

[AS PASSED BY THE NATIONAL ASSEMBLY]

A

Bill

*to provide for the establishment of Islamabad Healthcare Facilities Management Authority*

WHEREAS, it is expedient to provide for establishment of Islamabad Healthcare Facilities Management Authority for proper management, supervision and administration of healthcare facility management in the territorial limits of the Islamabad Capital Territory and for matters connected therewith and ancillary thereto;

It is hereby enacted as follows: -

**1. Short title and commencement.** - (1) This Act shall be called the Islamabad Healthcare Facilities Management Authority Act, 2021.

(2) It extends to the Islamabad Capital Territory.

(3) It shall come into force at once.

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

(a) **"Authority"** means the Islamabad Healthcare Facilities Management Authority established under this Act;

(b) **"Board"** means the Board of the Authority established under this Act;

(c) **"Budget"** means an official statement of the income and expenditure of the Authority for a financial year;

(d) **"Chairperson"** means the Chairperson of the Board;

(e) **"Chief Executive Officer"** or **"CEO"** means the chief executive officer of the Authority appointed under this Act;

(f) **"Directorate"** means the primary and secondary healthcare directorate of the Federal Government;

(g) **"Division concerned"** means the Division to which business of

the Authority stands allocated;

- (h) **"Government"** means the Federal Government;
- (i) **"health facility"** means healthcare services and facilities provided by health institutions;
- (j) **"healthcare institutions"** means the following institutions providing health facilities in the Islamabad Capital Territory, namely: -
  - (i) basic health unit;
  - (ii) rural health center;
  - (iii) Government rural dispensary;
  - (iv) maternal and child health center;
  - (v) hospital, excluding the Pakistan Institute of Medical Sciences; and
  - (vi) Government laboratory;
- (k) **"hospital"** means a public sector healthcare facility in the Islamabad Capital Territory with in-patient beds, excluding the Pakistan Institute of Medical Sciences;
- (l) **"member"** means member of the Board appointed under this Act;
- (m) **"prescribed"** means prescribed by rules or regulations made under this Act;
- (n) **"regulations"** means regulations made under this Act;
- (o) **"rules"** means rules made under this Act;
- (p) **"Schedule"** means the Schedule to this Act; and
- (q) **"secretary"** means the secretary of the Authority.

**3. Authority.** - (1) As soon as may be, after the commencement of this Act, the Federal Government shall, by notification in the official Gazette, establish an Authority to be known as the Islamabad Healthcare Facilities Management Authority, to carry out the purposes of this Act.

(2) The Authority shall be a body corporate having perpetual succession and a common seal and it may sue and be sued in its own name and, subject to and for the purposes of this Act, may enter into contracts and may acquire, purchase, take, hold and enjoy moveable and immovable property of every

description and may convey, assign, surrender, yield up, charge, mortgage, demise, reassign, transfer or otherwise dispose of or deal with, any moveable or immovable property or any interest vested in it.

**4. Board.** - (1) General directions and administration of Authority and its affairs shall vest in a Board which may exercise all powers, perform all functions and do all acts which may be exercised, performed or done by the Authority.

(2) The Board shall consist of-

- (a) four reputable doctors with more than ten years clinical experience in a public hospital, with such experience being preferably in the fields of medicine, surgery, pediatrics and obstetrics or gynecology or their respective sub-specialties;
- (b) two senior nurses, with management experience in a large public or private hospital; and
- (c) three lay members of the public, selected from eminent persons in their respective fields, including legal, finance and economics, management, retired civil servants, educationists, social workers, representative of civil society, businessmen, and renowned philanthropists having significant aptitude.

(3) The members of the Board shall be appointed or removed by the Federal Government on recommendations of the nomination committee for a term of four years and shall be eligible for re-appointment for one further term of four years.

(4) The Chairperson of the Board shall be elected by the members through voting and shall preside over meetings. In case of his absence, the Chairperson may nominate a member as acting Chairperson or if he has not done so, the members present shall elect an acting Chairperson for that meeting.

