

**BHUTAN MEDICAL COUNCIL REGULATIONS
(REVISED) 2010**



KINGDOM OF BHUTAN

**MEDICAL COUNCIL SECRETARIAT
ROYAL GOVERNMENT OF BHUTAN
THIMPHU**

Preamble

As empowered by the Medical and Health Council Act 2002, the Bhutan Medical Council Regulations 2005 is hereby revised to:

1. Institute the structure and procedures for functioning of the Council, such as:
 - a. Composition, powers and duties of office bearers of the Council;
 - b. Procedures of appointment, resignations and terminations of members of the Council, Executive Committee, Sub-Committees and other committees;
 - c. Schedule of meetings of the Board, committees and subcommittees;
 - d. Management and maintenance of Council's property;
2. Prescribe standardized minimum code of conduct and etiquette for compliance by the registered members;
3. Set procedures for instituting disciplinary proceedings in respect of medical malpractice and negligence cases;
4. Develop standard procedures for registration processes;
5. Prescribe criteria and procedures for recognition of medical education and training programmes within and outside the country;

CHAPTER I

THE PRELIMINARIES

Short Title and Commencement and Extent

1.01 These regulations may be cited as “Medical Council Regulations-Revised 2010”.

2.01 The regulations shall come into force on 23 March 2010, corresponding 10th day of the 2nd month of the Iron Male Tiger Year of the Bhutanese calendar.

1.3: The regulations shall apply to all health institutions and health professionals of the Kingdom of Bhutan.

2: Jurisdiction and Scope

The regulation shall have the following jurisdiction:

2.1: The regulations shall serve as the working document to the Medical Council and shall be the basis for all actions/activities undertaken by the Council.

2.2: Notwithstanding the clause 2.1, the document is not exhaustive and wherever necessary any matter not covered by these regulations shall be settled by a responsible body of professionals formed by the Council.

2.3: The regulations may be revised every five years.

2.4: To further strengthen the regulations, the council shall frame set of rules and guidelines, wherever necessary, to facilitate various functions of the Council.

3: Definition of Terms

In these regulations, unless the context otherwise requires:

“**Act**” means the Medical and Health Council Act 2002, of the Kingdom of Bhutan.

“**Council**” means Bhutan Medical Council.

“**Regulations**” means Bhutan Medical Council Regulations.

“**Guidelines**” means guidelines developed by the Bhutan Medical Council from time to time.

“**Registration**” means registration of health professionals with the Council.

“**Ad-hoc registration**” means registration of health professional for a specified purpose and granted for less than one month.

“Temporary Registration” means registration of health professionals for a specified period of time exceeding one month but less than two years.

“Provisional Registration” means registration granted provisionally to professionals for a specified period to enable the registrants to undergo course requisite internship, attachments and practical training in Bhutan.

“Competent Authority” means a person, group of persons or institution authorized by the Bhutan Medical Council to conduct/undertake specified functions under the provisions of the Act.

“Qualifying Examination” means an examination designed/conducted by the Council for the candidates to become eligible for admission to various medical education training programmes.

“Competency Examination” means an examination conducted by the Council to validate the professional competency of applicants in order to become eligible for registration.

“Executive Board” means the executive board of the Council as constituted under Chapter- II, Section

“Sub-Committee” means a committee constituted for specific functions of the Council.

“Ad-hoc Committee” means a committee constituted by the Council on ad hoc basis for specified task/functions of the Council.

“Standard Operating Procedures” means standard operating procedures agreed upon and adopted by a health/medical discipline as a guiding document for conducting day-to-day functions, processes, procedures, operations, etc.

“Prescribed Standards” means standards as to the content and quality of medical education training, or health services as laid down by competent authority.

“Euthanasia” means the act or practice of ending the life of an individual suffering from a terminal illness or an incurable condition, as by lethal injection or suspension of extraordinary medical treatment.

“Quackery” means practice of any kind of healing in the garb of allopathic or traditional medicine practice by untrained/unregistered person.

“Inspectors” means a person of standing repute and expertise appointed by the Council and tasked with inspection and visitation of institutions for the purpose of carrying out such functions as prescribed by the Act and regulations.

“Medical negligence” means breach of duty of care to the patients and contravention of professionally approved practice which results in, by an act of commission or omission, damage to a patient.

“Professional misconduct” means impropriety and infraction, by the health professionals, of professional ethics and code of conduct as prescribed by the Council from time to time.

“Consent” means a voluntary agreement, acquiescence or permission given by a competent person for physical examination, investigation and treatment.

“Informed Consent” means consent, written or verbal, given by a person after reviewing all the necessary relevant information about patient care and such information being provided by the health professional.

“Medical or Health Professional” means qualified practitioner of the art and science of medicine including the traditional medicine or any such professionals in the field of health care. The terms ‘medical professional’ and ‘health professional’ may be used interchangeably.

“Allied Health Professional” means all medical and health professional who are engaged in providing diagnostic, rehabilitative, therapeutic and other such health care services. This will include Physiotherapy, psychotherapy, radio-diagnosis, laboratory services, counselling, pharmacy, dental etc.

“Registered professional” means medical or health professionals who are registered with the Council.

“Medical Ethics” means standard moral and ethical duties of medical or health professionals in the practice of their profession, as stipulated by the Council from time to time.

“Traditional Medicines” means the Bhutanese system of gSo-ba Rigpa medicines as recognized by the Council.

CHAPTER II

REGULATIONS GOVERNING THE STRUCTURE AND FUNCTIONS OF THE COUNCIL

BHUTAN MEDICAL COUNCIL

- a. The Bhutan Medical Council shall be an autonomous body with a perpetual succession and a common seal to exercise the powers and functions conferred by the Act.
- b. The registered address of the Council shall be located in Thimphu and the full address shall be decided by the Council from time to time.

POWERS AND FUNCTIONS

The Council shall exercise such powers and functions as to:

- a. Regulate medical professionals working in Bhutan by maintaining a registry of such professionals and their compliance with ethical code of conduct and etiquette;
- b. Institute disciplinary proceedings against a medical professional for medical malpractice or negligence suits;
- c. Regulate the quality of medical education and training programmes by prescribing minimum standard requirements for infrastructure, course contents, curriculum and faculty members;
- d. 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 medical professionals.
- e. Prescribe regulations, guidelines and other documents for strengthening the practice of arts and science of medicine in the country.

Additional Powers

In furtherance to the provisions of the Act and subject to other applicable laws, the Council shall have powers to:

- a. Acquire, hold and dispose of property or premises for use by the Council.
- b. Employ and pay reasonable remuneration to any person, including the Committee members, for their services rendered in any way to the cause of the Council.
- c. Invite and receive financial contributions from any persons or organizations, provided that the Council shall not undertake any permanent trading activities.
- d. Initiate revolving fund-generation schemes for self-sustainability.

- e. Contract and maintain linkages with other relevant networks and institutions.

OFFICE BEARERS

The Council shall have the following officer bearers:

- a. President
- b. Vice-President
- c. Registrar
- d. Deputy Registrar
- e. Assistant Registrar

Eligibility criteria:

In order to be eligible to apply or become nominated for the post of office bearers of the Council, s/he shall:

- a. Be a citizen of Bhutan.
- b. Be a registered member of the Council.
- c. Be a person of high moral and professional standing.
- d. Possess a work experience of at least 10 years in the health sector.
- e. Not have been convicted by a court of law for any criminal offence.

