***DRAFT BILL***

***Islamabad Healthcare Facilities Management Authority Act, 2020***

***Preamble***

1. **Short title and commencement-**(1)This Act shall be called the Islamabad Healthcare Facilities Management Authority Act, 2020

#### (2) It shall come into force at once.

#### (3) It shall apply of Islamabad, ICT Territory.

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

#### "**Act**" means the Islamabad Healthcare Facilities Management Authority Act, 2020;

* 1. “**Authority**” means the Islamabad Healthcare Facilities Management Authority (HFMAI) established under this Act which is responsible for Health Care in the public sector of Islamabad Capital Territory;
  2. “**Board**” refers to the Board of members of the Authority;
  3. “**Budget**" means an official statement of the income and expenditure of the Authority for a financial year;
  4. “**Chairman**” means the Chairman of the Authority;
  5. "**Chief Executive Officer**” means the Chief Executive Officer of the Executive Office of the Authority;
  6. "**Directorate**" means the Primary and Secondary Healthcare Directorate of the Federal Government;
  7. “**Division**” means the National Health Services, Regulations and Coordination Ministry;
  8. "**Health Facilities**" means health care services and facilities provided by Health Institutions;
  9. “**Healthcare Institutions**” means the following providing Health Facilities in the Islamabad Capital Territory;
  10. Basic Health Unit;
  11. Rural Health Center;
  12. Government Rural Dispensary;
  13. Maternal and Child Health Centre;
  14. Hospital, excluding the Pakistan Institute of Medical Sciences; and
  15. Government Laboratory.
  16. "**Government**” means the Federal Government;
  17. “**Hospital**” means a public sector healthcare facility in the Islamabad Capital Territory within-patient beds, excluding the Pakistan Institute of Medical Sciences;
  18. "**Schedule**" means a Schedule to this Act;
  19. “**Secretary**” means the secretary to the Islamabad Healthcare Facilities Management Authority
  20. “**prescribed**” means as prescribed in the rules or regulations framed under this Act;

(2) An expression used but not defined in the rules shall have the same meaning as assigned to it under the Act and the rules made under it.

1. **Nominating Committee**: (1) Board members of the Islamabad Healthcare Facilities Management Authority shall be selected and appointed by a Nominating Committee to be approved by the Prime Minister consisting of the following seven members:
2. Federal Health Minister – Chairman
3. Secretary Establishment Division
4. Representative of the Vice-Chancellor of the Quaid-e-Azam University
5. Vice-Chancellor or representative of the SZABMU
6. Representative of a reputable private hospital in Islamabad nominated by the Health Minister
7. Two representatives of civil society nominated by the Prime Minister from amongst renowned philanthropists, retired senior civil servants, retired Supreme Court or High Court Judges, industrialists, professionals, or other persons of renowned achievement and high reputation.

(2) Five or more members of the Nominating Committee shall form a quorum.

(3) Decisions of the nominating committee shall be by consensus; in the event of disagreement it shall be by a majority vote and in the event of a tie, the Chairman shall cast the deciding vote.

(4) The members of the Board approved by the Nominating Committee shall be notified by the Division within seven days.