(5) The membership of a member shall fall vacant if he resigns, or fails to attend three consecutive meetings without sufficient cause, or any other reason which incapacitates him to hold office under this Act and such

vacancy shall be filled within one month.

(6) No person shall be appointed, or remain, as a member of the Board, if he-

- (a) is by a competent court of law declared to be of unsound mind;
- (b) has to a court of law applied to be adjudicated as an insolvent and his application is pending;
- (c) is by a competent court of law declared as an undischarged insolvent;
- (d) has been by a court of law convicted for an offence involving moral turpitude or corruption;
- (e) has been by a court of law debarred from holding any office under any provisions of law; or
- (f) has a conflict of interest in terms of the mandate of the Authority;
- (g) is, required by any law to pay income tax, does not pay the income tax accordingly.

(7) There shall be a secretary of the Authority who shall be appointed in the prescribed manner and he shall perform all secretarial and office functions of the Authority at the direction of the Chairperson, and shall be responsible for recording minutes at the Board's meetings, convening Board's meetings, and communication with the members as per directions of the Chairperson.

**5. Nomination committee.** - (1) For the purpose of recommending persons for appointment by the Prime Minister as member of the Board, there shall be a nomination committee consisting of-

S. #.	Person appointed or nominated	Status
(1)	(2)	(3)
1.	Secretary of the Division concerned	Convener
2.	Secretary Establishment Division	Member

3.	Vice-Chancellor of the Quaid-e-Azam University or his representative not below the rank of BPS-20 or equivalent	Member
4.	Vice-Chancellor of the Shaheed Zulifqar Ali Bhutto Medical University or his representative not below the rank of BPS-20 or equivalent	Co-opted Member
5.	Representative of a reputable private hospital in Islamabad nominated by the Division concerned	Co-opted Member
6.	Two representatives of civil society nominated by the Prime Minister from amongst renowned philanthropists, retired senior civil servants, retired Supreme Court or High Court Judges, industrialists, professionals, or other persons of renowned achievement and high reputation	Member

(2) Five members of the nominating committee shall form quorum for its meetings.

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

**6. Conduct of business.-** (1) All decisions of the Authority shall be taken by consensus and in case of division of opinion, the decision shall be taken by majority of votes.

(2) No act or proceedings of the Board shall be invalid, merely because of the existence of a vacancy therein or defect in constitution thereof.

(3) The quorum for a meeting of the Board shall be two-third of the total number of existing members, any fraction thereof shall be taken as one.

(4) The member count shall be determined by actual members present and a proxy vote shall not count.

(5) The Board shall hold at least six meetings every year.

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

(7) The Board may constitute sub-committees to assist and advise with its functions and such sub-committees may include members or be completely comprised of experts who are not members.

(8) The remuneration for attending Board meetings shall be such as may be prescribed.

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

**7. Functions and powers of the Board.-** (1) The Board shall be responsible for-

- (a) ensuring that the objectives of the Authority subject to policy issued by the Division concerned relating to health facilities in the Islamabad Capital Territory are achieved including achievement of key performance indicators set by the Division concerned for healthcare programmes;
- (b) overseeing the effective management, and providing strategic direction to the Authority for implementation of the curative, preventive and promotive services;
- (c) approve the budget of the Authority and allocate funds to healthcare institutions under its supervision;
- (d) oversee health facilities and healthcare service delivery at primary and secondary levels within the policy framework given by the Government;
- (e) implement policies and directions of the Government including achievement of key performance indicators set by the Government for health facilities and healthcare programmes;
- (f) policy making and ensuring that performance and its programmes are efficient and effective;
- (g) ensuring transparency of procedures for appointment, terms and conditions of service, disciplinary matters and



other service matters for all employees including employees of the healthcare institutions under the direct or indirect control and jurisdiction of the Authority;

