



REPUBLIC OF GHANA

**HEALTH PROFESSIONS REGULATORY
BODIES ACT, 2013**

(ACT 857)

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REPUBLIC OF GHANA

THE EIGHT HUNDRED AND FIFTY-SEVENTH
ACT
ENTITLED

HEALTH PROFESSIONS REGULATORY BODIES ACT, 2013

AN ACT to establish the Allied Health Professions Council, the Medical and Dental Council, the Nursing and Midwifery Council, the Pharmacy Council, the Psychology Council and to provide for related purposes.

DATE OF ASSENT: *4th January, 2013.*

PASSED by Parliament and assented to by the President:

PART ONE —ALLIED HEALTH PROFESSIONS COUNCIL

Establishment of the Council

Establishment of the Allied Health Professions Council

1. (1) There is established by this Act a body corporate with perpetual succession to be known as the Allied Health Professions Council.

(2) Where there is hindrance to the acquisition of property, the property may be acquired for the Council under the State Property and Contracts Act, 1960 (CA.6) or the State Lands Act, 1962 (Act 125) and the costs shall be borne by the Council.

Object of the Council

2. The Council is responsible for ensuring the highest standards in the practice of allied health professionals registered under this Part.

Functions of the Council

3. To achieve the object, the Council shall
- (a) regulate the standard of services for the practice of allied health professions;
 - (b) ensure that the standard of study and training in recognised institutions is maintained;
 - (c) set practice standards of proficiency and conduct for allied health professionals;
 - (d) register practitioners;
 - (e) monitor and inspect allied health facilities in collaboration with the Health Facilities Regulatory Agency;
 - (f) facilitate continuing professional development of practitioners;
 - (g) determine, in consultation with the appropriate educational institutions, courses of instruction and practical training for allied health professionals;
 - (h) determine and implement post registration continuing education and continuing professional development programmes for practitioners;
 - (i) ensure that the education and training of allied health practitioners and other allied health care providers are carried out at approved educational institutions;
 - (j) advise the Minister on matters relating to allied health practice;
 - (k) conduct licencing examinations for the registration of allied health professionals; and
 - (l) perform any other functions that are ancillary to the object of the Council.

Governing body of the Council

4. (1) The governing body of the Council is a Board consisting of
- (a) a chairperson who is a registered practitioner in an allied health profession,
 - (b) four registered allied health professionals nominated by the relevant allied health professional bodies,
 - (c) one representative of allied health professionals from a relevant allied health training institution nominated by the

training institutions,

- (d) one representative of the Ministry of Health not below the rank of a Director,
- (e) one representative of the Attorney-General not below the level of Principal State Attorney,
- (f) two persons who are not health professionals one of whom is a woman nominated by the Minister, and
- (g) the Registrar of the Council.

(2) The members of the Board shall be appointed by the President in accordance with article 70 of the Constitution.

(3) The Board shall ensure the proper and effective performance of the functions of the Council

Registration

Registration of allied health professionals and other allied health care providers

5. (1) A person shall not practice as an allied health practitioner or allied health care provider unless that person

- (a) is an allied health professional as specified in the Schedule; and
- (b) is registered as a practitioner in accordance with this Part.

(2) A person who seeks to be registered as an allied health practitioner or allied health care provider on any of the registers under section 8 shall

- (a) apply to the Registrar in the manner determined by the Board, and
- (b) submit to the Registrar, a qualifying certificate and any other document that the Registrar may require.

(3) The registration is valid for a period determined by the Board.

Qualification for registration

6. (1) A person does not qualify to be registered as an allied health practitioner or allied health care provider unless that person

- (a) holds a degree in an allied health programme; or
- (b) has an equivalent qualification recognised by the Board; or
- (c) provides evidence of completion of an internship programme undertaken in an accredited allied health facility after academic training;
- (d) has passed the professional qualifying examination or other relevant qualifying modes; and

(e) satisfies any other requirements determined by the Board.

(2) A person shall not be registered as an allied health practitioner or allied health care provider unless that person fulfils the requirements determined by the Board.

(3) A person registered by the Board shall pay the prescribed fee.

(4) Despite subsection (1) a foreign trained practitioner who renders service only for the staff of a foreign embassy or diplomatic mission is exempt from registration under this Part.

(5) A person who has obtained a higher degree or additional qualification is entitled to have the higher degree or additional qualification inserted in the register in addition to the qualification previously registered.

Registration of a foreign trained person

7. (1) A foreign trained person who has

(a) obtained a primary qualification acceptable to the Board,

(b) passed or is exempted from the prescribed examination, and

(c) has a good working knowledge of the English language

shall be registered by the Board.

(2) A foreign trained person whose qualification is not acceptable to the Board shall undergo an approved course of training in a specified approved training institution and shall pass the prescribed examination before being registered by the Board.

Types of registers

8. (1) The Board shall have three categories of registers for the registration of practitioners namely

(a) a permanent register for practitioners who intend to practice permanently in the country;

(b) a temporary register for practitioners who intend to practice for a period of not more than three months; and

(c) a provisional register for newly qualified practitioners in order for them to practice during internship.

(2) The Registrar shall keep the registers.

(3) The form and nature of the registers shall be determined by the Board.

Temporary registration

9. (1) A temporary registration is valid for a period of not more than three months and is renewable yearly for a period of not more than three years.

(2) A practitioner on a temporary register shall practice in an approved hospital or institution.

(3) A practitioner who contravenes subsection (2) commits an offence and is liable on summary conviction to a fine of not more than two hundred and fifty penalty units or to a term of imprisonment of not more than one year or to both.

Provisional registration

10. (1) A provisional registration is valid for a period of one year.

(2) A person registered provisionally shall have obtained the requisite qualification and satisfied the other conditions determined by the Board.

(3) A person registered provisionally shall practise only in a hospital or an institution approved by the Board.

Permanent registration

11. (1) A person may apply to the Registrar for permanent registration after practising for one year with provisional registration and after successfully completing internship.

(2) The Registrar shall

(a) be satisfied that the applicant holds valid certificates and qualifications and has met other conditions determined by the Board, and

(b) if satisfied, issue a permanent registration certificate to commence practice as an allied health professional to the person.

(3) The Board may request a practitioner to pass a pre-registration examination if considered expedient.

(4) A permanent registration is valid for the calendar year in which it was registered.

(5) The registration shall be renewed by the practitioner before the 31st December for the following calendar year.

Suspension of registration

12. The Board may suspend the registration of a practitioner where

- (a) an offence or allegation of professional misconduct in relation to the practitioner is being investigated;
- (b) a false declaration has been made in an application for registration by the professional; or
- (c) the practitioner has contravened a provision of this Part.

Cancellation of registration

13. The Board shall cancel the registration of a practitioner on the recommendation of the Disciplinary Committee of the Council where the practitioner

- (a) is convicted of an offence under this Part or the Regulations;
- (b) has lost the qualification on the basis of which the registration was made;
- (c) is sentenced to a term of imprisonment for a criminal offence; or
- (d) fails to comply with the penalty imposed by the Council after due process.

Annual list of allied health professionals and allied health care providers

14. The Registrar shall publish the list of registered allied health professionals specified in the Schedule and allied health care providers annually in the *Gazette* by the 31st of January each year.

Removal and restoration of names from the register

15. (1) The Registrar shall on the directive of the Board remove from the register the name of a practitioner

- (a) who is dead;
- (b) whose registration has been cancelled; or
- (c) who has been found guilty of misconduct prescribed in Regulations.

(2) The name of a practitioner may be restored to the register by the Registrar as directed by the Board.

Representation to the Board and appeal

16. (1) Registration shall not be suspended unless the Board has given the practitioner at least thirty days notice of its intention to suspend the registration and has provided the practitioner an opportunity to make representation to the Board.

(2) Registration shall not be cancelled unless the Board has given

the practitioner at least thirty days notice of its intention to cancel the registration.

(3) A person dissatisfied with a decision of the Board may appeal to the High Court.

Miscellaneous provisions

Entry of premises

17. A person authorised by the Board may enter premises at a reasonable time

- (a) to inspect the registration of an allied health facility or allied health care point, or
- (b) if that person has reasonable cause to believe that an offence with respect to this Part has been, or is about to be or is being committed on the premises.

Investigation by inspector

18. (1) The inspector may

- (a) require a person on the premises to furnish information in the possession of the person concerning the activities carried out in the premises and the people who carry out the activities,
- (b) inspect the premises and articles found on the premises, and
- (c) take away materials or articles found on the premises.

(2) The inspector shall tender reasonable payment for a material or article taken away under this section.

(3) Despite subsection (2)

- (a) payment shall not be tendered for materials or articles if the inspector reasonably suspects that the material or article is unfit for its purpose due to deterioration, impurity, adulteration or other defect;
- (b) if the material or article is found to be fit, reasonable payment shall be tendered by the inspector for the portion of the material or article that is not returned to its owner in good condition; and
- (c) payment shall not be tendered for a material or article if the inspector anticipates that proceedings for an offence under this Part may be brought in respect of the materials or articles.

(4) The inspector shall tender reasonable payment for the portion of the materials or articles that have been returned to the owner in good condition where proceedings are not commenced within six months.

(5) Where materials or articles are taken under this section, an inventory of the materials or articles shall be made and shall be signed by the senior allied health care professional or allied health care provider and the inspector and a copy of the inventory shall be given to the senior allied health care professional or the allied health care provider.

(6) The inspector shall seize the materials or articles that constitute an imminent danger to the public health or welfare.

(7) An inspector exercising any power conferred by this Part shall produce on demand a duly authenticated document which shows that the inspector has the authority to exercise the power.

Power of closure

19. (1) An inspector may close premises that uses restricted materials or articles where there are grounds to believe that a health hazard may exist on the premises.

(2) The closure of the premises shall be made with the assistance of the police but where this is not possible, the closure shall be reported to the police within twenty four hours after the closure.

(3) The order in respect of the health hazard may have conditions attached as determined by the Board.

Notice of change of name or address

20. A registered practitioner shall notify the Registrar of a change in name or address within thirty days of the change.

Offences

21. A person who

- (a) makes a false declaration in an application for registration as a practitioner;
- (b) wilfully and falsely uses a name, title or an addition implying a qualification to practice as an allied health professional;
- (c) practices or professes to practice as an allied health professional without prior registration;
- (d) fails to renew registration and continues to practice;

- (e) provides unauthorised service in a licenced facility;
- (f) provides service in an unlicenced facility;
- (g) fails to conform to practice standards of the allied health profession;
- (h) fails to cease practising after suspension, cancellation or revocation of registration;
- (i) fails to comply with disciplinary sanctions of the Board;
- (j) engages unqualified persons to practice; or
- (k) contravenes any other provision of this Part,

commits an offence and is liable on summary conviction to a fine of not more than five hundred penalty units or to a term of imprisonment of not more than two years or to both; and in the case of a continuing offence to a further fine of ten penalty units for each day during which the offence continues after written notice has been served on the offender by the Council.

Regulations

22. (1) The Minister may, on the advice of the Board, by legislative instrument make Regulations to

- (a) specify the manner in which an application for registration shall be made;
- (b) determine the form of a certificate, notice or any other document required to carryout the purpose of this Part;
- (c) prescribe practice standards for practitioners;
- (d) provide for the discipline of practitioners;
- (e) prescribe the records and registers that are to be kept by the Council;
- (f) prescribe the fees to be paid under this Part;
- (g) effect changes to the list of allied health professions in the Schedule; and
- (h) provide for any matter necessary for the effective implementation of the provisions of this Part.

(2) A person who commits an offence under the Regulations is liable on summary conviction to a fine not exceeding five thousand penalty units.

Interpretation

23. In this Part, unless the context otherwise requires,
- “allied health professional” means a person who has undergone an approved course of training with direct clinical health experience under supervision of an appropriately qualified health care professional which qualifies that person to practice as an independent professional and who has completed an approved period of clinical internship as determined by an appropriate regulatory body;
 - “approved hospital or institution” means a hospital or institution approved by the Board;
 - “Board” means the governing body of the Council;
 - “Council” means the Allied Health Professions Council;
 - “facility” means a building or any other premises where provision is made for practising an allied health profession;
 - “internship” means training in an approved hospital or institution;
 - “Minister” means the Minister responsible for health;
 - “practice” means the occupation of an allied health practitioner;
 - “practitioner” means a registered person with the relevant training and qualification acceptable by the Board; and
 - “Regulations” means the Regulations made under this Part.

Transitional provisions

24. A practitioner of an allied health profession in practice before the commencement of this Act shall register to practice within six months after the commencement of this Act.

PART TWO—MEDICAL AND DENTAL COUNCIL

Establishment of the Council

Establishment of the Medical and Dental Council

25. (1) There is established by this Act a body corporate with perpetual succession to be known as the Medical and Dental Council.

(2) Where there is hindrance to the acquisition of property, the property may be acquired for the Council under the State Property and Contracts Act, 1960 (C.A.6) or the State Lands Act, 1962 (Act 125) and the costs shall be borne by the Council.

Object of the Council

26. The object of the Council is to secure in the public interest the highest standards in the training and practice of medicine and dentistry.