PRESIDENT

- The Council shall have a President as the chairperson of the board.
- The position of the President shall be an honorary post with no structured pay scale.
- 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 from amongst the registered members by a simple majority vote at the Annual General Council Meeting.

Tenure:

The President shall serve a term of three years and s/he shall be eligible for re-election for subsequent terms provided that s/he shall not hold office for more than two consecutive terms at a time.

Powers and Functions

The President shall:

- a. Preside over all the Board and Annual General Council meetings.
- b. Direct the Council in any matters related to the Council affairs.
- c. Authenticate, under his/her signature and seal, all the decisions taken by the Executive Board, committees and sub-committees.
- d. Exercise a deciding vote at the Executive Board meetings in case of equality of votes.
- e. Represent the Council in any official meetings, conferences, or functions as deemed relevant to the Council.

- f. Exercise such powers to depute Vice-President or any other member of the Council to represent the Council in any official functions.

Vice President

The Council shall have an honorary post for office of the Vice President.

Election of the Vice President

The Vice-President shall be elected from amongst the registered members by a simple majority vote at the Annual General Council Meeting.

Tenure:

The Vice-President shall serve a term of three years and s/he shall be eligible for re-election for subsequent terms provided that s/he shall not hold office for more than two consecutive terms at a time.

Powers and Functions

The Vice-President shall:

- a. Preside over all the Council meetings in the absence of President wherefore s/he shall exercise such privileges as prescribed for the President.
- b. Be the chairperson of the Accreditation Committee.
- c. Discharge any such other functions of the Council as assigned by the President.

REGISTRAR

The Council shall have a regular post of a Registrar having a structured pay scale as per the existing government policies.

Appointment of Registrar

The Registrar shall be appointed by the government on the recommendation of the executive board.

Tenure:

The Registrar shall serve a term of five years and is eligible for another term for a maximum of two terms or until the attainment of sixty years of age, which ever comes earlier.

Powers and Functions

The Registrar shall:

- a. Be the chief executive officer of the Council secretariat.
- b. Be the member secretary of the Executive Board and as such s/he shall call, organize, and document the proceedings of the Executive Board and other Council meetings.
- c. Authenticate the registration status of the members under his/her signature and seal.
- d. Issue certificates of good standing after satisfying fully the grounds on which such certification is issued.
- e. Prepare budgetary requirements and develop annual work plan of the Council and its secretariat.
- f. Be the sanctioning authority for all financial matters related to the secretariat.
- g. Prepare annual reports.
- h. Apprise the Executive Board and the general council body on the activities of the Council.
- i. Keep the Common Seal of the Council and shall not be affixed to any documents except in the proper discharge of the functions of the Council.

- j. Maintain the registry of different categories of the members of the Council.
- k. Discharge any such other functions of the Council as assigned by the President.
- l. Preside over the Registration committee meetings.

DEPUTY REGISTRAR

The Council shall have a regular post of a Deputy Registrar having a structured pay scale as per the existing government policies.

Appointment of Deputy Registrar

The Deputy Registrar shall be appointed by the government on the recommendation of the Executive Board.

Tenure:

The Deputy Registrar shall serve a term of five years and s/he shall be eligible for another term for a maximum of two terms only.

Powers and Functions

The Deputy Registrar shall:

- a. Officiate the Registrar in his/her absence from work.
- b. Be the member secretary of the Registration Committee and as such s/he shall call, organize, and document the proceedings of the Registration Committee meetings.
- c. Assist the Registrar in preparation of annual budgets, work plans and reports.
- d. Discharge any such other functions of the Council as assigned by the President or Registrar.

ASSISTANT REGISTRAR

The Council shall have a regular post of an Assistant Registrar having a structured pay scale as per the existing government policies.

Appointment of Assistant Registrar

The Assistant Registrar shall be appointed by the government on the recommendation of the Executive Board.

Tenure:

The Assistant Registrar shall serve a term of five years and s/he shall be eligible for another term for a maximum of two terms only.

Powers and Functions

The Assistant Registrar shall:

- a. Assist the Registrar and Deputy Registrar in the day to day functions of the Council.
- b. Be the member secretary of the Accreditation Committee and as such s/he shall call, organize, and document the proceedings of the Accreditation Committee meetings.
- c. Discharge any such other functions of the Council as assigned by the President or Registrar.

THE COUNCIL STRUCTURE

The Council structure shall comprise of the following:

1. Secretariat
2. Executive Board
3. Committees
 - Registration Committee
 - Professional Ethics Committee
 - Accreditation Committee

SECRETARIAT OFFICE

The Council shall function through a self-contained Secretariat office.

The Council Secretariat shall be adequately and appropriately staffed as per the staffing pattern determined by the Executive Board from time to time.

EXECUTIVE BOARD (EB)

It shall be the highest decision making and governing body of the Council.

Composition

The Executive Board shall comprise of 11 members, as follows:

- a. President of the Council
- b. Vice President of the Council as member
- c. 1 members representing the doctors
- d. 1 members representing the nursing professionals
- e. 2 members representing the allied health professionals.
- f. 1 member representing the traditional medicine professionals
- g. 1 member from the Armed Forces Medical Professionals.
- h. 1 member representing the Bhutan Institute of Medical Sciences.
- i. 1 member representing pharmaceutical services
- j. Registrar of the Council as a member secretary

Election and Tenure

- a. The members of the Executive Board, other than the President, Vice-President and Registrar, shall be elected from amongst the respective professional groups by a simple majority.
- b. Such members shall serve a term of 2 years and shall be eligible for re-election for another term for a maximum of two terms.

Powers and Functions

The Executive Board shall:

- a. Decide on any major issues pertaining to the implementation of the provisions of the Act.
- b. Have the power to constitute committees and sub-committees and co-opt other members in order to facilitate discharge of the Council functions.
- c. 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

- a. The Board shall meet at least twice a year, and as and when any urgent matter is referred to it by the Council secretariat.

- b. All board meetings shall be presided over by the President.
- c. The quorum for the meeting shall be two-third of its members.
- d. The Board shall be guided by the ideals of integrity, objectivity, and professionalism in the discharge of its functions.
- e. All the board members shall have one vote each at every Board meeting, and in the event of equality of votes the President shall have a second or deciding vote.
- f. The decision of the Board shall be based on a simple majority
- g. The decisions of the Board shall be endorsed / authenticated under the signature and seal of the President.
- h. All proceedings of the committee shall be documented.

REGISTRATION COMMITTEE (RC)

The Council shall institute a Registration Committee to discharge such functions pertaining to any matters related to registration.

Composition of Members:

The Registration Committee shall consist of seven members comprising of:

- i. One member of the Executive Board to be nominated by the President.
- ii. One member from the Professional Ethics Committee to be nominated by the President.
- iii. Two members from the relevant professional sub-committee to be elected from amongst the members.
- iv. Two members from other professional sub-committees not covered under section iii to be elected from amongst the members.
- v. Deputy Registrar as member secretary

Tenure of Registration Committee members:

The members, other than the Deputy Registrar, shall serve a term of 2 years and s/he shall be eligible for another term for a maximum of two terms only.

Functions of the Registration Committee

- a. To review all cases of registration applications forwarded by the Secretariat.
- b. To recommend to the Registrar on the award, updating or renewal of registration of the applicants as the case may be.