1. **The Islamabad Healthcare Facilities Management Authority**: (1)The Federal Government shall by notification in the official gazette establish the Islamabad Healthcare Facilities Management Authority (HFMAI).
2. HFMAI established under this Act shall be a body corporate having perpetual succession and common seal with power to acquire and hold property and enter into any contract and may sue or be sued in its name.
3. The HFMAI shall consist of a Board of eight members, selected by the Nominating Committee and approved by the Prime Minister.
4. The Board shall consist of:
5. Four reputable doctors with more than 10 years clinical experience in a public hospital, with such experience being preferably in the fields of medicine, surgery, pediatrics and obstetrics/gynecology or their respective subspecialties,
6. A senior Nurse, with management experience in a large public or private hospital,
7. Three lay members of the public, selected from eminent persons in their respective fields, including legal, finance and economics, management, retired civil servants, educationists, social workers, representative of civil society, businessman, and renowned philanthropist having significant aptitude and time available for improving health services.
8. The members of the Board shall serve for a term of four years and shall be eligible for reappointment for one further term of four years.
9. The Chairperson shall be elected by the members through voting,and shall preside over meetings. In case of his absence, the Chairperson may nominate a Board member as acting Chairman or if he has not done so, the members present shall elect an acting Chairperson for that meeting.
10. The membership of a member of the Board shall cease and fall vacant if he resigns, or fails to attend three consecutive meetings without sufficient cause, or any other reason which incapacitates him. A vacancy shall be filled within one month by the Nominating Committee.
11. A member may be removed from the Authority and shall cease to be a member if the Prime Minister on the recommendation of the Board determines them to be ineffective, disruptive, or otherwise unsuitable to be a member orif a member is found unsuitable by the Prime Minister on the advice of the Division.
12. No person shall be appointed or remain as a member of the Authority, if they;
13. are declared to be of unsound mind;
14. have applied to be adjudicated as an insolvent and their application is pending;
15. are an un-discharged insolvent;
16. have been convicted by a Court of law for an offence involvingmoral turpitude;
17. have been debarred from holding any office under any provisions of law; or
18. have a conflict of interest in terms of the mandate of the Authority.
19. A Secretary to the Authority shall be appointed according to qualifications and rules as may be prescribed by the Board. The Secretary will perform all secretarial and office functions of the Authority at the direction of the Chairman,and will be responsible for recording minutes at the Authority meetings, convening Authority meetings, and communication with the members of the Board as per directions of the Chairman.
20. **Conduct of business:** (1) All decisions of the Authority shall be taken by consensus, and in case of division of opinion, the decision shall be taken by majority of votes, provided that in case of equality of votes, the Chairperson of the Authority shall have a second or casting vote.
21. No act or proceedings of the Authority shall be invalid, merely because of the existence of a vacancy.
22. The quorum shall be five members or two thirds of the total number of existing Members, whichever is less.
23. The member count shall be determined by actual members present and a proxy vote shall not count.
24. The Authority will hold at least 6 meetings every year.

(6) Special Meeting of the Authority may be convened on the request of at least one third of the Board members of the Authority for consideration of any important or urgent matter.

(7) The Authority may constitute subcommittees to assist and advise with its Functions and such subcommittees may include members of the Board or be completely comprised of experts who are not members of the Board.

(8) The remuneration for attending Authority meetings shall be such as may be prescribed by rules.

(9) The Authority may in a matter of urgency, other than the approval of a budget, take a decision through circulation, based on written views of at least one third of the total members.

