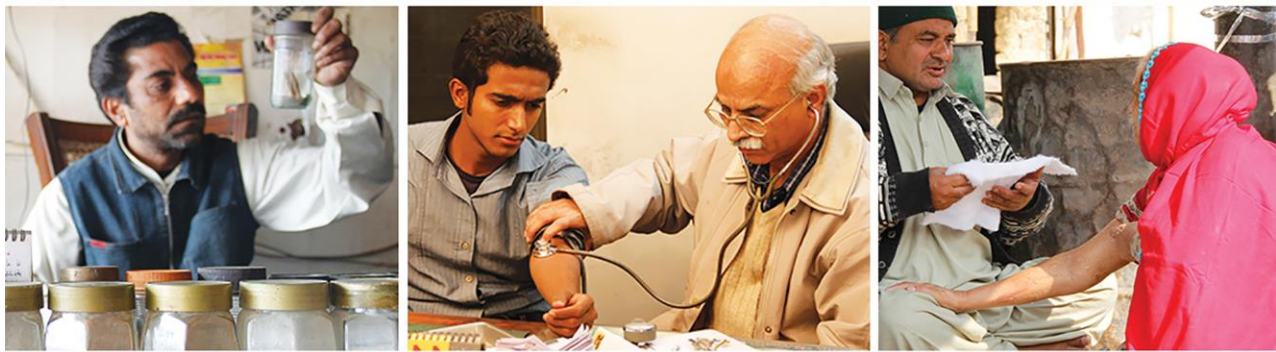


# PHC Anti Quackery Strategy



June 2013



**Punjab Healthcare Commission**

*Striving for Quality Healthcare in Punjab*

## Preface

Patient Rights and Safety is the hallmark of any healthcare system. Under the provisions of the Constitution of the Islamic Republic of Pakistan, it remains the responsibility of the State to ensure provision of healthcare to the people. Subsequent to the introduction of the 18<sup>th</sup> Constitutional Amendment, the Concurrent list has been abolished and this responsibility has been devolved to the provincial Governments. In order to fulfill this constitutional obligation, the Government of Punjab has established an elaborate infrastructure for the delivery of healthcare services and has also set up medical institutions/medical colleges to cater for the needs of trained medical, nursing and paramedic human resource. Realizing the fact that the healthcare delivery system both in the public as well as private sectors lacks standardization and is largely unregulated, the Punjab Government promulgated the Punjab Healthcare Commission Act 2010 (Act XVI of 2010), to establish the Punjab Healthcare Commission (PHC) as an independent health regulatory body with the primary mandate to introduce a regime of clinical governance thus ensuring improvement in the quality of healthcare services. This enactment also mandates the Commission to ban quackery in all its forms and manifestations. This function of the PHC has become all the more important in the wake of substantial increase in the number of cases of medical negligence by widespread unchecked providers of medical services who are mostly un-registered and unqualified persons (popularly known as quacks) as well as by the medical professionals which were reported by the media.

The PHC has emerged as a key organization to regulate the healthcare system through registration and licensing of all types of healthcare establishments in public as well as private sectors, by addressing the complaints and by taking cognizance of such malpractices. The PHC has initiated the process of developing and enforcing Minimum Services Delivery Standards (MSDS) in all healthcare establishments in Punjab including Allopathic, Homeopathic and Unani systems of healthcare. Though all medical professionals are registered and regulated by their respective Councils according to their respective laws/rules/regulations, the review shows that there is lack of coordinated and structured mechanisms to exclusively address the issues related to the quackery. The Government has been launching Anti Quackery campaigns from time to time on reported incidences by using mixed clauses of Drug Act 1976, Allopathic System (Prevention of Misuse) Ordinance, Medical and Dental Degree Ordinance and Rules framed thereunder. Unfortunately, these laws/rules do not provide for stringent corporal and financial penalties to restrict or check quackery, as the culprits are mostly bailed out with a negligible fines.

In view of this situation, the PHC has developed this document proposing a multi-pronged Anti-Quackery Strategies covering the following activities for fulfilling its mandate:

- i. Acceleration of Registration & Licensing of all healthcare establishments (Allopathic, Homeopathic & Tibb) through enforcement and monitoring of MSDS in order to exclude the unqualified and unregistered practitioners.
- ii. Persuade the Health Department to enforce the available Laws/ Rules to check the quackery.

- iii. Propose to the Health Department, Government of the Punjab to notify Inter-departmental Task Force/Steering Committee headed by senior officials to oversee the implement of strategic Anti Quackery plans both at provincial & district levels.
- iv. Set up Anti Quackery Cell within PHC for coordination of implementation & enforcement of Anti-Quackery activities.
- v. Develop a data base of Healthcare providers at the provincial and district level.
- vi. Organizing Public Awareness Campaigns to promote patient rights and safety and the importance of the quality healthcare.
- vii. Pursue the Health Department to address the systemic issues of unmet needs through introducing Health Sector Reforms proposed in the Punjab Health sector strategy.

We are confident that these strategic actions would act as linchpin and guide to frame policies and procedures to eliminate quackery in the province and strengthen any quackery drives of the Health Department.

**(Dr. Muhammad Ajmal Khan)**  
Chief Operating Officer  
Punjab Healthcare Commission

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# PHC Anti Quackery Strategy Paper

## 1. Executive summary

Realizing the fact that the healthcare delivery system both in the public as well as private sectors lacks standardization and is largely unregulated, the Punjab Government promulgated the Punjab Healthcare Commission Act 2010 (Act XVI of 2010), to establish the Punjab Healthcare Commission (PHC) as an independent health regulatory body. The primary mandate of the Commission is to introduce a regimen of clinical governance and ensuring improvement in the quality of healthcare services. This enactment also mandates the Punjab Healthcare Commission to ban quackery in all its forms and manifestations. This function of the Commission has become all the more important in the wake of substantial increase in number of cases of medical negligence by a wide spread unchecked providers of medical services who are mostly un-registered and unqualified persons (popularly known as quacks) as well as by the medical professionals which were reported by the media,

The PHC has emerged as a key organization to regulate the healthcare system through registration and licensing of all types of healthcare establishments in public as well as private sectors, by addressing the complaints and by taking cognizance of such malpractices. . The PHC has initiated the process of developing and enforcing Minimum Services Delivery Standards (MSDS) in all healthcare establishments in Punjab including Allopathic, Homeopathic and Unani systems of healthcare. Though all the medical professionals are registered and regulated by their respective Councils according to their respective laws/rules/regulations, the review shows that there is lack of coordinated and structured mechanisms to exclusively address the issues related to the quackery. The Government on reported incidences, has been launching anti quackery campaigns from time to time by using mixed clauses of Drug Act 1976, Allopathic System (prevention of misuse) Ordinance, Medical and Dental Degree Ordinance and Rules framed thereunder. Unfortunately, these laws/rules do not provide for stringent corporal and financial penalties to restrict or check quackery, as the culprits are mostly bailed out with a negligible fines.

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- iii. Propose to the Health Department Government of the Punjab to notify Inter-departmental Task Force/Steering Committee headed by senior officials to oversee the implement of strategic Anti Quackery plans both at provincial & district levels
- iv. Set up Anti Quackery Cell within PHC for coordination of implementation & enforcement of Anti-Quackery activities
- v. Develop a data base of Healthcare providers at the provincial and district level.
- vi. Organizing Public Awareness Campaigns to promote patient rights and safety and the importance of the quality healthcare
- vii. Pursue Health Department to address the systemic issues of unmet needs through introducing Health Sector Reforms proposed in the Punjab Health sector strategy.

## **2. The Purpose of Anti Quackery Strategy**

The purpose of this strategy document is to provide the Punjab Healthcare Commission with a base for extenuating anti quackery efforts that could be rationally launched and are responsive to the overall mission and vision of the Commission. The document further aims to look at the current situation with a historical perspective and context within which quackery has existed in various forms and manifestations. The document will act as a precursor and a potential guide to develop PHC Anti Quackery Strategic Plan in the light of PHC Act 2010 and other related laws. The document has attempted to address the reasons of the persistent prevalence of quackery, highlight the measures taken by concerned authorities and the potentials risks. It further provides an implementation framework for suggestions strategic actions.

The document shall focus on what measures PHC should take to ban quackery, and what mechanism it should follow while institutionalizing approved quality standards through licensing of healthcare establishments to prevent professional negligence. The issue of quackery by professionals including registered medical practitioners (Allopathic) is largely dealt by the Pakistan Medical and Dental Council (PMDC) Regulations and Code of Ethics. This paper, however, presents the analysis of practices of medicines and surgery by unqualified and unregistered practitioners in our society.

This draft Anti Quackery Strategy document is a document that will require consultations with key stakeholders such as Provincial Health Department, District Governments, Professional bodies such as PMA, paramedical staff associations, patient rights and welfare societies, and representatives of judicial, legal and political activists. The inputs from all these stakeholders will not only help refine the proposed anti-quackery strategies but will also help buying in ownership and commitments of the outcomes by its potential stakeholders. To ensure smooth implementation of the strategies designed to combat quackery issue in the province of Punjab.

### 3. Definitions

#### 3.1 What is Quackery?

In general term, the “quackery” is defined as the promotion of unproven or fraudulent medical practice<sup>1</sup>. This definition could also cover the quackery amongst professional medical practitioners who practice medicines or surgery beyond their formal qualifications and skills that they actually have.

The Punjab Healthcare Commission (PHC) is established under the PHC Act (XVI) of 2010. Its main aim is *“to improve quality of healthcare services and ban quackery in the Punjab in all its forms and manifestations”*<sup>2</sup>. Although no hard core data or information on number and types of quacks practicing medicine or treating people is available particular related to Pakistan and/or Punjab, it is a known fact that as a result of quacks’ provision of health services and use of products, a large number of people are reported to have suffered from its negative consequences starting from minor sicknesses to major disabilities or even deaths.

#### 3.2 Who is a Quack?

Taking a round of definitions, the Webster Dictionary defines a “Quack” as “an untrained person who pretends to be a physician and who dispenses medical advice and treatment” while according to the American Cancer Society’s Journal, quackery “is the promotion of unproven or fraudulent medical practices.”



*According to the Punjab Healthcare Commission Act 2010 Section 2, sub-section (xxix) "quack" means a pretender providing healthcare services without having registered with the Pakistan Medical and Dental Council, Council for Tibb, Council for Homeopathy and Nursing Council.*

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<sup>1</sup> Wikipedia

<sup>2</sup> Punjab Healthcare Commission Act of 2010

#### **4. Quackery a menace - Historical perspective**

The issue of quackery came to surface in early 17<sup>th</sup> century in Britain and its colonies and formerly when the Dutch Society against Quackery was established in 1880. During the same period in USA, where false medicines in this era were often denoted by the slang term snake oil, the passage of the Pure Food and Drug Act on February 21, 1906 in the United States and subsequent creation of the Federal Drug Authority got involved in regulating production, promotion and use of medicines for curing diseases in the USA. Similar acts were passed and bodies were formed in many countries (including Pakistan) in the world. Till the 20<sup>th</sup> century, quackery was linked to the use of medicines which were manufactured without empirical research (popularly known as experimental medicines). In Indo-Pak sub-continent, quackery is general attributed to faith healing and treatment of ailments by use of local herbs.

