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**MEDICAL AND HEALTH COUNCIL ACT, 2012**

**Preamble:**

WHEREAS the health and safety of the Bhutanese people must be safeguarded and ensured through the regulation of all health professionals practising in the country;

WHEREAS the Bhutanese population must have access to high quality care delivered by competent health professionals through regulation of the medical education and training programmes;

BE IT enacted by the First Parliament of Bhutan at its…………….. session …………..

# CHAPTER I: Preliminary

## SHORT TITLE, EXTENT AND COMMENCEMENT

This Act shall:

1. Be called the Medical and Health Council Act, 2012;
2. Apply to all health professionals throughout the country, or otherwise within the jurisdiction of the Kingdom of Bhutan; and
3. Come into force on the ……………. Day of the ..........................month of the ............................................................ Bhutanese calendar corresponding to .............................................2012;

## REPEAL:

1. This Act hereby repeals the Medical and Health Council Act of 2002, hereinafter referred to as the “Principal Act”.
2. Notwithstanding the repeal effected in clause 2 (a), any action taken before coming into force of this Act shall be deemed to have been lawfully taken under the “Principal Act”.

# CHAPTER II: The Structure and Functions of the Council

## BHUTAN MEDICAL AND HEALTH COUNCIL

1. There shall be established a Council by the name of Bhutan Medical and Health Council as the regulatory authority for health professionals and medical education and training program in the country.
2. The Council shall function as an autonomous body and shall be funded by the Government of Bhutan.

## POWERS AND FUNCTIONS OF THE COUNCIL

The Council shall exercise such powers and functions as to:

1. Ensure patient safety and quality of care by regulating health professionals and their practices;
2. Regulate health professionals working in Bhutan by maintaining a registry of such professionals;
3. Conduct competency or licencing examination for the purpose of registrationof a candidate in accordance with the prescribed regulations;
4. Enforce the continuing professional development by prescribing minimum continuing medical education (CME) credit requirements for the purpose of renewal of registration;
5. Ensure compliance by the health professionals with the ethical code of conduct and etiquette through supervision and monitoring including visits to the health facilities wherever necessary;
6. Institute disciplinary proceedings against a health professional for medical malpractice or negligence suits;
7. Regulate the quality of medical education and training programs by prescribing minimum standard requirements for infrastructure, course contents, curriculum and faculty members;
8. Recognize or de-recognize medical institutions and qualifications secured from within or outside Bhutan for the purpose of maintaining an optimum and uniform standard of health professionals;
9. Prescribe regulations, guidelines and other documents for strengthening the practice of medicine in the country;
10. Prescribe fees for registrations, examinations, accreditation, honorarium, and any such fees which may be levied from time to time;
11. Employ and pay reasonable remuneration to any person, other than the regular employees of the Council, for their services rendered to the cause of the Council;
12. Invite and receive financial contributions from any individual or organizations, in accordance with the applicable laws of the country.
13. Initiate revolving fund-generation schemes for self-sustainability;
14. Contract and maintain linkages with other relevant institutions and organizations.

## COUNCIL SECRETARIAT

* + - 1. The Council shall function through a self-contained Secretariat which shall be adequately and appropriately staffed as per the staffing pattern determined by the Executive Board from time to time.
      2. The Council secretariat affairs shall be managed by the following officials

1. Registrar General
2. Registrar
3. Deputy Registrar
4. Assistant Registrar
   * + 1. The affairs of the Council shall be presided over by:
     1. President
     2. Vice President

## PRESIDENT

1. The Council shall have a President, who shall be the chairperson of the Board.
2. The position of the President shall be an honorary post with no structured pay scale.
3. Notwithstanding the provision in section (above), the Council may pay remuneration for the services rendered as prescribed by the Council from time to time.

### Election of the President

The President shall be elected by simple majority vote at the Annual General Meeting of the Council from amongst the registered members fulfilling the eligibility criteria specified in the regulation.