1. **Functions and powers of the Authority:**(1)The Authority shall be responsible for:
   1. ensuring that the objectives of the Authority subject to policy issued by the Division relating to Health Facilities in the Islamabad Capital Territory are achievedincluding achievement of key performance indicators set by the Division for health care programmes;
   2. overseeing the effective management, and providing strategic direction to the Healthcare Institutions in the Islamabad Capital Territory for implementaion of the curative, preventive and promotive services;
   3. approve the budget of the Authority and allocate funds to HealthcareInstitutions under its supervision;
   4. Oversee Health Facilities and health care service delivery at primary and secondary levels within the policy framework given by the Government;
2. implement policies and directions of the Government including achievement of key performance indicators set by the Government for Health Facilities and health care programmes;
3. policy making and ensuring that performance and its programmes are efficient and effective;
4. ensuring transparency of procedures for appointment, terms and conditions of service, disciplinary matters and other service matters for all employees including employees of the Healthcare Institutions under the direct or indirect control and jurisdiction of the Authority;
5. creation, re-designation or abolition of posts in Healthcare Institutions provided that the financial implications do not exceed the approved annual budget;
6. approval of annual business plan;
7. review and approval of major transactions;
8. approval of new programs and services and monitoring organizational performance;
9. approval of financial plans and annual budget;
10. approval of bye-laws for medical staff and overseeing the process for appointment of members of the medical staff;
11. approval of programs and services to ensure that all HealthcareInstitutions under the control of the Authority fulfill legal, regulatory and accreditation requirements;
12. ensure coordination of health-related emergency response during any natural calamity or emergency;
13. liaise with the Government or any other designated institution for technical and logistic support in case of any emergency or disaster like situation;
14. ensure timely and adequate reporting of progress on health indicators and issues relating to disease surveillance, epidemic control, and disaster management to the Government; and
15. ensuring that all persons in the district have equal, quality and immeidate access to healthcare and for such purpose planning and strcutring healthcare facilities for the efficient delivery of services;
16. be resposible for preparing, adopting or implementing clinincal governance guidelines and regular conduct of clinincal audit of health facilities;
17. ensure implementation of minimum service delivery standards, infrastructure standards, patient safety and hygiene standards and minimum public health standards as prescribed by the Punjab Health Care Commission;
18. perform any other function as may be assigned by the Government; and
19. Division will audit the activities and proceedings of the Authority on an annual basis to ensure adherence to guidelines and standards and fiscal probity.
20. The Board may delegate its powers for recruitment of personnel to various management levels within the HealthcareInstitutions.
21. The Chairperson of the Board may, in case of exigency of service, appoint the Chief Executive Officer, Hospital Directors, Medical Directors, Nursing Directors and Finance Directors of Healthcare Institutions for which it is responsible on officiating basis. All such appointments shall be placed before the Board for approval within three months of the appointment. All appointments shall be made in a transparent manner and in accordance with the prescribed policy of the Federal Government
22. **Organization Structure**: The organizational structure of the Islamabad Healthcare Facilities Management Authority and the Healthcare Institutions shall be as provided for in Schedule I.
23. **Human Resource Management:** (1) The terms and conditions of recruitment, training, transfer, performance appraisal, conduct, discipline and termination of the employees of the Authority and Healthcare Institutions shall be as prescribed hereunder and pursuant to regulations notified by the Authority.
24. For all managerial and higher posts the Board shall form appropriate selection committees as prescribed and proceed in the following manner;
25. The Selection Committee will make its selection and recommendation based entirely on merit, and in a fair and transparent manner in accordance with recruitment policy of the Federal Government after fulfilling the prescribed procedure as laid down hereunder:
26. The vacancies shall be advertised in at least four leading national Newspapers (two English and two Urdu) and the website of the Authority and of the Division specifying therein the prescribed qualifications, experience and other academic and technical requirements. The Selection Committee may also advertise in international journals or media if it so desires.
27. The selection committee shall draw up a short list of not less than three candidates to interview.
28. The selected individual will be presented for approval to the Board. The Board may accept or reject the nominee. In the case of rejection, the Board will provide written reasons for the rejection to the selection committee. The Board may then select an alternative applicant from the list of candidates, keeping in view the listed order of preference of the selection committee. Alternatively, the Board may ask the selection committee to reevaluate the candidates and select another individual from the applicants or undertake the entire selection process afresh.
29. Any member of the selection committee who has a conflict of interest in any form, either with a specific candidate or the position, or for any other reason, shall withdraw himself from the process and inform the Board accordingly and the Board shall replace such member of the selection committee by a fresh appointment as per prescribed criteria.
30. **Healthcare Institutions Management.-**(1)The Authority shall manage Healthcare Institutions and ensure delivery of Health Facilities as per management guidelines prescribed by the Authority.

(2)The Authority may recommend to the Federal Government for-:

* 1. establishment of new Healthcare Institutions;
  2. rationalization of existing Health Facilities and Healthcare Institutions; and
  3. Up-gradations of Healthcare Institutions to meet standards determined by the Government under its policy.

1. **Executive Office of the Authority**: (1) The Authority shall have an Executive Office headed by a Chief Executive Officer who shall report to the Board of the Authority.

(2) The Chief Executive Officer shall be appointed by the Board on a contract basis for a four year period through a competitive process transparently and on merit from the public or private sector. The Chief Executive Officer’s contract may be renewed once for a similar term at the discretion of the Board, based on stipulated performance parameters.

(3) The Board will appoint a selection committee to include two Board members, one of whom will chair the selection committee, and two outside experts with management expertise preferably in healthcare management to recruit the Chief Executive Officer for the Authority.

