
- (2) Such committees shall comprise of three or more members.
- (3) The quorum for meeting of any committee, including the Selection Committees constituted by the Board, shall be fifty per cent.
- (4) A decision by any committee shall not be valid if the quorum is not maintained.
- (5) The constitution of any committee shall not be in violation of any law, rule or regulation.
- (6) Every effort shall be made to decide all the matters through consensus. However, if the same is not possible, the decision may be taken on the basis of simple majority.
- (7) Record of meetings of any committee, including attendance sheet and minutes of meeting, shall be maintained by the Chair of the committee.

53. Contravention/violation of the Act, Rules or regulations

U/S 26, 28 & 37;

- (1) Notwithstanding anything contained in any other law, the Commission may, for contravention of a provision of the 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 U/S 28(1).
- (2) The Commission shall afford adequate opportunity of hearing to a person, including issuance of show-cause notice and providing opportunity of personal hearing, before imposing fine on the person under this Act U/S 28(2).
- (3) 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 U/S 26(1).

- (4) 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 U/S 37.
- (5) 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 competent forum/authority for appropriate action under relevant laws U/S 26(2).

54. Sealing a Healthcare Establishment

If an Inspection/Investigation/Anti-Quackery Team decides to seal/close down a healthcare establishment, it shall:

- (1) Prepare a memorandum of sealing the said premises, on the prescribed format and obtain signatures of the Owner, Manager, In-charge of the Healthcare Establishment or the Proprietor, as the case may be.
- (2) Ensure, before sealing the said premises that there are no such patients at the said premises, which may need immediate treatment and management. In case, any such patient is present at the said premises, then the team shall make all such necessary arrangements for immediate shifting of such patient(s), in order to safeguard and protect the life of the said patient(s).
- (3) Issue such directions regarding any medicines or other perishable items found at the said premises, as deemed fit, for the purposes of protecting the same from expiring or decaying, as the case may be, if so requested by any person or an employee present at the said premises.
- (4) After locking and sealing the premises with the very keys of the premises, hand over the said keys to the Owner, Manager, In-charge of the Healthcare Establishment or the Proprietor, as the case may be. In case the Owner, Manager, In-charge or the Proprietor of the Healthcare Establishment leaves the premises or absconds himself during or after the visit by the said officer, the keys of the sealed premises shall be submitted to the Commission along with the Report."

55. De-sealing the Healthcare Establishment

If the Owner, Manager, In-charge or the Proprietor of the Healthcare Establishment applies for de-sealing of the site / premises being used for rendering healthcare services on the basis of compliance of the directions issued by the team in this regard or deposition of fine imposed along with taking the requisite rectification measures, as the case may be;

- (1) He shall submit his application to the Chief Executive Officer along with copy of CNIC, affidavit, evidence of his relation to the healthcare establishment and evidence of compliance of the directions etc.
- (2) The Chief Executive Officer shall mark the application to the concerned

Director who shall appoint a team for verification of the compliance if deemed expedient by him and if satisfied, shall issue orders for de-sealing and permitting such a Healthcare Establishment to start rendering healthcare services.

(3) If the measures claimed to be taken by the applicant are not verified, the Chief Executive Officer may reject the application.

(4) In any case, when none applies for de-sealing/appears before the Chief Executive Officer, the premises / site shall remain sealed till otherwise decided by the Board/Court.

56. Duties of a healthcare service provider

- (a) Registration of the healthcare establishment U/S 13
- (b) Licensing of the healthcare establishment U/S 14
- (c) Use of the healthcare establishment in accordance with the terms & conditions and purpose of the license U/S 14(1) & 17(2)
- (d) Not to furnish or give false or misleading information U/S 22(5)
- (e) Not to obstruct, hinder or impede an Inspection Team in the performance of its function or execution of its duty U/S 25.
- (f) Cooperate in investigation U/S 4(6) & 23
- (g) Not to violate/contravene the provisions of the Act, Rules, Regulations, service delivery standards U/S 20, guidelines, instructions and directives by the Commission U/S 4(2)(o).
- (h) Comply with the final decision or recommendation of the Commission under the Act, Rules and Regulations U/S 37.
- (i) Pay fees and fines under the Act, Rules and Regulations.

