

**Khyber Pakhtunkhwa Healthcare Commission
(Complaints Management) Regulations, 2022**

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**CHAPTER I
PRELIMINARY**

1. Short Title, Application and Commencement:

- (1) These Regulations shall be called as the Khyber Pakhtunkhwa Health Care Commission (Complaint Management) Regulations, 2022;
- (2) These Regulations shall extend to the whole of the Province of Khyber Pakhtunkhwa and apply to all health care establishments and service providers;
- (3) These Regulations shall come into force at once.

2. Definitions:

- (1) In these Regulations, unless the context otherwise requires, the following expressions shall have the meanings hereby respectively assigned to them, as given below:
 - (a) "Act" means the Khyber Pakhtunkhwa Healthcare Commission Act, 2015;
 - (b) "Affidavit" means a statement on oath duly witnessed by an Oath Commissioner or a Notary Public;
 - (c) "Aggrieved Person" means a patient/client who is not satisfied with the service or conduct rendered to him by the health care establishment or a service provider, or an aggrieved health care establishment/service provider and includes his next of kin or any other person duly authorized by him;
 - (d) "Board" means the Board of Governors constituted under the Khyber Pakhtunkhwa Healthcare Commission Act, 2015;
 - (e) "Commission" means the Khyber Pakhtunkhwa Health Care Commission, established under the Act;
 - (f) "Case" means any such matter which is taken up by the Commission for inquiry and further necessary action, within the scope of the Act and these regulations;
 - (g) "Compensation" means any remedy, typically money, awarded to an aggrieved person in recognition of loss, suffering, or injury sustained;
 - (h) "Complaint" means any application or plea of grievance by any aggrieved person received by the Commission under the Act or these Regulations. Same includes a manual complaint or complaint received through the Prime Minister portal or the online portal maintained by the Khyber Pakhtunkhwa Health Care Commission;
 - (i) "Complainant" means any 'aggrieved person' or 'aggrieved Health Care Service Provider' who makes a complaint to the Commission;
 - (j) "Competent Authority" means, for the purpose of these regulations, the Director Legal Affairs or any other officer of the Commission, specifically authorized in this regard, exercising delegated authority of the Board through the Chief Executive Officer, to decide upon all the complaints, notices and grievances on any of the subjects mentioned herein;
 - (k) "Criminal negligence" means a reckless conduct of healthcare establishment/ service provider where it willfully ignores an obvious risk or disregards the life and safety of the patients;
 - (l) "Damage" means actual loss caused to the person or property of an aggrieved person;
 - (m) "Directorate" means any directorate of the Commission, established and authorized under these regulations and headed by a Director, duly appointed or designated by the Commission;

- (n) "Expert" means a person with relevant knowledge and skills in a particular subject, with regard to issues in the case;
- (o) "False Complaint" means a frivolous or vexatious complaint made with an intention to harass, defame, embarrass and or to pressurize the party complained against and is so proved to be false, after the investigation by the Commission;
- (p) "Fee" means the amount of money fixed by the Commission of Khyber Pakhtunkhwa Health Care Commission for the purposes of granting registration and licences to Health Care Establishments keeping in view factors, including but not limited to, the services to be rendered thereat, their bed strength as well as such additional fee(s) as fixed by the Members of the Commission, from time to time, for the particular purpose(s), specified herein;
- (q) "Fine" means any monetary penalty imposed upon any person/establishment, for violation of any provision of the Act, regulations, standards or conduct;
- (r) "Hearing" means proceedings before the Competent Authority, appellate authority or the Case Worker, as the case may be, in order to ascertain facts or issues arising in a complaint by involving one, any or all concerned parties;
- (s) "Health Care Establishment" means a hospital, diagnostic center, blood bank, medical clinic, nursing home, maternity home, dental clinic, homeopathic clinic, tibb clinic, acupuncture, physiotherapy clinic, aesthetic clinic, rehabilitation centres or any other premises or conveyance:
 - (1) Wholly or partly used for providing health care services in public and private sectors; and
 - (2) Declared by the Commission as health care establishment.
- (t) "Health Care Service Provider" means a person who provides health care services duly registered by the Pakistan Medical Dental Council, National Council for Tibb, Council for Homeopathy, Nursing Council or any other relevant council/body of the Government. Such person may or may not be the owner or in charge of a health care establishment;
- (u) "Inspection" means process of examining any premises, apparatus, appliance, equipment, instrument, product, goods or items used or found in, or any practice or procedure being carried out, at a Health Care Establishment;
- (v) "Licence" means licence issued by the Commission under section 12 of the act for the use of any premises or conveyance as a health care establishment and "licensed" and "licensing" shall be construed accordingly;
- (w) "Licensee" means a health care establishment or conveyance which holds a licence issued by the Commission;
- (x) "Maladministration" means poor or failed administration by a Healthcare Establishment and includes:
 - i. A decision, process, recommendation, act or omission or Commission which is contrary to law, rules, regulations, standards or is a departure from established practice or procedure, unless it is bonafide and for valid reasons; or is perverse, arbitrary or unreasonable, unjust, biased, oppressive, or discriminatory; or is based on irrelevant grounds; or involves the exercise of powers or the failure refusal to do so; and
 - ii. Neglect, inattention, delay, incompetence, inefficiency and/or ineptitude, in the administration or discharge of duties and responsibilities including but not limited to, administrative irregularities. abuse of power, incorrect action or failure to take any