In Pakistan, quackery is considered a norm on one side and is a health hazard on the other. It is a means to mint money from innocent patients or care seekers. The health and life of a patient seeking treatment from a person who lacks professional knowledge and skills is in danger being subjected to unprofessional practices. There is a lack of availability of data on the number of people who have been victims of such practices. The patients are distracted from getting proper treatment on the assumption that they can be well treated by the low cost and easily accessible practitioners. Indiscriminate use of injections by these unqualified/unregistered practitioners (quacks) is major source of the rampant spread of viral hepatitis and other infectious diseases. Many a times these quacks put the life or parts of the body of their patients to further complications by embarking upon those therapeutic procedures or using those medicines regarding which they have little or no knowledge. Indiscriminate and irrational use of lifesaving antibiotics by the quacks is rapidly producing resistance to many micro-organisms. Such resistant strains frequently pose great challenge not only to the treating physicians but also endanger the life of patients.

It is a dilemma that no census, Health Management Information System or any other data source provides the extent of the problem of quackery in Punjab. An unpublished note prepared by the Punjab Health Department in response to a Governor's directive during 2002, provides an analysis of the situation of quackery in Punjab somewhat on similar lines as of this document and had proposed various measures to tackle the issue. The status of action taken on this connection is however, not known.

It may also be noted that the issue of quackery among healthcare professionals (qualified and registered doctors) is primarily addressed under the "PMDC Ordinance and the Code of Ethics of Practice for Medical and Dental Practitioners of Dec. 2001" developed thereunder and/or by the Ordinances/Codes of ethics of Homeopaths, Tibb and Nursing Councils. However, quackery by non-qualified and un-registered medical practitioners is lacking clear policy and procedures which strengthen the implementation and enforcement bodies to combat quackery; such as the Health Department and District Governments.

#### **5. Manifestations of Quackery**



Quackery can be classified in following manifestations:

1. Medical treatment by Indigenous practitioners of medicines-mostly un-registered
2. Performance of surgeries by those having no formal training and/or qualifications-mostly un-registered
3. Para Medical/Allied Health Professionals practicing medicines and surgery who are not qualified to treat in that particular field of specialty
4. Dispensing and Sale of drugs to patients without prescription and without license

### **5.1 Quackery in the Medical Context**

According to the PHC Act 2010, Sub Section (xxxix) of Section 2, *Quack* “means a pretender providing health services without having registration of Medical and Dental Council, Council of Tibb, Council for Homeopathy and Nursing Council”. The physicians or surgeons or dentists as practitioners of Allopathic medicines who are though registered with Pakistan Medical & Dental Council but do not follow the Code of Ethics of practice for medical and dental practitioners, may fall under the definition of quacks.

Nevertheless, Punjab faces a unique challenge of health services being provided by multiple types of health workers who are neither registered with the PMDC nor with their respective Councils. There are many allied health workers who are certified by local medical boards (like Punjab Medical Faculty) and allowed by the government to treat patients under the supervision of qualified doctors, particularly in government run health facilities in rural areas.

These include but are not limited to the following:

- i. Cadre of Medical Assistants was created in 1972 to meet the shortage of doctors in periphery
- ii. Cadre of Medical Technicians (male & female) was created in 1983 with specific objective of creating substitutes of those doctors who were not willing to go to rural areas
- iii. Dispensers/Dressers to dispense drugs & conduct minor surgical procedures/First Aid more commonly found in rural dispensaries and sub-health centres.
- iv. Cadre of Lady Health Visitors has been in place since partition and trained in primary healthcare with a focus on woman and child health.
- v. Lady Health Workers Programme introduced in 1994 to provide very basic healthcare at community level with a focus on early identification of disease, treating minor ailments and provide and referral services
- vi. Community Midwife: A person given a certificate to conduct normal delivery at the village level where there is no doctor to deal with maternity services
- vii. Medical Technologist/Lab Assistant: A person given a certificate to operate medical equipment and look after its maintenance.

Though above mentioned categories of health workers were recruited by the government to work in government healthcare establishments, a large majority of them are working as private practitioners and having their clinics spread all over mainly in urban slums and rural areas of the Punjab, usually operating after official working hours. Irony of having these Cadres of health workers is that, by availing the opportunity as gap fillers in place of “registered/qualified doctors” they are performing services even beyond their scope of work, and are responsible for putting the lives of patients in danger. Since, over the years these practitioners had developed a trust among patients/communities and charge nominal fee, the patients prefer to visit them, even in the presence of qualified doctors in the same localities.

According to the Islamic Code of Medical Ethics endorsed at the First International Conference on Islamic Medicine held in Kuwait on 12-16 January 1981)<sup>3</sup>, the role of a physician (Doctor) was enunciated in the context given hereunder:

[God addresses us in the Koran by saying, “and make not your own hands throw you into destruction”. Prophet (PBUH) says “your body has a right on you and the known dictum is no harm or harming in Islam”].

[Al-Ghazali considered the profession of medicine as (fardh - Kifaya), a duty on society that some of its members can carry in lieu of the whole. This is natural since the need of health is a primary need and not an anything in life remains enjoyable.] The one of the important characteristic of a Physician is that “he should be amongst those who believe in God, God Fearing, fulfill His rights, are aware of His greatness, obedient to His orders, refraining from His prohibitions, and observing Him in secret and in public. The physician should firmly know that 'life' is God's award only by Him and that 'Death' is the conclusion of one life and the beginning of another. Death is a solid truth ....and it is the end of all but God. In his profession the Physician is a soldier for “Life” only defending and preserving it as best as it can be, to the best of his ability.

The Code also mandates that the Physician should be a role model. It is not befitting for him that his "do's" and don'ts, are not observed primarily by himself. He should not turn his back on the lessons of medical progress, because he will never convince his patients unless they see the evidence of his own conviction. Reiterating, Koran's saying', “and make not your own hands throw you into destruction”. Prophet says "your body has a right on you and the known dictum is no harm or harming in Islam". The Physician is truthful whenever he speaks, writes or gives testimony. He should be invincible to the dictates of creed, greed, friendship or authority pressurizing him to make a statement or testimony that he knows is false<sup>4</sup>.

Having enlightened with the Islamic Code of Medical Ethics, the doctor/healthcare service provider is duty bound to follow these ethics and should not pretend to know what he does not know or

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<sup>3</sup> Islamic code of medical and health ethics, [www.emro.who.int/docs/EM\\_RC52\\_7\\_en.pdf](http://www.emro.who.int/docs/EM_RC52_7_en.pdf)

<sup>4</sup> Islamic code of medical ethic, [www.rewi.uni-jena.de/.../Ethical+Codes/Islamic+Code+of+Medical+E...](http://www.rewi.uni-jena.de/.../Ethical+Codes/Islamic+Code+of+Medical+E...)

trained in to practice. Violation of such professional ethics could put the life the patient in danger and simultaneously it will also put such violators in the category of quacks.

## **5.2 Quackery in the Cultural Context**

In Punjab culture the families first believe in traditional methods of dealing ailment with home-made remedies and/or seek help from those who perform healing procedures or prescribe remedies for illness even without formal education and license. Usually, these healers are called “Jirah”, “Pahalwan/ chiropractitioner”, “Pansari” or hakim or homeopath (mostly if not qualified from any recognized institution and/or registered with their respective Councils). Culturally, people tend to accept such treatment as cost effective and consider non-risky “without side effect”, thus they do not call such practitioners as healers as quacks. Unfortunately, at the advent of acute complication resulting from such treatment, they then visit a qualified doctor or a hospital. In such circumstance, it is too late to bring back the patient to normal life. Thus cultural practices do play role to promote quackery. Similarly, majority of babies are delivered in the hands of unskilled traditional birth attendants / who are mostly illiterate and untrained. Many studies carried out in Pakistan on practices of TBAs indicate that, in order to keep recognizing their status as professional Dai, they prefer not to refer the high risk cases to appropriate healthcare facility or skilled birth attendants, and rather keep on trying to conduct the deliver by themselves. Resultantly they often end up with a death of mother or child or both due to irreversible complications.

Currently TV, radio, newspapers, magazines, billboards and other promotional tactics used by companies/medical practitioners (who use various drugs and cosmetics), are instrumental in convincing innocent people to get treated or use their product. In most cases, these products and procedures are highly dangerous to human life.

A researched based article appeared in 2011 in Journal of Pakistan Medial Association, states that “There is no way one can develop a health care system where there are no errors and negligence. Human beings are not perfect and bound to cause some error. However, there is a need to develop a system where the negligence, issues of probability and error can be recognized and the accused whether an individual, a group of people, an organization, a department or the responsible persons who are the policy makers should be identified, accounted for, condemned and penalized. At the same time the victims and their relatives should be provided with the justice and compensation according to the rule of law”.<sup>5</sup> This analysis and the prospective note have a lot common to the objectivity of the PHC mandate. On one side our culture has innocently accepted the practices of such quacks and on the other hand a serious realization is being considered amongst those who are concerned to address this issue.

## **5.3 Quackery in the Legal Context**

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<sup>5</sup> JAMA, Vol. 61, No. 6, June 2011; Medical negligence: A growing problem in Pakistan; Muhammad Hanif Shiwani, & Amin A. Muhammad Gadit.

Primarily, the research poses a challenge to identify any law that addresses the issue of quackery in Pakistan in its exclusive terms as there is no concrete data or information available which is indicative of its prevalence, manifestations and action taken to ban quackery. There are however, a number of laws and regulations which directly or indirectly provide some mechanisms to take measures against quackery in the pretext of violation of certain clauses. These laws basically pertain to regulating medical services and drugs and include the following:

- i. The PMDC Ordinance, 1962 and PMDC (Amendment) Act, 2012 has indirectly addresses the issue of quackery in Sections 31 & 32 and in clauses that are related to the PMDC Code of Ethics.
- ii. The Medical and Dental Degrees Ordinance (XXVI of 1982) 1982, Section 6, penalty for falsely assuming or using medical and dental titles.
- iii. Drug Act, 1976 (various sub sections of the Section 23, Chapter III.
- iv. Allopathic System (Prevention of Misuse) Ordinance, 1962.
- v. Allopathic System (Prevention of Misuse) (WEST PAKISTAN) Rules, 1968.