- (h) creation, re-designation, up-gradation or abolition of posts in healthcare institutions provided that the financial implications do not exceed the approved annual budget;
- (i) approval of annual business plan;
- (j) review and approval of major transactions;
- (k) approval of new programs and services and monitoring organizational performance;
- (l) approval of financial plans and annual budget;
- (m) approval of regulations for medical staff and overseeing the process for appointment of members of the medical staff;
- (n) approval of programs and services to ensure that all health care institutions under the control of the Authority fulfill legal, regulatory and accreditation requirements;
- (o) ensure coordination of health-related emergency response during any natural calamity or emergency;
- (p) liaise with the Government or any other designated institution for technical and logistic support in case of any emergency or disaster like situation;
- (q) ensure timely and adequate reporting of progress on health indicators and issues relating to disease surveillance, epidemic control and disaster management to the Government;
- (r) ensuring that all persons in the district have equal, quality and immediate access to healthcare and for such purpose planning and structuring healthcare facilities for the efficient delivery of services;
- (s) be responsible for preparing, adopting or implementing clinical governance guidelines and regular conduct of clinical audit of health facilities;

- (t) ensure implementation of minimum service delivery standards, infrastructure standards, patient safety and hygiene standards and minimum public health standards as may be prescribed; and
- (u) perform any other function as may be assigned by the Government.

(2) The Division concerned shall undertake an audit of the activities and proceedings of the Authority on an annual basis to ensure adherence to guidelines and standards and fiscal probity.

(3) The Authority shall be accountable to Division concerned for its performance and shall regularly provide performance based data at set intervals based on Ministry of National Health Services, Regulations and Coordination set performance monitoring format, with attendant reward and discipline measures and the Ministry of National Health Services, Regulations and Coordination shall also periodically evaluate the performance of the Authority against the set targets particularly related to efficiency, effectiveness and equity with attendant reward and discipline measures.

(4) The Board may delegate its powers for recruitment of personnel to various management levels within the healthcare institutions.

(5) The Chairperson may, in case of exigency of service, appoint the CEO, hospital directors, medical directors, nursing directors and finance directors of healthcare institutions for which it is responsible on officiating basis. All such appointments shall be placed before the Board for approval within three months of the appointment. All appointments shall be made in a transparent manner and in accordance with the prescribed policy of the Federal Government.

**8. Organizational structure.-** The organizational structure of the Authority and the healthcare institutions shall be as provided for in Schedule-I.

**9. Human resource management.-** (1) The terms and conditions of recruitment, training, transfer, performance, appraisal, conduct, discipline and termination of the employees of the Authority and healthcare institutions shall



be as may be prescribed by regulations.

(2) For all managerial and higher posts the Board shall form appropriate selection committees as may be prescribed and proceed in the following manner, namely: -

- (a) the selection committee shall make its selection and recommendation based entirely on merit and in a fair and transparent manner in accordance with recruitment policy of the Federal Government after fulfilling the prescribed procedure as laid down hereunder;
- (b) the vacancies shall be advertised in at least four leading national newspapers two English and two Urdu and the website of the Authority and of the Division concerned specifying therein the prescribed qualifications, experience and other academic and technical requirements. The selection committee may also advertise in international journals or media if it so desires;
- (c) the selection committee shall draw up a short list of not less than three candidates to interview against one vacancy;
- (d) the case of selected individual shall be presented for approval to the Board. The Board may accept or reject the nominee. In the case of rejection, the Board shall provide written reasons for the rejection to the selection committee. The Board may then select an alternate applicant from the list of candidates, keeping in view the listed order of preference of the selection committee. Alternatively, the Board may ask the selection committee to re-evaluate the candidates and recommend another individual from the applicants or undertake the entire selection process a fresh; and
- (e) any member of the selection committee, who has a conflict of interest in any form, either with a specific candidate or

the position, or for any other reason, shall withdraw himself from the process and inform the Board accordingly and the Board shall replace such member of the selection committee by a fresh appointment as per prescribed criteria.

**10. Healthcare institutions management.-** (1) The Authority shall manage healthcare institutions and ensure delivery of health facilities as per management guidelines prescribed by the Authority.