Proceedings of the Meetings

- a. The committee shall meet as and when any matter pertaining to registration is forwarded by the Secretariat.
- b. The meeting shall be presided over by the Registrar
- c. The committee shall be guided by prescribed set of standards relevant for each category of profession.
- d. The decision of the committee shall be based on a simple majority and in the event of failure to arrive at a decision the matter shall be presented to the Executive Board for review and recommendations for further course of action.
- e. The decisions of the committee shall be endorsed / authenticated by the Executive Board.
- f. All proceedings of the committee shall be documented.

PROFESSIONAL ETHICS COMMITTEE (PEC)

The Council shall have a Professional Ethics Committee to assist the Council in any matters related to ethics in clinical practice.

Composition of Members:

The Committee shall comprise of seven members as follows:

- i. 2 members representing medical doctors
- ii. 2 members representing nursing professionals
- iii. 2 member representing allied health professionals
- iv. 1 member representing traditional medicine discipline

Tenure:

The members of Professional Ethics Committee shall serve a term of 2 years and shall be eligible for the next term subject to a maximum of 2 terms.

Functions and Powers of Professional Ethics Committee:

Not limiting to the functions specified here-in-under, the Committee shall:

- a. Advise the Council on any matter related to professional ethics.
- b. Develop standard guidelines on ethics, code of conduct and etiquette for the registered members.
- c. Facilitate the Council in developing, formulating, framing policy documents, guidelines, standards, medical laws, or any such other Council documents as deemed necessary.
- d. Initiate disciplinary proceedings against a health professional for medical malpractice and negligence cases through inquiry committee and disciplinary committee formed in accordance to “Disciplinary Proceedings for Medical Malpractice and Negligence Regulations, 2009” chapter IV of this regulatiton.

Proceedings of the Meeting:

- a. The committee shall meet as and when important matters are being referred to it by the Secretariat.
- b. The PEC meetings shall be presided over by a chairperson elected from amongst its members at each such meeting.
- c. The chairperson may be assisted by another member or the council secretariat to coordinate, organize and document the proceedings of the meetings.
- d. The decisions of the committee shall be based on simple majority vote, and in case of equality of votes the chairperson shall have a second or deciding vote.

ACCREDITATION COMMITTEE (AC)

The Council shall have an Accreditation Committee to assist the Council in any matter related to accreditation processes.

Composition of Members:

The Committee shall comprise of five members as follows:

- i. Vice-President as chairperson
- ii. 1 member representing medical doctors in clinical practice
- iii. 1 member representing professionals in full time teaching profession

- iv. 1 member representing nursing professionals
- v. 1 member representing allied health professionals
- vi. Assistant Registrar as a member secretary

Tenure:

The members of Accreditation Committee shall serve a term of 2 years and shall be eligible for the next term subject to a maximum of 2 terms.

Functions and Powers of Accreditation Committee

Not limiting to the functions specified here-in-under, the Committee shall:

- a. Be responsible for matters pertaining to accreditation of medical education and training programmes both within and outside the country.
- b. Conduct site visits, within and outside the country, as part of the accreditation functions.
- c. Develop standard guidelines on minimum requirements for accreditation by the Council.
- c. Facilitate the Council in developing and maintaining accreditation network at the regional and international levels.

Proceedings of the Meeting:

- a. The committee shall meet as and when important matters are being referred to it by the Secretariat.
- b. The AC meetings shall be presided over by the Vice President.
- c. The Assistant Registrar shall coordinate, organize and document the proceedings of the meetings.
- d. The decisions of the committee shall be based on simple majority vote, and in case of equality of votes the chairperson shall have a second or deciding vote.

Ad-hoc Committees and Sub-committees

The Council shall have the power to constitute or appoint ad-hoc committees and sub-committees to carry out specific functions and under such term of references as determined by the Executive Board from time to time.

GENERAL RULES

1. The Meetings of the Council shall be:

a. Annual General Council Meeting (AGCM)

- i. The AGCM shall be held at least once during the induction of the President and other office bearers.
- ii. The Registrar of the Council shall notify or make reasonable effort to notify all members of the time, place, and date of the AGCM not less than thirty (30) days prior to the proposed meeting.
- iii. The agenda for the AGCM shall be circulated to the members not later than 14 days prior to the proposed date of the meeting.
- iv. A statement of Accounts and Balance Sheet shall be prepared and a copy shall be given to each member of the Council at or prior to the AGCM.

c. Executive Board Meeting

- i. The Executive Board shall meet at least twice a year or it may be called at any time by the Registrar of the Council.
- ii. Notice of the meeting shall be given to its members at least forty eight (48) hours before the meeting.

2. Proceedings for Various Committees, Sub-committees and Ad-hoc Committees

- a. Only the registered professionals shall be eligible for membership of various committees, sub-committees and ad-hoc committees.
- b. A professional shall be a member of not more than two committees.
- c. The quorum for any committee meetings shall be two-third of the total members.
- d. The decision of the committees shall be based on simple majority vote.
- e. All the members shall have one casting vote, and in case of equality of votes the chairperson of the committees shall have a second or deciding vote.
- f. The Secretariat and its office bearers shall plan, coordinate, and organize the meetings.
- g. Remunerations to the committee members shall be decided by the Executive Board from time to time.

3. Vacancy in the Executive Board or Committees

The position of a member of the Executive Board or various Committees shall become vacant if the member:

- a) Resigns from the membership by notice of writing to the Council.
- b) Is absent, without permission of the Secretariat, from the Board or committee meetings consecutively for not less than three times.
- c) Becomes incapacitated through unsoundness of mind or any physical illness or health conditions that prevents the person from discharging his/her duties.
- d) Ceases to be a member of the Council for any reason not specified above.

Filling of Post vacancy in the Council

Post vacancy of the President and Vice president shall be advertised by the Secretariat and invite applications from the members to file in nominations for posts specified; and vacant post shall be filled through election at the Special Board meetings called for this purpose.

If the post of the officials of the secretariat falls vacant, the Executive board shall recommend and submit the nomination to government for appointment.

Post vacancy for other members of the board and committees shall be filled in after receiving nomination from the respective professional groups.

FINANCES AND OPERATION OF FUNDS

- a. The Funds of the Council shall be managed by opening and operating such banking accounts in the name of the Council as deemed proper.
- b. The Council's bank account shall be operated upon the signature of the Registrar.
- c. The Registrar shall be authorized to sanction payment not exceeding Nu. 1,000,000.00 (One million) at a time. Any amount exceeding the above ceiling shall have to be passed by the Executive Board.

- d. The Executive Board shall have the power to undertake financial transactions with other agencies as per the prevailing laws of the country.
- e. The income of the Council, if any, shall be applied solely towards the furtherance of its objectives.
- f. The secretariat shall keep proper books of accounts, and shall present a Statement of Accounts, duly audited by the Royal Audit Authority, for adoption at the Annual General Council Meeting.

FINANCIAL YEAR

The financial year of the Council shall end on 30th of June each year, to which date the accounts shall be balanced.

ALTERATION OF THE REGULATIONS

- a. No rules embodied in this Regulation shall be rescinded, altered, varied, deleted, amended or added to or changed in any other manner except only through a formal resolution passed at the Annual General Council Meeting or at a special meeting called for that purpose.
- b. The alteration of the Regulations as described in **section (...)** above shall be valid only if it is approved by a two-thirds majority of members present and voting at the meeting.