### Tenure, Powers and Functions

The President shall serve a term of three years and shall function in accordance with the Terms of Reference as prescribed in the regulation.

## VICE PRESIDENT

The Council shall have a Vice President which shall be an honorary position.

### Election of the Vice President

The Vice-President shall be elected by simple majority vote at the Annual General Meeting of the Councilfrom amongst the registered members fulfilling the eligibility criteria specified in the regulation.

### Tenure, Powers and Functions

The Vice-President shall serve a term of three years and shall function in accordance with the Terms of Reference as prescribed in the regulation.

## REGISTRARGENERAL

1. The Council secretariat shall be headed by a RegistrarGeneral as the Chief Executive Officer.
2. The Registrar General shall be appointed by the government upon fulfilment of criteria as prescribed in the regulation.

### Functions of the Registrar General:

The RegistrarGeneral shall:

1. Function as the member secretary of the Executive Board.
2. Authenticate the registration status of the members under his signature and seal.
3. Be the sanctioning authority for all financial matters related to the secretariat.
4. Discharge any other functions as may be prescribed by regulations from time to time.

## EXECUTIVE BOARD

There shall be constitutedan Executive Board which shall be the decision making and governing body of the Council.

### Composition of the Executive Board

The Board shall consist of 11 members comprising of:

* + - * 1. President as the Chairperson
        2. Vice President as member
        3. 1 member representing the medical doctors
        4. 1 member representing the nursing and midwifery professionals
        5. 1 member representing the allied health professionals
        6. 1 member representing the traditional medicine professionals
        7. 1 member representing the Armed Forces Medical professionals
        8. 1 member representing the Bhutan Institute of Medical Sciences
        9. 1 member representing health professional in the private sector
        10. 1 member representing the civil society
        11. RegistrarGeneral as a member secretary

### Election and Tenure

1. Other than the President, Vice-President and Registrar General, the Executive Board Members shall be elected with simple majority votefrom amongst the respective professional groups.
2. The members constituted under section 9.2 (a)shall serve a term of three years and are eligible for re-election for another term for a maximum of two terms.

### Powers and Functions

The Executive Board shall:

1. Decide on any major issues pertaining to the implementation of the provisions of the Act.
2. Have the power to constitute committees and sub-committees to discharge specified functions of the Council.
3. Have the power to co-opt any health professional, who is not a member of any committees and sub-committees constituted under clause9.3 (b) above, to facilitate informed decision making processes.
4. Review, consider, refer or authenticate any decisions, recommendations, reports, or such documents emanating from various committees and sub-committees of the Council.

### Proceedings of the EB Meetings

1. The Board shall meet at least twice a year, and as and when any urgent matter is referred to it by the Council secretariat.
2. All Board meetings shall be presided over by the President and in his absence Vice-president shall preside.
3. The quorum for the meeting shall be two-third of its members.
4. The decisions of the Board meetings shall be based on general consensus or simple majority vote.
5. All Board members shall have one vote each and in the event of equality of votes the President shall have the deciding vote.

## REGISTRATION COMMITTEE

The Council shall constitute a Registration Committee to discharge such functions pertaining to any matters related to registration of health professionals, institutions and services.

### Composition of Members:

The Registration Committee shall consist of 7 members comprising of:

1. RegistrarGeneral as the Chairperson of the Committee
2. One member of the Executive Board to be nominated by the President.
3. One representative from the Professional Ethics Committee
4. One representative from the Accreditation committee
5. Two representatives from the Panel of Experts.
6. Registrar as a member secretary

### Functions of the Registration Committee

The Registration Committee shall:

1. Review all cases of registration applications forwarded by the Secretariat.
2. Recommend to the Registrar on the award, updating or renewal of registration of the applicants as the case may be.
3. Function in accordance with the terms of reference developed by the Council.

## PROFESSIONAL ETHICS COMMITTEE

The Council shall have a Professional Ethics Committee to deal with matters related to ethics in clinical practice.