These legal documents however, lack in provision of any explicit guidelines that define direct actions for the elimination or banning of quackery. Detailed commentary on these laws/Rules is presented as **Appendix I** to this document. It is pertinent to point out that lately, pursuant to the 18<sup>th</sup> amendment in the Constitution, the Federal Government has amended the PMDC Ordinance 1962, through the PMDC (Amendment) Act, 2012, the federal law regulating medical profession and impliedly relevant to the control of quackery through the following provisions:

**27. Substitution of section 23, Ordinance XXXII of 1962”. -** In the said Ordinance, for section 23 the following shall be substituted, namely:-

**“23.Maintenance of Register of medical practitioners”.** - (I) The Council shall maintain a Register of medical practitioners possessing qualifications which are recognized medical or additional medical qualifications for the purposes of this Ordinance and may prescribe the necessary particulars to be entered in the Register. Holders of a recognized basic degree shall be registered on provisional basis for internship-or foundation or house job of a minimum of one year duly assessed, hands on clinical rotation in an approved hospital or institution included in the Sixth Schedule which shall be mandatory for conversion of provisional registration into full registration.

(2). The practitioner shall be deemed to hold a valid registration and entitled to be known and eligible for privileges of a registered medical practitioner if his name is retained on the Register after fulfillment of requirements of continuation of registration as laid down by the Council from time to time and 'provided he had paid the

dues of the Council. The valid registration certificate shall be the license to practice medicine in Pakistan".

**28. Omission, of sections 24 and 25, Ordinance XXXII of 1962.**- In the said ordinance, sections 24 and 25 shall be omitted.

**29. Substitution of section 26, Ordinance XXXII of 1962.**- In the said Ordinance, for section 26 the following shall be substituted, namely:-

**26. Maintenance of Register of dental practitioners.** - (I) The Council shall maintain a Register of dental practitioners possessing qualifications which are recognized dental or additional dental qualifications for the purposes of this Ordinance and may prescribe the necessary particulars to be entered in the Register. Holders of a recognized basic degree, shall be registered on provisional basis for internship or foundation or house job of a minimum of one year duly assessed, hands on clinical rotation in an approved hospital or institution included in the Sixth:<sup>n</sup>Schedule which shall be mandatory for conversion of provisional registration into full registration.

"(2) ,-The-practitioner shall be deemed to hold valid registration and entitled to be known and eligible for privileges of a registered dental practitioner' if his name is retained on the Register after fulfillment of requirements of continuation of registration as laid down by the Council from time to time and provided he had paid the dues of the Council. The valid registration certificate shall be the license to practice dentistry in 'Pakistan."

**30. Amendment of section.27, Ordinance XXXII of 1962.** - In the said Ordinance, in section 27, for the words, comma and figure "Evidence Act, 1872" the expression, "Qanun-e-Shahdat, 1984 (P. O. No. 10 of 1984)" shall be 'substituted".

**31. Amendment of section 28, Ordinance XXXII of 1962.**-In the said Ordinance, for section 28 the following shall be substituted, namely:-'

**“28. Penalty for fraudulent representation or registration.**- Whoever falsely pretends to be registered under this Ordinance as a medical practitioner or dentist and uses with his name or title any words or letters representing that he is so registered with the Council or uses the word "doctor" without legal basis, irrespective of whether any person is actually deceived by such pretense or representation or not, shall, on conviction before a Magistrate of the first class, be punishable

with **fine which may extend to one hundred thousand rupees or with imprisonment for a term which may extend to six months or with both.** Any person found aiding and abetting him shall also be prosecuted and punished."

**32. Insertion of new sections 28A and 28B, Ordinance XXXII of 1962.-**

In the said Ordinance, after section 28, substituted as aforesaid, the following new sections shall be inserted, namely:-

**"28A. Penalty of practicing without registration. -** (I) No person, other than a registered medical or dental practitioner, shall practice medicine or dentistry.

(2) Any person who acts in contravention of the provisions of subsection (I) shall be punishable with imprisonment for a **term which may extend to two years but shall not be less than six months** or with fine which may extend to **two hundred thousand rupees** but shall not be less than one hundred thousand rupees or with both.

**28B. Cognizance of offences. -** (I) No court shall take cognizance of any offence or matter under this Ordinance except upon complaint in writing made by the authorized officer of the Council.

(2) Notwithstanding anything contained in the Code of Criminal Procedure, 1898 (Act V of 1898), it shall be lawful for any Magistrate of the first class to pass any sentence authorized by this Ordinance even if such sentence exceeds his powers under section 32 of the said Code."

**33. Substitution of section 29, Ordinance XXXII of 1962. -** In the said Ordinance, for section 29 the following shall be substituted, namely:-

**"29. Privileges of registered medical or dental practitioners. -** (1) a registered medical practitioner and dentist shall have following privileges, namely:-'

(a) Valid registration shall be considered as a license to practice medicine and dentistry in Pakistan and of a level mentioned by the Council in the registration certificate;

(b) a registered medical practitioner or a registered dentist having valid full registration shall be competent to practice medicine or dentistry

and prescribe allopathic medicine and perform any surgical or interventional procedure on any patient;

- (c) A registered medical practitioner or a registered dentist having valid full registration may take admission for an additional qualification course;
- (d) To hold any medical or dental or relevant administrative appointment in any medical or dental institution or setup or hospitals or clinic or related health institution;
- (e) To hold a commission as a medical or dental officer in the Armed Forces; and
- (d) Only a registered practitioner having valid registration is eligible to participate in the elections of the member of the Council.

(2) Notwithstanding anything to the contrary contained in any other law for the time being in force, no medical certificate or prescription or advice shall be considered valid unless obtained from a medical or dental practitioner having valid registration.

(3) No person shall, be entitled to recover any charge in any court of law for any medical or surgical advice or attendance or for the performance of any operation or intervention or for any medicine prescribed or supplied unless he can prove upon the trial that he is a registered medical or dental practitioner having valid registration."

The PMDC vide a detailed reference in 2010 {N.PF.4-SC-106/2009-Legal/242759 dated 19-11-12}, addressed to the Chief Secretary Punjab, took the provincial government on board regarding measures to improve medical education and practices of the medical professionals and requested to report such incidence to PM&DC for action as per law.

The PM&DC has earlier issued another notification No. PF.9-8/2009-Legal dated 5<sup>th</sup> January, 2010 authorizing all members of the PM&DC, Director General Health Services Punjab, All EDOs (H), All District Officers (Health), all Deputy District Officers Health and all Medical Superintendents of teaching, divisional and District hospitals to file complaints under the PM&DC ordinance in the court of law against the persons violating the provisions of the PMDC Ordinance.

The analysis of feedback from selected stakeholders however gathers that there are no clear or specific legal act, rules or regulation addressing quackery issues in Pakistan in general and Punjab in particular. It was also revealed that government has from time to time instituted Anti Quackery campaigns in the pretext of violation of Drug Act 1976 (clauses applied through drug courts; 23 prohibitions, 27 penalties, 28 penalty for subsequent offence and 29 forfeiture) and or using PPC sections: 274,275 & 276 related to adulterated drugs; section 337-H, if hurt caused due to negligent act; section 415 related to cheating; and section 463 related to forgery, if fake degree or licenses are prepared. One of the commonest practices of prescribing drugs, giving first Aid, giving intramuscular and intra-Venus injections is by the persons managing Medical & General Stores. They usually become the soft target by the district authorities when they conduct raids. Such actions are taken on ad hoc basis primarily due to lack of explicitly designed system to combat with quackery or lack of clear understanding of the Law. Quoting a statement by one of the Executive District Health Officer that; “*we make a cocktail of laws and directives to take action in relation to Anti-Quackery drives*”. If the culprits are to be arrested, it is done mainly under the Drug Act 1976. The punishment against that crime, if proved, is a fine of Rs. 10,000 and or an imprisonment of maximum of five years. The PHC Act 2010 is the only legislation that in its preamble gives a distinct authority to PHC to “...ban quackery in all its forms and manifestations...”

Representatives of non-registered medical practitioners, stated that “they are fighting their case in the court-of-law to allow medical practice by pleading through Section 4 of “Allopathic System (Prevention of Mis-Use) (West Pakistan Rules) 1968<sup>6</sup>”, with the pretext of Eligibility- No person shall be eligible for the grant of a permit unless-

- (a) he has studied for a period of not less than four years, the licentiate course or degree course of medical education in any institution and \was eligible to appear in the final examination for such course on account of his having studied all the subjects prescribed for the final examination though he did not pass or appear in such examination; or
- (b) he has studied for a period of no less than one and half years, a course of medical education in any institution which, in the opinion of the Provincial Screening Board had, at the time when the applicant studied therein, the facilities laid down in Schedule "A" and has been declared successful in the final examination conducted by that institution and has not less than five years of practice in Allopathic System of medicine; or
- (c) he is a graduate from a recognized University in Science with Chemistry or Physiology or Microbiology or Pharmaceutical Chemistry or who is a graduate from such University in Pharmacy and has completed not less than five years of practice in Allopathic System of medicine; or
- (d) he is a Health Assistant duly registered with the West Pakistan State Medical Faculty and has not less than five years of practice in Allopathic System of medicine; or
- (e) He is a dispenser duly registered with the West Pakistan Medical Faculty and has not less than seven years of practice in Allopathic System of medicine.

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<sup>6</sup> Secretary General, Allied Health Organization, Punjab: Opp GINUM Gujranwala Institute of Nuclear Medicine Radiotherapy Sialkot Road. Gujranwala



Although the above quoted Section 4 of “Allopathic System (Prevention of Mis-Use) (West Pakistan Rules) 1968” provides the eligibility criteria in the favour of such practitioners, it however, prescribes a number of steps before they are permitted to prescribe anti-biotic or dangerous drugs.

For addressing the issue of quackery among the medical professionals registered with the PMDC, the Council has prescribed a Code of Ethics for Medical and Dental Practitioners- 2001, to regulate the Ethical Standards of Professional Competence, Care and Conduct. Its clause No. 11, stipulates the conduct of Medical practitioner as some of the guidelines given hereunder<sup>7</sup>:

- In all dealings with patients, it is expected that the interest of the patient and the advantage to the patient’s health will be the major consideration to influence the practitioners’ conduct (defined as character and behaviour as a citizen and profession) towards them. The physician patient relationship should be developed as one of trust:
- A Professional shall always maintain and demonstrate a high standard of professional conduct by...
- The Registered Medical & Dental Practitioner will not assist an unregistered person to practice /teach medicine or dentistry, or associate professionally with such a person performing the functions of a practitioner, which knowingly will make a registered practitioner liable to disciplinary action. This does not preclude a medical practitioner from imparting proper training to medical students, nurses, midwives and other paramedical personnel, provided the doctors concerned keep a strict supervision over such individuals when treating patients.
- The Registered Medical & Dental Practitioner shall use great caution in divulging discoveries or new techniques or treatment through non-professional channels.
- Abuse of professional knowledge, skills and privileges is unacceptable conduct: Any registered medical/dental practitioner found guilty of causing an illegal abortion or prescribing drugs in violation of the Dangerous Drugs Act 1930, or who becomes addicted to a drug, or is convicted of driving under the influence of alcohol or any other drug, is liable to be suspended or have his/her name removed from the Register.
- They will only undertake tasks for which they are qualified by virtue of education, training or experience; and know their limitations.