CHAPTER III

REGULATIONS GOVERNING ETHICS, ETIQUETTE AND CODE OF CONDUCT

PREAMBLE

- a. Reaffirming the increasing relevancy for the health professionals to conform to the highest possible standard of ethical code of conduct in order to provide care to the patients;
- b. Believing that the health providers are privileged group in having entrusted upon by the patients for their health care needs, and with such privileges having given more responsibilities;

- c. Acknowledging the need to be wary of the unlimited possibilities for ethical perspectives that are challenged by changing social values, scientific and technological advances and evolving laws;
- d. The Bhutan Medical Council Code of Ethics sets forth a body of ethical principles to guide the health professionals' conduct in their relationships with patients, colleagues and society.

Standard Code of Etiquette, Ethic and Conduct in General

Code of etiquette

- a. All health professionals on duty shall present themselves in professional attire or in formal dress.
- b. The health professionals, being normally required to be the role models for health and hygiene, are expected to refrain from smoking, chewing “doma”, tobacco and imbibing alcoholic drinks in excessive quantities that may affect his/her normal behaviour.
- c. All health professionals shall totally abstain from use of psychotropic or habit-forming drugs.

Code of Ethics:

Every health professional shall:

- a. treat the patient care as his/her first priority.
- b. treat every patient politely and respect their rights, dignity and privacy.
- c. listen to patients, respect their views and give information in a way that the patients can understand.
- d. practice within the scope of their professional competence.
- e. keep all the patient information confidential except where disclosure of patient information is allowed by ethical and legal obligations.
- f. be honest and make sure that personal beliefs do not prejudice patient care.
- g. act appropriately to protect patients from possible risk, if there is good reason to believe that a colleague or groups of colleagues are not fit to practice.
- h. participate in multi-disciplinary patient care.
- i. not abuse his/her position and shall respect and follow the hospital charter of patient's rights as approved by the Council.
- j. not indulge in habitual solicitation and gifts of any form from patients or their relatives.

- k. refrain from engaging in exploitation, misinformation and misrepresentation in regard to health care products and services.

Code of conduct:

Duties to patients

Every health professional shall:

- a. obtain informed consent for examination and treatment in order to provide best possible care.
- b. make conscientious assessment of the history, symptoms and signs of a patient's condition, order appropriate investigations and provide necessary treatment along with regular review and ensure follow up.
- c. make timely and appropriate consultations and / or referrals.
- d. maintain professional confidentiality
- e. Obtain ethical clearance for any research projects involving human subjects from the competent authority.
- f. not practice euthanasia (and shall conform to the guidelines on withholding or withdrawing of mechanical ventilation to a patient of brain stem death as prescribed by he Council).
- g. exercise due sensitivity and subtleness while disclosing critical/grave condition or death of the patient or the relatives
- h. attend to all patients without discrimination on the basis of gender, age, social, political, ethnic, economic, religious or caste status.
- i. educate the patient/party on their rights to refusal and to avail services from a different health professional if they are not satisfied with their treating physician or recommended interventions.
- j. explain to the patients the effects and the side effects of the prescribed drugs and procedures.
- k. ensure the presence of a third person during physical examination or procedures. However a female attendant must be present during examination or procedure on a female patient.
- l. not perform termination of pregnancy contrary to the laws of the land.
- m. exercise caution while prescribing and administering drugs with potential damaging side effects.
- n. document proper clinical notes and communications pertaining to diagnosis, investigations, treatment, prognosis, and follow up.

Duties to Society

All health professionals shall:

- a. disclose information even if it is obtained in confidence from patient when it is necessary to do so in the interest of the security of the state, the maintenance of law and order, and in the courts of law.
- b. notify appropriate authority on out break of infectious diseases or any other notifiable diseases/conditions.

Duties to profession

Every health professional shall:

- a. strive to maintain highest standard of professionalism and competency.
- b. not abuse professional knowledge, skills or privileges.
- c. not issue certificates and / or reports in his professional capacity, which contains false statements.
- d. not have associations in the form of sexual relationship or criminal association with a person with whom the individual has a professional relationship at the material time.
- e. not be a party to false pretences, forgery, fraud, theft, counterfeiting, indecent behaviour or assault.
- f. practice the system of medicine in which he or she is qualified and authorized.
- g. not practice or commercialize any secret/magical remedies.
- h. not indulge in any commercial dealing of human organs.
- i. maintain a standard of personal health such that the ability to provide care is not compromised.
- j. exercise judgment regarding individual competence when accepting and delegating responsibility.
- k. maintain standard of personal conduct, which reflect value on the profession and enhance public confidence.
- l. ensure that the use of technology and scientific advances are compatible with safety, dignity and rights of the people.

- m. keep proper records of their patients for a period of duration and in the format as prescribed by the relevant ordinance.
- n. follow their respective national standard operating procedures (SOP)

Duties to Professional Colleagues and Brethren

Every health professional shall:

- a. treat every health professional with dignity, honour and respect
- b. facilitate exchange of professional knowledge and skills.
- c. not indulge in unfounded criticism of professional colleagues, institutions and the profession.
- d. not interfere in the on-going management plans especially for the indoor patients without the consent of the treating (attending) health professional.
- e. participate in creating and maintaining favourable working conditions.

CHAPTER IV

DISCIPLINARY PROCEEDINGS FOR MEDICAL MALPRACTICE AND NEGLIGENCE REGULATIONS

1. Preamble:

- 1.1 The Bhutan Medical and Health Council, which was established under the Medical and Health Council Act 2002, is the regulatory body for the medical and health professionals in relation to their professional responsibilities including ethical code of conduct. The council regulations stipulate that the registered members conform to accepted professional standard of care and practice. The council is empowered to

initiate disciplinary actions against any erring practitioner to ensure that medical care is delivered in a safe and competent way.

- 1.2 A medical or health care professional may face disciplinary proceedings from an employer, professional body or the legal system. The flow chart in Appendix-I outlines the various routes available in Bhutan to sanctions for medical malpractice, which are not mutually exclusive.
- 1.3 According to section 6 of the ‘Medical and Health Council Regulations-2005’ of the Kingdom of Bhutan, any registered medical or health professional shall be liable for disciplinary actions by the Council for medical malpractice or negligence and offences or conditions as outlined below:
 - 1.3.1 Gross negligence of duty;
 - 1.3.2. Professional misconduct, as defined in appendix-II;
 - 1.3.3. Breach of professionally approved standard of practice;
 - 1.3.4. Conviction for crime under the laws of the land;
 - 1.3.5. Practising without a valid registration or qualification;
 - 1.3.6. Physical or mental incapacity.

2. Title:

- 2.1 This regulation shall be called, ‘Disciplinary Proceedings for Medical Malpractice and Negligence Regulations - 2009.’
- 2.2 This regulation shall come into force with effect from.....

3. Purpose and Scope:

- 3.1 The regulation lays down the procedures to be followed for complaint and investigation mechanism and disciplinary proceedings against all registered medical and health professionals in Bhutan with respect to allegations of medical negligence or malpractice or professional incompetency to practice medicine.
- 3.2 This regulation shall not apply to investigations into complaints made against a health institution or the health ministry for which a separate investigation board or committee shall be instituted as directed by the Minister of Health.
- 3.3 This regulation shall supplement the section (9) of the Medical and Health Council Regulations-2005.