57. Protection for the healthcare service provider

- (1) U/S 4(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.
- (2) U/S 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.

58. Protection of doctors and healthcare workers

U/S 4(15)(16);

- (1) 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.
- (2) In case of physical injury incurred while performing the duties, the --
 - (a) doctors and health care workers should be fully compensated;
 - (b) doctors and health care 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.

and U/S 31(2);

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

59. Recovery of fines and other dues

U/S 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).

60. Role of Executive Authorities and Law enforcing agencies

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

61. Amendment

An amendment in the Commission Regulations can be made provided that:

- (1) 2/3rd or more of the Commissioners vote in favor of the amendment in any meeting of the Board.
- (2) Such amendment is not in violation of or contradiction to or inconsistent with any provision of the SHCC Act.
- (3) The draft thereof is 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 and the public opinion so obtained is duly considered before finalization of the amendment U/S40(3).

62. Appeal

U/S 31 of the Act;

A person who is aggrieved by the –

- (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.

PART-XI**SCHEDULE-I****APPLICATIONS**

A-

**APPLICATION FOR REGISTRATION
FOR HEALTHCARE ESTABLISHMENTS (HCEs)****Having Indoor Facilities****NOTE**

- Healthcare Establishments are required to complete this form as per provisions of the Sindh Healthcare Commission Act 2013.
- **Required Documents;**
 - Pertaining to the Healthcare Service Provider
 - CNIC
 - Copy of qualifications
 - Copy of valid registration with the relevant Council (PM&DC/ PNC/ NCH/ NCT), if applicable
 - Duly filled Annexures A,B,C &D
- Incomplete forms will not be entertained.
- Provision of incorrect information/documents will result in rejection of the Application.
- **Return the completed form to:**
Director Licensing & Accreditation

Sindh Health Care Commission _____, Karachi

- Questions regarding completion of this application may be directed to: Ph. 021-_____
- For further information, please visit our web site : www.sindhhealthcarecommission.com

I. GENERAL INFORMATION

A. HEALTHCARE SERVICE PROVIDER		
Name:		Designation: _____
Status: <input type="checkbox"/> Owner		<input type="checkbox"/> Manager <input type="checkbox"/> In-charge
Qualification:		CNIC Number: _____
Valid Registration No. PMDC/ PNC/ NCH/ NCT: _____		
Mailing Address: _____		
Town/Taluka:	City:	District:
Landline:	Fax:	Email:
Mobile:		

B. HEALTHCARE ESTABLISHMENT		
Name:		Date of establishment at present location? (Day/Month/Year)
Mailing Address:		
Town/Taluka:	City:	District:
Landline:	Fax:	Email:
Mobile:		
Previous name & address (If any):		

C. TYPE OF OWNERSHIP		
(please check the appropriate box)		
Government	Others	
<input type="checkbox"/> District Government	<input type="checkbox"/> Sole Proprietary	<input type="checkbox"/> Voluntary Non-Profit
<input type="checkbox"/> Provincial Government	<input type="checkbox"/> Partnership	<input type="checkbox"/> Association
<input type="checkbox"/> Federal Government	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company (Private)
<input type="checkbox"/> Autonomous Institution	<input type="checkbox"/> Trust	<input type="checkbox"/> Limited Liability Company (Public)

D. TYPE OF HEALTHCARE ESTABLISHMENT (please check the relevant box)

- Teaching
- Non-Teaching

- Single Specialty (please specify): _____
- Multiple Specialty
- Others

GP Clinic/ Homeopath/ Hakim/ Lab/ Collection Center/ Radiological & or Diagnostic Imaging Center
/Maternity or Nursing Home/ Dental Clinic/ Cosmetic Surgery/ Laser Clinic/
Physiotherapist/Acupuncturist/ _____

Any other: _____

E. EXTERNAL VALIDATION

List all applicable external certificates, licenses, accreditation and similar Awards/ Certificates