(4)The Chief Executive Officer shall possess not less than a recognized Master's Degree in Hospital Management or Health Services Management or Business Management or Public Health or Public Administration or any other relevant management qualifications having experience of not less than seven years in a management position in an organization or institution as may be prescribed:

Provided that a person who possesses a recognized medical degree may also apply for the post of Chief Executive Officer subject to having an additional management degree or not less than seven years of experience in a management position in an organization or institution. The Chief Executive Officer shall have no right to do private practice.

(5) The Chief Executive Officer may be removed from the office by the Board at any time, on such grounds as may be prescribed.

1. The Chief Executive Officer shall attend a Board meeting as an invited guest as and when required by the Board to update the Board on the Authority’s activities and functions and any other matters.
2. In performance of his functions, the Chief Executive Officer shall be responsible and accountable to the Board.
3. The Chief Executive Officer shall not have any conflict of interest with such a position.
4. The Chief Executive Officer shall be entitled to a salary and benefits as prescribed and approved by the Board.
5. **Functions of the Chief Executive Officer**: The Chief Executive Officer shall:
6. Exercise his powers as head of the Executive Office of theAuthority;
7. Report to the Board and function in all matters under the directionof the Board;
8. Ensure the provision of efficient primary and secondary Health Facilities and services;
9. Implementstandards and policies fixed by theAuthority;
10. manage human resources including doctors,para­medical, supporting staff and ancillary staffof the Authority and the Healthcare Institutions under the Authority;
11. ensure health outcomes and enrollment in the district;
12. ensure high quality Health Facilities and healthcare services;
13. act as the principal accounting officer responsible and accountable formaintaining financial discipline and transparency in the Authority and Healthcare Institutions;
14. Oversee existing primary and secondary Healthcare Institutions and HealthFacilities;
15. establish new Healthcare Institutions and provision of Health Facilities as required by the Authority;
16. Rationalize existing Healthcare Institutions, Health Facilities and healthcare workers as directed by the Authority;
17. monitor, implement and execute development projects of the Authority as per the budget;
18. ensure achievement of targets against performance indicators laid down by the Authority; and
19. perform any other task assigned to him by the Board.
20. **Finance Director**: (1) A Finance Director shall be appointed on a contract basis for a four year period through a competitive process transparently and on merit from the public or private sector. The Finance Director’s contract may be renewed once for a similar term at the discretion of the Board, based on stipulated performance parameters.
21. The Board will appoint a selection committee to include two Board members, one of whom shall chair the selection committee, and two outside experts with financial expertise to recruit the Finance Director for the Authority.
22. The Finance Director shall be a qualified chartered accountant or possess ICMAP certification or possess a Master’s degree in finance or accounts. Candidates must have seven years post qualification experience in finance or accounts in a major private or public company/institution.
23. Recruitment shall be by a transparent process of public advertisement and evaluation as prescribed in Section 8.
24. Functions and Duties of the Finance Director shall be to;
    1. Coordinate and supervise all financial accounting matters of the Authority and assist the Authority in developing the Annual Budget and any other budgetary/financial matters that the Authority may desire;
    2. Prepare detailed regulations and procedures for the financial management of the Authority for approval by the Board.
    3. Advise the Hospital and Medical Directors of the Hospitals on all financial matters, ensuring transparency and fiscal probity,

(iv) Ensure all the accounts are kept according to rules and regulations approved by the Board

(v) Assist in the development of the Authority and Hospital budgets by the CEO and the Hospital and Medical Directors, respectively, ensuring that the financial projections and financial accounts are accurate.

(vi) Prepare an Annual Financial Report for approval of the Board, and present the approved annual financial report to the Board.

(vii) Ensure facilitation of any external audit of the accounts instituted by the Board or Government and implement the recommendations of the audit.

(viii) Any differences arising on financial issues between the Hospital Director, Medical Director and the Finance Director, shall be placedbefore the Board for a final decision.

13. **Management and Staff**: The management and staff of the Authority including the Director Human Resources, Data & Statistical Analysis Manager, Quality Assurance Manager, Office Administrator and other clerical and support staff shall be recruited as described in section 8 and as per qualifications and requirements to be prescribed by Board.