4. Sources and Filing of Complaints

- 4.1 **Sources of complaints:** Accusations of serious professional misconduct or other disciplinary enquiries may arise from the following sources:
 - 4.1.1. Patient or patient’s family or relative.
 - 4.1.2. Professional colleagues including head of institution, department, or unit
 - 4.1.3. Members of the public
 - 4.1.4. Police - on conviction of medical or health professionals in courts of law
 - 4.1.5. Court
 - 4.1.6. Media news
- 4.2 **Respondents:** Complaints for professional misconduct and faulty health care and claims for damages may be made against any of the following:

- 4.2.1. Individual treating practitioner/carer
- 4.2.2. The concerned hospital/ health centre
- 4.2.3. The health ministry
- 4.2.4. The Bhutan Medical and Health Council

4.3 Filing of Complaints:

- 4.2.1 The complaint made by an aggrieved patient or patient party, a member of public or professional colleague, shall be addressed to the President of the Council in writing (appendix-III).
- 4.2.2 A sworn document shall be obtained from the complainant.
- 4.2.3 The council shall not entertain any anonymous complaints.
- 4.2.4 The council shall consider the complaints only if they are lodged within one year from the date of occurrence of the alleged professional misconduct or negligent act; and complaints made beyond this specified period will be entertained only on case by case basis.

5. Receipt and Notification of Complaints

- 5.1. The Registrar shall send a letter of acknowledgment to the complainant regarding the receipt of the complaints.
- 5.2. Where there is a prima facie case, the Registrar shall send a letter of notification to the practitioner against whom the complaint is lodged; and may direct the practitioner to clarify the circumstances, which may result in the matter being closed (Appendix- IV).

6. Investigation and Adjudication

The complaints shall be considered in three stages as outlined in the following subsections:

6.1. Initial Screening

- 6.1.1 The President will scrutinise the complaints and may direct a person appointed for this purpose to establish the facts. Any malicious, obviously false and unfounded trivial grievances are rejected at this stage and the complainant is notified accordingly.
- 6.1.2 Where there appears to be some case to answer, the matter shall be referred to the Inquiry Committee.

6.2 Preliminary Investigation by the Inquiry Committee (IC)

- 6.2.1. The Inquiry Committee shall be comprised of 5 members, three of whom must be from the medical background and two of the Council members including a lay member.
- 6.2.2 All convictions in courts of law have to be referred directly to the Inquiry Committee; in such cases the Council's primary role is to decide whether the actions of the health professional amounts to serious professional misconduct or not and the Council has no power to question the facts leading to the conviction by the courts.

- 6.2.3 At this stage, the practitioner concerned shall be notified of the allegations made against him/her and is directed to make a written explanation within 30 days from the date of this notification.
- 6.2.4 After considering the explanation offered by the practitioner including all the available evidences, the Inquiry Committee may decide to:
- i. Refer the case to Disciplinary Committee (DC),
 - ii. Refer the case to Health Committee,
 - iii. Issue a reprimand letter to the practitioner, or
 - iv. To dismiss the case.

6.3 Formal Hearing by the Disciplinary Committee:

- 6.3.1 The Disciplinary Committee shall be comprised of 7 members, 5 of whom must be from the medical background and 2 of the Council members including a lay member.
- 6.3.2 Following referral to the Disciplinary Committee, the case shall be conducted in a formal manner, with Solicitor's representing the Council while the practitioner and the complainant shall have the right to a legal representation. The cost of legal representation for the practitioner shall be borne by the medical defence body or the practitioner himself/herself.
- 6.3.3 The first hearing on the case shall be conducted at the earliest possible time and the practitioner and the complainant shall be notified 30 days in advance of the date and venue of the hearing.
- 6.3.4 The practitioner shall then intimate to the Council in writing about his/her ability or inability to attend the hearing on the specified date. Where the respondent (practitioner) is unable to attend the hearing due to unavoidable circumstances he/she shall notify the Council in advance so that the date of hearing may be adjusted. The new date of hearing shall be communicated to the concerned practitioner and the complainant.
- 6.3.5 Where the practitioner or the legal representation fails to reply to the Council's notification letter, the Council shall send a reminder letter to the concerned party. If the practitioner or legal representative fails to respond for the third time, then the practitioner shall be charged with 'failure to respond' that would amount to professional misconduct. The hearing shall be conducted in the absence of the practitioner and the judgement passed accordingly.

6.4 Decision and Penalties

- 6.4.1 At the conclusion of the hearing the Disciplinary Committee may take one of the following decisions:
- i. Reprimand practitioner and close the case;
 - ii. Place the practitioner on probation by postponing judgement;
 - iii. Make the practitioner's registration 'conditional';

- iv. Suspend the practitioner's registration for a period not exceeding one year, in the first instance;
- v. Erase the practitioner's name from the Register
- vi. Refer the practitioner to the Health Committee

6.4.2 The Registrar will communicate the decisions of the disciplinary committee to the practitioner in writing (appendix- V) within 7 days of passing of the judgement by the committee.

Explanations:

- a. When the judgement is postponed the next date of hearing should be notified to the practitioner/legal representative and the practitioner is put on **'probation'**. During the period of probation, the practitioner is given a chance to conduct himself/herself correctly and is required to obtain references from his/her professional colleagues . During the next hearing the Council will either conclude the case if the report is satisfactory or initiate other disciplinary actions.
- b. **'Conditional registration'** entails imposition of restrictions upon the practitioner in certain specified areas of practice. For instance, the practitioner may not be allowed to prescribe dangerous drugs, or he may only work under supervision.
- c. **'Suspended registration'** means removal of the practitioner's name from the Register for a specific period not exceeding 12 months. During the period of suspension, the practitioner cannot practise as a registered medical or health practitioner. During this time, the Council may order further extension of suspension or even erasure from the Register if the Council is satisfied that it is necessary to do so in the interest of the public safety and protection or in the practitioner's own interests.
- d. **'Erasure'** means removal of a practitioner's name from the Register, either temporarily or permanently and such a practitioner cannot practice the profession in the government or private sectors.

7. Practitioners Unfit to Practise due to Physical or Mental Illness

- 7.1 The usual disciplinary machinery described above is inappropriate if a practitioner's incapacity to practice is due to physical or mental illness. The majority of such cases relates to addiction to alcohol or other drugs or to mental illness.
- 7.2 At the local level, the professional colleagues may persuade a practitioner, who is unfit to practise, to voluntarily give up practice.
- 7.3 Upon receipt of such a notification, the President will consider the case and direct the practitioner to submit, within 14 days of notification, to examination by at least two medical examiners who will be appointed by the President from panels of medical examiners. The practitioner may choose his own practitioners to examine him/her and send their findings to the President.
- 7.4 The report of the medical examinations shall be communicated to the practitioner, who will be asked to state within 30 days as to whether he/she is prepared to voluntarily accept the recommendations of the examiners regarding the management of illness.

7.5 If the practitioner agrees to follow the recommendations, no further action will be taken. If he refuses to be medically examined or accept the recommendations, the case will be referred to the Health Committee.

8. Health Committee

8.1 The primary goal of the Health Committee is to provide an alternative means whereby a practitioner can be prevented from practising if he/she constitute a risk to the patients or himself/herself by reason of his/her physical or mental state of health.

8.2 Referrals to the Health Committee may be made by the Inquiry Committee and/or Disciplinary Committee during the disciplinary hearings on negligence or professional misconduct, if the committee is satisfied that the practitioner is seriously impaired to practise.

8.3 The Health Committee shall comprise of 5 members, with 4 medical examiners and 1 member of the Council appointed by the President. The committee shall subject the practitioner to medical examinations and consider all the available evidences including testimonies from the relevant witnesses.