- Agency _____ Award _____
- Agency _____ Award _____
- Agency _____ Award _____
- Agency _____ Award _____
- Agency _____ Award _____

F. DEPARTMENTS /SERVICES PROVIDED BY THE HEALTHCARE ESTABLISHMENT

Sr. No.	Departments/Services	Indoor			OPD
		Total Beds	Male	Female	Y/N
	General Medicine				
	Pediatrics				
	Cardiology				
	Dermatology				
	Psychiatry				
	Endocrinology				
	Gastroenterology				
	Hepatology				
	Neonatology				
	Neurology				
	Oncology				
	Rheumatology				

F. DEPARTMENTS /SERVICES PROVIDED BY THE HEALTHCARE ESTABLISHMENT					
Sr. No.	Departments/Services	Indoor			OPD
		Total Beds	Male	Female	Y/N
	Pulmonology				
	CCU				
	Homeopathy				
	Tib				
	Nutrition				
	Others (please specify)				
	Emergency				
	Blood Bank				
	Laboratory				
	Radiology & diagnostic imaging				
	Pharmacy Indoor				
	Pharmacy Outdoor				
	Physiotherapy				
	Speech Therapy				
	Social Welfare				
	Others (please specify)				
	General Surgery				
	Orthopedics				
	Trauma Management				
	O.T.				

1. Board Membership (if applicable)		
2. Management		
3. Medical/Surgical Services		
a. Consultants		
b. Medical Officers		
c. House Officers		
4. Nursing		
5. Post Graduate Students/ Residents		
6. Support Services		
7. Allied Health		
a. LHV		
b. Technicians		
c. Midwives		
d. Physiotherapy Assistants		
e. Health aide		
f. Receptionist		
8. Pharmacy		
9. Therapists		
a. Physiotherapist		
b. Occupational therapist		
c. Speech therapist		
10. Volunteers		
11. Others		
TOTAL		

II. BUILDING PLANS & MACHINERY

A. Building Plans

Do you have building plans? <input type="checkbox"/> Yes & complete <input type="checkbox"/> Yes but incomplete <input type="checkbox"/> No	
Are building alterations and remodeling proposed in the next 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of floors:	Residential Accommodation ²
Number of Generators:	Parking ³
Number of Chillers:	

III. MANAGEMENT

A. CHIEF EXECUTIVE OFFICER (CEO)/CHIEF OPERATING OFFICER (COO)/INCHARGE

Name:	
Title:	

² Please provide information in terms of sq. ft.

³ Please provide information in terms of sq. ft.

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Date of Joining: / /	<input type="checkbox"/> Status:
<input type="checkbox"/> Interim	<input type="checkbox"/> Acting	<input type="checkbox"/> Permanent	
Email:		Phone Landline:	Mobile:
Does the CEO/COO/In charge run more than one facility? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, Name of facility, address and city:			
Professional and Educational Qualifications of the CEO/COO/IC			
B. PERSON INCHARGE IN ABSENCE OF CEO / COO/IC (SUBSTITUTE ADMINISTRATOR)			
Name:			
Title:			
Contact Details:	Telephone:	Fax:	Email:
Professional and Educational Qualifications			

C. MEDICAL DIRECTOR/MEDICAL SUPERINTENDENT/EQUIVALENT			
N	<input type="checkbox"/> N	<input type="checkbox"/> Female	Date of Joining: / /
Ti	Status:	<input type="checkbox"/> Interim	<input type="checkbox"/> Acting <input type="checkbox"/> Permanent
Fax:	Landline:	Mobile:	Email:
Is the <input type="checkbox"/> es <input type="checkbox"/> o			
If yes, Name of facility, Address and City:			
Professional and Educational Qualifications			