1. **Hospitals Management and Functional Structure**: (1) All personnel including medical, nursing, technical, and administrative in the Hospitals shall be selected and appointed in the Islamabad Health Service Cadre with rules and terms of service to be prescribed by the Authority.
2. All existing employees shall be offered an option to be governed under their existing terms and conditions or to be administered under the new terms of service under the Islamabad Health Service Cadre.
3. Until such time as the above Cadre is notified the existing employees will continue to be governed by and remain subject to their current rules and terms of service.
4. All new appointments will be on a contract basis as per the prescribed terms and conditions.
5. For each position, the required qualifications and job description must be available and published in the records, along with the terms of service, and the hiring process for managerial positions and for doctors and nurses.
6. **Medical Director of the Hospital**: (1) The Medical Director of a Hospitalshall be responsible for all clinical services at a Hospital.
   * 1. The Medical Director will be appointed on a full-time basis for a period of four yearson the recommendation of a selection committee constituted by the Board, on such terms and conditions as theBoard may determine;

Provided that no Board member or officer of the Authority shall be appointed as Medical Director.

* + 1. The appointment of a Medical Director may be renewed by the Board at their discretion on the recommendation of the Chief Executive Officer for one further term of four years.The renewal will be based upon the performance of the incumbentand the Board will document a written explanation for such action.
    2. The Medical Director shall possess a recognized Medical degree with a recognized postgraduatequalification andat least five years of experience of working in a senior clinical position in an institution.
    3. The Medical Directormay be removed from office by theBoardon therecommendation of the Chief Executive Officer before the expirationofthe period of his term, on the grounds of poor performance, incompetence orother graveoffence, as may be prescribed.
    4. All clinical department heads at the Hospital will report to the Medical Director.
    5. In performance of his functions, the Medical Director shall beresponsible to theChief Executive Officer of the Authority.
    6. The Medical Directorshall not have any conflict of interest with such a position.

16. **Functions of the Medical Directors**: The Medical Director shall be responsible for all clinical functions of the respective Hospital, including but not limited to:

* 1. ensuring clinical excellence in all aspects of hospital function;
  2. ensuring timely, appropriate management of patients;
  3. ensuring the best outcomes for all patients;
  4. undertaking clinical governance for quality control;
  5. assessing and auditing existing clinical programs and developing new clinical programs; and
  6. develop an annual clinical budget, including capital medical equipment requests forpresentation to the Hospital Director and the Chief Executive Officer and Finance Director of the Authority.

1. **Clinical Departments**: The Hospital will have clinical departments covering functions and specialties as prescribed by the Authority. The appropriate types and numbers of physician staff will be selected according to procedures to be prescribed in the regulations.
2. **Clinical Board:** The heads of departments in the Hospital as well as the respective Nursing Directors shall form the Clinical Board which will be advisory to the respective Medical Director. The Clinical Boards will meet at least once every month with the Medical Director as Chair, to discuss all clinical matters related to the respective hospital. The minutes of these meetings will be maintained.
3. **Nursing Director**: (1) A Nursing Director for the Hospital shall be appointed by theBoard for a term of four years which may be renewed by the Board at their discretion, for one further term of four years. The renewal will be based upon the performance of the incumbentand the Board will document a written explanation for such an action
4. The Nursing Director will be a qualified nurse (RN), preferably with an advanced degree in Nursing (BScN) orMScN/MA and holding a current Nursing Council Registration along with atleast five years administrative experiencein a reputable health care facility.
5. TheBoard will constitute a selection committee, with the respective Medical Director as chair and including the respective Hospital Director, a representative of the Board, plus one medical consultant from the respective Hospital, to recruit and recommend a suitable candidate to the Board for the position of Nursing Director.
6. The Selection Committee will follow the same procedure as in Section 8.
7. A nursing council, consisting of the nurse managers in all departments in the respective Hospital will provide advisory to the respective Nursing Director and will meet at least once every month, with the respective Nursing Director as Chair.
8. The Nursing Director may be removed from office by the Board, on the recommendation of the Chief Executive Officer on the grounds of poor performance, incompetence or other grave offence, as may be prescribed.
9. **Functions and duties of the Nursing Director:** The Nursing Director shall report to the Chief Executive Officer and shall be;
10. responsible for all nursing functions, including training of nurses;
11. ensuring adequate nursing staffing for all clinical needs;
12. maintaining the highest nursing standardsand performing regular audits of nursing functions; and
13. perform such other functions as may be prescribed.
14. **Hospital Director:** (1) The Board shall appoint full time Hospital Director for the Hospital for a period of four years on such terms and conditions as the Board may determine; provided that no Board member or officer of the Authority shall be appointed as Hospital Director. The appointment may be renewed by the Board at their discretion, on the recommendation of the Chief Executive Officer for one further term of four years. Therenewal will be based upon the performance of the incumbentand the Board will document a written explanation for such an action.