8.4 After considering all the material evidence, the Health Committee may make the following recommendations to the Council:

- i. Suspend the registration of the practitioner for a period not exceeding 12 months;
- ii. Make the registration 'conditional' for a period not exceeding 12 months.
- iii. Update of the practitioner's knowledge and skills.
- iv. Permanent erasure.

8.5 The Council shall implement the recommendations of the Health Committee and notify the practitioner accordingly. Where the practitioner's registration is 'erased', 'suspended' or made 'conditional', the explanations offered under section 6.4.2. shall apply.

9. Appeal and Application for Restoration of Registration

9.1 The practitioner and the complainant, if not satisfied with the decisions of the Council, shall have the right to appeal in writing to the High Court within 30 days from the date of notification of the decisions of the disciplinary committees. The practitioner shall forfeit the right to appeal after the lapse of 30 days period.

9.2 The Court may affirm, reverse or vary the Council decisions and the Court decision is binding. However, the aggrieved practitioner reserves the right to make an appeal to the Court of Appeal against the court decision and he/she may be represented by the medical defence body.

9.3 During the period allowed for appeal, the decision of the Disciplinary Committee shall not take effect until after the appeal period expires or upon dismissal by the Court unless the erasure is made effective forthwith in order to protect the public or in the best interest of the practitioner.

9.4 Where the practitioner has suffered erasure from the register, he/she cannot apply for restoration of his/her registration until after the elapse of at least 1 year from the date of enforcement.

10. Definition of Terms

10.1 Council: means Bhutan Medical and Health Council.

10.2 Disciplinary Committee: a disciplinary committee constituted by the Council.

10.3 Inquiry Committee: a disciplinary committee constituted by the Council.

10.4 Medical malpractice: means any unjustified act or failure to act upon the part of medical or health professional which results in harm to the patient.

10.5 Medical negligence: means any unjustified act or failure to act upon the part of medical or health professional which results in harm to the patient.

10.6 Permanent erasure: erasure of the practitioner's name from the Register whereupon the practitioner cannot practice medicine in Bhutan or elsewhere.

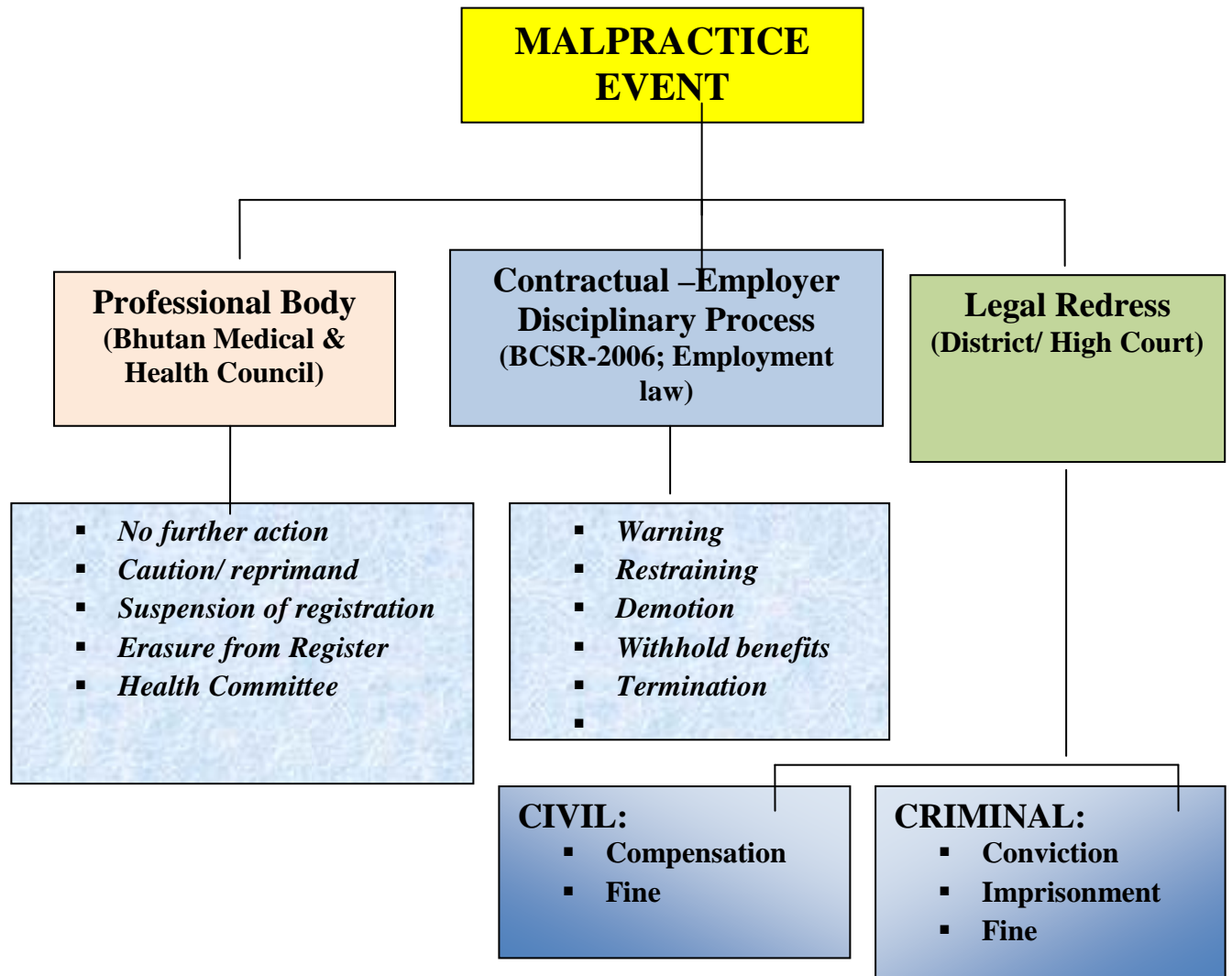
10.7 Practitioner: means any medical or health professional registered and currently practising medicine in Bhutan.

10.8 President: means the President of the Bhutan Medical and Health Council.

10.9 Professional misconduct: means behaviours and actions or omissions of medical or health professionals that are outside the accepted professional code of ethics and practice.

10.10 Registrar: means the registrar of the Bhutan Medical and Health Council.

Appendix I: Available Routes of Disciplinary Proceedings in Medical Malpractice



Appendix –II: Serious Professional Misconduct (6 - ‘A’s and 5 -‘F’s)

The list of professional misconduct and medical negligence is limitless. However, the majority of medical suits against the practitioner arise from one or more of fairly well-defined groups of acts of commission or omission, such as:

- i. **Alcoholism:** when a practitioner is addicted to alcohol so that his ability to perform the professional duties is impaired. Negligence suits may follow when the practitioner fails to attend to a patient or causes harm to the patient through medical interventions under the influence of intoxication.
- ii. **Addiction:** Medical and health practitioners, by virtue of prescribing powers and/or access to medicines, may fall prey to addiction to therapeutic substances, like morphine, codeine, barbiturates, anaesthetic agents, and amphetamines. In the interest of protecting patients and in their own well-being, it is necessary to remove such practitioners from the access to drugs through disciplinary actions.
- iii. **Abortion:** Under the Penal Code of Bhutan, the medical termination of pregnancy (legal abortion) can be carried out only by the registered obstetricians/gynaecologists when the continuation of pregnancy poses an imminent threat to the life of the mother, or if the pregnancy is the result of rape or incest or when the mother is of unsound mind. The illegal termination of pregnancy, if notified as a result of conviction in a criminal court, is a ground for disciplinary action including erasure of the practitioner’s name from the register.
- iv. **Adultery:** adultery of a practitioner with his patient and or attendant constitutes misuse of professional privileges which may adversely impact on the crucial professional relationship between the practitioner and the patient.