D. NURSING SUPERINTENDENT/ EQUIVALENT			
Name:		Date of Joining: / /	
Title:		Male/Female	
Email:	Landline:	Mobile:	
Professional and Educational Qualifications			
E. PHARMACY INCHARGE			
Name:		Date of Joining: / /	
Title:		Male/Female	
Email:	Landline:	Mobile:	
Professional and Educational Qualifications			
F. LABORATORY INCHARGE			
Name:		Date of Joining: / /	
Title:		Male/Female	
Email:	Landline:	Mobile:	
Professional and Educational Qualifications			

IV. OWNERSHIP		
A. APPLICANT (OWNER)		
Identify person(s) or business entity having the authority to direct the management or policies of the facility.		
Name:		
Permanent Address:		
Mailing Address (if different from above):		
Building No	Town:	City
Contact No.	Fax:	Email:
Name of Focal Person for SHCC ⁴ :		
Designation of Focal Person:	Telephone Number:	Cell:
Holding (what the owner owns) <input type="checkbox"/> Operations <input type="checkbox"/> Building <input type="checkbox"/> Land		
B. CHANGE OF OWNERSHIP		
Previous owner's name:		
Address:		
Contact No:		Email:
C. PARENT COMPANY INFORMATION		
Is the applicant a subsidiary company, either wholly or partially owned by another organization or company?		
<input type="checkbox"/> YES		
<input type="checkbox"/> NO		
Name of the Parent Company:		
Doing business as:		
Type of Ownership:		
Mailing Address:		
City	Telephone:	Contact Person:

DECLARATION

I, the undersigned, do hereby solemnly affirm and declare that the HCE _____ provides indoor services and the information provided above is true and correct to the best of my knowledge and belief and that nothing has been concealed therefrom. I understand that if any false or incorrect information is provided to the Commission, it may result in rejection of my application for license and I may also be found liable to pay fine to the Commission. I further undertake to inform the

⁴ Every HCE should notify a focal person for SHCC to facilitate SHCC inspection team.

Commission in writing, within fifteen days of any addition/alteration made in the departments/premises, at any time in future.

Signature	Name of Applicant:
Date Signed:	Designation:

EXPLANATORY NOTES

I. General Information

A. Healthcare Establishment Location

In the absence of an official establishment email address, please insert the email address of the CEO/MD/MS/Incharge.

B. External Validation

If the Healthcare Establishment has obtained certification/accreditation from any recognized entity such as ISO, kindly state with the date of award /certification.

C. Offsite Locations

This section pertains to offsite locations like collection centers, offsite labs, immunization centers, blood banks, practice locations etc. An offsite location is not located or occurring at the site of a particular activity. Add additional pages if necessary.

D. Staffing

For the purposes of fulfilling the requirements of the Sindh Healthcare Commission Act 2013, the Healthcare Establishment must maintain an updated database of all doctors, nurses, technicians and assistants and other medical support staff. Please attach additional sheet with the names, qualifications, PMDC/Nursing Council registration numbers, email addresses and contact numbers of all medical staff.

II. Building Plans

Residential Accommodation pertains to the staff and doctors residing either on the premises of the healthcare establishment or a facility in arrangement with the healthcare establishment.

B-

**APPLICATION FOR REGISTRATION
FOR HEALTHCARE ESTABLISHMENTS (HCEs)**

Having no Indoor Facilities

NOTE

- Healthcare Establishments are required to complete this form as per provisions of the Sindh Healthcare Commission Act 2013.
- **Required Documents;**
 - Pertaining to the Healthcare Service Provider
 - CNIC
 - Copy of qualifications
 - Copy of valid registration with the relevant Council (PM&DC/ PNC/ NCH/ NCT), if applicable
 - Duly filled Annexures A,B,C &D
- Incomplete forms will not be entertained.
- Provision of incorrect information/documents will result in rejection of the Application.
- **Return the completed form to:**
Director Licensing & Accreditation

Sindh Health Care Commission _____, Karachi

- Questions regarding completion of this application may be directed to: Ph. 021_____
- For further information, please visit our web site : www.sindhhealthcarecommission.com