Functions of the Council

27. To achieve the object, the Council shall

- (a) assess facilities and contents of programmes for the training of doctors and dentists and physician assistants in training institutions;
- (b) ensure that the pre-registration training of newly qualified doctors and dentists and physician assistants in accredited training institutions meets the required standards;
- (c) conduct examinations for the registration of foreign trained medical and dental practitioners and physician assistants;
- (d) compile and keep registers of registered practitioners;
- (e) prescribe and enforce professional standards and conduct for practitioners;
- (f) conduct examinations for the registration of locally trained medical and dental practitioners and physician assistants who do not meet the prescribed conditions for registration; and
- (g) perform any other functions that are ancillary to the object of the Council.

Governing body of the Council

28. (1) The governing body of the Council is a Board consisting of

- (a) a chairperson who is a registered medical or dental practitioner of good standing,
- (b) one registered medical practitioner and one registered dental practitioner elected by medical and dental practitioners,
- (c) one physician assistant or certified registered anaesthetist elected by physician assistants and certified registered anaesthetists,
- (d) one member who is a practitioner to represent medical and dental educational institutions which offer training,
- (e) one representative of the Attorney-General not below the level of Principal State Attorney,
- (f) one representative of the Ministry of Health not below the rank of a Director,
- (g) two other persons who are not health professionals nominated by the Minister one of whom is a woman, and

(h) the Registrar of the Council.

(2) The members of the Board shall be appointed by the President in accordance with article 70 of the Constitution.

(3) The Board shall ensure the proper and effective performance of the functions of the Council.

Registration

Registration procedure

29. (1) A person shall not practice as a medical or dental practitioner, physician assistant or a certified registered anaesthetist unless that person is registered as a practitioner in accordance with this Part.

(2) A person who seeks to be registered as a medical or dental practitioner, physician assistant or a certified registered anaesthetist on any of the registers under section 32 shall

(a) apply to the Registrar in the manner determined by the Board, and

(b) submit to the Registrar a qualifying certificate and any other document that the Registrar may require.

Qualification for registration

30. (1) A person does not qualify to be registered as a medical or dental practitioner, physician assistant or certified registered anaesthetist unless that person

(a) holds a primary qualification from an institution recognised by the Council, and

(b) passes or is exempted from the prescribed examination conducted by the Council.

(2) A person shall not be registered to practice as a physician assistant or certified registered anaesthetist unless that person fulfils the requirements determined by the Board.

(3) A person registered by the Board shall pay the prescribed fee.

(4) Despite subsection (1) a foreign trained practitioner who renders service only for the staff of a foreign embassy or diplomatic mission is exempt from registration under this Part.

Registration of foreign trained practitioners

31. (1) A foreign trained medical or dental practitioner, physician assistant or certified registered anaesthetist who has

(a) obtained a primary qualification, and

(b) passed or is exempted from the prescribed examination, shall undergo training as a house officer or physician assistant or certified registered anaesthetist in an approved hospital or institution in this country with provisional registration before being registered under this Part.

(2) A foreign trained medical or dental practitioner, physician assistant or certified registered anaesthetist who satisfies the requirements of subsection 1 (a) and (b) and

(a) has completed housemanship or physician assistant internship shall undergo supervised training for a period determined by the Board; or

(b) has completed housemanship or physician assistant internship outside the country and is fully registered and licenced by that country may be exempted from supervised training in an approved hospital or institution.

(3) The Board may exempt a foreign trained medical or dental specialist, physician assistant specialist or certified registered anaesthetist from supervised training.

Types of registers

32. (1) The Board shall have three categories of registers for the registration of medical and dental practitioners, physician assistants and certified registered anaesthetists namely

(a) a permanent register for practitioners who intend to practice permanently in the country,

(b) a temporary register for practitioners who intend to practice for a period of not more than three months, and

(c) a provisional register for newly qualified and foreign trained practitioners who have passed the prescribed examination.

(2) The Registrar shall keep the registers.

Temporary registration

33. (1) A temporary registration is valid for a period of not more than three months and is renewable yearly upon request for not more than a period of three years.

(2) A practitioner on a temporary register shall not practice except in an approved hospital or institution.

(3) A practitioner who contravenes subsection (2) commits an offence and is liable on summary conviction to a fine of not less than five hundred penalty units and not more than five thousand penalty units or

to a term of imprisonment of not more than ten years or to both.

Provisional registration

34. (1) A provisional registration is valid for the period determined by the Board.

(2) A person seeking to be registered provisionally shall, except as otherwise provided under this Part, pass the prescribed examination and satisfy other conditions determined by the Board.

(3) A person on a provisional register shall practise only in a hospital or an institution approved by the Board.

(4) A person on a provisional register who contravenes subsection (3) commits an offence and is liable on summary conviction to a fine of not less than five hundred penalty units and not more than five thousand penalty units or to a term of imprisonment of not more than ten years.

Permanent registration

35. (1) A person may apply to the Registrar for permanent registration after practicing with a provisional registration for a period determined by the Board and after successfully completing housemanship.

(2) A permanent registration is valid for the calendar year in which it was made.

(3) The registration shall be renewed by the practitioner before it expires.

Suspension of registration

36. (1) The Board may suspend the registration of a practitioner or a person on a provisional register where

(a) an offence or allegation of misconduct in relation to the practitioner is being investigated;

(b) a false declaration has been made in an application for registration under this Part; or

(c) the practitioner has contravened a provision of this Part.

(2) Registration shall not be suspended unless the Board has given the practitioner at least thirty days notice of its intention to suspend the registration.

Cancellation of registration

37. The Board shall cancel the registration of a practitioner on the recommendation of a Disciplinary Committee of the Council where the

practitioner

- (a) is convicted of an offence under this Part or the Regulations;
- (b) has lost the qualification on the basis of which the registration was made;
- (c) is sentenced to a term of imprisonment for a criminal offence; or
- (d) fails to comply with the penalty imposed by the Council after due process.

Representation to the Board and appeal

38. (1) A practitioner or a person on a provisional register whose application for registration is refused by the Registrar may appeal against the refusal to the Board.

(2) Registration shall not be suspended unless the Board has given the practitioner at least thirty days notice of its intention to suspend the registration and has provided the practitioner with an opportunity to make a representation to the Board.

(3) Registration shall not be cancelled unless the Board has given the practitioner at least thirty days notice of its intention to cancel the registration.

(4) A person dissatisfied with a decision of the Board may appeal to the High Court.

Annual list of registered practitioners

39. The Registrar shall publish the list of registered practitioners annually in the *Gazette* by the 31st of January each year.

Removal and restoration of names from register

40. (1) The Registrar shall on the recommendations of the Board remove from the register the name of a practitioner

- (a) who is dead,
- (b) who has been found guilty of professional misconduct by the Disciplinary Committee, or
- (c) who has not paid the prescribed fee.

(2) The name of a practitioner may be restored to the register by the Registrar as directed by the Board.

Notice of change in name or address

41. A registered practitioner shall notify the Registrar in writing of a change in name or address within thirty days of the change.

Insertion in register of additional qualifications

42. A practitioner who has obtained a higher degree or additional qualification recognised by the Board, is entitled to have the higher degree or additional qualification inserted in the register in addition to the qualification previously registered, upon payment of a fee determined by the Board.

Rights conferred by registration

43. A medical or dental practitioner, except a house officer registered under this Part, may

- (a) practice medicine or dentistry,
- (b) subject to the provisions of any enactment, prescribe and store dangerous and restricted medicines, and
- (c) sign a certificate or document required by law to be signed by a practitioner.

Unregistered practitioner

44. (1) A person who is otherwise qualified but not registered as a medical or dental practitioner or physician assistant may, with the authorisation of the Minister under an emergency carry out medical or dental procedures.

(2) A person who acts contrary to subsection (1) commits an offence and is liable on summary conviction to a fine of not more than five hundred penalty units or to a term of imprisonment of not more than two years or to both.

Miscellaneous provisions

Entry of premises

45. A person authorised by the Board may enter premises at a reasonable time

- (a) to inspect the registration of a medical or dental facility; or
- (b) if that person has reasonable cause to believe that an offence with respect to this Part has been, or is about to be or is being committed on the premises.

Investigation by inspector

46. (1) The inspector may

- (a) require a person on the premises to furnish information in the possession of the person concerning the activities carried out in the premises and the people who carry out the activities,
 - (b) inspect the premises and articles found on the premises, and
 - (c) take away materials or articles found on the premises.
- (2) The inspector shall tender reasonable payment for a material or article taken away under this section.
- (3) Despite subsection (2)
- (a) payment shall not be tendered for materials or articles if the inspector reasonably suspects that the material or article is unfit for its purpose due to deterioration, impurity, adulteration or other defect;
 - (b) if the material or article is found to be fit, reasonable payment shall be tendered by the inspector for the portion of the material or article that is not returned to its owner in good condition; and
 - (c) payment shall not be tendered for a material or article if the inspector anticipates that proceedings, for an offence under this Part may be brought in respect of the materials or articles.
- (4) The inspector shall tender reasonable payment for the portion of the materials or articles that have been returned to the owner in good condition where proceedings are not commenced within six months.
- (5) Where materials or articles are taken under this section, an inventory of the materials or articles shall be made and shall be signed by the senior medical or dental practitioner and the inspector and a copy of the inventory shall be given to the senior medical or dental practitioner.
- (6) The inspector shall seize the materials or articles that constitute an imminent danger to the public health or welfare.
- (7) An inspector exercising any power conferred by this Part shall produce on demand a duly authenticated document which shows that the inspector has the authority to exercise the power.

Power of closure

47. (1) An inspector may close premises that uses restricted materials or articles where there are grounds to believe that a health hazard may exist on the premises.

(2) The closure of the premises shall be made with the assistance of the police but where this is not possible, the closure shall be reported to the police within twenty four hours after the closure.

(3) The order in respect of the health hazard may have conditions attached as determined by the Board.

Offences

48. A person who

- (a) makes a false declaration in an application for registration as a medical or dental practitioner, physician assistant or certified registered anaesthetist;
- (b) wilfully and falsely uses any name, title such as “Dr.” or addition implying a qualification to practice medicine or dentistry;
- (c) employs or engages a non-registered practitioner;
- (d) without being registered under this Part;
 - (i) practices or professes to practice medicine or dentistry; or
 - (ii) receives payment for the practice of dentistry or medicine; or

(e) wilfully destroys or damages a register kept under this Part, commits an offence and is liable on summary conviction to a fine of not less than one thousand penalty units and not more than ten thousand penalty units or to a term of imprisonment of not more than twenty years or to both; and in the case of a continuing offence to a further fine of ten penalty units for each day during which the offence continues after written notice has been served on the offender personally by the Council.

Regulations

49. (1) The Minister may, on the advice of the Board, by legislative instrument, make Regulations to

- (a) prescribe the form of notices and any other documents required to be issued under this Part;
- (b) prescribe the conditions for registration of practitioners;
- (c) prescribe practice standards for practitioners;
- (d) provide for the discipline of practitioners;
- (e) prescribe the fees to be paid under this Part;

- (f) provide for the education and examination of practitioners;
and
- (g) provide for any other matter necessary for the effective implementation of the provisions of this Part.

(2) A person who commits an offence under the Regulations is liable on summary conviction to a fine of not more than ten thousand penalty units or to a term of imprisonment of not more than twenty years.

Interpretation

- 50.** In this Part, unless the context otherwise requires,
- “approved hospital or institution” means a hospital or institution approved under the prescribed law;
 - “Board” means the governing body of the Council;
 - “certified registered anaesthetist” means a practitioner under this Part other than the anaesthetist who administers anaesthesia;
 - “Council” means the Medical and Dental Council;
 - “dentistry” includes oral and maxillofacial surgery, restorative dentistry, preventive and community dentistry, orthodontics and paedodontics, periodontics, oral pathology and radiology and oral medicine;
 - “facilities” includes physical structures, equipment and logistics registered under the prescribed law with the requisite human resource;
 - “housemanship” means a period of training in an approved hospital or institution by a practitioner who has completed basic medical or dental training in a recognised institution or university;
 - “house officer” means a practitioner who is doing housemanship;
 - “medicine” includes surgery, anaesthesia, obstetrics and gynaecology, paediatrics, psychiatry, public health, internal medicine, radiology and radiotherapy;
 - “Minister” means the Minister responsible for Health;
 - “physician assistant” means physician assistant, medical assistant, community oral health officer, school dental nurse or school dental therapist;

- “practice” means the profession of medicine or dentistry;
- “practitioner” means a person registered to practise under this Part with qualifications recognized by the Board;
- “pre-registration training” means housemanship;
- “primary qualification” includes
- (a) the qualifying degrees of Medical and Dental Schools recognized by the Board;
 - (b) any foreign qualifications recognized by the Board;
 - (c) any degree or license in dentistry granted by any Medical or Dental Authority and recognised by the Board; or
 - (d) any other Medical and Dental qualifications that the Board may in writing specify to the Registrar;
- “qualifying examination” means an examination which a medical or dental student is required to pass in order to obtain a primary qualification;
- “Regulations” means the Regulations made under this Part;
- “training institutions” means an accredited medical or dental school, university or postgraduate medical college; and
- “registered practitioner” means a medical or dental practitioner, physician assistants or certified registered anaesthetists.

Transitional provisions

51. (1) The rights, assets and liabilities accrued in respect of the properties vested in the Council established under the Medical and Dental Act, 1972 (NRCD 91) as amended immediately before the commencement of this Act and the persons employed by the Council shall be transferred to the Medical and Dental Council established under this Act and accordingly proceedings taken by or against the former Council may be continued by or against the Council.