A woman need not necessarily be a patient of the practitioner, but if the relationship was formed through his attending another member in the household, this would be deemed to be abuse of professional privilege. Further, the practitioner will not be absolved of misconduct if the practitioner ceases to attend the women professionally before improper association takes place, as this association was gained through his professional position.

In order to institute a disciplinary action, it would suffice to show that an improper relationship existed beyond the permitted range of professional contact and actual adultery need not be proved.

- v. **Advertising:** Self-advertisement in a restricted way, such as providing publicly available facts like name, qualifications, address and telephone numbers is not only permissible but also desirable. However, the practitioners should never disparage nor claim superiority over other colleagues. They must not claim to offer cures for specific illnesses.
- vi. **Association:** in the discharge of their professional duties towards a patient, the medical and health professionals should not associate with any unqualified assistants or persons for financial incentives, where such association may jeopardise the standard of care rendered to the patient. This, however, does not preclude the practitioner from using the services of medical auxiliaries and technicians.
- vii. **Failure to Attend:** Failure to attend a patient by a practitioner and resulting in aggravation of injury, disease or death, and where such dereliction of duty was the result of gross neglect for life by the practitioner concerned, is actionable for

either civil or criminal negligence. However, the BMHC will initiate action against a practitioner for repeated or flagrant neglect of professional duties, whether or not such neglect result in injury or death to the patients.

- viii. **False Certification:** The abuse or neglectful handling of various forms of medical certification required by the laws, especially if some pecuniary benefit is obtained by the certifier or the patient, would entail disciplinary action by the BMHC. The certifier must ensure that there are no serious inaccuracies in certification, either through deliberate falsehood or carelessness due to pressures of overwork and persistence from the patient.
- ix. **Force:** Physical or verbal assault on the patient or attendant by the medical and health professionals is not acceptable any may entail disciplinary action by the council besides being dealt with under the other laws. A health care worker cannot force a person from accepting the recommended treatment or medical interventions including the laboratory tests without the informed consent of the patient. However, the law permits a health care worker to administer recognized form of treatment to a patient, even with force, if such intervention is necessary to promote the patient's physical or mental health.
- x. **Fee-Splitting:** Fee-splitting or 'dichotomy' refers to a situation where a practitioner calls-in a specialist of his choice but who may not necessarily be the best person for the patient's benefit and the fee is split between the two. This also includes referrals of patients by a practitioner to a certain chemist/pharmacy shop for dispensing of prescriptions and where the practitioner has financial or proprietary interest. Such financial or commercial interest has to be direct and substantial in order to constitute a professional misconduct.
- xi. **Fraud and Financial Falsification:** deliberate falsification of claims by practitioners for remuneration and expenses, such as medical fees, over-time payments, subsistence allowances, and travelling expenses would result in disciplinary actions including criminal proceedings in a court of law. Such financial irregularities in private practice settings include illegal use of government hospital beds and facilities for treating private patients.

Appendix –III: Template for Filing of Complaints

The Registrar
Bhutan Medical and Health Council
Thimphu

Sir,

I wish to bring to your notice on the grievance(s) against the under-mentioned health care worker:

- 1. Name of Health Care worker:.....
- 2. Designation of worker:.....
- 3. Work place of Health Worker:.....
- 4. Date & Time of Incident:
- 5. Grievance/complaints against the above worker (*use additional sheets, if required*):.....
.....
.....
.....
.....
- 6. Name & Address of Aggrieved Party:
-
-

Declaration:

I, hereby certify that the information provided above is true.

Signature:.....
Name:.....
Address:

Date:

Appendix –IV: Template for Notice of Inquiry

Ref. No.:

Date:.....

To

..... (name of respondent),

.....
.....

Sub: - Letter of Notice for Inquiry

Sir/Madam,

This notice is being given to you that the Council is in receipt of a complaint/report against you, whereupon an inquiry will be held into the allegations in the copy of complaint enclosed.

You are further notified that a meeting of the disciplinary committee will be held on..... at in the office of.....
.....

You are instructed to acknowledge the receipt of this notification and confirm your attendance at the meeting in writing within 21 days of the issue of this notice. If, for any reason, you desire a postponement of the inquiry, you may make an application to the undersigned forthwith stating the grounds on which you desire such postponement.

Any explanations or statement or communication including documentary evidence that you wish to make in connection with the said complaints should be addressed to the undersigned and transmitted to reach the office not less than 14 days before the appointed day of holding of inquiry.

.....
Registrar,
BMHC
Thimphu.

Appendix –V: Template for Notice of Decisions of the Disciplinary Committees

Ref. No.:

Date:.....

To

..... (name of practitioner),

.....

.....

Sub: - Decisions of the Disciplinary Inquiry

Sir/Madam,

This notice is being given to you that the Disciplinary Committee, having conducted inquiry into the complaints against you, has arrived at the following decisions:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | 1. You are warned against repeating such misconduct in future. |
| <input type="checkbox"/> | 2. Judgement is postponed until further notice, and you are placed on probation. |
| <input type="checkbox"/> | 3. Your registration is made 'conditional' |
| <input type="checkbox"/> | 4. Your registration is suspended for |
| <input type="checkbox"/> | 5. Your registration is erased from the Register. |
| <input type="checkbox"/> | 6. You are referred to the Health Committee. |

Further, explanation is given to you that with respect to decision No.....

.....

.....

.....

In case of suspension or erasure from the register, you have the right to make an appeal to the High Court in writing, which should be transmitted to reach the office of the undersigned not later than 30 days from the date of notification of this decision, failing which you forfeit the right to appeal and the decisions shall be imposed upon you.

.....

President

Bhutan Medical & Health Council

REGULATIONS GOVERNING THE REGISTRATION

1. Registration:

A health professional of local or foreign origin, who intend to practice the art and science of medicine for whatever specified duration of time shall be required to:

- a. Register with the Council.
- b. Fulfil the pre-requisite minimum requirements prescribed by the Council from time to time.
- c. Sit for competency test if the candidate has graduated from institutions which are not listed in the recognized institutions of the council.
- d. Complete one year of provisional registration period prior to the award of formal registration.
- e. Register within two years from the date of obtaining the professional degree/qualification; and in case of foreign professionals s/he must produce documentary evidence of valid registration with the respective Councils in the country of his/her origin.
- f. Register under the specific professional category as defined under chapter VII section 1 of the Act.
- g. Sign the Declaration before the Registrar and make a solemn pledge to abide by the Regulations in letter and spirit.

2. Eligibility Criteria for Registration:

An applicant for registration with the Council shall:

- a. Be physically and mentally sound.
- b. Be 18 years and above.
- c. Have obtained appropriate qualifications from institutions which are recognized by the Council.
- d. Not be convicted by a court of law for any degrees of felony as per the prevailing laws.

3. Exemption from Registration:

- a. Any health professional whose work does not involve dealing with any aspect of direct care of the patients may not register with the Council.

4. Types of Registration:

The Council shall award the following types of registration:

- a. **Temporary Registration:** shall be granted for Contract service professionals, all foreign health professionals including volunteers practicing in Bhutan with the government institutions.
- b. **Ad hoc registration:** shall be granted only for those health professionals for a specified purpose and duration not extending more than a month. The national counterpart shall stand referee for any consequences arising out of practice by the visiting health professional(s) of foreign origin on short term contract/voluntary assignment in the country.