The above stringent ethical guidelines for a registered medical practitioner make him legally vulnerable to protect him from becoming a quack.

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<sup>7</sup> Code of Ethics for Medical and Dental Practitioners, 2001, Pakistan Medical & Dental Council, Islamabad

## 5.4 Quackery in the Organizational Context

There is not a single known organization that is stipulated to be responsible to combat quackery in Punjab. As a subject matter, Health Department has been the focal department that is given the responsibility, as it becomes active as and when quackery issue has come on the surface. Most of the time, issue comes to limelight by media, causing government coming to action by forming anti-quackery task force or a committee. For instance, to deal with incidence of quacks reported in media in November 2011, a notification was issued by the Secretary to Government of the Punjab, Health Department on behalf of the government to constitute following committees<sup>8</sup>:

Committee 1: a. Secretary, Irrigation & Power Department

b. Secretary, Agriculture Department

c. Assisted by:

- Chief Drug Inspector Punjab

- DO (Health) Lahore

(Responsible for: Ravi Town, Data Ganj Bakhsh Town, Samanabad Town, Gulberg Town and Iqbal Town)

Committee 2: a. Secretary, Food Department

b. Director General, LDA

c. Assisted by:

- Director Pharmacy

- DO (H-1) Lahore

(Responsible for: Nishtar Town, Lahore Cantt Town, Aziz Bhatti Town, Whaga Town and Shalimar Town)

These committees were to be assisted by the Implementation & Coordination Committees comprising of the following for the respective towns:

- i. Assistant Commissioner
- ii. Revenue Officer
- iii. Deputy District Office (Health)
- iv. Drug Inspector

The Terms of Reference (ToRs) of the Committee was to:

- a. Conduct Campaign against all forms of quackery and initiate legal action against the delinquents in accordance with law.
- b. Take action against illegal/unethical publicity of quackery in print or electronic media, wall chalking etc.
- c. Take any other action in accordance to law to curb the menace of quackery.

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<sup>8</sup> Government of the Punjab, Health Department: Notification No. S.O. (PH) 9-145/2006 (P), dated Lahore 22 November 2011.

Since, the formation of committees was on adhoc basis and was required to submit their reports within 15 days for information/orders of the Chief Minister. As per reports submitted by both the committees, up to 20.6.2012, a total of 2,915 premises were inspected, 375 FIRs were registered against violators, 420 shops were sealed and 246 persons were arrested<sup>9</sup>. The outcome/action taken thereafter is remains to be known.

In general, the implementation of the directives is usually carried out by a team lead by Executive District Officer (Health), who along with Drug Inspector and DO (H) conducts raids to the accused facilities/person(s) and gets the case registered with Police for further legal action, if so desired.

## **6. Rapid Consultation with professionals**

A rapid consultation was carried out by the PHC to ascertain the current views of the selected professional stakeholders with a focus on the following:

- i. The perceived definition of quackery,
- ii. Types of healthcare providers pretending to provide health services in different kinds of manifestations,
- iii. Knowledge on the existence of laws/rules/regulations dealing with quackery,
- iv. Suggested strategies and identification of responsible authorities.

In order to obtain the responses/views on the above issues, a self-administered questionnaire was given to about 20 key stakeholders/professionals (list attached). The views/comments of the respondents are summarized as under:

- i. Almost 100 per cent of the respondents gave the following definition of quackery:  
“A process of health service provision, by a person who pretends to have skills and qualification and is not registered with PMDC, PNC, Council of Tibb and Homeopathy and other recognized certificate awarding bodies”
- ii. The existing laws, rules, regulations, do not provide for a policy, and or strategy to combat quackery.
- iii. The government only constitutes need-based task forces or committees, as and when required to deal with the issue of quackery, particularly whenever it comes to limelight in the media.
- iv. No specific information is known regarding the efforts made by Punjab/Federal government to stop quackery. However, recently PMDC tried to draft make an anti-quackery bill at the Federal level, the fate of which is not known.

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<sup>9</sup> Chief Drug Inspector, Punjab Quality Control Board, Health Department, Lahore & Deputy Director, SEMU, Irrigation Department, Punjab, Lahore

v. More than 70 percent of the respondents reported estimated average range of quacks in a district is between 5000 -10000. Considering this estimation, in all over Punjab it 180,000 to 360,000 may be treating patients without having professional qualifications.

vi. Most effective strategies recommended by the respondents to address the quackery in Punjab include the following:

- a) Registration/licensing of all Healthcare Establishments (HCEs) who comply with the Minimum Service Delivery Standards (MSDS) - on a top priority basis.
- b) Restricting allied health workers to only focus on their defined job descriptions.
- c) Launching a sustained mass awareness raising about the negative consequences of treatment by unqualified practitioners/healthcare outlets

vii. The main risk identified by the majority of the respondents was a large population seeking healthcare would be deprived of the excess to healthcare, in absence of or non-availability of qualified doctors. It was suggested to take anti-quackery measures in a phased manner.

viii. The respondents stated that Health Department (with authority given to EDOs) supported by district authorities should be made responsible for the implementation of any law, rule or regulation to address quackery.

ix. As general comments, the respondents stated that:

- Alternative system of medicines; such as chiropractic, unani medicine, ayurvedic, herbalism, homeopathy, neuropathy, osteopathy and Traditional Chinese medicine , may be allowed and registered as done in other countries in the world;
- Doctors registered with PMDC or other qualified healthcare service providers registered with Homeopathic/Tibb Councils can be classified as quacks if practicing beyond their authorized qualifications/skills.

x. The respondents identified the following most common types of healthcare providers practicing quackery as presented against each:

<b>Types of Healthcare providers</b>	<b>Manifestations</b>	<b>Quacks/Quackery</b>
Faith Healers	Curing of an illness or disability by recourse to divine power, without the use of traditional medicine.	<b>Quacks:</b> who are involved in using medicines or herbs
Jirah (chirurgon)	Treating minor surgical methods to give incisions, circumcisions, etc.	<b>Quacks:</b> No formal education

Pahalwan (Chiropractor)	Fix broken bones/pain management	<b>Quacks:</b> No formal education
Sinyasi	Healing with local herbs-self made	<b>Quacks</b>
Roadside Dentists	Work as indigenous dentist	<b>Quacks.</b> Not formally trained
Hawkers- Ear/Nose piercing	A self-trained person to perform piercing	<b>Quack</b>
Hakim	Treat with researched Indigenous medicines/ herbs	Ok, if qualified and registered with Council for Tibb and restrict their practice to the same
Homeopath	Treat with Hanuman pharmacopeia	Ok, if qualified and registered with Council for Homeopathy and practice the same branch of medicine
Compounder/Dispenser	Prepare medicine and dispense drugs	Ok, if Diploma holder of Medical Board and works under the supervision/advise of a Doctor
Medical Assistant	Prepare medicine and dispense drugs	Ok, if work under supervision/advise of a Doctor
Medical Technician	Prepare medicine and dispense drugs	Ok, if work under supervision/advise of a Doctor
Lady Health Visitor	Provider of MCH services	Ok, if only stick to their prescribed role
Lady Health Workers	Provider of preventive care at household level	Ok, and remains within their scope of work
Family Welfare Workers	Provider of MCH services, particularly reproductive health	Ok, if remained within their scope of work
Traditional Birth Attendant/Dai	Only attend normal deliveries at home	Ok, if receive some formal training and remain within their scope of work
Community Midwife	Only attend normal deliveries at home	Ok, if formally trained and remain within their scope of work
Midwife	Aid to a doctor at Health facility	Ok, if works under the supervision of a doctor
Others: Medical Stores	Sale of drugs	<b>Quacks,</b> if starts dispensing drugs, giving injections, etc.

It is worth mentioning that the number of healthcare providers who are qualified and registered with any of their respective councils/ authorities, such as PMDC, Pakistan Nursing Council (PNC) & Councils for Tibb and Homeopathy, Punjab Medical Faculty, Pharmacy Councils and Certified by any other recognized institution of the Health Department may be known. However, the exact

number of such other personnel labeled as Quacks is not known as there is no census data available on this particular aspect.

## **7. Rapid Consultation with Selected Allied Healthcare Workers**

Rapid consultations with selected categories of un-registered healthcare providers, 14 spots run by these practitioners (Homeopaths, Hakims, dispensers, dental technicians & Gym trainer) were visited in different parts of Lahore. Observations are as follows:

- i. Most of them are practicing without formal degree in medicine, under the cover of either Drug Store or using a doctors name (on the sign Board)
- ii. Majority of them consider their practice to meet the un-met needs for treating minor ailments- (though, it is observed that they are indiscriminately prescribing antibiotics both by oral and injectable)
- iii. They have been working in the communities for decades and have a confidence among patient to be easily available and provide health care with nominal fee
- iv. Homeopaths are using allopathic medicines as well
- v. They are willing to undertake training and requests the government to set the standards— allowing limited use of primary care services
- vi. Form regulatory body for Alternative medicines/Allied health professionals, who in consultation with other recognized medical regulatory authorities can develop approved process of authorizations to practice in specific of professions with well defined limits.

## **8. Statistical Overview of status of Healthcare Providers in Punjab**

It may also be noted that with an estimated total population of 95 million in Punjab, there is one qualified allopathic doctor (registered MBBS-Basic & Specialists)<sup>10</sup> available for about 1,290 persons; one BDS doctor is available for 20,008 persons and one specialist doctor available for 6,300 persons. There is only one qualified homeopath and Hakeem is available for 7,917 and 11,875 persons respectively. Whereas, in comparison, one non-allopathic health practitioner (unqualified & unregistered) is available for a little over 350 persons. In comparison, there is one doctor for 318 persons in United States of America. These include registered homeopaths & hakims as well.