(2) A contract subsisting between the former Council established under the Medical and Dental Act, 1972 (NRCD 91) and any other person and in effect immediately before the commencement of this Act shall subsist between the Council established under this Act and that other person.

Repeal and savings

52. (1) The

- (a) Medical and Dental Act, 1972 (NRCD 91)
- (b) Medical and Dental (Amendment) Act 1979 (NRCD 207),
and
- (c) Medical and Dental (Amendment) Act 1979 (AFRCD 8)

are hereby repealed.

(2) Despite the repeal, Part VII of the Medical and Dental Act, 1972 (NRCD 91) related to disciplinary matters shall continue in force as if made under this Act until expressly provided for in the Regulations.

(3) Despite the repeal, the Regulations, bye-laws, notices, orders, directions, appointments or any other act lawfully made or done under the repealed enactments and in force immediately before the commencement of this Act shall be considered to have been made or done under this Act and shall continue to have effect until reviewed, cancelled or terminated.

(4) Registers of medical and dental practitioners in use immediately before the commencement of this Act and every document prepared or issued under the Medical and Dental Act, 1972 (NRCD 91) shall continue in force as if kept, prepared or issued under the corresponding provisions of this Act until provision is otherwise made under this Part.

PART THREE— NURSING AND MIDWIFERY COUNCIL

Establishment of the Council

Establishment of the Nursing and Midwifery Council

53. (1) There is established by this Act a body corporate with perpetual succession to be known as the Nursing and Midwifery Council.

(2) Where there is hindrance to the acquisition of property, the property may be acquired for the Council under the State Property and Contracts Act, 1960 (C. A. 6) or the State Lands Act, 1962 (Act 125) and the costs shall be borne by the Council.

Object of the Council

54. The object of the Council is to secure in the public interest the highest standards of training and practice of nursing and midwifery.

Functions of the Council

55. To achieve the object, the Council shall

- (a) establish standards and provide guidelines for the development of a curriculum for the training of nurse assistants, nurses and midwives;
- (b) register and maintain a register of practitioners;
- (c) exercise disciplinary powers over practitioners;
- (d) prescribe and maintain professional standards and conduct for practitioners;
- (e) in collaboration with appropriate government agencies ensure that nursing and midwifery institutions are accredited;
- (f) determine and implement post-registration, continuing education and continuing professional development programmes for practitioners;
- (g) conduct licencing examination for registration of nurses, midwives and nurse assistants;
- (h) ensure that the education and training of nurses and midwives and other nursing practitioners are carried out at approved educational institutions for efficient nursing and midwifery practice;
- (i) advise the Minister on matters relating to the practice of nursing and midwifery;
- (j) monitor and inspect training institutions and health facilities in collaboration with the Health Facilities Regulatory Agency; and
- (k) perform any other functions that are ancillary to the object of the Council.

Governing body of the Council

56. (1) The governing body of the Council is a Board consisting of
- (a) a chairperson who is a registered nurse or midwife of not less than ten years standing as a practitioner,
 - (b) one representative of registered nurses nominated by the nurses professional associations,
 - (c) one registered midwife nominated by the professional associations,
 - (d) one representative from a nursing school of the universities nominated by the universities from among themselves,
 - (e) one representative of a nursing and midwifery school nom-

inated from nursing and midwifery schools,

- (f) one representative of the Attorney-General not below the level of Principal State Attorney,
- (g) one representative of the Ministry of Health not below the rank of a Director,
- (h) one representative of nurses and midwives professionals within the security agencies,
- (i) two other persons who are not health professionals, and
- (j) the Registrar of the Council.

(2) The members of the Board shall be appointed by the President in accordance with article 70 of the Constitution.

(3) The Board shall ensure the proper and effective performance of the functions of the Council.

Registration

Registration procedure

57. (1) A person shall not practise nursing or midwifery unless that person is registered as a practitioner in accordance with this Part.

(2) A person seeking registration shall apply to the Registrar in the manner determined by the Board.

(3) The registration is valid for the period determined by the Board.

Qualification for registration

58. (1) A person does not qualify to practise as a nurse, midwife or nurse assistant unless that person

- (a) holds a certificate from an institution recognised by the Council, and
- (b) passes a licentiate or professional examination conducted by the Council.

(2) A person shall not be registered to practise as a nurse, midwife or nurse assistant unless that person fulfils the requirements determined by the Board.

(3) A person registered by the Board shall pay the prescribed fee.

(4) Despite subsection (1), the Board may register a person to practise as a nurse, midwife or nurse assistant on terms and conditions determined

by the Board.

(5) A person who has obtained a higher degree or additional qualification is entitled to have the higher degree or additional qualification inserted in the register in addition to the qualification previously registered.

Registration of foreign trained practitioners

59. (1) A foreign trained nurse, midwife or nurse assistant who has

- (a) obtained a recognised primary qualification,
- (b) passed or is exempted from the prescribed examination,

shall undergo a period of training in an approved hospital or institution with provisional registration as determined by the Board before being registered under this Part.

(2) A foreign trained nurse, midwife or nurse assistant who satisfies the requirements of subsection 1 (a) and (b) and has already completed training outside the country shall undergo a period of internship training in an approved hospital or institution as determined by the Board.

(3) The Board may exempt a foreign trained nurse, midwife or nurse assistant from internship.

Types of registers

60. (1) The Board shall have three categories of register for the registration of practitioners, namely

- (a) a permanent register for practitioners who intend to practise permanently in the country;
- (b) a temporary register for practitioners who intend to practise for a period of not more than three months; and
- (c) a provisional register for newly qualified and foreign trained practitioners who have passed the prescribed examination.

(2) The Registrar shall keep the registers.

Permanent registration

61. (1) A person may apply to the Registrar for permanent registration after practicing with a provisional registration for a period determined by the Board.

(2) A permanent registration is valid for the calendar year in which it was registered.

(3) The registration shall be renewed by the practitioner before the

specified expiry date as determined by the Board.

Temporary registration

62. (1) A temporary registration is valid for a period of not more than three months in a year and is renewable yearly for not more than three years.

(2) A practitioner on a temporary register shall not practise nursing or midwifery except in an approved hospital or institution.

(3) A practitioner who contravenes subsection (2) commits an offence and is liable on summary conviction to a fine of not less than two hundred and fifty penalty units and not more than two thousand five hundred penalty units or to a term of imprisonment of not more than four years or to both.

Provisional registration

63. (1) A provisional registration is valid for the period determined by the Board and subject to other conditions determined by the Board.

(2) A person registered on a provisional register shall practise only in a hospital or an institution approved by the Board.

Suspension of registration

- 64.** The Board may suspend the registration of a practitioner where
- (a) an offence or allegation of misconduct in relation to the practitioner is being investigated;
 - (b) a false declaration has been made in an application for a certificate or licence issued to the practitioner; or
 - (c) the practitioner has contravened a provision of this Part.

Cancellation of registration

65. The Board shall cancel the registration of a practitioner on the recommendation of the Disciplinary Committee of the Council where the practitioner

- (a) is convicted of an offence under this Act or the Regulations;
 - (b) has lost the qualification on the basis of which the registration was made;
 - (c) is sentenced to a term of imprisonment for a criminal offence;
- or
- (d) fails to comply with the penalty imposed by the Council after due process.

Annual list of registered practitioners

66. The Registrar may publish the list of registered practitioners periodically in the *Gazette* by the 31st of January each year.

Removal and restoration of names from register

67. (1) The Registrar shall, on the recommendations of the Board, remove from the register the name of a person

- (a) who is dead,
- (b) who has been found guilty of professional misconduct by the Disciplinary Committee, or
- (c) who has not paid the prescribed fee.

(2) The name of a person may be restored to the register by the Registrar as directed by the Board.

Representation to the Board and appeal

68. (1) A person whose application for registration is refused by the Registrar may appeal against the refusal to the Board.

(2) Registration shall not be suspended unless the Board has given the practitioner at least thirty days notice of its intention to suspend the registration and has provided the practitioner with an opportunity to make a representation to the Board.

(3) Registration shall not be cancelled unless the Board has given the practitioner at least thirty days notice of its intention to cancel the registration.

(4) A person dissatisfied with a decision of the Board may appeal to the High Court.

Miscellaneous provisions

Entry of premises

69. A person authorised by the Board may enter premises at a reasonable time

- (a) to inspect the registration of a nurse or midwife in a facility or the licence of a nursing facility,
- (b) if that person has reasonable cause to believe that an offence with respect to this Part has been, or is about to be or is being committed on the premises.

Investigation by inspector

- 70.** (1) The inspector may
- (a) require a person on the premises to furnish information in the possession of the person concerning the activities carried on in the premises and the people who carry out the activities,
 - (b) inspect the premises and articles found on the premises, and
 - (c) take away materials or articles found on the premises.
- (2) The inspector shall tender reasonable payment for a material or article taken away under this section.
- (3) Despite subsection (2)
- (a) payment shall not be tendered for materials or articles if the inspector reasonably suspects that the material or article is unfit for its purpose due to deterioration, impurity, adulteration or other defect;
 - (b) if the material or article is found to be fit, reasonable payment shall be tendered by the inspector for the portion of the material or article that is not returned to its owner in good condition; and
 - (c) payment shall not be tendered for a material or article if the inspector anticipates that proceedings for an offence under this Part may be brought in respect of the materials or articles.
- (4) The inspector shall tender reasonable payment for the portion of the materials or articles that have been returned to the owner in good condition where proceedings are not commenced within six months.
- (5) Where materials or articles are taken under this section, an inventory of the materials or articles shall be made and shall be signed by the senior nursing officer and the inspector and a copy of the inventory shall be given to the senior nursing officer.
- (6) The inspector shall seize the materials or articles that constitute an imminent danger to the public health or welfare.
- (7) An inspector exercising any power conferred by this Part shall produce on demand a duly authenticated document which shows that the inspector has the authority to exercise the power.

Power of closure

71. (1) An inspector may close premises that uses restricted materials or articles where there are grounds to believe that a health hazard may exist on the premises.

(2) The closure of the premises shall be made with the assistance of the police but where this is not possible, the closure shall be reported to the police within twenty four hours after the closure.

(3) The order in respect of the health hazard may have conditions attached as determined by the Board.

Notice of change of name or address

72. A registered practitioner shall notify the Registrar of a change in name or address within thirty days of the change.

Offences

73. A person who

- (a) makes a false declaration in an application for registration as a practitioner;
- (b) wilfully and falsely uses a name, title or addition implying a qualification to practice as a practitioner;
- (c) practices or professes to practice as a practitioner;
- (d) fails to renew registration and continues to practice;
- (e) provides unauthorised service in a licensed facility;
- (f) provides service in an unlicensed facility;
- (g) fails to conform to practice standards of nursing and midwifery;
- (h) fails to cease practising after suspension, cancellation or revocation of registration;
- (i) fails to comply with disciplinary sanctions of the Board;
- (j) engages unqualified persons to practice;
- (k) wilfully destroys or damages a register kept under this Part;
or
- (l) contravenes any other provision of this Part

commits an offence and is liable on summary conviction to a fine of not less than five hundred penalty units and not more than five thousand penalty units or to a term of imprisonment of not more than ten years or to both

and in the case of a continuing offence to a further fine of twenty penalty units for each day during which the offence continues after written notice has been served on the offender personally by the Council.

Regulations

74. (1) The Minister may, on the advice of the Board, by legislative instrument, make Regulations to

- (a) prescribe the conditions for registration of practitioners;
- (b) prescribe practice standards for practitioners;
- (c) provide for the discipline of practitioners;
- (d) prescribe the fees to be paid under this Part;
- (e) prescribe accreditation standards for practitioners and training institutions; and
- (f) provide for any other matter necessary for the effective implementation of the provisions of this Act.

(2) A person who commits an offence under the Regulations is liable on summary conviction to a fine not exceeding five thousand penalty units or to a term of imprisonment of not more than ten years.

Interpretation

75. In this Part, unless the context otherwise requires,
- “approved hospital or institution” means a hospital or institution approved by the Board;
 - “Board” means governing body of the Council;
 - “Council” means the Nursing and Midwifery Council;
 - “midwife” means a person who has been registered as a midwife under this Part;
 - “midwifery” means the supervision, care and education of women on how to live a healthy life during pregnancy, labour, including the care of the newborn baby and the post partum period by a registered midwife;
 - “Minister” means the Minister responsible for Health;
 - “nurse” means a person who has been registered as a nurse under this Part;
 - “nurse assistant” means a person who has been registered under

this Part to assist a nurse or midwife;

“nursing” means the promotion of health, prevention of illness, and care of the physically ill, mentally ill, and persons with a disability in health care and other community settings by a registered nurse;

“practice” means the profession of nursing or midwifery;

“practitioner” means a person registered to practice under this Part with qualifications recognised by the Board;

“recognised primary qualification” means accredited basic nursing and midwifery training; and

“Regulations” means the Regulations made under this Act.

Transitional Provisions

76. (1) The rights, assets and liabilities accrued in respect of the properties vested in the Council established under the Nurses and Midwives Act, 1972 (NRCD 117) immediately before the commencement of this Act and the persons employed by the Council shall be transferred to the Nursing and Midwifery Council established under this Act and accordingly proceedings taken by or against the former Council may be continued by or against the Council.