### Composition of Members:

The Committee shall consist of 9 members comprising of:

1. two members representing medical doctors
2. two members representing nursing and midwifery professionals
3. two member representing allied health professionals
4. one member representing traditional medicine discipline
5. two member representing Bhutan Institute of Medical Sciences

### Functions of Professional Ethics Committee:

The Committee shall:

1. Advise the Council on any matter related to professional ethics.
2. Develop standard guidelines on ethics, code of conduct and etiquette for the registered members.
3. Facilitate the Council in developing, formulating, framing policy documents, guidelines, standards, medical laws, or any such other Council documents as deemed necessary.
4. Initiate disciplinary proceedings against a health professional for medical malpractice and negligence cases through inquiry committee and disciplinary committee as prescribed in the regulation.
5. Discharge such other functions as may be assigned to it by the Executive Board from time to time.

## ACCREDITATION COMMITTEE

The Council shall have an Accreditation Committee to deal with matters related to accreditation processes.

### Composition of Members:

The Committee shall consist of7 members comprising of:

1. Vice-President as the Chairperson
2. One member representing medical doctors in clinical practice
3. One member representing nursing and midwifery professionals
4. One member representing allied health professionals
5. Two member representing Bhutan Institute of Medical Sciences
6. Registrar as a member secretary

### Functions of Accreditation Committee

The Committee shall:

1. Deal with matters pertaining to accreditation of medical education and training programmes both within and outside the country.
2. Conduct site visits, within and outside the country, as part of the accreditation functions.
3. Develop standard guidelines on minimum requirements for accreditation by the Council.
4. Facilitate the Council in developing and maintaining accreditation network at the regional and international levels.

## GENERAL RULES FOR THE COMMITTEES

The Registration committee, Professional Ethics Committee and Accreditation Committee shall be guided the following general rules:

### Tenure

The members of Registration Committee, Professional Ethics Committee and Accreditation Committee other than the Office bearers of the Council shall serve a term of three years and are eligible for reappointment for a maximum of two consecutive terms.

### Quorum:

The quorum shall consists of not less than two-third of the members

### Proceedings of the Meetings

1. The committees shall meet as and when any relevant matter is forwarded by the Secretariat.
2. The decision of the committee shall be based on general consensus or by a simple majority vote
3. Each member shall have one vote and in the event of a tie the Chairperson shall have a deciding vote.
4. The decisions of the committees shall be endorsed and authenticated by the Executive Board.
5. The Committee may enlist the services of the relevant expertise.

# Chapter III: Registration, Rights, Privileges and Obligations of Registered Health Professionals

## REGISTRATION

1. Any health professional who wishes to practice his profession in Bhutan shall have to register with the Council.
2. The Council shall maintain a register for all the registered health professionals in accordance with the prescribed regulations.

## RIGHTS AND PRIVILEGES

A person who is duly registered under this Act, depending on qualification and regulations prescribed from time to time, shall have the rights and privileges to:

* + 1. Practice his profession in any part of the country;
    2. Issue medical certificates;
    3. Use titles or designations in his correspondences;
    4. Deposit testimony in the court of law as an expert witness;
    5. Write medico-legal reports;
    6. Constitute, join or become a member of any professional bodies;
    7. Refuse a task which is contrary to the provisions of the Act and other laws and regulations of the Land;
    8. Not be penalized by the Council for disciplinary actions without due investigations and proceedings.

## OBLIGATIONS

Notwithstanding the rights and privileges conferred under clause 15 above, a health professional shall:

1. Adhere strictly to the code of conduct prescribed by the Council;
2. Follow the provisions of the laws of the land relating to the field of practice;
3. Render service in times of emergencies;

# CHAPTER IV: Establishment of new institutions and introduction of new courses.

1. The Council shall be the authority to accord technical clearance for the establishment of any medical or health institute.
2. Any medical and/or health institute established under section 17 above shall obtain approval from the Council for the introduction or change of medical education and training program.
3. The Council shall be guided by the Regulations Governing Standard of Medical Education, Training Programs and Services.