See table and graph ahead giving a statistical overview of healthcare providers in Punjab:

Number of Healthcare Providers in Punjab  
(Estimates)

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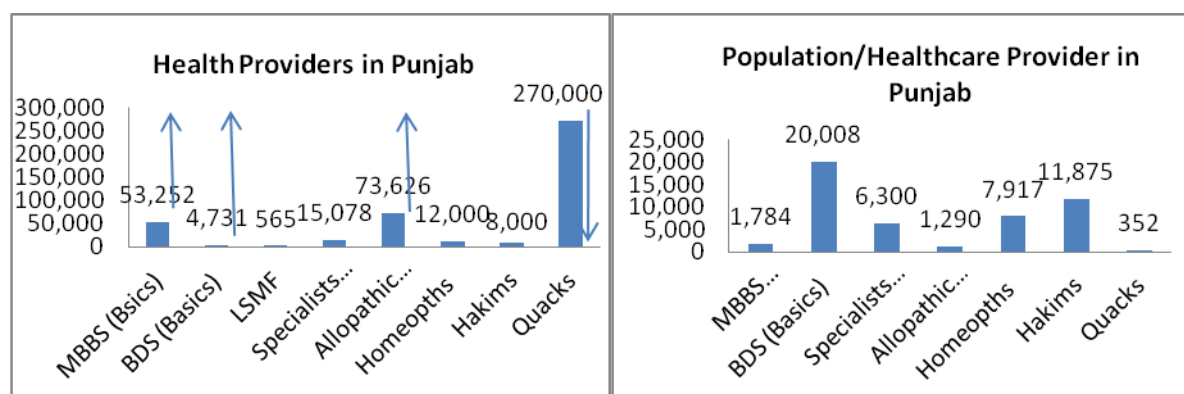
<sup>10</sup> Statistics-PMDC as of 28 March 2013, there are 68,460 MBBS and 5,166 BDS doctors (Basics & specialists) registered with the PMDC. However, out of these, the actual number of registered practicing doctors either left the country or died or having their registration certificates expired is not known. The yearly, total enrollment of MBBS & BDS is 4,280 new students in 46 medical and 15 dental colleges in Punjab.

Allopathic <sup>(1)</sup>					Homeopaths (Registered) <sup>2</sup>	Hakims (Registered) <sup>2</sup>	Quacks (Estimated) <sup>3</sup>
MBBS (Basic)	BDS (Basic)	LSMF	Specialists MBBS+B DS	Total			
53,252	4,731	565	15,078	73,626	12,000	8,000	270,000
Population/Healthcare Provider							
1,784	20,008	--	6,300	1,290	7,917	11,875	352

Note: 1. Data on Allopathic healthcare providers is based on PMDC data-base of registered doctors as of 28 March 2013.

2. The data-base of the registered Homeopaths and Hakims as reported by both of their Councils- PHC 2013.

3. The Estimated number of quacks in Punjab is based on the rapid consultations with key stakeholders carried out by PHC May-June 2013.



In order to bring the Quacks to Zero level, with the current rate of enrollment of about 5,000 Allopathic doctors per year, it would take at least 39 years to fill the gap (if Complete ban is imposed on Quacks).

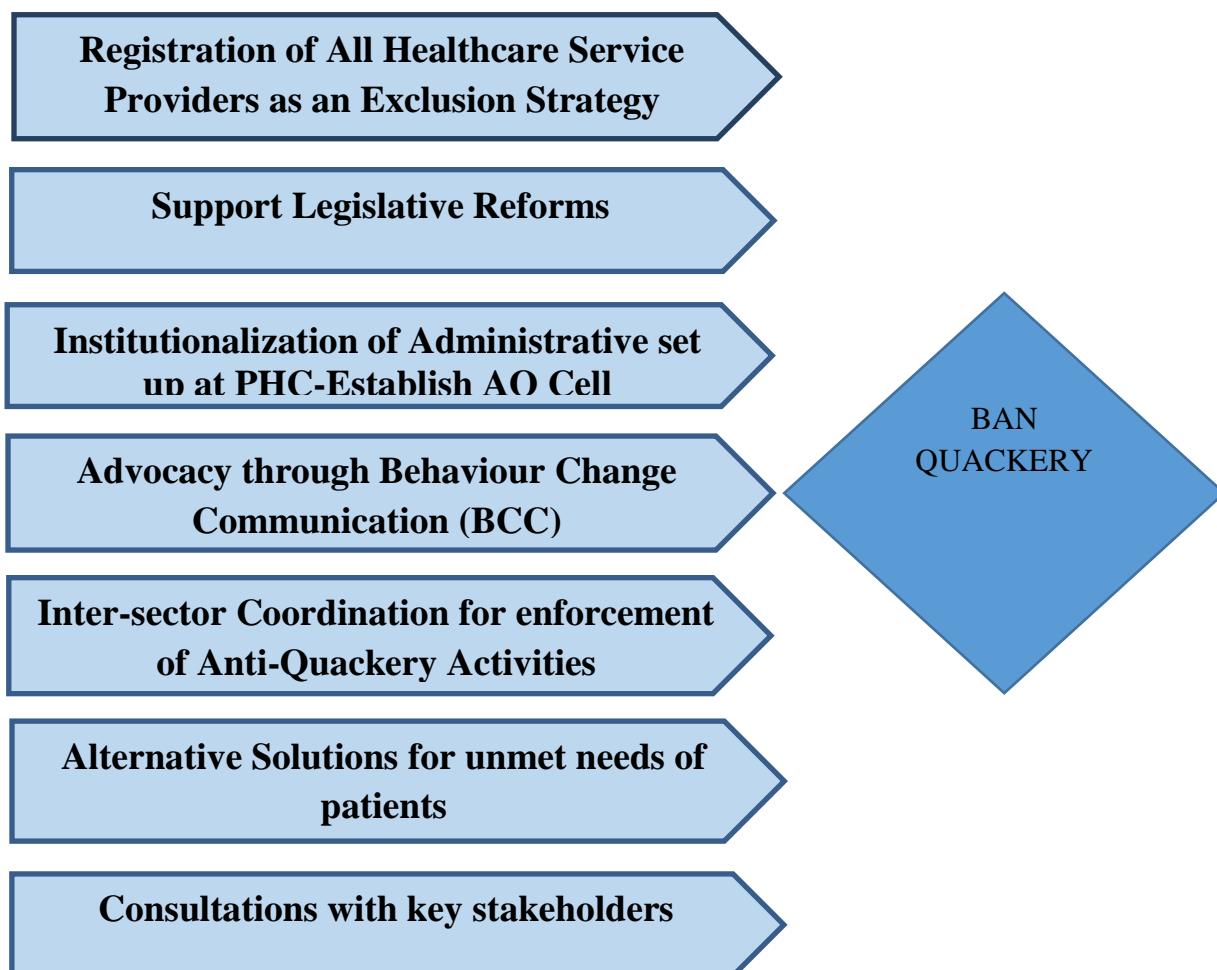
It is evident from the above situation, no formal mechanism or one single authority exists who is responsible for taking action against quackery in Punjab. It is therefore, pertinent to conclude that the PHC through its Act can move-in to take measures “to ban quackery” in a phased manner. Therefore, the PHC has to act as the lead organization to deal with the issue of quackery by institutionalizing MSDS for the respective healthcare establishments, licensing them through implementation of MSDS, enforcement of PHC regulations on Complaint Management, Licensing, etc. and more particularly, development of Anti-Quackery Regulations.

## 9. Anti-Quackery Strategies and Potential Risks

While the PHC shall be taking initiative in the development of Anti-Quackery strategic plans, due attention has to be given to find the alternative approaches to ensure general public is not deprived of the care which at present is the only source of seeking medical care from such healthcare service providers. In order to address this potential risk, simultaneous efforts are required to be made to pursue the government to increase health budget, ensure people have easy access to affordable quality healthcare, training of semi or untrained healthcare providers on standardized medical education, ensuring availability of doctors, medicines and equipment at all government run facilities and registration and licensing of all public and private healthcare establishments fulfilling PHC Minimum Service Delivery Standards (MSDS) in a phased manner. Moreover, a comprehensive public awareness campaign is needed to be launched to orientate patients about risks and consequences of seeking treatment from unqualified healthcare service providers.

## 10. Proposed Anti-Quackery Strategies

Keeping in view the above situation analysis and extent of the quackery issues, multipronged strategies are being proposed for the PHC, which are as follows:





## **10.1 Registration of All Healthcare Service Providers as an Exclusion strategy**

As per its mandate, PHC should arrange for a comprehensive campaign to register and license all functioning healthcare establishments related to allopathic, Tibb, Homeopathic and any other services pertaining to healthcare and map them out with geographical locations. It would be one of the key strategies to exclude all unqualified and/or un-registered healthcare service providers and their products (falling under the category of Quacks/quackery) by classification and its manifestation. With a goal of such a large number of healthcare services providers/establishments to be accessed, it would be advisable to carry out registration and licensing exercise in phased manner, preferably in line with the PHC Strategic Business Plan.

Moreover, a focused promotional drive to get all Doctors, Dentists, Nurses, Homeopaths and Hakeem's registered with their respective councils.

Since the Allied Health Professionals (Dispensers, Medical Assistants, Medical Technicians, Lady Health Visitors, Midwives, etc.) do not have a Council for their registration, their data is readily available with their respective diploma or certificate awarding institutions (such as Punjab Medical Faculty). It is therefore, important to collaborate with such institutions and/or respective EDOs to seek support for formation of data-base. This process would also likely to exclude those who are neither diploma or certificate holders from a recognized body nor are they legally registered with any authority. District level committees headed by DCOs and supported by EDOs are too suggested to be formed to ensure monitoring of registration/licensing, and anti-quackery activities.

## **10.2 Support to Legislative Reforms**

The PHC should support development of an independent "Punjab Anti – Quackery Regulations" 2013, which should encompass- clear definition of quacks and quackery (general and medical) and other associated terms; Roles and Responsibilities of Authorities for inspection, implementation, coordination & enforcement, complaints management, protection to informants, Registration and License to run business, promotion of products having impact on health, Indemnity, fines and penalties, etc.

While drafting Anti Quackery Regulations, consideration can be given to prevailing laws/act such as PPC, Sharia Law, PMDC Act 1962 amended 2012, PMDC Regulation on Medical Ethics, Council for Tibb and Homeopathic Act, Drug Act 1976 (Rules 1988 framed thereunder) amended 2012, the Allopathic System (prevention of misuse) ordinance 1962 and Rules of 1968 framed thereunder, The Medical and Dental Council Ordinance 1962 & Amended 2012, Islamic Code of Medical and health Ethics, Consumer Protection Act, etc. These regulations may also include action against; unlawful and or unauthorized display/announcement to the public through media or any other means of any item/service that are considered as quackery.