(2) A contract subsisting between the former Council established under the Nurses and Midwives Act, 1972 (NRCD 117) and another person and in effect immediately before the commencement of this Act shall subsist between the Council under this Act and that other person.

Repeal and savings

77. (1) The Nurses and Midwives Act, 1972 (NRCD 117) is hereby repealed.

(2) Despite the repeal, Part III of the Nurses and Midwives Act, 1972 (NRCD 117) related to disciplinary matters shall continue in force as if made under this Act until expressly provided for in the Regulations.

(3) Despite the repeal of the Nurses and Midwives Act, 1972 (NRCD 117), the Regulations, bye-laws, notices, orders, directions, appointments or any other act lawfully made or done under the repealed

enactment and in force immediately before the commencement of this Act shall be considered to have been made or done under this Act and shall continue to have effect until reviewed, cancelled or terminated.

(4) Registers of nurses and midwives in use immediately before the commencement of this Act and every document prepared or issued under the Nurses and Midwives Act, 1972 (NRCD 117) shall continue in force as if kept, prepared or issued under the corresponding provisions of this Part.

PART FOUR — PHARMACY COUNCIL

Establishment of the Council

Establishment of the Pharmacy Council

78. (1) There is established by this Act a body corporate with perpetual succession to be known as the Pharmacy Council.

(2) Where there is hindrance to the acquisition of property, the property may be acquired for the Council under the State Property and Contracts Act, 1960 (C.A. 6) or the State Lands Act, 1962 (Act 125) and the costs shall be borne by the Council.

Object of the Council

79. The object of the Council is to secure in the public interest the highest standards in the practice of pharmacy in the country.

Functions of the Council

80. To achieve the object, the Council shall

- (a) ensure that the education and training of pharmacists and any other pharmaceutical support staff are carried out at approved educational institutions for efficient pharmacy practice;
- (b) set standards for continuous professional development for practitioners and pharmaceutical support staff;
- (c) register practitioners;
- (d) ensure the equitable and accessible distribution of pharmaceutical premises;
- (e) monitor and inspect pharmacy practices where pharmaceutical care is provided;
- (f) set and ensure standards for pharmacy practice and profes-

- sional conduct;
- (g) provide guidelines for the education, training, registration, licensing and the practice of all pharmaceutical support staff;
- (h) exercise disciplinary power over pharmacists and any other pharmaceutical support staff;
- (i) ensure accreditation for pharmacy programmes in collaboration with appropriate State agencies;
- (j) develop a management and administrative structure and systems to provide an efficient mechanism to regulate pharmacy practice;
- (k) advise the Minister on pharmacy practice and related matters; and
- (l) perform any other function that is ancillary to the object of the Council.

Governing body of the Council

- 81.** (1) The governing body of the Council is a Board consisting of
- (a) a chairperson who is a registered pharmacist of not less than ten years standing as a pharmacist,
 - (b) one representative of the Ministry of Health not below the rank of a Director,
 - (c) one representative of an accredited training institution that provides tertiary training for pharmacists nominated by the Minister,
 - (d) one registered pharmacist elected by registered pharmacists;
 - (e) three other persons who may not be health professionals one of whom is a woman nominated by the Minister,
 - (f) one representative of the Attorney-General not below the level of Principal State Attorney, and
 - (g) the Registrar of the Council.
- (2) The members of the Board shall be appointed by the President in accordance with article 70 of the Constitution.
- (3) The Board shall ensure the proper and effective performance of the functions of the Council.

Registration

Registration of pharmacists and other pharmaceutical support staff

82. (1) A person shall not practise as a pharmacist or a pharmaceutical support staff unless that person is registered as a practitioner in accordance with this Part.

(2) A person seeking registration shall apply to the Registrar in the manner determined by the Board.

(3) The registration is valid for the period determined by the Board.

Qualification for registration

83. (1) A person shall not be registered to practise as a pharmacist unless that person

- (a) holds a degree in pharmacy, or
- (b) holds a qualification recognised by the Board that entitles that person to be registered as a pharmacist, and
- (c) provides evidence of completion of an internship programme undertaken in an accredited pharmacy institution after academic training in the country,
- (d) has passed the professional qualifying examination, and
- (e) satisfies any other requirements of this Part.

(2) A person shall not be registered to practise as a pharmaceutical support staff unless that person fulfils the requirements determined by the Board.

(3) A person registered by the Board shall pay the prescribed fee.

(4) A person who has obtained a higher degree or additional qualification is entitled to have the higher degree or additional qualification inserted in the register in addition to the qualification previously registered.

Registration of a foreign trained person

84. A foreign trained person may be registered as a practitioner where that person

- (a) has satisfied the requirements in section 83,
- (b) has a good working knowledge of the English language, and
- (c) has proof of qualification and registration to practise in that person's country of origin or where that person was trained.

Types of Register

85. (1) The Board shall have three categories of registers for the registration of practitioners namely

- (a) a permanent register for practitioners who intend to practice permanently in the country;
 - (b) a temporary register for practitioners who intend to practice for a period of not more than three months; and
 - (c) a provisional register for newly qualified and foreign trained practitioners who have passed the prescribed exams.
- (2) The Registrar shall keep the registers.
- (3) The form and nature of the register shall be determined by the Board.

Permanent registration

86. (1) A person may apply to the Registrar for permanent registration after practicing with a provisional registration for a period determined by the Board.

(2) A permanent registration is valid for the calendar year in which it was registered

(3) The registration shall be renewed by the practitioner before the specified expiry date as determined by the Board.

Temporary registration

87. (1) A temporary registration is valid for a period of not more than three months and is renewable yearly for another period of not more than three years.

(2) A practitioner on a temporary register shall not practise pharmacy except in an approved hospital, premises or institution.

(3) A practitioner who contravenes subsection (2) commits an offence and is liable on summary conviction to a fine of not less than two hundred and fifty penalty units and not more than two thousand five hundred penalty units or to a term of imprisonment of not more than four years or to both.

Annual list of practitioners

88. The Registrar shall publish the list of registered practitioners yearly in the *Gazette* by the 31st of January.

Removal and restoration of names from register

89. (1) The Registrar shall on the recommendations of the Board remove from the register the name of a person

- (a) who is dead,
- (b) who has been found guilty of professional misconduct by the Disciplinary Committee; or
- (c) who has not paid the prescribed fee.

(2) The name of a person may be restored to the register by the Registrar as directed by the Board.

Suspension of registration

90. (1) The Board may suspend the registration of a pharmacist or pharmaceutical support staff where

- (a) an offence or allegation of misconduct in relation to the pharmacist or pharmaceutical support staff is being investigated,
- (b) a false declaration has been made in an application for registration by the pharmacist or pharmaceutical support staff; or
- (d) the pharmacist or pharmaceutical support staff has contravened a provision of this Part.

(2) Registration shall not be suspended unless the Board has given the pharmacist or pharmaceutical support staff at least thirty days notice of its intention to suspend the registration and has provided the pharmacist or the pharmaceutical support staff an opportunity to make a representation to the Board.

Cancellation of registration

91. (1) The Board shall cancel the registration of a pharmacist or pharmaceutical support staff on the recommendation of the Disciplinary Committee of the Council where the practitioner

- (a) is convicted of an offence under this Part or the Regulations;
- (b) has lost the qualification on the basis of which the registration was made;
- (c) is sentenced to a term of imprisonment for a criminal offence; or
- (d) fails to comply with the penalty imposed by the Council after due process.

(2) Registration shall not be cancelled unless the Board has given the practitioner at least thirty days notice of its intention to cancel the registration.

Appeal

92. A person dissatisfied with a decision of the Board may appeal to the High Court, within a period of thirty days from the date the decision is communicated to the person.

Licensing

Licensing of corporate bodies

93. (1) The Board may grant a licence to a body corporate or a government institution if satisfied that

- (a) the applicant is fit to carry on the business of mixing, compounding, preparing or supplying restricted medicines by retail, and
- (b) the business of the applicant is carried on under the supervision of a superintendent pharmacist.

(2) The Board may revoke the licence granted under subsection (1) where a condition specified in the licence has not been complied with.

Licensing of over the counter medicine sellers

94. (1) The Board may grant a licence to an over the counter medicine seller if satisfied that

- (a) the applicant is fit to carry on the business of the retail supply of restricted medicines other than prescription only medicines or pharmacy only medicines, or
- (b) the area where the applicant proposes to carry on the business is deprived of a pharmaceutical service.

(2) The Board may revoke the licence granted to an over the counter medicine seller if the over the counter medicine seller is in default of a provision of this Part or if a condition specified in the licence has ceased to exist.

(3) The Board may impose a penalty not exceeding two hundred and fifty penalty units instead of revoking a licence where an over the counter medicine seller contravenes this section.

Supply of restricted medicines

Licence for wholesale supply of restricted medicines

95. (1) A person shall not carry on the business of the wholesale supply of restricted medicines unless that person has a licence for the wholesale

supply of restricted medicines.

(2) The Board may grant a licence for the wholesale supply of restricted medicines subject to conditions which may prohibit or limit the supply of restricted medicines of a particular description.

(3) A promotional or marketing office where a person intends to engage in the wholesale pharmacy business shall be licensed and supervised by a registered pharmacist.

(4) The Board may revoke the licence granted for wholesale pharmacy if the licence holder has contravened a provision of this Part or a condition specified in the licence has ceased to exist.

Action to be taken after supply of restricted medicines

96. Where a restricted medicine is supplied under a valid prescription, the supplier of the medicine shall

- (a) enter on the valid prescription in indelible writing, the date on which the medicine is supplied and the name and address of the supplier, and
- (b) if the medicine is fully dispensed, retain the valid prescription for two years on the premises at which the medicine is dispensed so that the prescription is readily available for inspection.

Restriction on sale and supply of restricted medicines

97. A person shall not sell or supply prescription medicine unless

- (a) under a valid prescription,
- (b) the medicine is in a container of the prescribed description, and
- (c) the container bears a label indicating the prescribed particulars of its contents.

Restricted Medicines Record Book

98. (1) A person who supplies restricted medicines shall keep on the premises from where medicines are supplied a Restricted Medicines Record Book of the prescribed description.

(2) Before a person supplies a restricted medicine, that person shall record in the Restricted Medicines Record Book

- (a) the name and quantity of the medicine to be supplied,
- (b) the name, the address and signature or thumbprint of the person to whom it is supplied,
- (c) the name and signature of the person who supplied the med-

icines, and
(d) the date of supply.

(3) This section shall not apply to transactions which are recorded electronically.

Prescription and supply of medicines

99. A pharmacist or licensed company shall not sell or supply prescription only medicine except under a valid prescription issued by a medical practitioner, a dentist or a veterinary practitioner or any person authorised or approved by the Minister.

Restriction on the preparation and supply of restricted medicines.

100. (1) A person shall not mix, compound, prepare or supply a restricted medicine unless that person is a pharmacist or is a licensed pharmaceutical company.

(2) Subsection (1) does not apply to

- (a) the supply of medicines by
 - (i) a medical practitioner, dentist or veterinary practitioner to a patient in urgent need of treatment, and
 - (ii) other health practitioners who may supply a limited range of medicines determined by the Board,
- (b) the administration by a nurse or midwife of a medicine in accordance with directions given by a medical practitioner to an out-patient attending a medical treatment centre or to an in-patient,
- (c) the supply of a medicine other than a prescription only medicine or pharmacy restricted medicine by a licensed over the counter medicine seller,
- (d) the mixing, supplying, compounding or preparing of a medicine by a pharmacy technician or student under the supervision of a pharmacist or by a student or a trainee undergoing instructions at an institution approved by the Board; or
- (e) programmes of the Council aimed at enhancing access to pharmaceutical services.

Sale or supply of restricted medicines

101. A pharmacist or licensed pharmaceutical company may sell or

supply prescription only medicine to a person without a valid prescription if the supplier of the medicine reasonably believes that the person to whom the medicine is to be supplied is the proper person.

Possession of restricted medicines

102. A person shall not possess or be in control of a restricted medicine except in accordance with this Part.

Meaning of valid prescription

103. (1) For purposes of sections 96, 97, 99 and 101 a prescription is valid only if it is for the sale or supply of medicine and;

- (a) is in indelible writing signed and dated by a medical practitioner, dentist or veterinary surgeon, or approved prescriber
 - (b) states the name, qualification and address of the person signing it,
 - (c) states the name and address of the person for whom the treatment is given or the name of the person to whom the medicine is to be delivered if for veterinary purposes,
 - (d) indicates the total amount of the medicine to be supplied and the dose of the medicine to be taken except in the case of an ointment, and
 - (e) has not previously been fully dispensed.
- (2) A valid prescription signed by
- (a) a dentist shall bear the words “for dental treatment only”, or
 - (b) a veterinary surgeon shall bear the words “for animal treatment only”.

Miscellaneous provisions

Classification of medicines

104. The Minister shall on the advice of the Food and Drugs Authority and the Pharmacy Council by executive instrument classify medicines and conditions for the supply and dispensing of medicines for the purpose of this Part.

Medical aid

105. (1) Subject to Part Two, a pharmacist or pharmaceutical support staff may give medical and dental advice

- (a) as first aid where there is an accident, or
- (b) as first aid treatment for simple ailments of common

occurrence where it is not reasonably practicable for the patient to consult a medical practitioner or dentist.