I. GENERAL INFORMATION

A. HEALTHCARE SERVICE PROVIDER

Name:		Designation: _____	
Status: <input type="checkbox"/> Owner		<input type="checkbox"/> Manager	<input type="checkbox"/> In-charge
Qualification:		CNIC Number: _____	
Valid Registration No. PMDC/ PNC/ NCH/ NCT: _____			
Mailing Address: _____			
Town/Taluka:	City:	District	
Landline	Fax:	Email:	
Mobile: _____			
B. HEALTHCARE ESTABLISHMENT			

Name:		Date of establishment at present location (Day/Month/Year)	
Mailing Address:			
Town/Taluka:	City:	District:	Sindh
Landline:	Fax:	Email:	
Mobile:			
Previous name & address (if any):			

C. TYPE OF OWNERSHIP

(please check the appropriate box)

Government	Others	
<input type="checkbox"/> District Government	<input type="checkbox"/> Sole Proprietary	<input type="checkbox"/> Voluntary Non-Profit
<input type="checkbox"/> Provincial Government	<input type="checkbox"/> Partnership	<input type="checkbox"/> Association
<input type="checkbox"/> Federal Government	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company (Private)
<input type="checkbox"/> Autonomous Institution	<input type="checkbox"/> Trust	<input type="checkbox"/> Limited Liability Company (Public)

D. TYPE OF HEALTHCARE ESTABLISHMENT (please check the relevant box)

Single Specialty (please specify): _____

Multiple Specialty

Others

GP Clinic/ Homeopath/ Hakim/ Lab/ Collection Center/ Radiological & or Diagnostic Imaging Center /Maternity or Nursing Home/ Dental Clinic/ Cosmetic Surgery/ Laser Clinic/ Physiotherapist/Acupuncturist/ _____

Any other: _____

Speech therapist		
Volunteers		
Others		
TOTAL		

II. MANAGEMENT

A. HCE MANAGER/INCHARGE

Name:		
Title:		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Joining: _____	Status: _____
		<input type="checkbox"/> In <input type="checkbox"/> Acting <input type="checkbox"/> Permanent
Email: _____	Phone Landline: _____	Mobile: _____
Does the HCE Manager/In charge run _____ <input type="checkbox"/> _____ <input type="checkbox"/>		
If yes, Name of facility, address and city: _____		
Professional and Educational Qualifications of the HCE Manager/Incharge		

B. PHARMACY INCHARGE (If applicable)

Name: _____	Date of Joining: ___/___/___
Title: _____	Male/Female
Email: _____	Landline: _____
Professional and Educational Qualifications	

C. LABORATORY INCHARGE (If applicable)

Name: _____	Date of Joining: ___/___/___
Title: _____	Male/Female
Email: _____	Landline: _____
Professional and Educational Qualifications	

IV. OWNERSHIP

A. APPLICANT (OWNER)

Identify person(s) or business entity having the authority to direct the management or policies of the facility.		
Name: _____		
Permanent Address: _____		
Mailing Address (if different from above):		
Building	Town: _____	City: _____
Contact	Fax: _____	Email: _____

Name of Focal Person for SHCC ⁶		
Designation	Telephone Number	Cell
Holding (what operations)	Op <input type="checkbox"/>	uilding <input type="checkbox"/>
		E <input type="checkbox"/> and
B. CHANGE OF OWNERSHIP		
Previous owner's name:		
Address:		
Contact No:	Email:	

C. PARENT COMPANY INFORMATION		
Is the applicant a subsidiary company, either wholly or partially owned by another organization or company?		
<input type="checkbox"/> YES		
<input type="checkbox"/> NO		
If yes, provide the following information:		
Name of the Parent Company:		
Doing business as:		
Type of Ownership:		
Mailing Address:		
Email:	Telephone:	Contact Person:

DECLARATION

I, the undersigned, do hereby solemnly affirm and declare that the HCE

provides no indoor services and the information provided above is true and correct to the best of my knowledge and belief and that nothing has been concealed therefrom. I understand that if any false or incorrect information is provided to the Commission, it may result in rejection of my application for license and I may also be found liable to pay fine to the Commission. I further undertake to inform the Commission in writing, within fifteen days of any addition/alteration made in the

⁶ Every HCE should notify a focal person for SHCC to facilitate SHCC inspection team.

services/premises, at any time in future.