The regulations or guidelines may also clearly define the implementation and coordination mechanisms for the agencies to be engaged in taking legal action against quacks. A high powered

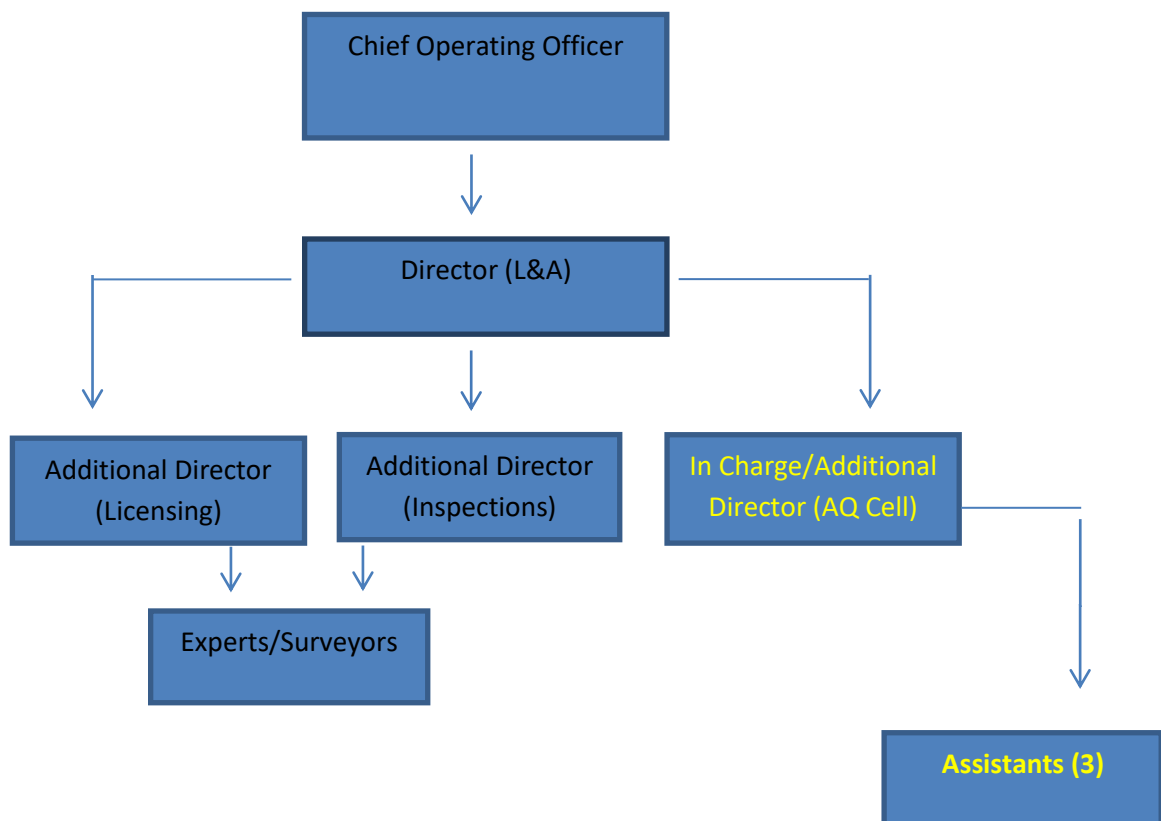
Steering Committee could be formed by the Health Department to undertake this task, supported by PHC.

The PHC may pursue the legally authorized agencies or form a general policy on censoring advertisements or any promotional activity for their services or products that healthcare service providers intend to carry out.

### 10.3 Institutionalization of Administrative set up within PHC

A Section of Quackery Control (QC), under the Directorate of Licensing and Accreditation should be formed. This department shall be responsible to perform functions as prescribed and deemed appropriate by the Commission to implement its administrative or legal actions, to address the issues related to quackery.

A suggested organogram for the QC section is provided as follows:



The Anti-Quackery Cell will be headed by the Additional Director and comprise 1 Manager and 2 Assistants, with the reporting channel as depicted above. ToRs of the Additional Director are given at **Appendix II**. Under the control of Director (L&A), the QC section should be responsible for the following key functions:

1. Overall management (collection, storage & retrieval) of data-base on quacks by profession and geographical location done coordination with the Health Department Government of the Punjab.
2. Based on the data-base, review and finalize Anti quackery strategic plan
3. Support and coordinate development and approval of Punjab Anti-Quackery (AQ) Regulations, 2013 if deemed necessary by the Commission.
4. Support Health Department to develop guidelines on enforcement mechanisms for Anti Quackery strategies, defining responsibilities of respective /authorities
5. Develop and coordinate activities related to BCC for mass awareness on Anti-Quackery in collaboration with Communication Directorate
6. Establish coordination mechanism with Punjab Health Department and other related authorities/stakeholders for policy development, and monitoring & evaluation. An Anti Quackery Cell at the DGHS office is also proposed to supervise/maintain record the actions taken by Health Department.
7. Enforce PHC Anti Quackery strategies through the respective EDOs of the Health Department.

#### **10.4 Advocacy through Behaviour Change Communication (BCC)**

Organize mass public awareness programmes as a part of overall PHC communication strategy. Mobilizing Communities for sharing knowledge on risks related to treatment offered by the quacks through civil society organizations including, professional bodies, NGOs and patient right association would be highly productive, particularly as preventive measure.

Also through licensing regulations and by organizing seminars, workshops and dialogues on how to ensure compliance by the HCEs to abide by medical ethics and avoid quackery in their profession, while providing healthcare services.

Launching a campaign on “*Report a Quack*” to EDOs/PHC by the citizens to curb the menace of quackery and involve each element of the society to be aware of their rights to seek healthcare only from recognized and legally registered healthcare service providers/ establishments having only qualified medical practitioners. The campaign may be adjusted with PHC communication strategy already developed as a Public Information System (PIS). Propagate display of Registration/Licensing certificates of healthcare service providers or medical practitioners, as the case may be, is made mandatory under the law so that the patient knows that he /she is in safe hands.

### **10.5 Inter-sector Coordination for enforcement of Anti-Quackery Activities**

Cross sectoral platform which is led by PHC with membership of all important stakeholders formed to address quackery in the Province with clear cut roles of each stakeholder (PHC, PMDC, PNC, PMF DOH, DOE, DOF, Punjab Medical Faculty, UHS, Law enforcement agencies, Media etc.).

It is also suggested that this committee may consider possibility of developing standards of care for the health services to be provided by Allied Healthcare Workers.

### **10.6 Alternative Solutions for Unmet Needs of Patients**

At present a large majority of patients are still visiting Allied Healthcare Workers who are not qualified or registered as medical practitioners and are much easy to be accessed, as one such practitioner is available for 350 persons as opposed to one qualified doctor available for 1,290 persons. It is also realized that still there shall be pockets of population (patients) whose healthcare needs will remain unmet due to non-availability of qualified professionals.

As a stop gap arrangement, it is recommended that keeping in view the interest of healthcare seekers who are being attended by Allied Health workers (such as Medical Technicians/Assistants, Dispensers, LHVs, etc.) a specialized trainings may be given to different categories of these health-workers to keep them in the health net. They may be allowed to treat patients under the strict supervision of the qualified & registered doctors, Hakims and/or Homeopaths with well-defined roles. This relief may be allowed for maximum of 5 years and government should ensure replacement of such category of workers with the Qualified MBBS/BDS and/or Hakims or Homeopaths.

It is proposed that all record related to activities of the Allied Health Workers (who may be allowed as practitioners with limited scope of healthcare provision) be maintained by Director (HMIS) and there work is regularly monitored by the respective EDOs.

Meanwhile, priority shall remain to register/license all HCEs who meet the PHC approved MSDSs according to the level of HCEs.

The PHC must ensure provision of all possible alternate routes to channelize its resources in the best interest of patients/consumers to continue to receive quality care while efforts made to ban quackery in its all forms of manifestations are accomplished.

### **10.7 Consultations with Key Stakeholders**

Realizing that “banning quackery” is a complex and highly challenging endeavor. It is likely to have impact on various cadres of healthcare providers that they are currently engaged in. It is therefore important that prior to finalization of Anti-Quackery strategic interventions, all related parties should be brought on board. Thus, it would be essential to undertake series of consultation

with the key stakeholders; such as professional medical associations of Allopathic medicine, Tibb, Homeopathy, paramedical associations, representatives of political parties, patient welfare associations, legal and human rights activists & experts. PHC taking a lead shares this concept note along with draft Anti-Quackery Regulations 2013 and come up concrete action plan covering short and long term interventions to ensure the objectives of the PHC act 2010 are achieved with both letter and spirit. Some of the suggested short, medium and long term strategies and key activities are given in below matrix titled as PHC Anti Quackery Plan of Action.

### 10.8 PHC Anti-Quackery Strategy Implementation Plan

PHC ANTI-QUACKERY STRATEGY IMPLEMENTATION PLAN		
(Note: There will be few activities that will be implemented concurrently as part of short, medium and long term strategies)		
<b>Short Term Strategies</b>		
Sr. No	Activity	Responsibility
1.	To apprise the secretary Health Department about the gravity of issue and its implications on the health of the people at large and to also update him on the contemporary legal provisions and role of the officials of the Health Department for taking action against quacks/ quackery.	PHC
2.	Consultation with all stakeholders to share the Concept note on quackery and to take them on board regarding the gravity of the issue.  <i>(Stakeholders are: professional medical associations of Allopathic medicine, Tibb, Homeopathy, paramedical associations, representatives of political parties, patient welfare associations, legal and human rights activists &amp; experts)</i>	i. Health Department to lead ii. PHC to provide technical support
3.	Notification of an Anti-Quackery Provincial Task Force Headed by the Chief Minister and comprising representatives from all stakeholders including Health Department, concerned Regulatory Councils and professional associations etc. with the following TORs:	Health Department

	<p>8. Monitor the campaign against Quackery;</p> <p>9. Regularly review the outcomes of the campaign;</p> <p>10. Undertake policy reforms in the light of existing legislations (both federal &amp; provincial);</p> <p>11. Propose amendments in legislations;</p> <p>12. Liaise with various agencies working on control of quackery</p>	
4.	<p>Notify district monitoring Committees headed by the DCOs.</p> <p>(PHC to support HD for development of TORs)</p>	Health Department
5.	Holding public awareness seminars to highlight the issue quackery.	HD, Professional Councils, PHC
6.	Institutionalization of Administrative set within PHC and appointing Core staff (I/C, Assistants etc.) and developing JDs-Sample for I/C is attached.	PHC

### Short Term Strategies

Sr. No.	Activity	Responsibility
1.	Conduct Census to Enlist all Healthcare Establishments by type and by District and geographical locations.	i. PHC ii. Consultancy firm
2.	Registration of legitimate HCE.	PHC
3.	Sharing Data of Registered HCEs with the Health Department/ EDOs (Health) to take legal action under the existing Legal framework against those who are not registered.	i. PHC ii. Health Department
4.	Establish Anti Quackery Cell in the o/o DGHS to be Headed by the DHS, HQ –	Health Department