(2) The pharmacist or pharmaceutical support staff shall, in the case of an emergency, immediately or within twenty four hours after administering the initial dosage, refer the patient to a medical practitioner or a dentist and in the referral the pharmacist or pharmaceutical support staff shall state the medicines used and the extent of the treatment given.

Entry of premises

106. A person authorised by the Board may enter premises at a reasonable time

- (a) to inspect the registration of a pharmacist, pharmaceutical support staff or pharmaceutical company,
- (b) if that person has reasonable cause to believe that an offence with respect to this Part has been, or is about to be or is being committed on the premises.

Investigation by inspector

107. (1) An inspector

- (a) may require a person on the premises to furnish information in the person's possession concerning the activities carried on the premises and the people who carry out the activities,
- (b) may inspect the premises and articles found on the premises, or
- (c) may take away medicines found on the premises.

(2) The inspector shall tender reasonable payment for any medicine taken away under this section.

(3) Despite subsection (2),

- (a) payment shall not be tendered for any medicine if the inspector reasonably suspects that the medicine is unfit for its purpose due to deterioration, impurity, adulteration or other defect; or
- (b) if the medicine is found to be fit, reasonable payment shall be tendered by the inspector for the portion of the medicine that is not returned to its owner in good condition;
- (c) payment shall not be tendered for a medicine if the inspector

anticipates that proceedings for an offence under this Part may be brought in respect of the medicine.

(4) The inspector shall tender reasonable payment for the portion of the medicines that have not been returned to the owner in good condition where proceedings are not commenced within six months.

(5) Where medicines or articles are taken under this section, an inventory of the medicines or articles shall be made and shall be signed by the pharmacist, pharmaceutical support staff or the over the counter medicine seller and the inspector and a copy of the inventory shall be given to the pharmacist, pharmaceutical support staff or the over the counter medicine seller.

(6) The inspector shall seize the medicine that constitute an imminent danger to public health or welfare.

(7) An inspector exercising any power conferred by this Part shall produce on demand a duly authenticated document which shows that the inspector has the authority to exercise the power.

Power of closure

108. (1) An inspector may close premises that sell or supply restricted medicines where there are grounds to believe that a health hazard may exist on the premises or where the premises are unlicensed.

(2) The closure of the premises shall be made with the assistance of the police but where this is not possible, the closure shall be reported to the police within twenty four hours after the closure.

(3) The order in respect of the health hazard may have conditions attached as determined by the Board.

Notice of change in name or address

109. A registered practitioner shall notify the Registrar of a change in name or address within thirty days of the change.

Offences

110. (1) A person who

- (a) makes a false declaration in an application for registration as a pharmacist or pharmaceutical support staff,
- (b) wilfully and falsely uses a name, title or addition implying a qualification to practise as a pharmacist,
- (c) operates or permits any other person to open premises to the public under the description of pharmacy dispensary, chemist, drug store or any other similar description without a registered pharmacist on the premises to supervise the

dispensing of medicine or medication unless otherwise authorised by the Board;

- (d) without being registered under this Part,
 - (i) practises or professes to practice as a pharmacist, or
 - (ii) falsely claims to be qualified to practise as a pharmacist or as a practitioner under this Part,
- (e) wilfully destroys or damages a register kept under this Part,
- (f) supplies restricted medicines from a promotional or marketing office without the supervision of a registered pharmacist,
- (g) obstructs a person authorised by the Board from exercising lawful authority,
- (h) is found to be in possession of restricted drugs without lawful authority,
- (i) peddles restricted medicines as an itinerant medicine supplier, or
- (j) supplies or sells restricted medicines from unauthorised premises

commits an offence and is liable on summary conviction to a fine of not less than two hundred and fifty penalty units and not more than five thousand penalty units or to a term of imprisonment of not more than ten years or to both; and in the case of a continuing offence to a further fine of ten penalty units for each day during which the offence continues after written notice has been served on the offender by the Council.

(2) Where an offence under this Part is committed by a body of persons;

- (a) in the case of a body corporate other than a partnership, each director, secretary or other officers of that body shall be deemed to commit that offence;
- (b) in the case of partnership, each partner shall be deemed to commit the offence.

(3) Despite subsection (2) a person shall not be convicted of an offence if it is proved that the offence was committed without personal knowledge or consent of that person or that steps were taken to prevent the commission of the offence.

Regulations

111. (1) The Minister may, on the advice of the Board, by legislative instrument, make Regulations to

- (a) prescribe the conditions for registration of pharmacists and pharmaceutical support staff;
- (b) prescribe practice standards for pharmacists and pharmaceutical support staff;
- (c) provide for the discipline of pharmacists and pharmaceutical support staff;
- (d) prescribe the fees to be paid under this Part;
- (e) prescribe conditions including the type of premises for the issue of general and limited licences of the Council;
- (f) prescribe standards of pharmacy practice in public health institutions;
- (g) prescribe fees payable to a pharmacist in respect of professional services, medicines and other articles supplied;
- (h) prescribe the scope of practice of the various categories of persons registered under this Part;
- (i) prescribe the range of medicines for health practitioners;
- (j) provide for the supply of medicines; and
- (k) provide for any other matter necessary for the effective implementation of the provisions of this Part.

(2) A person who commits an offence under the Regulations is liable on summary conviction to a fine of not more than five thousand penalty units.

Interpretation

112. In this Part, unless the context otherwise requires,

- “approved prescriber” means a person authorized by law or by the Minister and required by relevant bodies to supply medicine;
- “Board” means the governing body of the Pharmacy Council;
- “dangerous medicines” means drugs prescribed by Regulations as dangerous medicines;
- “exigency” means a situation of depiction or inaccessibility to pharmaceutical care;
- “health practitioner” includes a nurse, midwife, physician assistant and any other person approved by the Board;
- “inspector” means a person authorised to carry out inspections

under this Part;

“itinerant medicines supplier” means a person who hawks restricted medicines, other than from the approved premises;

“medical treatment centre” means a health institution for the treatment of out-patients and which is under the immediate supervision of an attendant recognised by the Board;

“medicine” means drug as defined in the Public Health Act, 2012 (Act 851);

“Minister” means the Minister responsible for Health;

“over the counter medicine” means a restricted medicine classified as such by the Food and Drugs Authority which in the opinion of the Minister can be sold or supplied to a patient or end user other than by or under the supervision of a registered pharmacist with reasonable safety;

“pharmaceutical care” means the situation where the practitioner takes responsibility and is accountable for the medicine related needs of a patient or client;

“pharmaceutical support staff” includes pharmacy technicians and licenced over the counter medicine sellers;

“pharmacy technician” means a person who holds a higher national diploma qualification in dispensing technology obtained in Ghana or its equivalent and is registered under this Part;

“pharmacy only medicine” means a restricted medicine classified as such by the Food and Drugs Authority and other prescription only or over the counter medicines which may be sold or supplied by or under the supervision of a registered pharmacist;

“pharmacy practice” is the scope of service pertaining to pharmacists in an approved premises and pharmacy support personnel and the conditions under which those services may be provided;

“practitioner” means a registered pharmacist or a pharmaceutical support staff;

“premises” includes pharmacy premises or other facility authorised for practitioners under this Part a Pharmacy department of a hospital or clinic or a house, building, structure,

tent, caravan, land, ship, boat, an aircraft a mechanically propelled device and any other places or facilities in which pharmaceutical services are offered;

“prescribed description” means a description as determined by the Board;

“prescription only medicine” means a description a restricted medicine classified as such by the Food and Drugs Authority which shall only be sold or supplied in accordance with a valid prescription given by a medical practitioner, dentist, veterinary practitioner or any person authorised by the Minister;

“promotional or marketing office” means a place where medical samples and publications related to medicines are kept for public information;

“public sector” means health facility funded from the Consolidated Fund or directly out of moneys provided by Parliament;

“registered pharmacist” means a person holding a current certificate of registration issued under this Part, whose registration has not been suspended or cancelled;

“Regulations” means Regulations made under this Part;

“restricted medicine” includes medicines classified as prescription only medicines, pharmacy only medicines, over the counter medicine and any other classification approved by the Minister;

“retail” means professional services that include the supply or sale of medicines or related products to a patient or final consumer for personal non-business use from premises by the holder of a retail licence issued under this Part;

“retail pharmacy” means the supply of medicines to a patient from a registered premises holding a retail licence;

“superintendent pharmacist” means a registered pharmacist with requisite experience and qualification approved by the Board who is legally and professionally responsible for supervising the dispensing preparation, sale or supply of medicines and related products in approved pharmacy premises;

“supply outlet” means premises licenced under this Part where medicines are supplied; and

“wholesale pharmacy business” includes a professional practice

or any related activity carried on by a holder of a whole-sale licence issued under this Part that involves the sale or supply of restricted medicines to another authorized person or company to sell or supply, administer or cause to be administered on human beings or animals.

Transitional provisions

113. (1) The rights, assets and liabilities accrued in respect of the properties vested in the Council established under the Pharmacy Act, 1994 (Act 489) immediately before the commencement of this Act and the persons employed by the Council shall be transferred to the Pharmacy Council established under this Act and accordingly proceedings taken by or against the former Council may be continued by or against the Council.

(2) A contract subsisting between the former Council established under the Pharmacy Act, 1994 (Act 489) and any other person and in effect immediately before the commencement of this Act shall subsist between the Council under this Act and that other person.

Repeal and savings

114. (1) The Pharmacy Act, 1994 (Act 489) is hereby repealed.

(2) Despite the repeal of Act 489 the Regulations, notices, orders, directions, appointments or any other act lawfully made or done under the repealed enactment and in force immediately before the commencement of this Act shall be considered to have been made or done under this Act and shall continue to have effect until reviewed, cancelled or terminated.

(3) Registers of pharmacists and pharmaceutical care givers in existence at the commencement of this Act and every document prepared or issued under Act 489 shall continue in force as if kept, prepared or issued under the corresponding provisions of this Part.

PART FIVE—PSYCHOLOGY COUNCIL

Establishment of the Council

Establishment of the Psychology Council

115. (1) There is established by this Act a body corporate with perpetual succession to be known as the Psychology Council.

(2) Where there is hindrance to the acquisition of property, the

property may be acquired for the Council under the State Property and Contracts Act, 1960 (C.A.6) or the State Lands Act, 1962 (Act 125) and the cost shall be borne by the Council.

Object of the Council

116. The object of the Council is to secure in the public interest the highest standards in the training and practice of psychology.

Functions of the Council

117. To achieve the object, the Council shall

- (a) assess facilities and content of programmes for the training of psychologists and paraprofessionals;
- (b) ensure that the pre-registration training of newly qualified psychologists and paraprofessionals in accredited training institutions meets the required standards;
- (c) conduct examinations for the registration of foreign trained psychologists and paraprofessionals;
- (d) conduct examinations for the registration of locally trained psychologists and paraprofessionals who do not meet the prescribed conditions for registration;
- (e) compile and keep registers of registered practitioners;
- (f) prescribe and enforce professional standards and conduct for practitioners;
- (g) exercise disciplinary power over professionals and paraprofessionals; and
- (h) perform any other functions that are ancillary to the object of the Council.

Governing body of the Council

118. (1) The governing body of the Council is a Board consisting of

- (a) a chairperson who is a registered psychologist of not less than ten years standing as a psychologist;
- (b) two registered psychologists representing health facilities and industry elected by the practitioners;
- (c) one representative of an accredited training institution that provides tertiary training for psychologists, who is a practitioner and who shall be nominated by the Minister;
- (d) one registered paraprofessional who has worked for not less than ten years as a paraprofessional;
- (e) one representative of the Attorney-General not below the

level of Principal State Attorney;

(f) one representative of the Ministry of Health not below the rank of a Director;

(g) one person who is not a psychologist nominated by the Minister; and

(h) the Registrar of the Council

(2) The chairperson and members of the Board shall be appointed by the President in accordance with article 70 of the Constitution.

(3) The Board shall ensure the proper and effective performance of the functions of the Council.

Registration

Registration procedure

119. (1) A person shall not practice as a psychologist, paraprofessional or provide psychological services unless that person is registered as a practitioner in accordance with this Part.

(2) A person who seeks to be registered as a psychologist or paraprofessional shall

(a) apply to the Registrar in the manner determined by the Board; and

(b) submit to the Registrar a qualifying certificate and any other document that the Registrar may require.

(3) The registration is valid for the period determined by the Board.

Qualification for registration

120. (1) A person does not qualify to be registered as a psychologist unless that person

(a) holds a primary qualification in psychology from an accredited psychology institution recognised by the Board, and

(b) passes or is exempted from the prescribed examination conducted by the Council.

(2) A person shall not be registered as a psychologist assistant unless that person holds a first degree in psychology, social work or sociology from a recognised institution.

(3) A person shall not be registered as a paraprofessional unless that person fulfils the requirements determined by the Board.

(4) A person registered by the Board shall pay the prescribed fee.

Registration of foreign trained persons

121. (1) A foreign trained psychologist who has
(a) obtained a primary qualification, and
(b) passed or is exempted from the prescribed examination shall undergo one year training as an intern in an approved hospital or institution in this country with provisional registration before being registered under this Part.

(2) A foreign trained psychologist who satisfies the requirement of sub-section 1(a) and (b) and has completed internship outside the country and is fully registered and licensed by that country may be exempted from supervised training in an approved hospital or institution.