- c. **Provisional Registration:** shall be granted for health professional undergoing course requisite intern attachment in the recognized institutions and such individual shall practice under the supervision of the respective registered professional. The validity of the registration shall be only for a period of one year unless otherwise reviewed by the Council.
- d. **Formal Registration:** shall be granted to health professional upon successful completion of provisional registration period on production of relevant documentary evidence from the respective institutions.

5. Renewal of Registration:

The registration shall be renewed after every five years upon fulfilment of the criteria as specified in section 6 below.

6. Criteria for Renewal of Registration:

An applicant, in order to be eligible for renewal of registration, shall be required to:

- a. Fulfil the CME credit requirements as prescribed by the Council.
- b. Fulfil the conditions as laid down by the Disciplinary committee in case of professionals against whom the Council has instituted disciplinary proceedings for professional misconduct or negligence.
- c. Be not convicted for any criminal offences by the court of law.

7. Alteration, Suspension, Cancellation and Restoration of Registration

- a. Any alteration, suspension, cancellation or restoration of registration shall be effected on the recommendations of the appropriate committees instituted under the Disciplinary Proceedings for Medical Malpractice and Negligence regulations.
- b. Subject to the conditions under which any alteration to the registration status of a member is made in accordance to the Disciplinary Proceedings for Medical Malpractice and Negligence regulations, a registration of any member shall be cancelled on the following grounds:
 - i. Upon death of the member.
 - ii. If the member is convicted by the court of law on criminal offences.

8. Registration Fees:

The Council shall prescribe fee structure for registration, which may be revised from time to time.

9. Registration Committee

Subject to the powers provided by chapter VII of the Act, the council shall institute a Registration Committee to discharge such functions pertaining to any matters related to registration.

9.1 Composition of Members:

The Registration Committee shall consist of seven members comprising of:

- vi. One member of the Executive Board to be nominated by the President.

- vii. One member from the Professional Ethics Committee to be nominated by the President.
- viii. Two members from the relevant professional sub-committee to be elected from amongst the members.
- ix. Two members from other professional sub-committees not covered under section iii to be elected from amongst the members.
- x. Deputy Registrar as member secretary

9.2 Functions of the Registration Committee

- i. To review all cases of registration applications forwarded by the Council.
- ii. To recommend to the Registrar on the award, updating or renewal of registration of the applicants as the case may be.

9.3 Proceedings of the Meetings

- vii. The committee shall meet as and when any matter pertaining to registration is forwarded by the Council.
- viii. The committee shall be guided by prescribed set of standards relevant for each category of profession.
- ix. The decision of the committee shall be based on a simple majority and in the event of failure to arrive at a decision the matter shall be presented to the Executive Board for review and recommendations for further course of action.
- x. The decisions of the committee shall be endorsed/authenticated by the Executive Board.
- xi. All proceedings of the committee shall be documented.

10. REGISTRATION PROCEDURE

10.1 Application for Initial Registration

- a. The application for registration must be submitted to the Council in the prescribed format along with relevant documents.
- b. After studying each case the Registration Committee shall submit its decision to the Council within two weeks from the date of receipt of such application.
- c. Where decision to award the registration is arrived at, the Certificate of Registration shall be authenticated by the Registrar after affixing his/her signature and seal within one week upon the receipt of the decision of the Registration Committee.

10.2 Application for Renewal of Registration

- a. Upon notification by the council at least three months prior to the expiry of the current registration, application for renewal shall be submitted to the council in the prescribed format.
- b. The registration shall be renewed upon fulfilment of the prescribed requirements.

11. Privileges of Registered Members:

Unless otherwise provided for by any provisions of the Act, a registered member shall:

- a. Practice the art and science of medicine, both allopathic and traditional medicine, in his/her field of discipline in any part of the country.
- b. Prescribe and or dispense medicines in accordance with the standards or guidelines as prescribed from time to time.
- c. Issue medical certificates and /or reports to patients, third parties, or relevant agencies in accordance to prescribed standards or guidelines.
- d. Deposit testimony in courts of law in the capacity of professional or expert witness.
- e. Use titles or designations in his/her correspondences as deemed appropriate by the Council for the respective profession or qualifications.
- f. Be eligible to operate business enterprises involving medical products and health care services, subject to provisions of other applicable laws, regulations and policies.

CHAPTER VI

REGULATIONS GOVERNING STANDARD OF MEDICAL EDUCATION AND TRAINING PROGRAMMES

Purpose

- To standardize medical education and training.
- To set up criteria and confer recognition of medical education and training programmes within and outside the country.

21.0 Standardization of medical education and training programs

21.1 Medical Council shall:

- i. Develop minimum standards for medical education and training with uniformity in terms of course contents and credits.
- ii. Ensure that all medical educations and training programmes meet the set standards.
- iii. Ensure that a minimum of 30 CME credits are obtained for renewal of registration.
- iv. Ensure that all practicing health professional possess a valid registration.

22.0 Minimum Standard of Education and Training

The Bhutan Medical Council shall:

- i. Set up criteria and confer recognition of medical education and training programme.
- ii. Ensure that all institutes providing medical education and training shall meet the prescribed standards.
- iii. Review the recognition given to the Medical education and training programmes every 5 years and award re-recognition as per the prescribed standards.

CHAPTER VII

REGULATIONS GOVERNING THE RECOGNITION OF HEALTH INSTITUTES

Purpose

- Ensure that the level of competency and quality of the education/training provided are up to the set standards
- Confer recognition of medical education and training institutes.
- Develop national standards for recognizing medical education and training programmes.

27.0 Recognition of medical education and training institutes

27.1 Medical Council shall:

- i. Ensure that Institutions providing medical education and training seek prior approval with the council for the courses offered.
- ii. Recognize only those medical education and training institutions which meet the standards set by Bhutan Medical Council.
- iii. Accord approval to launch a new institute upon its satisfaction of the standards set, and on payment of a registration and recognition fees as determined by the Executive board from time to time.
- iv. Approve launching of new courses upon satisfaction of the standards set, and on payment of fees as determined by the Executive board from time to time.
- v. Ensure that the institution providing medical education and training conform to the standards prescribed and seek for reciprocal recognition with other institutes outside Bhutan.
- vi. Recognize certificates, diplomas and degrees awarded from outside Bhutan only after thorough scrutiny adhering strictly to prescribed standards.

28.0 Recognized Institutes of Foreign Countries

- i. Bhutan Medical Council shall recognize only those institutions recognized by their respective national councils.
- ii. When in doubt or when not in concurrence to the standards set by the council, such cases will be reviewed by the registration committee.

29.0 Procedures for Recognition of Institutions

29.1 The institution intending to get recognized and registered under appropriate schedule maintained for the purpose by the Medical Council shall apply to the Registrar in prescribed form along with prescribed fee.

29.2 Medical Council shall appoint inspectors to conduct verification as per the prescribed form.

29.3 The name of the institution along with the courses leading to specific qualification shall be entered into appropriate schedules.

29.4 The recognition of the institutes shall be awarded upon completion of the prescribed formalities as per **annexure.....**

29.5 Periodic supervisory inspection of the institutions shall be conducted to ensure continuity of quality of standards.

29.6 All the application forms, certificates, declaration forms are included under supplementary **(Part- VII)**.

29.7 The decision of the council shall be final and binding.