(2) The Hospital Director shall possess a recognized Master's Degree in Hospital Management or Health Services Management or Business Management or Public Health or Public Administration or any other relevant management qualifications and having 5 years of experience of management in an organization or institution.

Provided that a person who possesses a recognized medical degree may also apply for the post of Hospital Directorwith the condition that he shall have an additional management degree and experience as noted above and shall have no right to do private practice.

(3) The Hospital Director may be removed from office by the Board, on the recommendationof the Chief Executive Officer on thegrounds of poorperformance,incompetence or other grave offence, as may beprescribed.

(4) In performance of his functions, the Hospital Director shall be responsible to theChief Executive Officer.

(5) The Hospital Director shall not have any conflict of interest with such a position.

22. **Functions and duties of the Hospital Director**: The Hospital Director shall be responsible for;

* 1. all non-clinical functions of the Hospital;
  2. Preparation of the annual budget, and business plan for presentation and approval to the Chief Executive Officer and Finance Director of the Authority;
  3. maintenance of building and engineering services; .
  4. maintenance and development of all ancillary services, including but not limited topharmacy, nursing, materials management, human resources, clerical,communications and security services;
  5. to act as the principal accounting officer in the respective hospital, responsible andaccountable for maintaining financial discipline and transparency; and
  6. for implementation and execution of Board policies and to achieve the targets setby the Board.

1. **Management Council**: The Hospital Director will be supported by Management Council of the Hospital consisting of the heads of all non-clinical departments. The Management Council, with the Hospital Director as chair, will meet atleastonceevery month.

24. **Ancillary Departments:** Each hospital will have non-clinicaldepartments including:

* 1. Finance
  2. Human resources
  3. Building Maintenance
  4. Materials Management
  5. Pharmacy
  6. Security
  7. Any other departments consistent with good management as decided by theChief Executive Officerof the Authority and approved by the Board.

1. **Basic Health Units and Rural Health Centers**: (1) The existing Basic HealthUnits will continue to act as the headquarters and integration point for various vertical programs including, Lady Health Workers, MNCH, EPI, HIV, Malaria, TB, Hepatitis and others.
2. Their job descriptions will continue as currently defined until further review and modification by the Board.
3. The further functions and responsibilities of the Basic Health Unit’s will be as further prescribed by the Board.
4. The availability of a full time physician at these units, will be determined on a case by case basis by the CEO, taking into account local factors including distance from the nearest Hospital.
5. A non-medical Administrator in Grade 12 or higher will be appointed to oversee and be responsible for the administration of the Basic Health Unit.
6. The precise job description of the Administrator will be as further prescribed by the Board.
7. The Maternal & Child Welfare Centerswill continue to function as at present until modified or altered by the Board.

26.  **Assessments.-** The Federal Government or the Authority may carry out an assessment of a Health Institution to evaluate the services provided by the Health Institution. The Authority may decide recurring assessments and the frequency and timing of such assessments.

**STATEMENT OF OBJECTS AND REASONS**

To ensure provision of quality health care services through efficient management of health facilities in Islamabad, the draft bill makes provision for establishment of Islamabad Healthcare Facilities Management Authority (HFMAI).

An initiative was taken under the guidance of Federal Minister for National Health Services, Regulations and Coordination in consultation with National Health Reforms Task Force consisted by the Prime Minister a draft bill for establishment of Islamabad Healthcare Facilities Management Authority Act, 2019 was developed.

The HFMAI will have a Chief Executive officer whereas all hospitals will be managed by the hospital management overseen by the Chief Executive Officer.