(3) The Board may exempt a foreign trained psychologist from internship and supervised training for a period as determined by the Board.

Types of registers

122. (1) The Council shall have three categories of registers for the registration of practitioners namely,

- (a) a permanent register for practitioners, who intend to practice permanently in the country;
- (b) a temporary register for practitioners who intend to practice for a period of not more than three months; and
- (c) a provisional register for newly qualified and foreign trained practitioners who have passed the prescribed examination.

(2) The Registrar shall keep the registers.

(3) The form and nature of the register shall be determined by the Board.

Temporary registration

123. (1) A temporary registration is valid for a period of not more than three months in a year and is renewable yearly upon request for not more than three years.

(2) A practitioner on a temporary register shall not provide psychological services except in an approved hospital, premises or institution.

(3) A practitioner who contravenes subsection (2) commits an offence and is liable on summary conviction to a fine of not less than two hundred and fifty penalty units and not more than two thousand five

hundred penalty units or to a term of imprisonment of not more than four years or to both.

Provisional registration

124. (1) A provisional registration is valid for the period determined by the Board.

(2) A person seeking to be on a provisional register shall, except as otherwise provided under this Part, pass the prescribed examination and satisfy other conditions determined by the Board.

(3) A person on provisional register shall practice only in a hospital or an institution approved by the Board.

(4) A person on a provisional register who contravenes sub-section (3) commits an offence and is liable on summary conviction to a fine of not less than five hundred penalty units and not more than five thousand penalty units or to a term of imprisonment of not more than ten years or to both.

Permanent registration

125. (1) A person may apply to the Registrar for permanent registration after practicing with a provisional registration for a period determined by the Board and after successfully completing internship.

(2) A permanent registration is valid for the calendar year in which it was made.

(3) The registration shall be renewed by the practitioner on or before the 31st December for the following calendar year.

Suspension of registration

126. The Board may suspend the registration of a practitioner where

- (a) an offence or allegation of misconduct in relation to the practitioner is being investigated;
- (b) a false declaration has been made in an application for registration under this Part; or
- (c) the practitioner has contravened a provision of this Part.

Cancellation of registration

127. The Board shall cancel the registration of a practitioner on the recommendation of a Disciplinary Committee of the Board where

- (a) an offence or allegation of misconduct in relation to the practitioner is being investigated;
- (b) the practitioner has lost the qualification on the basis of which the registration was made;
- (c) the practitioner is sentenced to a term of imprisonment for a criminal offence; or
- (d) the practitioner fails to comply with the penalty imposed by the Board after due process.

Representation to the Board and appeal

128. (1) A person on a provisional register whose application for registration is refused by the Registrar may appeal against the refusal to the Board.

(2) Registration shall not be suspended unless the Board has given the practitioner at least thirty days notice of its intention to suspend the registration and has provided the practitioner with an opportunity to make a representation to the Board.

(3) Registration shall not be cancelled unless the Board has given the practitioner at least thirty days notice of its intention to cancel the registration.

(4) A person dissatisfied with a decision of the Board may appeal to the High Court.

Annual list of registered practitioners

129. The Registrar shall publish the list of persons on the register yearly in the *Gazette* by the 31st of January.

Removal and restoration of names from register

130. (1) The Registrar shall on the recommendations of the Board remove from the register the name of a practitioner

- (a) who is dead,
- (b) who has been found guilty of professional misconduct by the Disciplinary Committee or
- (c) who has not paid the prescribed fee.

(2) The name of a practitioner may be restored to the register by the Registrar as directed by the Board.

Notification of change of name or address

131. A registered practitioner shall notify the Registrar in writing of a change in name or address within thirty days of the change.

Insertion in register of additional qualifications

132. A practitioner who has obtained a higher degree or additional qualification recognised by the Board, is entitled to have the higher degree or additional qualification inserted in the register in addition to the qualification previously registered, upon payment of a fee determined by the Board.

Rights conferred by registration

133. (1) A psychologist, except an intern, registered under this Part may

- (a) provide psychological services;
- (b) provide psychometric assessment; and
- (c) sign a certificate or document required by law.

(2) Subject to the provisions of any enactment a psychologist shall not prescribe and store psychotropic medicines unless the psychologist has the requisite qualification and license to do so.

Unregistered practitioner

134. (1) A person who is otherwise qualified but is not registered as a psychologist or parapsychologist shall not provide any form of psychological services.

(2) A person who acts contrary to subsection (1) commits an offence and is liable on summary conviction to a fine of not less than two hundred and fifty penalty units and not more than five thousand penalty units or to a term of imprisonment of not more than ten years or to both.

Licensing

Licensing of premises

135. (1) A person, a body corporate or a government institution shall not provide psychological services unless the premises are licensed in accordance with this Part.

(2) An applicant who seeks to license premises for psychological services shall apply to the Registrar in the manner determined by the Board.

(3) The license for premises may be general or limited and is valid for the period determined by the Board.

(4) The Board may revoke a license if satisfied that the physical

conditions of the premises have ceased to be suitable for the provision of psychological services.

(5) Parapsychologists shall not be registered to practice as independent practitioners unless that person works under the supervision of a registered psychologist.

Licensing of corporate bodies

136. (1) The Board may grant a licence to a person, a body corporate or a government institution to provide psychological services if satisfied that the

- (a) applicants are registered psychologists and fit to provide psychological services, and
- (b) business of the applicant is carried on under the supervision of a psychologist who has practiced for five years.

(2) The Board may revoke the license granted under subsection (1) where a condition specified in the license has not been complied with.

Miscellaneous provisions

Entry of premises

137. A person authorised by the Board may enter premises at a reasonable time

- (a) to inspect the registration of a psychologist, psychological services provider or the license of the premises, or
- (b) if that person has reasonable cause to believe that an offence with respect to this Part has been, or is about to be or is being committed on the premises.

Investigation by inspector

138. The inspector may

- (a) require a person on the premises to furnish information in the person's possession concerning the activities carried on the premises and the people who carry out the activities,
- (b) inspect the premises and articles found on the premises, or
- (c) exercise any power conferred by this Part; and

shall produce on demand a duly authenticated document which shows that the inspector has the authority to inspect the premises.

Power of closure

139. (1) An inspector may with the approval of the Board, close the premises that does not meet the prescribed standards.

(2) The closure of the premises shall be made with the assistance of the police but where this is not possible, the closure shall be reported to the police within twenty-four hours after closure.

(3) The order in respect of the closure may have conditions attached as determined by the Board.

Offences

140. A person who

- (a) makes a false declaration in an application for registration as a psychologist or paraprofessional;
- (b) does not have the requisite qualification to practice as a psychologist and knowingly represents as such;
- (c) willfully and falsely uses any name, title or addition implying a qualification to practice as a psychologist;
- (d) employs a non-registered practitioner;
- (e) without being registered under this Part;
 - (i) practices or professes to practice psychology; or
 - (ii) receives payment to provide psychological services;
- (f) willfully destroys or damages a register kept under this Part; or
- (g) contravenes any of the provisions of this Part,

commits an offence and is liable on summary conviction to a fine of not less than two hundred and fifty penalty units and not more than five thousand penalty units or to a term of imprisonment of not more than ten years or to both; and in the case of a continuing offence to a further fine of ten penalty units for each day during which the offence continues after written notice has been served on the offender by the Council.

Regulations

141. The Minister may, on the advice of the Board, by legislative instrument, make Regulations to

- (a) prescribe the form of notices and any other documents required to be issued under this Part;
- (b) prescribe the conditions for registration of practitioners;
- (c) prescribe practice standards for practitioners;
- (d) provide for the discipline of practitioners;
- (e) prescribe the fees to be paid under this Part;
- (f) provide for the education and examination of practitioners;

and

(g) provide for any other matter necessary for the effective implementation of the provisions of this Part.

Interpretation

- 142.** In this Part, unless the context otherwise requires,
- “approved hospital or institution” means a psychiatric or a general hospital, clinic or institution approved by the Board;
 - “Board” means the governing body of the Council
 - “Council” means the Psychology Council;
 - “facilities” includes physical structures, equipment and the requisite human resource;
 - “fields of Psychology” includes clinical, cognitive, community, counselling, consumer, developmental, educational, environmental, experimental, health, industrial and organizational measurement and evaluation, neuropsychology, psychometrics, school, social, special education and sports;
 - “intern” means a practitioner who is doing internship;
 - “internship” means a period of training in an approved hospital or institution by a practitioner who has completed basic applied psychology training in a recognised institution or university;
 - “Minister” means the Minister responsible for Health;
 - “parapsychologist” means a person who has a certificate in pastoral counselling, career counselling, guidance and counselling, family counselling, marriage and relationship counselling and other lay counsellors among others;
 - “practice” means the profession of applied psychology;
 - “practitioner” means a clinical, health, counselling or community psychologists registered to practise under this Part with qualifications recognized by the Board;
 - “pre-registration training” means internship;
 - “primary qualification” means a first degree in psychology, social work or sociology from a recognised institution.
 - “psychologist” is a person who holds at least a primary qualification of Ph.D or Psych. D. or an M. Phil; MA or MSc

in psychology from an accredited psychology institution recognised by the Board;

“psychologist assistants” means a person who holds a bachelor’s degree in psychology, social work, or sociology from a recognized institution;

“psychological services” means services provided by qualified psychologists in the form of counselling, consultancy, therapy, research, education, social interventions, psychometric assessment and expert witnessing;

“qualifying examination” means an examination which a psychology student is required to pass in order to obtain a primary qualification;

“registered licensed psychologist” means a person whose name is on the Register of Psychologists and whose registration is not suspended or cancelled;

“Regulations” means the Regulations made under this Part; and

“training institutions” means an accredited psychology school, university or postgraduate college or department of a university.

PART SIX—ADMINISTRATIVE, FINANCIAL AND MISCELLANEOUS PROVISIONS

Registrar

143. (1) The President shall, in accordance with article 195 of the Constitution appoint

- (a) an allied health professional with at least ten years professional experience and at least five years administrative or managerial experience,
- (b) a registered medical or dental practitioner with at least ten years professional experience and at least five years administrative or managerial experience,
- (c) a registered nurse or midwife with at least ten years professional experience and at least five years administrative or managerial experience,
- (d) a pharmacist with at least ten years professional experience,

and at least five years administrative or managerial experience, or

(e) a psychologist with at least ten years professional experience and at least five years administrative or managerial experience to be the Registrar of the Council.

(2) The Registrar shall hold office on the terms and conditions specified in the letter of appointment.

(3) The Registrar shall be appointed for a term of four years and is eligible for re-appointment for another term only.

(4) The Registrar is the secretary to the Board.

Functions of the Registrar

144. (1) The Registrar is responsible for the day-to-day administration of the affairs of the Council and is answerable to the Board in the performance of functions under this Act.

(2) The Registrar shall perform any other functions determined by the Board.

(3) The Registrar may delegate a function to an officer of the Council but shall not be relieved from the ultimate responsibility for the performance of the delegated function.

Tenure of office of Board members

145. (1) A member of the Board, shall hold office for a period not exceeding three years and is eligible for re-appointment but a member shall not be appointed for more than two terms.

(2) Subsection (1) does not apply to the Registrar of the Council.

(3) A member of the Board may at any time resign from office in writing addressed to the President through the nominating body or Minister.

(4) A member of the Board, who is absent from three consecutive meetings of the Board without sufficient cause ceases to be a member of the Board.

(5) The President may by letter addressed to a member revoke the appointment of that member.

(6) Where a member of the Board is, for a sufficient reason

unable to act as a member, the Minister shall determine whether the inability would result in the declaration of a vacancy.

- (7) Where there is a vacancy
 - (a) under subsection (3) or (4) or section 147; or
 - (b) as a result of a declaration under subsection (6) ; or
 - (c) by reason of the death of a member.

the Minister shall notify the President of the vacancy and the President shall appoint a person to fill the vacancy.

Meetings of the Board

146. (1) The Board shall meet at least once every three months for the despatch of business at the times and in the places determined by the chairperson.

(2) The chairperson shall at the request in writing of not less than one-third of the membership of the Board convene an extraordinary meeting of the Board at the place and time determined by the chairperson.

(3) The quorum of a meeting of the Board is five members of the Board or a greater number determined by the Board in respect of an important matter.

(4) The chairperson shall preside at meetings of the Board and in the absence of the chairperson, a member of the Board elected by the members present from among their number shall preside.

(5) Matters before the Board shall be decided by a majority of the members present and voting and in the event of an equality of votes, the person presiding shall have a casting vote.

(6) The Board may co-opt a person to attend a Board meeting but that person shall not vote on a matter for decision at the meeting.

(7) The proceedings of the Board shall not be invalidated by reason of a vacancy among the members or a defect in the appointment or qualification of a member.

Disclosure of interest

147. A member of the Board who has an interest in a matter for consideration

- (a) shall disclose the nature of the interest and the disclosure shall form part of the record of the consideration of the matter;

and

(b) shall not participate in the deliberations of the Board in respect of that matter.

(2) A member ceases to be a member of the Board, if that member has an interest in a matter before the Board and

(a) fails to disclose that interest; or

(b) participates in the deliberations of the matter.

Establishment of committees

148. (1) The Board may establish committees consisting of members of the Board or non members or both to perform a function provided that where it is composed of non-members only, it shall be advisory.