Signature	Name of Applicant:
Date Signed:	Designation:

EXPLANATORY NOTES

I. General Information

A. Healthcare Establishment Location

In the absence of an official establishment email address, please insert the email address of the HCE Manager/Incharge.

B. Staffing

For the purposes of fulfilling the requirements of the Sindh Healthcare Commission Act 2013, the Healthcare Establishment must maintain an updated database of all doctors, nurses, technicians and assistants and other staff. Please attach additional sheet with the names, qualifications, PMDC/Nursing Council registration numbers, email addresses and contact numbers of all medical staff.

II. Ownership

Provide details of the owner and Head of Management of Healthcare Establishment. An owner for the purposes of the licensing form shall be a person that possesses the exclusive right to hold, use, benefit-from, enjoy, convey, transfer, and otherwise dispose of an asset or property or an executive who has the principle responsibility for a process, program, or project.

A- For Issuance of Registration Certificate

To
 The Chief Executive Officer
 The Sindh Health Care Commission
 _____ (address)

Subject: **ISSUANCE OF REGISTRATION CERTIFICATE**

It is respectfully submitted that:

1. I am owner/manager of _____ teaching/non-teaching _____ bedded hospital _____ (address).
2. I applied for registration of the said hospital on prescribed format on _____ / _____ /2017 which was received by the Commission vide dairy No. _____ dated _____ /dispatched by courier services with receipt No. _____ dated _____ (copy enclosed)
3. I have not received "Registration Certificate" so far.

It is requested that the Registration Certificate may please be issued in favour of _____ hospital without any further delay.

Thanks

Yours sincerely

Mr. ABC
 Owner/Manager _____ Hospital
 (address)

Dated: _____

FOR OFFICE USE ONLY

- 1- Any objection on registration-----
- 2- Recommended for registration: Yes/No-----

Forwarded to the Director Licensing & Accreditation for approval

Signature of Addl. Director Licensing & Accreditation -----

Registration approved

B- For Issuance of Provisional License

To,
The Chief Executive Officer
The Sindh Health Care Commission
_____ (address)

Subject: **ISSUANCE OF PROVISIONAL LICENSE**

It is respectfully submitted that:

1. I am owner/manager of _____ teaching/non-teaching _____ bedded hospital _____ (address).
2. My hospital has been registered by SHCC vide Registration Certificate No _____ dated _____.
3. The Inspection team of the Commission has also conducted the first inspection of my hospital on _____.
4. I have also deposited the prescribed fee for issuance of the Provisional License.

It is requested that the Provisional License may please be issued in favour of _____ hospital without any further delay.

Thanks

D.A

Copies of

- | | |
|----|--------------------------|
| 1- | CNIC |
| 2- | Registration Certificate |
| 3- | Inspection Report |
| 4- | Fee receipt |

Yours sincerely

Mr. ABC
Owner/Manager _____ Hospital
(address)

Dated: _____

FOR OFFICE USE ONLY

- 1- Amount due (in words)-----
- 2- Amount received (in words)-----
- 3- Difference if any (in words)-----
- 4- Deposit verified: Yes/No-----

Signature of Director Finance-----

- 5- Any objection on renewal-----
- 6- Recommended for renewal: Yes/No-----

Forwarded to the Chief Executive Officer for approval

C- For Issuance of Regular License

To,
The Chief Executive Officer
The Sindh Health Care Commission
_____ (address)

Subject: ISSUANCE OF REGULAR LICENSE

It is respectfully submitted that:

1. I am owner/manager of _____ teaching/non-teaching _____ bedded hospital _____ (address).
2. My hospital has been awarded the Provisional License by SHCC vide No. _____ dated _____.
3. Our hospital has qualified for award of Regular License as per Inspection Report issued after the last inspection by your team on _____.
4. I have also deposited the prescribed fee for issuance of the Regular License.

It is requested that the Regular License may please be issued in favour of _____ hospital without any further delay.