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

- (a) establishment of new healthcare institutions;
- (b) rationalization of existing health facilities and healthcare institutions; and
- (c) up-gradations of healthcare institutions to meet standards determined by the Government under its policy.

**11. Executive officer of the Authority.-** (1) The Authority shall have an executive office headed by a CEO who shall be responsible for day-to-day affairs of the Authority.

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

(3) The Board shall constitute a selection committee consisting of three members, one of whom shall chair the selection committee and two outside experts with management expertise preferably in healthcare management to recruit the CEO for the Authority.

(4) The terms and conditions of service and eligibility criteria for the appointment of the CEO shall be such as may be prescribed.

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

(6) The CEO shall attend a Board meeting on invitation basis with no

right to vote as and when required by the Board to update the Board on the Authority's activities and functions and any other matters.

(7) In performance of his functions, the CEO shall be responsible and accountable to the Board.

(8) The CEO shall not have any conflict of interest with such a position.

(9) The CEO shall be entitled to a salary and benefits as prescribed and approved by the Board.

**12. Functions of the CEO.-** The CEO shall-

- (a) exercise his powers as a head of the executive office of the Authority;
- (b) report to the Board and function in all matters under the direction of the Board;
- (c) ensure the provision of efficient primary and secondary health facilities and services;
- (d) implement standards and policies fixed by the Authority;
- (e) manage human resources including doctors, paramedical, supporting staff and ancillary staff of the Authority and the healthcare institutions under the Authority;
- (f) ensure health outcomes and enrollment in the district;
- (g) ensure high quality health facilities and healthcare services;
- (h) act as the principal accounting officer responsible and accountable for maintaining financial discipline and transparency in the Authority and healthcare institutions;
- (i) oversee existing primary and secondary healthcare institutions and health facilities;
- (j) establish new healthcare institutions and provision of health facilities as required by the Authority;
- (k) rationalize existing healthcare institutions, health facilities and healthcare workers as directed by the Authority;
- (l) monitor, implement and execute development projects of the Authority as per the budget;
- (m) ensure achievement of targets against performance indicators laid down by the Authority; and
- (n) perform any other task assigned to him by the Board.

**13. Finance director.-** (1) A finance director shall be appointed on contract basis for a four years period through a competitive process

transparently and on merit from the public or private sector. The finance director's contract may be renewed once for a similar term at the discretion of the Board, based on stipulated performance parameters.

(2) The Board shall constitute a selection committee consisting of two members, one of whom shall chair the selection committee, and two outside experts with financial expertise to recruit the finance director of the Authority.

(3) No person shall be appointed as finance director unless he is a qualified chartered accountant or a cost and management accountants of Pakistan or possess a master's degree in finance or accounts. Candidates must have seven years post qualification experience in finance or accounts in a major private or public company or institution.

(4) Recruitment of finance director shall be by a transparent process of public advertisement and evaluation as may be prescribed.

(5) Functions and duties of the finance director shall be to-

- a. coordinate and supervise all financial accounting matters of the Authority and assist the Authority in developing the annual budget and any other budgetary or financial matters that the Authority may desire;
- b. prepare detailed regulations and procedures for the financial management of the Authority for approval by the Board;
- c. advise the hospital and medical directors of the hospitals on all financial matters, ensuring transparency and fiscal probity;
- d. ensure all the accounts are kept according to rules and regulations approved by the Board;
- e. assist in the development of the Authority and hospital budgets by the CEO and the hospital and medical directors, respectively, ensuring that the financial projections and financial accounts are accurate;
- f. prepare an annual financial report for approval of the Board, and present the approved annual financial report to the Board;

- g. ensure facilitation of any external audit of the accounts instituted by the Board or Government and implement the recommendations of the audit; and
- h. placed before the Board for a final decision any differences arising on financial issues between the hospital director, medical director and the finance director.

**14. Management and staff.-** The management and staff of the Authority including the director human resources, data and statistical analysis manager, quality assurance manager, office administrator and other clerical and support staff shall be recruited as may be prescribed.