(2) The governing body of the Allied Health Professions Council shall have a Committee for each of the allied health professions.

(3) The governing body of the Medical and Dental Council shall have a Committee for physician assistants.

(4) The governing body of the Pharmacy Council shall have a Committee for pharmacy technicians.

(5) Without limiting subsection (1), a Council shall have a Disciplinary Committee.

(6) A committee of the Board may be chaired by a member of the Board.

(7) Section 147 applies to members of committees of the Board.

Allowances

149. Members of the Board and members of a committee of the Board shall be paid the allowances approved by the Minister in consultation with the Minister responsible for Finance.

Regional and district offices of the Council

150. (1) The Board may establish regional and district offices of the Council in each regional capital and in the districts determined by the Board.

(2) A regional or district office of the Council shall be provided with the public officers that the President shall appoint in accordance with article 195 of the Constitution.

(3) A regional or district office of the Council shall perform the functions of the Council in the region or district that the Board may direct.

Ministerial directives

151. The Minister may give directives to the Board on matters of policy and the Board shall comply.

Advice to the Minister

152. A Board shall advise the Minister on matters that concerns the Board.

Appointment of other staff

153. (1) The President shall in accordance with article 195 of the Constitution appoint other staff of the Council.

(2) The Council shall have any other officers and staff that are necessary for the proper and effective performance of its functions.

(3) Other public officers may be transferred or seconded to the Council or may otherwise give assistance to it.

(4) The Council may engage the services of advisers on the recommendations of the Board.

Funds of the regulatory bodies

154. (1) The funds of the regulatory bodies established under this Act include

- (a) moneys approved by Parliament,
- (b) moneys derived from fees,
- (c) donations, grants and gifts, and
- (d) any other moneys that are approved by the Minister responsible for Finance.

(2) A regulatory body may retain

- (a) a percentage of internally generated funds realised in the performance of its functions, and
- (b) the percentage retained by a regulatory body shall be as specified in writing by the Minister responsible for Finance.

Accounts and audit

155. (1) The Board shall keep books of account and proper records in relation to them in the form approved by the Auditor-General.

(2) The Board shall submit the accounts of the Council to the

Auditor-General for audit within three months after the end of the financial year.

(3) The Auditor-General shall, not later than three months after the receipt of the accounts, audit the accounts and forward a copy of the audit report to the Minister.

(4) The financial year of the Council shall be the same as the financial year of the Government.

Annual report and other reports

156. (1) The Board shall within one month after the receipt of the audit report, submit an annual report to the Minister covering the activities and the operations of the Council for the year to which the report relates.

(2) The annual report shall include the report of the Auditor-General.

(3) The Minister shall, within one month after the receipt of the annual report, submit the report to Parliament with a statement that the Minister considers necessary.

(4) The Board shall also submit to the Minister any other reports which the Minister may require in writing.

Practice by non-citizens

157. A non-citizen who intends to practice in the country under this Act shall hold a valid work permit or otherwise be entitled to work in gainful employment in the country.

Collaboration with statutory bodies

158. The Board shall collaborate with other statutory bodies in the health sector, particularly the Board responsible for the licencing and inspection of facilities and premises.

Interpretation

159. In this Part unless the context otherwise requires

“Board” means the respective governing bodies of the Allied Health Professions Council, the Medical and Dental Council, the Nursing and Midwifery Council, the Pharmacy Council, and the Psychology Council; and

“Council” means the respective Allied Health Professions Council, the Medical and Dental Council, the Nursing and Midwifery Council, the Pharmacy Council and the Psychol-

ogy Council.

Schedule
Allied Health Professionals

(Section 5, 14 and 22 (1) (g))

1. MEDICAL LABORATORY SCIENCE: The study and practice of the laboratory investigation necessary for the diagnosis and treatment of diseases by health professionals including

Medical Laboratory Technician,
Medical Laboratory Technologist, and
Medical Laboratory Scientist.

2. PHYSIOTHERAPY: The use of approaches (agents) in the prevention, treatment and control or cure of disease and disability ensuring maximum recovery and early independence or rehabilitation of clients.

3. MEDICAL RADIATION TECHNOLOGY: The use of X-rays, radioactive substance and other forms of radiant energy in diagnosis and treatment of diseases which includes

Medical Imaging Technologist Diagnostic Radiographer,
Ultra Sonographer,
Magnetic Imaging Radiographer,
Radiation Therapist,
Nuclear Medicine Technologist, and
Radiological Technician.

4. DIETHERAPY AND NUTRITION: The application of the science of nutrition to prevent or cure diseases which includes Dieticians.

5. DENTAL HEALTH PROFESSIONALS including

Dental Surgery Assistants,
Dental Therapists, and
Dental Hygienists.

6. OCCUPATIONAL THERAPY

- Occupational Therapist.
7. **SPEECH THERAPY**
Speech Therapist.
 8. **MEDICAL PHYSICS**
Medical Physicists.
 9. **PROSTHETICS AND ORTHOTICS:** The practice and fabrication of surgical appliances for correction, support, pain relieving, deformity prevention, controlling of involuntary muscle action and replacement of lost external organs which includes prosthetist, orthotist and Prosthetic Orthotics Technician.
 10. **HEALTH INFORMATION AND RECORD MANAGEMENT**
Bio statistician,
Medical Records Officer,
Medical Statistician, and
Health Information Administrator.

11. SANITARIAN

Environmental health officers.

12. OPTOMETRY

Optometrist,
Optical Technician, and
Optical Dispensing Technician.

Date of *Gazette* notification: 3rd May, 2013.

Act 857

Health Professions Regulatory Bodies Bill Act 857

MEMORANDUM

The object of the Bill is to establish Health Professions Regulatory Bodies for allied health professionals, doctors and dentists, nurses and midwives and pharmacists.

The Bill establishes the Allied Health Professionals Council, the Medical and Dental Council, the Nursing and Midwifery Council and the Pharmacy Council.

One of the objects of the Bill is to consolidate the laws on the health regulatory bodies in the country and regulate the practice of health professions in one enactment. The regulatory bodies are similar in nature and Government has considered it expedient to consider the laws on health professionals together. Each of the regulatory bodies previously had separate enactments with the exception of the Allied Health Professionals Council which is new. The Medical and Dental Act, 1972 (NRCD 91), the Nurses and Midwives Act, 1972 (NRCD 117) and the Pharmacy Act, 1994 (Act 489) are consequently repealed by this Bill.

The Bill is divided into five Parts. The first Part is on the Allied Health Professions Council. *Clause 1 4* deals with the establishment, object and functions of the Council and governing body of the Council. The Allied Health Professions Council is a corporate body which is to collaborate with other regulatory bodies and ensure the highest standards in the practice of allied health professions registered under the law, *clause 1*.

The functions of the Council include setting and regulating standards of service for the practice of allied health professions. The Council is to set standards of training in institutions, proficiency and the conduct of allied health professionals. It is also to register practitioners, facilitate the continuing professional development of practitioners and advise the Minister on matters related to allied health practice, *clause 3*.

An allied health professional is a person qualified in a branch of the health sector which is complimentary to allopathic medicine specified in the Schedule. Among others, the Schedule lists medical laboratory science, medical radiation technology, occupational therapy, speech therapy and clinical psychologists.

The governing body of the Council is a Board comprising nine persons,

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the chairperson, two allied health professionals and a representative from a relevant training institution. The rest are representatives from the Ministry of Health and the Attorney-General's Department. There are two non-health professionals to represent consumer interest and there is the Registrar of the Council, *clause 4*.

Clause 5 to 11 provides for the registration procedure, qualification for registration, registration for foreign trained practitioners, and types of registers. A temporary registration is valid for three months and is renewable for another period of three months. A provisional registration is valid for one year whilst permanent registration is valid for the calendar year to which it relates.

The registration maybe suspended by the Board for certain reasons, *clause 12*. The Board is to cancel the registration of a practitioner on the recommendation of the disciplinary committee where the practitioner is convicted of an offence, is sentenced to a term of imprisonment or has lost the qualification on which the registration was made, *clause 13*.

Under *clause 14*, the Registrar is to publish the list of registered health professionals annually in the *Gazette*. The Registrar is empowered to remove the name of a practitioner found guilty of misconduct and may also be directed to restore the name of a practitioner as directed by the Board, *clause 15*.

In accordance with the rules of natural justice, the Board is to give the practitioner at least thirty days notice of its intention to suspend the registration and give the practitioner an opportunity to make a representation to it, *clause 16*.

Clause 17 to 20 is on miscellaneous matters. These include offences, regulations, interpretation and transitional provisions. A practitioner of an allied health profession in practice before the commencement of the law is to register to practice within six months after the commencement of the Act.

The Second Part of the Bill deals with the Medical and Dental Council from clause 21 to 45. The law which established the Council, the Medical and Dental Act, 1972 (NRCD 91) has not been reviewed since it was enacted. This law created problems as regards the overlap

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of functions of the Medical and Dental Council and the Private Hospital and Maternity Homes Board established under the Private Hospitals and Maternity Homes Act, 1958 (No. 9).

The problems related to membership of the current Council make it impossible for other groups to be included. An update is therefore necessary. The Medical and Dental Act, 1972 (NRCD 91) did not make adequate provision for continuous education of professionals which has affected the quality of their practice. At the time the law was enacted, very few professional groups, medical officers and dentists were practising medicine and dentistry. Currently, some health professionals, physician assistants, other than doctors and dentists, have been trained in areas of medicine and their practice needs to be regulated. This category of personnel includes medical assistants, nurse anesthetists and school dental nurses who do some of the work of medical doctors and dentists at a lower level and are not regulated.

There is a consensus from stakeholders in the health sector that the gap should be filled and the appropriate body to regulate them is the Medical and Dental Council. This Part seeks to expand the regulatory framework to include the practice standards of professionals such as physician assistants and nurse anesthetists practising medicine and dentistry in health facilities throughout the country. The revision of the law on this regulatory body will help improve the efficiency and effectiveness of professionals in the medical and dental professions as well as provide clarity in their functions.

It is to be noted that the Nurses and Midwives Council regulates other categories in the nursing profession such as community health nurses and enrolled nurses and similarly, the Pharmacy Council regulates pharmaceutical care givers who include dispensing technologists and technicians.

Clause 21 to 23 establishes the Medical and Dental Council. It is a body corporate with perpetual succession, a common seal and may sue and be sued in its corporate name, *clause 21*.

Clause 22 and 23 provides for the objects and functions of the Council. The object of the Council is to ~~secure~~ in the public interest the highest

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standards in the practice of medicine and dentistry. The functions include the assessment of the programme content for the training of doctors, dentists and physician assistants in training institutions, the conduct of examinations for the registration of foreign trained practitioners and the pre-registration training of newly qualified doctors, dentists and physician assistants in training institutions among others.

The governing body of the Council is a Board of nine persons which comprises the chairperson who is a registered medical or dental practitioner, an elected practitioner and a representative of a medical and dental educational institution. Ministerial representation is from the Attorney-General's Department and the Ministry of Health. The Registrar of the Council is also a member. In standard form, the members are to be appointed by the President in accordance with article 70 of the Constitution, *clause 24*.

Clause 25 to 40 is on registration of practitioners. Application is to the Registrar, the qualifications are spelt out and the applicant must hold a primary qualification from a recognised institution, must either pass or be exempted from an examination conducted by the Board and must satisfy requirements determined by the Board. A foreign trained practitioner who renders service only for the staff of a foreign embassy is exempt from registration.

Clause 27 to 29 provides for the registration of foreign trained practitioners, types of registers, temporary, provisional and permanent registration. Under *clause 27* a foreign trained practitioner in addition to other qualifications, is to undergo two years of training as a house officer in an approved hospital in the country before registration. This is to ensure that before the practitioner starts work, the practitioner is familiar with local conditions and practices.

The three types of registers are provided for under *clause 28*. A temporary register is for those who intend to practise for three months or less, a provisional register is for newly qualified and foreign trained practitioners and a permanent register is for practitioners who intend to practice permanently, *clause 29 31*.

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Clauses 32 and 33 provide for suspension and cancellation of registration. A practitioner whose application is refused by the Registrar may appeal to the Board. A registration is not to be suspended or cancelled unless the practitioner is given at least thirty days notice of the intention to suspend or cancel the registration. A person dissatisfied with a decision of the Board may appeal to the High Court, *clause 34*.

The Registrar has the responsibility to publish the annual list of registered practitioners in the *Gazette*, *clause 35*. Under *clause 36*, the Registrar on the recommendations of the Board may either remove or restore the name of a person from the register.

A registered practitioner is to notify the Registrar in writing of a change in address within thirty days, *clause 37*. *Clause 38* provides for the insertion of additional qualifications in the register upon payment of a fee. *Clauses 39 and 40* deal with the rights conferred by registration and specify what an unregistered practitioner may do. The registered practitioner may practice medicine or dentistry, prescribe and store dangerous and restricted medicines and sign a certificate or document required to be signed.

An unregistered practitioner under *clause 40* may, with the authorisation of the Minister, apply dressings, give injections and carry out other procedures performed by persons licenced by the Minister.