The authority will have its finance director to be appointed in a transparent manner with responsibility to ensure transparency in utilizing finances and ensure efficient financial management.

Keeping the foregoing in view, it is imperative to promulgate this ordinance for an efficient statutory authority for healthcare.

**SCHEDULE I**

1. The management structure of the Authority shall be as under:

ISLAMABAD HEALTHCARE FACILITIES MANAGEMENT AUTHORITY

CEO & Executive Office

Hospitals

Basic Health Units/

Rural health centers/

Maternal & Child welfare centers

1. The organogram of the Executive Office of the Authority shall be as under;

Board

CEO

Finance Director

Director Human Resources

Data manager and statistical analysis

Quality Assurance manager

Office administrator

1. The organogram and management structure of a Hospital shall be as under;

Medical Director

Clinical board

Hospital director

Management council

Nursing Director

Nursing council

Offices: Finance

Human resources

Building Maintenance

Materials Management

Pharmacy

Security

1. The organogram and management structure of a Basic Heath Unit shall be as under;

Administrator

Lady health Visitors

Lady health Workers

**Schedule 2**

**BASIC HEALTH UNITS**

1. These units will continue to act as the headquarters for the functions of the Lady Health Visitors, Lady Health Workers and, where necessary, Midwives and shall be under the supervision of the Authority.
2. Their job descriptions will remain as at present until further review.
3. The further functions and responsibilities of the BHUs will be as further prescribed.
4. The need for a full time physician at these units, will be decided on a case by case basis by the Authority; such need will be based on distance and accessibility of the closest hospital to the population served by the individual BHU and any other matters considered relevant by the Authority and be subject to approval by the CEO. Where such need is not demonstrable physicians currently posted at BHUs may be withdrawn, so as to function at a designated hospitals.
5. A non-medical Administrator will be appointed to oversee and be responsible for the administration of the BHU.
6. The precise job description of the Administrator will be as further prescribed by the Board of the Authority.

**Schedule 3**

**MINIMUM ESSENTIAL HEALTH SERVICES REQUIRED AT REGIONAL HOSPITALS**

**1. FOR HOSPITALS >300 BEDS:**

|  |  |
| --- | --- |
| DEPARTMENT | CONSULTANTS |
| a) General Medicine, and Subspecialties - GI, Nephrology, Infectious Diseases, Pulmonology, Cardiology | 4 General Internists  2 specialists in each category |
| b) General Surgery  Surgical Subspecialties:  Orthopaedics  Urology | 4  2  2 |
| d) Anaesthetists | 6 |
| c)  General Paediatrics – Medicine    - Surgery  Subspecialty – Neonatology | 3  2  3 |
| d) Obstetrics and Gynaecology | 4 |
| e) Ophthalmology | 2 |
| f)  ENT | 2 |
| g) General Dentistry and Maxillo-facial | 2+1 |
| h) Emergency and trauma services | 4 |
| i)  Intensive care services – Adult  - Paediatric: | 4  4 |
| j) Radiology - including CT and MRI scan capabilities | 4 |
| k) Pathology - including histopatholgy, haematology, clin chem, Microbiology | 4 |
| l) Mental health and psychiatry | 2 |

                                         TOTAL CONSULTANTS:  69

                                                 NURSES: 1 Nurse / 1.5 beds

ANCILLARY STAFF/TECHNICIANS: As determined by Board

**2. FOR HOSPITALS 100 - 200 BEDS**

|  |  |
| --- | --- |
| **DEPARTMENT** | **CONSULTANTS** |
| a) General Medicine | 4 |
| b) General Surgery | 3 |
| c) Anaesthetists | 3 |
| d)  General Paediatrics | 3 |
| e) Obstetrics and Gynaecology | 2 |
| f) Ophthalmology outpatient services | 2 |
| g)  ENT Outpatient Services | 2 |
| h) General Dentistry | 2 |
| i) Emergency and Trauma Services | 4 |
| j) Pathology - Haematology and Clin chemistry | 2 |
| k) Radiology – standard, including CT | 2 |

                            TOTAL CONSULTANTS:  29

                             NURSES: 1 Nurse / 1.5 beds

                            ANCILLARY STAFF: As determined by Board