	(PHC to Support development of TORs)	
5.	EDOs to establish a Data-base and share the district wise progress with Health Department and PHC through DGHS office on actions taken against quacks.	i. Health Department ii. DGHS iii. EDOs Health
6.	Acceleration of registration of HCEs as per PHC Act by placing advertisements regarding compulsory registration of all healthcare establishments in Punjab	PHC
7.	Sensitization of policy makers on PHC's roles on licensing of HCEs and banning quackery	i. Health Department ii. PHC

### Medium Term Strategies/Activities

Sr. No.	Activity	Responsibility
1.	Licensing of HCEs as an exclusion strategy: i. PHC accelerates its efforts to license all HCEs as per its Strategic Business Plan. ii. Wider dissemination of MSDS iii. PHC share licensing status of HCEs with the Health Department/EDOs (Health) iv. Dissemination of Patient Charters	i. PHC ii. Health Department
2.	Meetings to develop partnership with other Stakeholders:  Invoke jurisdiction of other stakeholders e.g. Pakistan Medical & Dental Council (PMDC), College of Physicians & Surgeons of Pakistan (CPSP) and other Regulatory Councils, having legal mandate to regulate health related professions for synergistic engagements by the PHC  (PHC to hold regular dialogues both on informal & formal fronts)	i. PHC ii. PMDC iii. CPSP v. Regulatory Councils
3.	Sensitizing masses through Pubic Information System- PIS /BCC:	PHC

	<p>i. Incorporate areas of interventions related to Anti-Quackery measures in the PHC Communication strategy – one of the focus shall be on “ Report a Quack” to respective EDOs.</p> <p>ii. Promote enabling environment for the clients to make an informed choice of visiting qualified person as a protection of “ patients’ rights through organizing community level seminars with CSOs/NGOs</p>	
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### Long Term Strategies

<b>Sr. No.</b>	<b>Activity</b>	<b>Responsibility</b>
1.	<p><b>Legislative Reforms</b></p> <p>i. Steering Committee to recommend amendment in the current legislations dealing with Quackery adding appropriate penal/enforcement clauses.</p> <p>ii. PHC to coordinate such efforts</p>	<p>Steering Committee</p> <p>PHC</p> <p>Health Department</p>
2.	<p><b>Systemic Reforms:</b></p> <p>Steering Committee to recommend for addressing unmet needs by pursuing Health Department through its Punjab Health Sector Reform Program (PHSRP) / PSPU with a focus on:</p> <p>i. Reviewing and revising placement/ posting /appointment policy</p> <p>ii. Filling vacant positions of doctors</p> <p>iii. Promote good governance &amp; take stern measures against absenteeism</p> <p>iv. Rationalize budgetary allocations among primary, secondary and tertiary healthcare services</p> <p>v. Match the gap in service provision in urban slums and peri-urban areas by providing financial assistance to prospective GPs through Punjab Health Foundation</p>	<p>Steering Committee</p> <p>PHC</p> <p>Health Department</p>







# APPENDICES

**Legal Commentary on the Banning of Quackery in Punjab**

The Punjab Healthcare Commission Act, 2010 has been promulgated with the objectives including inter alia, to improve the quality of healthcare services and ban quackery in the Punjab in all its forms and manifestations. In order to ban quackery the PHC Act, 2010 provides as under:

- i. Section 4(2) (q), stipulates that the Commission shall take necessary steps to ban quackery.
- ii. Section 4(4) (b) enshrines that in performance of its functions, the Commission shall coordinate with the Government.
- iii. Section 4(9) states that the Commission shall take measures and devise a strategy to counter sale of drugs without prescription.
- iv. Section 13(5) empowers the Commission to impose a fine which may extend to five hundred thousand rupees upon a healthcare service provider or who pretends to be a healthcare service provider without registration.
- v. Section 36 prescribes that all executive authorities and law enforcement agencies of the Government shall act in aid of the Commission.
- vi. Section 26(2) explains that where it appears to the Commission that the circumstances of a case warrant action under any other law, the Commission may refer such case to the concerned governmental authorities or law enforcement agencies for appropriate action under relevant laws.

2. Before promulgation of the PHC Act, 2010, the following (then-existing) legal provisions provided to proceed against quackery:

Sr.	Legislation	Relevant provisions & modality /mechanism
a	The Medical and Dental Council Ordinance (XXXII of 1962)	As per section 28.-(1), whoever wilfully procures or attempts to procure himself to be registered under this Ordinance as a medical practitioner or dentist by making or producing or causing to be made or produced any false or fraudulent representation or declaration, either orally or in writing, and any person, who assists him therein, shall on conviction before a Magistrate of the first class, be punishable with fine which may extend to five hundred rupees or with imprisonment for a term which may extend

		<p>to three months, or with both.</p> <p>(2) Whoever falsely pretends to be registered under this Ordinance as a medical practitioner or dentist or, not being registered under this Ordinance, uses with his name or title any words or letters representing that he is so registered, irrespective of whether any person is actually deceived by such pretence or representation or not, shall, on conviction before a Magistrate of the first class, be punishable with fine which may extend to five hundred rupees, or with imprisonment for a term which may extend to three months, or with both.</p>
b	The Medical and Dental Degrees Ordinance (XXVI of 1982)	<p><b>3. Right to Confer Degrees, etc.</b>— The right of conferring, granting or issuing in Pakistan degrees, diplomas, licences, certificates, or other documents stating or implying that the holder, grantee or recipient thereof is qualified to practice scientific Medical and Dental System shall be exercisable only by the authorities specified in the Schedule and by such other authority as the Federal Government or a Provincial Government may, by notifications in the official Gazette, and subject to such conditions as it thinks fit to impose, authorize in this behalf.</p> <p><b>4. Prohibition of unauthorized conferment of degrees, etc.</b>— Save as provided by Section 3, no person in Pakistan shall confer, grant or issue any degree, diploma, license, certificate or other document stating or implying that the holder, grantee or recipient is qualified to practice scientific Medical and Dental System.</p> <p><b>5. Contravention of Section 4.</b>— Whoever contravenes the provisions of Section 4 shall be punishable with rigorous imprisonment for a term which shall not be less than one year or more than five years and shall also be liable to fine which may extend to fifty thousand rupees; and, if the person so contravening is an association, every member of such association who knowingly and willfully authorizes or permits the contravention shall be punishable with rigorous imprisonment for a term which shall not be less than one year or more than five years and shall also be liable to fine which may extend to twenty-five thousand rupees.</p> <p><b>6. Penalty for falsely assuming or using Medical and Dental titles.</b>— Whoever voluntarily and falsely assume or uses any title or description or any addition to his name implying that he holds a degree, diploma license or</p>

		<p>certificate conferred, granted or issued by any authority referred to in Section 3 or recognized by the Medical and Dental Council of</p> <p>Pakistan or uses any words to give a false impression that he was qualified to practice scientific Medical and Dental System shall be punishable with rigorous imprisonment for a term which shall not be less than one year or more than five years and shall be liable to fine which may extend to fifty thousand rupees: Provided that nothing in the section shall apply to the use by any person of any title, description or addition which he uses by virtue of any degree, diploma, license or certificate conferred upon him or granted or issued to him in any subject other than medicine.</p> <p><b>7. Cognizance offences.</b> — No Court shall take cognizance of an offence punishable under this Ordinance except upon a complaint made by the Secretary of Medical and Dental Council or person authorized by the Secretary and notified in the official Gazette.</p> <p><b>8. Jurisdiction of Magistrate.</b> — No Court inferior to that of Magistrate of the first class shall try an offence punishable under this Ordinance.</p> <p><b>9. Offences to be bailable.</b>— Notwithstanding anything contained in the Code of Criminal Procedure, 1898 (Act V of 1898), all offences punishable under this Ordinance shall be bailable.</p>
c	The Drugs Act 1976 (various sub sections of the Section 23, Chapter III)	<p>Clauses applied through Drug Courts:</p> <p><b>23</b> : Prohibitions,</p> <p><b>27</b>: Penalties,</p> <p><b>28</b>: Penalty for subsequent offence and</p> <p><b>29</b>: Forfeiture</p> <p>If the culprits are to be arrested, it is done mainly under the Drugs Act 1976.</p> <p>The punishment against that crime, if proved, is a fine of Rs. 10,000 and or an imprisonment of maximum of five years.</p>
d	Allopathic System (Prevention of Misuse) Ordinance	As per <u>section 3</u> of the Ordinance, no person practicing the allopathic, homeopathic, ayurvedic, unani or any other system of medicine shall use with his name or address or

	(LXV of 1962)	<p>with the name or address of his business the word “doctor” or any of its grammatical variations, cognate expressions or abbreviations so as to give out that he is entitled to practice medicine unless he is a registered medical practitioner.</p> <p>As per <u>section 5</u> of the Ordinance, No person other than a registered medical practitioner shall perform any surgical operation other than circumcision, incision of boils and administration of injections.</p> <p>As per <u>section 6</u>, no person other than a registered medical practitioner or a person authorized in this behalf by the Provincial Government shall prescribe any antibiotic or dangerous drug specified in the rules made under this Ordinance.</p> <p><u>Section 7</u> of the Ordinance restricts sale in the market, of any patent or proprietary medicine of the unani, ayurvedic homeopathic or biochemic system of medicine, unless there is displayed, in a conspicuous and readily intelligible manner, on the label or container thereof and also on the outer cover of the container (other than ordinary wrapper), the true formula of the medicine contained in it.</p> <p>The Ordinance (under section 9 &amp; 10) provides for punishment to the extent of imprisonment for one year, or fine not exceeding Rs.2,000/-, or both; by a first class magistrate in case of violation of section 3, 4, 5, 6 or 7.</p> <p><u>Section 10</u> provides that no prosecution shall be instituted under this Ordinance except by an Inspector appointed under the Drugs Act, 1976 or by a person specially empowered by the Provincial Government in this behalf.</p>
e	Allopathic System Prevention of Misuse (West Pakistan) Rules 1968 framed under Allopathic System (Prevention of Misuse) Ordinance (LXV of 1962)	<p><u>Section 3</u> of these Rules provide for grant of permit to prescribe antibiotic or dangerous drug (specified in schedule B and C of the West Pakistan Drug Rules, 1958 to persons other than a medical practitioner, found eligible for grant of permit on the basis of having studied licentiate course or degree course of medical education and eligible to appear in the final examination, Science or Pharmacy graduate from a University with five years of practice in allopathic system, Health Assistant registered with Medical Faculty having five years of practice, or qualified dispenser registered with Medical Faculty and having</p>

		seven years of experience, through screening by the Regional Screening Boards, recommendation by the Provincial Screening Board, by the Provincial Government.
f	Criminal Procedure Code (CPC)	<p><b>using PPC sections:</b></p> <p><u>Section 274, 275 &amp; 276</u> related to adulterated drugs;</p> <p><u>Section 337-H</u>: if hurt caused due to negligent act; <u>Section 415</u>: related to cheating; and</p> <p><u>Section 463</u> related to forgery, if fake degree or licenses prepared</p>

3. Higher Courts in cases like Eman-e-Malik have held that no one should be allowed to play havoc with the lives of the citizens; and appropriate course of law should be pursued to end the practice of quackery. Pursuant to the judgment of the Honourable Lahore Court, Lahore dated 01-06-2010 in writ petition No.23060 of 2009 filed by 31 unregistered practitioners (dispensers registered with Punjab Medical Faculty) contesting for issuance of permit in terms of Rule 2(h) of the Allopathic System (Prevention of Mis-use) West Pakistan Rules, 1968 to practice allopathic medicine, the Health Department got them interviewed and scrutinized through District Screening Boards, and rejected their requests {through orders No.SO.(H&D)8-9/90(P-I) dated 16-9-11} as they did not possess the requisite knowledge to prescribe antibiotics and dangerous drugs as required by the law.