Thanks

D.A

Copies of

- | | |
|----|------------------------|
| 1- | CNIC |
| 2- | Provisional License |
| 3- | Last Inspection Report |
| 4- | Fee receipt |

Yours sincerely

Mr. ABC
Owner/Manager _____ Hospital
(address)
Dated: _____

FOR OFFICE USE ONLY

- 1- Amount due (in words) _____
- 2- Amount received (in words) _____
- 3- Difference if any (in words) _____
- 4- Deposit verified: Yes/No _____

Signature of Director Finance _____

5- Any objection on renewal _____

6- Recommended for renewal: Yes/No _____

Forwarded to the Chief Executive Officer for approval

Signature of Director Licensing & Accreditation _____

D- For Renewal of Provisional License

To,
The Chief Executive Officer
The Sindh Health Care Commission
_____ (address)

Subject: **RENEWAL OF PROVISIONAL LICENSE**

It is respectfully submitted that:

1. I am owner/manager of _____ teaching/non-teaching _____ bedded hospital _____ (address).
2. My hospital was awarded the Provisional License by SHCC vide No. _____ dated _____.
3. The said License is going to expire on _____.
4. We could not meet the service delivery standards to qualify for Regular License due to _____ but we are sure to achieve the landmark in near future.
5. We require renewal of our Provisional License to continue healthcare services under the law.
6. I have also deposited the prescribed fee for renewal of the Provisional License.
7. The details of change, if any, in terms of status of healthcare facilities, building/departments, staff & address and in comparison to the details already provided for the subject license, are attached herewith.

It is requested that our Provisional License may please be renewed for a period of further six months.

Thanks

D.A

Copies of

- 1- CNIC
- 2- Provisional License
- 3- Fee receipt

Yours sincerely

Mr. ABC
Owner/Manager _____ -Hospital
(address)
Dated: _____

FOR OFFICE USE ONLY

- 1- Amount due (in words) _____
 - 2- Amount received (in words) _____
 - 3- Difference if any (in words) _____
 - 4- Deposit verified: Yes/No _____
- Signature of Director Finance _____

E-For Renewal of Regular License

To,
The Chief Executive Officer
The Sindh Health Care Commission
_____ (address)

Subject: **RENEWAL OF REGULAR LICENSE**

It is respectfully submitted that:

1. I am owner/manager of _____ teaching/non-teaching _____ bedded hospital _____ (address).
2. My hospital was awarded the Regular License by SHCC vide No. _____ dated _____.
3. The said License is going to expire on _____.
4. We require renewal of our Regular License to continue healthcare services under the law.
5. I have also deposited the prescribed fee for renewal of the Regular License.
6. The details of change, if any, in terms of status of healthcare facilities, building/departments, staff & address and in comparison to the details already provided for the subject license, are attached herewith.

It is requested that our Regular License may please be renewed for a period of further five years.

Thanks

D.A

Copies of

1-

2-

3-

CNIC
Existing Regular License
Fee receipt

Yours sincerely

Mr. ABC
Owner/Manager _____ Hospital
(address)
Dated: _____

FOR OFFICE USE ONLY

- 1- Amount due (in words) _____
- 2- Amount received (in words) _____
- 3- Difference if any (in words) _____
- 4- Deposit verified: Yes/No _____

Signature of Director Finance _____

- 5- Any objection on renewal _____
- 6- Recommended for renewal: Yes/No _____

SCHEDULE-II

FEES

The Fee Structure shall be as follows:

- a. The Registration shall be free of cost.
- b. The License Fee shall be non-refundable.
- c. The prescribed fee is to be submitted along with the application.
- d. The Board may grant discount in fee to a charitable HCE subject to submission of such an application supported by documentary evidence.