Clause 41 to 45 deals with miscellaneous matters. These include provisions on offences, regulations, interpretation, transitional provisions, repeal and savings. A person who makes a false declaration in an application for registration, employs a non-registered practitioner, falsely uses a name or title implying a qualification to practice medicine or dentistry among others commits an offence, *clause 41*. The fine is five hundred penalty units or imprisonment for two years or both.

Clause 42 is the enabling power for the Minister to make Regulations. Some of the matters for Regulations are the conditions for the registration of practitioners, discipline of practitioners, practice standards for practitioners and fees to be paid under the Bill. *Clause 43* is the interpretation clause of the Bill. The remaining clauses in the Part deal with transitional provisions

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in *clause 44* and repeal and savings in *clause 45*. *Clause 44* transfers the rights, assets, liabilities held on behalf of the Medical and Dental Council established under the Medical and Dental Act, 1972 (NRCD 91) to the Medical and Dental Council established under this Bill.

The Medical and Dental Act, 1972 (NRCD 91) and its amendments are repealed in *clause 45*. The Bill however, saves rules, Regulations, bye-laws, notices, appointments, registers of practitioners and documents made under the repealed laws.

The Third Part of the Bill on the Nursing and Midwifery Council is from *clause 46* to 66. *Clause 46* establishes the Nursing and Midwifery Council as a corporate body.

The object of this Part is to regulate and promote the nursing and midwifery profession, ensure quality education of nurses and midwives and promote standards of professional conduct and efficiency. The law which established the Council, the Nurses and Midwives Act, 1972 (NRCD 117), has not been reviewed since it was enacted. Attempts to review the legislation to reflect current realities did not result in new legislation.

Under the Nurses and Midwives Act, 1972 (NRCD 117) Nursing and Midwifery Training institutions operated under the supervision of the Nurses and Midwives Council which conflicts with the current Government policy on tertiary education.

The National Accreditation Board established under the National Accreditation Board Act 1993 (PNDCL 317) is now responsible for the accreditation of tertiary institutions. The role of the Nurses and Midwives Council in the recruitment and training of new professionals has changed as a result of policy changes in the Ministry. The current practice is that the recruitment and training of new nurses and midwives and nursing certificate examinations are now the responsibility of the Human Resource Development Division of the Ministry of Health and the Nursing Training Institutions. There is therefore the need to review certain aspects of the law to reflect new policy changes.

This Part seeks to regulate the practice standards of professional nurses and midwives to improve their quality of service so as to enhance

the profession. The object of the Council is to ensure the highest standards in the practice of nursing and midwifery, *clause 47*. To achieve this object, the Nursing and Midwifery Council is to establish standards and provide guidelines for the development of a curriculum for the training of nurses and midwives. The Council is to register and maintain a register of practitioners and exercise disciplinary powers over practitioners. The Council is also to accredit nursing and midwifery programmes, determine and implement post-registration continuing education and professional development programmes for practitioners and advise the Minister on matters related to the practice of nursing and midwifery, *clause 48*.

As with the other professional regulatory bodies, the governing body, the Board, comprises nine persons, the chairperson who is a nurse or midwife, representatives from nurses and midwives associations, universities and a nursing school. The Attorney-General and Ministry of Health are to be represented on the Board as well as the Registrar and a person who is not a health professional to represent consumer interest, *clause 49*.

Clause 50 to 61 is on the registration of practitioners in nursing or midwifery. *Clause 51 to 53* provides for the qualification for registration, training for foreign trained practitioners and types of registers. As with the Part on the Medical and Dental Council, the register may be permanent, temporary or provisional, *clause 54 to 56*.

A practitioner's registration may be suspended where the practitioner commits an offence which is being investigated or where allegations of misconduct are made against the practitioner, *clause 57*.

A registration may be cancelled where the practitioner is convicted of an offence, is sentenced to a term of imprisonment for a criminal offence or where the practitioner loses the qualification on the basis of which the registration was made, *clause 58*. The periodic publication of the list of registered practitioners in the *Gazette* is the responsibility of the Registrar, *clause 59*. Other responsibilities of the Registrar are the removal of the names of practitioners from the register for various reasons, *clause 60*.

A practitioner who is refused registration is entitled to appeal to the Board. Suspension or cancellation of registration cannot be done unless

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the Board gives the practitioner at least thirty days notice of its intention. A person dissatisfied with a decision of the Board has the right to appeal to the High Court, *clause 61*. This is also what pertains with doctors, dentists and physician assistants.

Clause 62 to 66 deals with miscellaneous matters. They include offences, regulations, interpretation, transitional provisions and repeal and savings provisions. Under *clause 62*, a person who makes a false declaration in an application for registration as a practitioner, wilfully and falsely uses a name or title implying a qualification to practice as a practitioner, fails to renew registration and continues to practice, provides unauthorised service in a licensed facility among others commits an offence. The penalty is the same as for the offences under Part Two.

Clause 63 provides for Regulations to be made to give effect to the provisions of this Part on the advice of the Board. The remaining clauses deal with interpretation, *clause 64*, transfer of assets and liabilities, *clause 65* and repeal and savings in *clause 66* respectively.

The Fourth Part of the Bill contains provisions on the Pharmacy Council from *clause 67 to 104*. The Pharmacy Council established under the Pharmacy Act 1994 (Act 489) has the mandate to regulate the practice of pharmacy but a myriad of problems have plagued the Council. The current scope of the mandate of the Pharmacy Council does not include other pharmaceutical care providers like dispensing technologists and other pharmacy business in a comprehensive manner. This makes the Council ineffective to protect the public interest in the storage and distribution of drugs.

The legislation does not make adequate provision for continuing education and the professional development of pharmacists and other pharmaceutical caregivers. The Pharmacy Council also needs to be strengthened to improve access to pharmaceutical services with the introduction of National Health Insurance Scheme. The problems related to lack of capacity to sue, enter into contracts, hold and dispose of property and the other limitations revealed since Act 489 came into force in 1994 have made it necessary to update the Act.

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Clause 67 to 70 deals with the establishment, object and functions of the Council and the governing body of the Council. The Pharmacy Council is a corporate body which is to secure in the public interest, the highest standards in the practice of pharmacy in the country.

The functions of the Council include ensuring the education and training of pharmacists and other pharmaceutical caregivers at approved educational institutions for efficient pharmacy practice. The Council is also to determine and implement the post-registration continuing education and the continuing professional development programmes for pharmacists and other pharmaceutical caregivers. It is also to register practitioners, licence premises in public and private sectors and set and ensure standards for pharmacy practice and professional conduct, *clause 69*.

The governing body of the Council is a Board comprising nine persons, the chairperson, two pharmacists from the hospital and industry and a representative from an accredited training institution. The rest are representatives from the Ministry of Health and the Attorney-General's Department. There are two non-health professionals who are to represent consumer interest. The other person is the Registrar of the Council, *clause 70*.

Clause 71 to 82 provides for the registration, procedure, qualification for registration, registration for non-citizens, annual list of pharmacists, registration of other pharmaceutical caregivers and types of registration. A temporary registration is valid for three months and is renewable twice, *clause 78*.

There is a restriction on use of the title 'pharmacist', 'chemist', dispenser of drugs' unless the person is a registered pharmacist, *clause 77*. A pharmacist's name may be removed for various reasons, *clause 79*.

The registration of a pharmacist may be suspended where the pharmacist commits an offence which is being investigated or where allegations are made against a pharmacist, *clause 80*. A registration may be cancelled where the practitioner is convicted of an offence, is sentenced to a term of imprisonment for a criminal offence or where the pharmacist loses the qualification on the basis of which the registration was made, *clause 81*.

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In accordance with the rules of natural justice, the Board is to give the pharmacist at least thirty days notice of its intention to suspend the registration and give the pharmacist an opportunity to make a representation to the Board. A person dissatisfied with the decision of the Board may appeal to the High Court, *clause 82*.

Clause 83 to 85 is on the licensing of premises. A person seeking to license premises for pharmacy practice is to apply to the Registrar. The licence for premises may be general or limited and is valid for the period determined by the Board.

A licence may be granted to a corporate body or government institution for the retail of restricted medicines, if business is carried on under the supervision of a superintendent pharmacist, *clause 84*.

A licenced over the counter medicine seller may be granted a licence to carry on the business of the retail supply of restricted medicines where the area proposed for the business requires the service of a chemical seller due to location and population density, *clause 85*.

Clause 86 to 94 deals with the supply of restricted medicines. A person who intends to carry on the business of wholesale supply of restricted medicines must have a licence for that purpose. The licence may be granted by the Board subject to certain conditions, *clause 85*. This is to ensure that restricted medicines are put into the hands of only qualified persons.

Clause 87 is on action to be taken after the supply of restricted medicines. The supplier is to enter on the prescription in indelible writing, the date on which the medicine is supplied and the name and address of supplier. Other matters include restriction on the sale and supply of restricted medicines and the Restricted Medicines Record Book in *clauses 88 and 85*. Prescription supply of medicines and restriction on the preparation and supply of restricted medicines are dealt with in *clauses 90 and 91* respectively. A prescription is valid if it meets the conditions specified in *clause 94*.

Clause 95 to 104 deals with miscellaneous matters. These include the classification of medicines, medical aid, entry of premises and

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investigation by an inspector. Under *clause 95* the Minister is to determine the classification of medicine on the advice of the Food and Drugs Board established under the Food and Drugs Act 1992 (PNDCL. 305B).

A pharmacist may give advice or first aid where there is an accident or for simple ailments of common occurrence before referring the patient to a medical practitioner or dentist, *clause 96*. An authorised person is to be allowed entry into premises to inspect the registration certificate of the Pharmacist or licence of the premises and also when an offence has been or is about to be committed on the premises, *clause 97*.

Under *clause 98*, an inspector may request for information concerning the people and activities carried on the premises. The inspector may also inspect the premises, articles on the premises, take away medicines and tender a reasonable payment for the medicines. An inventory of medicines taken is to be made and signed by the pharmacist and the inspector and a copy is to be kept by the pharmacist on the premises.

An inspector under *clause 99* may close premises where the sale of restricted medicines is carried out with the assistance of police on the grounds of a health hazard occurring on the premises. The order for this may have conditions determined by the Board.

A person who makes a false declaration in an application for registration, falsely uses a name or title implying a qualification to practice as a pharmacist, among others commits an offence, *clause 100*. The fine is five hundred penalty units or imprisonment for two years or both, the standard penalty for all the regulatory bodies.

Clause 101 is the enabling power for the Minister to make Regulations. Some of the matters for Regulations are the conditions for the registration of pharmacists, practice standards for pharmacists and pharmaceutical care providers, discipline of pharmacists and pharmaceutical care providers, fees and classification of medicines on the advice of the Food and Drugs Board. *Clause 102* is the interpretation clause of the Bill. The remaining clauses in the Part deal with transitional provisions in *clause 103* and repeal and savings in *clause 104*. *Clause 103* transfers the rights, assets, liabilities held on behalf of the Pharmacy Council established under Act 489 to the Pharmacy Council established under this Bill.

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The Pharmacy Act, 1994 (Act 489) is repealed in *clause* 104. The Part however, saves Regulations, notices, orders, directions and appointments made under the repealed law.

Part Five, the final part of the Bill contains administrative, financial and miscellaneous provisions for the health professions regulatory bodies. It also contains provisions on the appointment and functions of the Registrar. The clauses include the standard provisions on the tenure of office of members of the Boards, meetings of the Boards and disclosure of interest that are of general application to the Boards set up under the Bill.

Under *clause* 105, Registrars are to be appointed for the Bodies set up under the Bill by the President. The Registrar is responsible for the day-to-day administration of the affairs of the Board, *clause* 106.

Tenure of office of members of the Board, meetings of the Board and disclosure of interest have been provided for in *clauses* 107, 108 and 109. On the establishment of committees, *clause* 110 provides that the Board may establish committees consisting of members or non-members or both. There is however a particular provision with respect to the committees under the Allied Health Council where committees for each of the allied health professions are to be established by the governing body of that Council to take account of the uniqueness of each allied health profession. Similarly, the governing body of the Medical and Dental Council is to appoint a committee for physician assistants.

Allowances for the members of the Board have been provided for in *clause* 111. Provision is made for the establishment of regional and district offices of the Council in each regional capital and district. Public officers appointed by the President are to be responsible for the day-to-day administration of the offices and the performance of functions of the Board in the region, *clause* 112.

Clause 113 provides for the Minister to give directives to the Boards on matters of policy and the Boards are to comply. The Bill requires the Board to advise the Minister on matters concerned with the governing Boards, *clause* 114. The power of appointment stipulated under the Bill is to be exercised by the President. *clause* 115. The source of funding for

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the regulatory bodies includes moneys provided by Parliament. Moneys paid as donations, grants, gifts and moneys approved by the Minister responsible for Finance are also funding sources, *clause 116*.

Routine statutory provision on accounts and audit, annual and other reports are provided for in *clauses 117 and 118*. *Clause 119* provides for non-citizens who wish to practise in the country. They are to hold valid work permits or be entitled to work in gainful employment in the country. The Bill stipulates that the Board is to collaborate with other statutory bodies in the health sector, especially for purposes of licensing and inspection of health facilities and premises which is very important for co-ordination and co-operation, *clause 120*.

Finally, there is the interpretation *clause, clause 121* and the Schedule which contains a list of allied health professions and the categories of allied health professionals in each case.

DR. BENJAMIN KUNBUOR
Minister for Health

Date: *21st July, 2010*.