# Chapter V: Accreditation of academic qualifications and institutions

1. In the exercise of its powers and functions as specified in clause4 (g) of chapter II, of this Act, the Council may accord, withhold or withdraw recognition of institutions and qualifications listed under clauses 35 & 36 of this Act.
2. The Council shall be guided by the regulations governing minimum requirements for accreditation and registration.
3. The Council may collaborate with appropriate foreign authorities and institutions for reciprocal recognition of qualifications and institutions.
4. The Council may require an individual to undergo an examination for validation of his knowledge, skills and qualification.
5. The Council may appoint inspectors, examiners, advisors, or institutions with specified terms of reference to discharge the functions under this Chapter.
6. The Council may call upon a medical or health institute to furnish information on matters related to accreditation process either to the Council or to an institution or individual duly authorised by the Council.

# Chapter VI: Offences and Penalties

## GRADING OF OFFENCES

For the purpose of this Act, the offences shall be graded as follows:

* 1. An offence shall be designated as Grade D if there is minor deviation from the standard of care, code of conduct, or minimum requirements so warranted by this Act or the regulations and other documents made thereof;
  2. An offence shall be designated as Grade C if there is moderate deviation from the standard of care, code of conduct, or minimum requirements so warranted by this Act or the regulations and other documents made thereof;
  3. An offence shall be designated as Grade B if there is severe deviation from the standard of care, code of conduct, or minimum requirements so warranted by this Act or the regulations and other documents made thereof;
  4. An offence shall be designated as Grade A if there is profound deviation from the standard of care, code of conduct, or minimum requirements so warranted by this Act or the regulations and other documents made thereof;

## PENALTIES

* 1. A health professional or a medical or health institute that is found to have committed Grade D offence shall be issued a warning.
  2. A health professional or a medical or health institute that is found to have committed Grade C offence shall have the registration made conditional subject to reinstatement of the registration upon fulfilment of the conditions attached therewith.
  3. A health professional or a medical or health institute that is found to have committed Grade B offence shall have the registration suspended for not less than one month and not more than 6 months at the first instance, and not less than six month and not more than1 year at the second instance, provided that:

1. Such individual, if employed in government agency, shall be forwarded to the respective agency for administrative actions; or
2. Such individual, if working in a private setting,shall be liable to pay a fine as prescribed in the regulations;
3. Medical or health institute shall be liable to pay a fine as prescribed in the regulations.
4. Medical or health institute shall be liable to pay a fine as prescribed in the regulations.
   1. A health professional or a medical or health institute that is found to have committed Grade A offence shall have the registration cancelled with the following proviso:
      * 1. Such individual, if employed in government agency, shall be forwarded to the employing agency for administrative actions; or
        2. Such individual, if self-employed in a private setting, shall be liable to pay a fine as prescribed in the regulations.
        3. Such medical or health institute shall be liable to pay a fine as prescribed in the regulations ; and
        4. Such professional or institute shall be committed to the court of law for legal proceedings.

## ENHANCEMENT OF PENALTY

A health professional or a medical or health institute who is found guilty of same offence shall be awarded enhanced penalty as follows:

1. Grade D offence shall be enhanced to C
2. Grade C offence shall be enhanced to B
3. Grade B offence shall be enhanced to A

## SPECIFIC OFFENCES AND PENALTIES

### Falsification of qualifications:

A health professional, who after having been registered with the council, is found to have produced falsified qualifications, certificates and such other documents to obtain registration with the Council for the purpose of practice in the country shall be deemed to have committed Grade A offence.

### Practicingprofessionwithout registration

A health professional, who is found to be practising his profession without registration with the Council shall be deemed to have committed grade B offence.