No	Healthcare Establishment	License Fee	
		Provisional	Regular
1	Hakeem Matab	1000	5,000
2	Homeopathic Clinic	1000	5,000
3	MCHC/ CMWs/ Nursing/ Maternity Home	1000	5,000
4	Family Physicians/ Single Man (GPs) Clinic	1000	5,000
5	Single Specialty Clinic	1000	10,000
6	Poly Clinic	5000	30,000
7	Dental Clinic (Single Chair)	1000	5,000
8	Dental Clinic (Multiple Chairs)	4000	20,000
Diagnostic & Imaging centers			
9	Pathology Lab	2000	10,000
10	Main Lab having Collection Centers	5000	25,000
11	Collection Center	1000	5,000
12	X - Ray/ Imaging Center	2000	10,000
13	Pathology Lab + Imaging Center	4000	20,000
14	Pathology Lab/ Imaging center having CT Scan/ MRI/ Angio/ other advanced facilities	10,000	50,000
15	Cosmetic Surgery/ Hair Transplant/ Liposuction Centers	10,000	50,000
16	Pharmacies /medical stores	2000	10,000
Cat. I Hospitals			
17	a) Above 300 beds	30,000	500,000
18	b) 251 to 300 beds	25,000	250,000
19	c) 201 to 250 beds	20,000	200,000
20	d) 151 to 200 beds	15,000	150,000
21	e) 101 to 150 beds	10,000	100,000
22	f) 51 to 100 beds	5,000	50,000
Cat. II Hospitals			

SCHEDULE-III**CERTIFICATES/LICENSES**

No: _____



Dated: _____/_____/2017

SINDH HEALTH CARE COMMISSION**REGISTRATION CERTIFICATE**

This is certified that (Name of HCE), (Type of HCE), (Category), (Type of ownership) having indoor facilities with _____ beds and situated at (Address), is hereby awarded "Registration Certificate" as Health Care Establishment (HCE) by the Sindh Health Care Commission under Section 13 of the Sindh Health Care Commission Act 2013.

The Certificate will remain valid for ninety days i.e. up to _____/_____/2017; for completing codal formalities for obtaining License under the Act.

Addl. Director Licensing & Accreditation

Director Licensing & Accreditation



No: _____

Dated: _____ 2017

SINDH HEALTH CARE COMMISSION

PROVISIONAL LICENSE

This is certified that (Name of HCE), (Type of HCE), (Category), (Type of ownership) having indoor facilities with _____ beds and situated at (Address), is hereby awarded "Provisional License" under Section 16 & 17 of the Sindh Health Care Commission Act 2013, for the purposes of provision of the following healthcare services:

1. General Medicine	2. Pediatrics	3. Clinical Laboratory
4. Radiology & Diagnostic Imaging	5. Blood Bank	6. Pharmacy
7.	8.	9.
10.	11.	12.
13.	14.	15.
16.	17.	18.
19.	20.	21.
22.	23.	24.

The License will remain valid for six months i.e. up to _____/_____/2018.

The Licensee shall not use the health care establishment for any purpose other than those enunciated above. He shall report any addition/alteration/change in services/premises to the Commission forthwith and apply for amended license under the Act, Rules and Regulations within thirty days.

Director Licensing & Accreditation



No: _____



Dated: ____/____/2017

SINDH HEALTH CARE COMMISSION

REGULAR LICENSE

This is certified that (Name of HCE), (Type of HCE), (Category), (Type of ownership) having indoor facilities with-----beds and situated at (Address), is hereby awarded "Regular License" under Section 16 &17 of the Sindh Health Care Commission Act 2013, for the purposes of provision of the following healthcare services:

1. General Medicine	2. Pediatrics	3. Clinical Laboratory
4. Radiology & Diagnostic Imaging	5. Blood Bank	6. Pharmacy
7.	8.	9.
10.	11.	12.
13.	14.	15.
16.	17.	18.
19.	20.	21.
22.	23.	24.

The License will remain valid for five years i.e. up to ____/____/2022.

The Licensee shall not use the health care establishment for any purpose other than those enunciated above. He shall report any addition/alteration/change in services/premises to the Commission forthwith and apply for amended license under the Act, Rules and Regulations within thirty days.



Director Licensing & Accreditation



SINDH HEALTH CARE COMMISSION

Register of Health Care Establishments

Register No: _____