**15. Hospitals management and functional structure.-** (1) All personnel including medical, nursing, technical and administrative in the hospitals shall be selected and appointed in the Islamabad health service cadre in the prescribed manner.

(2) Until the terms and conditions of service of all the existing employees of the hospitals are prescribed under this Act, all service rules, regulations and instructions as are applicable to civil servants of respective pay scales and status governed by the Civil Servants Act, 1973 (LXXI of 1973) shall apply to the employees of the hospitals in so far as they are not inconsistent with the provisions of this Act.

(3) The employees of the healthcare institutions shall be offered to exercise within ninety days an option to be governed under their existing terms and conditions or to be administered under the new terms and conditions of service under the Islamabad health service cadre.

(4) Where a person, required to exercise option under sub-section (3), does not exercise the option within the said period, he shall be deemed to have exercised the option to be governed by the Civil Servants Act, 1973 (LXXI of 1973) and the rules made there under.

(5) The terms and conditions of the existing employees determined under this Act shall not be less favourable than those admissible to them immediately before exercising the irrevocable option or deemed under sub-

section (4) to have exercised the option.

(6) All new appointments shall be on a contract basis as per the prescribed terms and conditions.

**16. Medical director of the hospital.-** (1) The medical director of a hospital shall be responsible for all clinical services at a hospital.

(2) The medical director shall be appointed on a full-time basis for a period of four years on the recommendation of a selection committee constituted by the Board, on such terms and conditions as the Board may determine:

Provided that no member or officer of the Authority shall be appointed as medical director.

(3) The appointment of a medical director may be renewed by the Board at its discretion on the recommendation of the CEO for one further term of four years. The renewal shall be based upon the performance of the incumbent and the Board shall document a written explanation for such action.

(4) No person shall be appointed as medical director unless he possesses a recognized medical degree with a recognized postgraduate qualification and at least five years of experience of working in a senior clinical position in an institution.

(5) The medical director may be removed from office by the Board on the recommendation of the CEO before the expiration of the period of his term, on the grounds of poor performance, incompetence or other reason, as may be prescribed.

(6) All clinical department heads at the hospital shall report to the medical director.

(7) In performance of his functions, the medical director shall be responsible to the CEO of the Authority.

(8) The medical director shall not have any conflict of interest with such a position.

**17. Functions of the medical directors.-** The medical director shall be responsible for all clinical functions of the respective hospital, including but not limited to,-



- (a) ensuring clinical excellence in all aspects of hospital functioning;
- (b) ensuring timely, appropriate management of patients;
- (c) ensuring the best outcomes for all patients;
- (d) undertaking clinical governance for quality control;
- (e) assessing and auditing existing clinical programs and developing new clinical programs; and
- (f) develop an annual clinical budget, including capital medical equipment requests for presentation to the hospital director and the CEO and finance director of the Authority.

**18. Clinical departments.-** The hospital shall have clinical departments covering functions and specialties as may be prescribed. The appropriate types and numbers of physician staff shall be selected according to procedures as may be prescribed in the regulations.

**19. Clinical board.-** The heads of departments in the hospital as well as the respective nursing directors shall form the clinical board which shall be advisory to the respective medical director. The clinical board shall meet at least once every month with the medical director as chair, to discuss all clinical matters related to the respective hospital. The minutes of the meetings thereof shall be recorded and maintained.

**20. Nursing director.-** (1) A nursing director for the hospital shall be appointed by the Board for a term of four years which may be renewed by the Board at its discretion, for one further term of four years. The renewal shall be based upon the performance of the incumbent and the Board shall document a written explanation for such an action.

(2) No person shall be appointed as nursing director unless he is a qualified nurse, preferably with an advanced degree in nursing or having master degree in nursing or other master degree and holding a current nursing council registration along with at least five years administrative experience in areputable health care facility.