4. Pursuant to the 18<sup>th</sup> Amendment in the Constitution, the Federal Government amended federal law regulating medical profession, and promulgated Medical & Dental Council (amendment) Act, 2012, providing the following:

**"23. Maintenance of Register of medical practitioners. -** (I) The Council shall maintain a Register of medical practitioners possessing qualifications which are recognized medical or additional medical qualifications for the purposes of this Ordinance and may prescribe the necessary particulars to be entered in the Register. Holders of a recognized basic degree shall be registered on provisional basis for internship-or foundation or house job of a minimum of one year duly assessed, hands on clinical rotation in an approved hospital or institution included in the Sixth Schedule which shall be mandatory for conversion of provisional registration into full registration.

(2). The practitioner shall be deemed to hold a valid registration and entitled to be known and eligible for privileges of a registered medical practitioner if his name is retained on the Register after fulfillment of requirements of continuation of registration as laid

down by the Council from time to time and 'provided he had paid the dues of the Council. The valid registration certificate shall be the license to practice medicine in Pakistan.”

**"26. Maintenance of Register of dental practitioners. -** (I) The Council shall maintain a Register of dental practitioners possessing qualifications which are recognized dental or additional dental qualifications for the purposes of this Ordinance and may prescribe the necessary particulars to be entered in the Register. Holders of a recognized basic degree, shall be registered on provisional basis for internship or foundation or house job of a minimum of one year duly assessed, hands on clinical rotation in an approved hospital or institution included in the Sixth Schedule which shall be mandatory for conversion of provisional registration into full registration.

"(2) The-practitioner shall be deemed to hold valid registration and entitled to be known and eligible for privileges of a registered dental practitioner if his name is retained on the Register after fulfillment of requirements of continuation of registration as laid down by the Council from time to time and provided he had paid the dues of the council. The valid registration certificate shall be the license to practice dentistry in 'Pakistan."

**30.Amendment of section.27,Ordinance XXXII of 1962.-** In the said Ordinance, in section 27, for the words, comma and figure "Evidence Act, 1872" the expression, "Qanun-e-Shahdat, 1984 (P. O. No. 10 of 1984)" shall be 'substituted:."

**“28. Penalty for fraudulent representation or registration.-** Whoever falsely pretends to be registered under this Ordinance as a medical practitioner or dentist and uses with his name or title any words or letters representing that he is so registered with the Council or uses the word "doctor" without legal basis, irrespective of whether any person is actually deceived by such pretence or representation or not, shall, on conviction before a Magistrate of the first class, be punishable with fine which may extend to one hundred thousand rupees or with imprisonment for a term which may extend to six months or with both. Any person found aiding and abetting him shall also be prosecuted and punished."

**"28A. Penalty of practicing without registration. -** (I) No person, other than a registered medical or dental practitioner, shall practice



medicine or dentistry.

(2) Any person who acts in contravention of the provisions of subsection (I) shall be punishable with imprisonment for a **term which may extend to two years but shall not be less than six months** or with fine which may extend to **two hundred thousand rupees** but shall not be less than one hundred thousand rupees or with both.

**28B. Cognizance of offences.**-(I) No court shall take cognizance of any offence or matter under this Ordinance except upon complaint in writing made by the authorized officer of the Council.

(2) Notwithstanding anything contained in the Code of Criminal Procedure, 1898 (Act V of 1898), it shall be lawful for any Magistrate of the first class to pass any sentence authorized by this Ordinance even if such sentence exceeds his powers under section 32 of the said Code."

**"29. Privileges of registered medical or dental practitioners.** - (1) a registered medical practitioner and dentist shall have following privileges, namely:-'

(a) Valid registration shall be considered as a license to practice medicine and dentistry in Pakistan and of a level mentioned by the Council in the registration certificate;

(b) A registered medical practitioner or a registered dentist having valid full registration shall be competent to practice medicine or dentistry and prescribe allopathic medicine and perform any surgical or interventional procedure on any patient;

(c) A registered medical practitioner or a registered dentist having valid full registration may take admission for an additional qualification course;

(d) To hold any medical or dental or relevant administrative appointment in any medical or dental institution or setup or hospitals or clinic or related health institution;

(e) To hold a commission as a medical or dental officer in the Armed Forces; and

(d) Only a registered practitioner having valid registration is eligible to

participate in the elections of the member of the Council.

(2) Notwithstanding anything to the contrary contained in any other law for the time being in force, no medical certificate or prescription or advice shall be considered valid unless obtained from a medical or dental practitioner having valid registration.

(3) No person shall, be entitled to recover any charge in any court of law for any medical or surgical advice or attendance or for the performance of any operation or intervention or for any medicine prescribed or supplied unless he can prove upon the trial that he is a registered medical or dental practitioner having valid registration."

5. The PM&DC through its letter No. {N.PF.4-SC-106/2009-Legal/242759 dated 19-11-12}, addressed to the Chief Secretary Punjab has held the Punjab Government as an equal stakeholder for implementation of the said law, to maintain quality of medical / dental education and practice of the profession by only such persons holding a valid registration in Pakistan. The PM&DC has also requested the Chief Secretary Punjab to report such incidence to PM&DC for action as per law.

6. The PM&DC through Notification issued vide No.PF.9-8/2009-Legal dated 5<sup>th</sup> January, 2010 has authorized all members of the PM&DC, Director General Health Services Punjab, All E.D.O. (H) s, All District Officers (Health), all Deputy District Health Officers and all Medical Superintendents of teaching, Divisional and District hospitals to file complaints under the PM&DC Ordinance in the Courts of law in the Province of Punjab.

**Job Description of Additional Director In Charge of the Quackery Control Cell**

**Type/Level:**

Full Time/2 (TBD)

**Accountable to:**

Director, Licensing and Accreditation

**Key Roles:**

Under the supervision and guidance of the Director (L&A):

- Assist in development of Anti Quackery strategies including measures to counter sale of Drugs without prescription.
- Assist in formulation of operation plans
- Assist in development and follow up of coordination mechanisms with key stakeholders such as Health Department, DGHS, EDOs and other district authorities for the implementation of activities on behalf of PHC
- Supervise staff of the AQ cell on day to day basis and provide guidance and support
- Assist in development of Monitoring tools for the AQ Cell
- Assist in development of Enlistment of health care provider (qualified & non-qualified) and set up data base on Quacks
- Assist in ensuring record of action taken by PHC and regularly updated by the Staff of the AQ Cell
- Ensure monthly reporting of the AQ cell activities and keep the Director fully informed about the progress
- Identify gaps and issues and timely bring to the attention of the Supervisor
- Prepare progress reports (as required) and share with the Director for clearance/approval for submission to COO
- Maintain confidentiality related to his/her work assignments, records and follow professional ethical standards

- Keep liaison with other Directorates and sections on matters related to quacks and quackery

### **Performance Appraisals**

Performance of line staff will be appraised against clear and previously agreed objectives on an annual basis and submitted to the Director.

### **Qualifications and Education**

- A Medical/Pharmacy Graduate or holder of a Master's Degree in Social Science from a HEC recognized institutions
- Appropriate higher post graduate professional qualifications will be given preference
- Proficiency/skills
- Must have adequate basic computer literacy
- Proven communication skills

### **Experience**

The successful candidate will have;

- At least 15 years' experience of working on relevant assignments with sound exposure to public health problems.

**List of Potential Persons/Departments contacted**

<b>Sr. No.</b>	<b>Name/Designation</b>	<b>Department</b>
1.	Dr. Anwar Janjua,	Punjab Health Department Additional Secretary (Tech)
2.	Dr. Tanwir Ahmad	DG Health
3.	Dr. Inam ul Haq	EDO (Health) Lahore
4.	Dr. Tariq Mian	Pakistan Academy of Family Physicians
5.	Dr. Saeed Ahmad	Pakistan Academy of Family Physicians
6.	Dr. Nadeem Bhatti	Pakistan Academy of Family Physicians
7.	Dr. Naeem Uddin Mian	Public Health Specialist
8.	Dr. Shahzad Awan	Public Health Specialist, Contech
9.	Dr. Babar (Health Specialist)	WHO
10.	Dr. Tahir (Health Specialist)	UNICEF
11.	Representative (Hussain Jafri)	Patient Rights Association
12.	Prof. Dr Mian Rasheed	Principal, BNB Medical College, Mirpur AJK
13.	Prof. Dr. Asharaf Nizami	President, PMA Punjab
14.	Mr. Asadul Hassan Naqvi	President Allied Health Organization
15.	Dr. Riaz Ahmad Chaudhry	Director L&A, PHC
16.	Dr. Mushataq Ahmad Sulehrya	Director CG&OS PHC
17.	Dr. Anees Qureshi	PHC
18.	Dr. Shabana Haider	PHC
19.	Dr. Shamaun Masood	PHC
20.	Dr. Col. Tariq Latif	PHC
21.	Dr. Afzal Shaheen	PHC
22.	Dr. Ashfaq Ahmad	PHC
23.	Dr. Col. Asad Sumbal	PHC
24.	Dr. Col. Saleem Khokhar	PHC
25.	Dr. Khurram Raza	PHC
26.	Dr. Farooq Ahmad	PHC
27.	Ms. Zaufishan Rahman	PHC
28.	Mr. Ayaz Ali Khan	Punjab Quality Control Board
29.	Mr. Shahid Habib	Deputy Director, Irrigation Department
30.	Unregistered Healthcare Providers -14 persons	Lahore