### Fraudulent practices

A health professional, who is found to practice fraudulently, by claiming a different qualification, remedy, cure or techniques, shall be deemed to have committed grade A offences.

### Failure to attend to patient

1. A health professional who fails to attend to a patient in spite of reasonable effort being made to make him do so shall be deemed to have committed grade D offence.
2. If the health professional’s failure to attend results in aggravation or worsening of patients condition, such professional shall be deemed to have committed grade C offence.
3. If the health professional’s failure to attend results in conditions necessitating life-saving interventions, such professional shall be deemed to have committed grade B offence.
4. If the health professional’s failure to attend results in death of the patient, such professional shall be deemed to have committed grade A offence.

### Failure to document

A health professional who willfully or otherwise fails to properly document the patient-care related processes shall be deemed to have committed grade D offence.

### Falsification of medical records, reports and certificates

A health professional who wilfully falsifies medical records, reports and certificates shall be deemed to have committed grade B offence.

### Failure to obtain informed consent

A health professional, who fails to obtain informed consent of the patient or authorized person for invasive procedures, surgery or such other interventions, except in an emergency situation, shall be deemed to have committed grade D offence.

### Breach of patient confidentiality

A health professional, who by divulging patient information without prior authorization of the patient and where such divulgence is not within the permitted scope, causes physical or mental anguish to the patient, shall be deemed to have committed grade B offence.

### Rash and negligent act

1. A health professional, who by way of a rash decision and/or a negligent act,causes injuries to a patient or the other person, shall be deemed to have committed grade C offence;

***Explanation:****a surgeon who injures an unborn baby during a caesarean section shall come within the purview of this section.*

1. A health professional, who by way of a rash decision and/or a negligent act, causes disability to a patient, shall be deemed to have committed grade B offence;
2. A health professional, who by way of a rash decision and/or a negligent act, causes death to a patient, shall be deemed to have committed grade A offence;

### Endangerment of a patient

A health professional, who abandons a patient while being under his care and where such abandonment is associated with potential threat to the safety and life of the patient, shall be deemed to have committed grade D offence.

### Illegal abortion

1. A health professional, who procures a person for the purpose of termination of pregnancy outside the provisions of the section 146 Penal Code of Bhutan, 2004, shall be deemed to have committed grade B offence.
2. A health professional who causes illegal abortions either by producing the means or by acting himself, shall be deemed to have committed grade B offence.
3. A health professional who, causes illegal abortions either by producing the means or by acting himself, and where such act result in death of the patient shall be deemed to have committed grade A offence.

### Euthanasia

A health professional who, by act of omission or commission, carries out euthanasia shall be deemed to have committed grade A offence.

### Sexual misconduct

A health professional who is found to have engaged in sexual misconduct with a patient during the course of his professional practice shall be deemed to have committed grade C offence

### Adultery

A health professional who is found to have engaged in adultery with a patient shall be deemed to have committed grade B offence.

### Addiction to drugs and alcohol

A health professional who is found to be intoxicated or under the influence of alcohol or drugs or other intoxicating substances while on duty shall be deemed to have committed grade D offence.

### Addiction to drugs and alcohol

A health professional who is found to be intoxicated or under the influence of alcohol or drugs or other intoxicating substances while on duty shall be deemed to have committed grade D offence.

### Sex determination of an unborn child

A health professional who causes to procure, administer or conduct any procedure with the purpose of determining the sex of an unborn child shall be guilty of grade C offence.

### Wilful spread of infection or ill-health condition

A health professional who knowingly or recklessly creates or maintains a condition including spreading of dangerous diseases that cause injury or endangers the safety or health of an individual or the general public shall be deemed to have committed grade B offence.

### Genetic interference

A health professional who unlawfully conducts experimentation and research involving genetic materials of human specimen shall be deemed to have committed grade B offence.

### Liaison with unqualified personnel

A health professional, who is found to have entered into a professional liaison with unqualified personnel, shall be deemed to have committed grade D offence.