(3) The Board shall constitute a selection committee, with the respective medical director as chair and including the respective hospital director, a representative of the Board, plus one medical consultant from the respective hospital, to recruit and recommend a suitable candidate to the Board for the position of nursing director.

(4) The selection committee shall follow the procedure as may be prescribed.

(5) A nursing committee, consisting of the nurse managers in all departments in the respective hospital shall provide advisory to the respective nursing director and shall meet at least once every month, with the respective nursing director as chair.

(6) The nursing director may be removed from office by the Board, on the recommendation of the CEO on the grounds of poor performance, incompetence or other reason, as may be prescribed.

**21. Functions and duties of the nursing director.-** The nursing director shall report to the CEO and shall be-

- (a) responsible for all nursing functions, including training of nurses;
- (b) ensuring adequate nursing staff for all clinical needs;
- (c) maintaining the highest nursing standards and performing regular audits of nursing functions; and
- (d) performing such other functions as may be prescribed.

**22. Hospital director.-** (1) The Board shall appoint full time hospital director for the hospital for a period of four years on such terms and conditions as may be prescribed:

Provided that no Board member or officer of the Authority shall be appointed as hospital director. The appointment may be renewed by the Board at its discretion, on the recommendation of the CEO for one further term of four years. The renewal shall be based upon the performance of the incumbent and the Board shall document a written explanation for such an action.

(2) No person shall be appointed as hospital director unless he possesses a recognized master's degree in hospital management or health services management or business management or public health or public administration or any other relevant management qualifications and having five years of experience of management in an organization or institution:

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

(3) The hospital director may be removed from office by the Board, on the recommendation of the CEO on the grounds of poor performance, incompetence or other reason, as may be prescribed.

(4) In performance of his functions, the hospital director shall be responsible to the CEO.

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

**23. Functions and duties of the hospital director.-** The hospital director shall be responsible for-

- (a) all non-clinical functions of the hospital;
- (b) coordination for preparation of the annual budget, and business plan for presentation and approval to the CEO and the Board;
- (c) maintenance of building and engineering services;
- (d) maintenance and development of all ancillary services, including but not limited to pharmacy, nursing, materials management, human resources, clerical, communications and security services;
- (e) performance as the principal accounting officer in the respective hospital, responsible and accountable for maintaining financial discipline and transparency; and
- (f) implementation and execution of Board policies and to achieve the targets set by the Board.

**24. Management committee.-** The hospital director shall be supported by a management committee of the hospital consisting of the heads of all non-clinical departments. The management committee, with the hospital

director as chair, shall meet at least once every month.

**25. Ancillary departments.-** Each hospital shall have non-clinical departments including-

- (a) finance;
- (b) human resources;
- (c) building maintenance;
- (d) materials management;
- (e) pharmacy;
- (f) security; and
- (g) any other departments consistent with good management as decided by the CEO of the Authority and approved by the Board.

**26. Basic health units and rural health centers.-** (1) The existing basic health units including maternal and child welfare centers and such other units shall continue to act as integration point for various vertical programs, including lady health workers, maternal, newborn and child health, expended program on immunization, human immunodeficiency virus, malaria, tuberculosis, hepatitis and others.

(2) The basic health units shall perform such other functions as maybe prescribed.

(3) Every basic health unit shall have the facility of a physician exclusively or on sharing basis for more than one such unit as may be determined by the CEO in accordance with the need and other available resources.

(4) There shall be a non-medical administrator who shall be appointed to oversee and be responsible for the administration of the basic health unit as may be prescribed.

**27. Assessments.-** The Federal Government, the Division concerned or the Authority may cause to carry out an assessment of a healthcare institution to evaluate the services provided by said healthcare institution.