### Advertising

1. A health professional, who is found to be engaged in disproportionate advertisement including disparagement of professional colleagues and claims of superiority or magic cures, shall be deemed to have committed grade B offence.
2. A medical or health institute found to be engaged in disproportionate advertisement including disparagement of other institutions and claims of superiority over others shall be deemed to have committed grade B offence.

### Establishment of medical or health institute

A medical or health institute operating without prior approval of the Council shall be deemed to have committed grade B offence and shall also be liable to pay fine.

### Failure to maintain minimum standards

A medical or health institute that fails to maintain the minimum standards prescribed by the Council shall be deemed to have committed grade C offence and shall also be liable to pay fine.

### Increase admission capacity

A medical or health institute found to have increased the admission capacity without prior approval of the Council shall be deemed to have committed grade C offence and shall also be liable to pay fine.

### Introduction of new courses

A medical or health institute found to have introduced new courses or training programs without prior approval of the Council shall be deemed to have committed grade B offence and shall also be liable to pay fine.

# CHAPTER VII: Rule making power, authoritative text and amendment

## POWER TO MAKE RULES

For the effective implementation of this Act, the Council may by notification make rules and regulations to provide for the following:-

1. Management and maintenance of the property of the Council and audit of account thereof;
2. Terms of reference of office bearers, members of the board, committees and sub-committees;
3. Schedule of meetings;
4. Registration process;
5. Standards of professional conduct, etiquette and code of ethics for the health professionals;
6. Disciplinary proceeding for medical malpractice and negligence;
7. Minimum standards for medical education and training programmes;
8. Minimum standards for accreditation of medical or health institutes, teaching faculties, and courses;
9. Conduct of examinations;
10. Schedule of fees for registration, examinations, and accreditation;

## RESOLUTION OF DISPUTES

Any dispute arising out of or in connection with the exercise or implementation of any provisions of this Act shall be dealt with in accordance with the applicable laws of the Land.

## AUTHORITATIVE TEXT

The Dzongkha text shall be the authoritative text in the event of any discrepancy in meaning between the Dzongkha and the English text.

## AMENDMENT

The amendment of this Act by way of addition, variation or repeal shall be effected by a simple majority of the respective Houses or vote of not less than two-third of the total members of the Parliament present and voting on a motion submitted by one-third of the members of either Houses provided that the amendments do not undermine the functions of the Council.

# CHAPTER IX: Interpretations and Schedules

## MISCELLANEOUS

Unless the context clearly otherwise requires, wherever used in this Act:

1. The masculine includes the feminine; and
2. The singular includes the plural;

## RECOGNISED INSTITUTIONS

For the purposes of this Act, recognized institutions shall apply but not limited to, the following institutions imparting:

1. Medical education
2. Nursing and midwifery education
3. Allied health sciences
4. Traditional medicine
5. Dental sciences

## RECOGNISED QUALIFICATIONS

For the purposes of this Act, recognized qualifications shall apply, but not limited to, the following:

1. Certificates
2. Diplomas
3. Under-graduate degrees
4. Post-graduate diploma
5. Post-graduate degree
6. Fellowships
7. Doctorate

## DEFINITION OF TERMINOLOGY

In this Act, unless the context otherwise requires:

|  |  |
| --- | --- |
|  | **“Act”** means the Medical and Health Council Act, 2012. |
|  | **“Accreditation”** means the process of granting recognition to an educational institute and qualification upon fulfilment of minimum prescribed standard. |
|  | **“Adultery”** means sexual association with a patient such as to construe as misuse of professional privileges wherein such association would adversely impact on professional relationship between the health professional and the patient. |
|  | **“Allopathic medicine”**means broad category of medical practice which is termed as western system of medicine. |
|  | **“Approved institution”** means a teaching or training institution, health facility or hospital recognised by the council for the purpose of training leading to award of a certificate, diploma or a degree. |
|  | **"Board"** means the Executive Board of the Council constituted under this Act. |
|  | **“Complementary and Alternative Medicine”** means any healing practice that does not fall within the realm of allopathic and traditional medicines. |
|  | **"Council"**means the Bhutan Medical and Health Council. |
|  | **“Disability”**means an injury or condition resulting in loss of bodily functions. |
|  | **"Examination”** means competency or any other examinations conducted by the Council for the purpose of implementation of the provisions of this Act. |
|  | **“Euthanasia”** means putting an end to the life of a patient suffering from a terminal illness. |
|  | **"Health facility”** means an institution, health centre or hospital recognised by the Council for the purpose of providing health care, health care products and training related therein. |
|  | **“Health professionals”** means qualified practitioner of the art and science of medicine including the traditional medicine, or any such professional in the field of health care. The terms 'medical professional' and 'health professional' may be used interchangeably. |
|  | **“Malpractice”** means wrong or injudicious treatment of a patient professionally; it results in injury, unnecessary suffering or death of the patient. |
|  | **“Medical and/or Health Institute”** means all institutions which award certificates, diplomas or degrees in the fields of medical science and in the field of health and health related subjects. |
|  | **“Medical education**” means any educational or training program in medical and health sciences. |
|  | **“Meeting”** means meetings of the Executive Board, Committees, and Sub-committees constituted to discharge specified functions of the Council. |
|  | **“Recognised Institution”** means all institutions in the field of medical and health sciences both within and outside Bhutan that are duly recognised or accredited by the Council as specified inclause 35of this Act. |
|  | **“Recognised qualification”** means qualification in medical and health related fieldsthat are duly recognised or accredited by the Councilas specified in clause 36 of this Act. |
|  | **“Registration”**means registration of Medical or health professionals with the Council for the purpose of practice of their professions. |
|  | **“Regulation”** means all rules and regulations instituted by the Council from time to time for the implementation of the provisions of the Act. |
|  | **“Secretariat”** means the Bhutan Medical and Health Council Secretariat. |
|  | **“Sexual misconduct”** means any sexually oriented improper conduct that does not fall within the definition of adultery and that which is beyond the permitted range of professional contact with the patient. |
|  | “**Traditional Medicine”** means ‘gSobaRigpa’ medicine as recognised by the Council as a full-fledged branch of medical science. |
|  | **“Unqualified personnel”** means an individual who has not obtained any form of training in the field of medical education, such as lay persons, quacks, and local healer who are not eligible to be registered with the Council. |

**Legislative Taskforce Members:**

1. Dr. NgawangTenzin,Medical Director, JDWNRH- Chairperson
2. Dr. Damber Kumar Nirola, Psychiatrist-Member
3. Dr. PakilaDrukpa, Forensic Specialist-Member
4. Ms TandinPemo, Nursing Superintendent-Member
5. Mr.Dorji, Microbiologist-Member
6. Mr. Karma Phuentsho, Physiotherapist-Member
7. Ms DikiWangmo, Dean Student Affairs, RIHS-Member
8. DrungtshoDophu, Dean, NITM-Member
9. Mr.SonamDorji, Drug Controller-Member
10. Drungtsho Tendril Wangdi, Lecturer, NITM-Member
11. DrungtshoTsheringTashi, Superintendent, ITMS-Member
12. DrungtshoTshering Penjor, ITMS-Member
13. Mr. Thinley Namgay K-QASD
14. Drungtsho Karma Galey, Dy Superintendent, ITMS-Member
15. Mr. Tshering Wangchuk, TCA, NTMH-Member
16. Dr. PandupTshering, Registrar-BMHC Secretariat-Member
17. Mr. Nima Sangay, Asstt. Registrar, BMHC Secretariat-Member
18. Mr.Tshewang Dorji,A IMO, BMHC-Member

**Formatting, layout and justification:**

* 1. Dr. Damber Kumar Nirola
  2. Dr. PakilaDrukpa