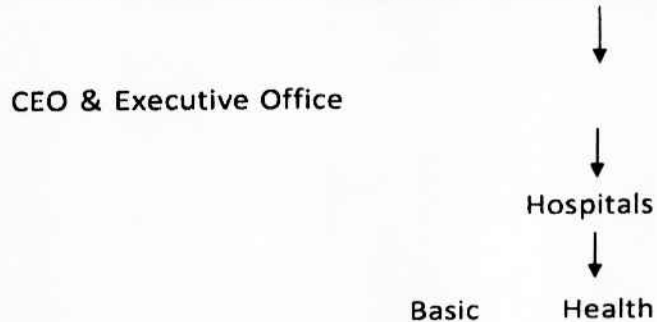
**28. Power to make rules.-** The Federal Government may, by notification in the official Gazette, make rules for carrying out the purpose of this Act.

**29. Power to make regulations.-** The Authority may, by notification in the official Gazette, make regulations for carrying out its internal matters under this Act.

**SCHEDULE-I**  
**[See section 7]**

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

**ISLAMABAD HEALTHCARE FACILITIES MANAGEMENT AUTHORITY**



Units/

Rural Health Centers/  
 Maternal & Child Welfare Centers

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

Board CEO  
 Finance Director  
 Director Human Resources  
 Data Manager and Statistical Analysis  
 Quality Assurance Manager  
 Office Administrator

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

Medical Director  
 Clinical Board Hospital  
 Director Management  
 Council Nursing  
 Director Nursing  
 Council Offices: Finance  
 Human Resources  
 Building Maintenance  
 Materials Management  
 Pharmacy  
 Security

4. The organogram and management structure of a Basic Health Unit shall be as under;

Administrator  
 Lady Health Visitors  
 Lady Health Workers



**Schedule-II****[See section 25]****BASIC HEALTH UNITS**

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

**1. FOR HOSPITALS >300 BEDS:**

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

TOTAL CONSULTANTS: 69

NURSES: 1 Nurse / 1.5 beds

ANCILLARY STAFF/TECHNICIANS: As determined by Board

**2. FOR HOSPITALS 100 - 200 BEDS**

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

TOTAL CONSULTANTS: 29

NURSES: 1 Nurse / 1.5 beds

ANCILLARY STAFF: As determined by Board

### **STATEMENTS OF OBJECTS AND REASONS**

**"Islamabad Healthcare Facilities Management Authority Act, 2021"**

To ensure provision of quality healthcare services through efficient management of health facilities in Islamabad, the draft bill makes provision for promulgation of Islamabad Healthcare Facilities Management Authority Act, 2021.

2. As per the draft bill titled "Islamabad Healthcare Facilities Management Authority Act, 2021" the salient features ibid are as follows:-

- i. Ensuring that the objectives of the Authority within the overall ambit of Government policy are achieved, overseeing the effective management and providing strategic direction to the health Institutions in public sector in the Federal Territory for implementation of curative, preventive and promotive services;
- ii. Approval the budget of the Authority and allocate funds to health institutions under its supervision;
- iii. Oversee health service delivery at primary and secondary levels within the policy framework given by the Government;
- iv. Implement policies and directions of the Government including achievement of key performance indicators set by the Government for health care programmes;
- v. Policy making ensuring that performance and its programmes are efficient and effective;
- vi. Ensuring transparency of procedures for appointment, terms and conditions of service, disciplinary matters and other service matters for all employees under the direct or indirect authority of the IHFMA;
- vii. Ensure coordination of health-related emergency response any natural claimant or emergency;
- viii. Ensure implementation of minimum service delivery standard patent safety and hygienic standard.

3. In order to carry out the mandate of the law, the draft bill has been prepared to achieve the above said objects.

(Zakir-ud-Din Babar Awan)  
Adviser to the Prime Minister  
on Parliamentary Affairs

STATE OF NEW YORK

The Board of Regents of the University of the State of New York, in and to which the several colleges and universities of the State are incorporated, do hereby certify that the following is a true and correct copy of the report of the Board of Regents for the year ending June 30, 1907.

Attest: Secretary of the Board of Regents.

The Board of Regents of the University of the State of New York, in and to which the several colleges and universities of the State are incorporated, do hereby certify that the following is a true and correct copy of the report of the Board of Regents for the year ending June 30, 1907.

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