action, failure to foresee and take comprehensive precautionary measures against possible mishaps, failure to provide the requisite information, failure to investigate, failure to reply, misleading or inaccurate statements, inadequate liaison, corrupt behavior, incorrect or illegal administration of a drug to a patient/client, incorrect or incomplete entry in a document or violation of human rights;

- (y) "Malpractice" means improper, unskilled, immoral, illegal, or unethical professional conduct by a Healthcare Service Provider or a person working at a Healthcare Establishment and being the proximate cause of injury or harm to another person;
 - (z) "Medical Record" means documents including but not limited to, comprehensive medical history, examination(s), investigation(s) and treatment of the patient along with the progress notes;
 - (aa) "Medical Negligence" means the failure to perform due diligence or the breach of duty of care by a Health care establishment or service provider which results in damage to the person or property of a patient and same includes conduct and reporting of un-professional and wrong medicolegal and post-mortem examinations;
 - (bb) "Notice" means any information communicate sent to a concerned party by the Competent Authority, appellate authority or case worker, as the case may be;
 - (cc) "Person" means both natural and legal persons i.e. individual, association of persons, authority, body, company, corporation, partnership, proprietorship and any other entity;
 - (dd) "Penalties" mean such penalties as may be prescribed by the act or these regulations or other laws and regulations from time to time;
 - (ee) "Quack" means a quack as defined in the Anti-Quackery Regulations 2022;
 - (ff) "Registration" means the registration granted under section 12 of the Act;
 - (gg) "Standards" mean all the health care standards and include Minimum Service Delivery Standards notified by the Government from time to time.
- (2) All other words and expressions used in these regulations but not specifically defined herein shall have the same meanings as are assigned to them in the Act, other laws for the time being in force, rules, regulations, reference manuals of standards or guidelines for the Health Care Establishments and/or such other instructions or order relating to the improvement of health care services and/ or health care service delivery systems, as prepared and issued by the Commission, or the Government from time to time, for achieving the purpose of the Act.

CHAPTER II COMPLAINT MANAGEMENT

3. The Complaint Management System:

- (1) The Commission shall have an internal complaint management system under the Directorate of Legal Affairs, for receiving complaints, conducting inquiries, hearings and disposal of all complaints lodged by the aggrieved persons or the relevant directorates or inspection teams of health care establishments regarding any of the illegalities, irregularities, and offences provided by the Act, regulations, standards or directives of the Government or Commission;
- (2) The competent authority shall conduct all the affairs related to complaint management, inquiries, hearings, imposition of penalties and disposal of cases under these regulations or any other regulations, standards and directives;
- (3) For disposal of complaints under these regulations, the competent authority may seek technical and expert opinion from any of the experts identified and duly notified by the Commission;
- (4) The prime objective of complaint management system shall be welfare of the public, health care establishments, service providers and protection of the best public interest by improving the health care services across the province.

4. Complaint Redressal Mechanism of Health Care Establishments:

- (1) Every health care establishment of Category 1 and Category 2 shall, establish an internal complaints and redressal system, and shall maintain a record of the complaints so received and the decisions made thereupon, by such establishment. The record so maintained by the health care establishment shall be open to inspection by the Commission;
- (2) The Commission shall provide guidance and technical support, issue directions and impart necessary trainings to the health care establishments on setting up the internal complaints and redressal mechanisms;
- (3) In case any health care establishment was found having not established the internal complaints and redressal mechanism or refused to entertain any grievance of the patient or service provider, same shall amount to malpractice and maladministration and the establishment shall be liable to fine, which may extend to PKR. 50,000/-. In addition to the fine, the Commission may also suspend or cancel the registration and licence or restrict the service delivery of such establishment.

5. Registration of Complaint:

- (1) Any aggrieved person may, if aggrieved by any act, omission or commission of the health care establishment or service provider, make a complaint to the concerned section of the health care establishment, established under regulation 4 *ibid*.
- (2) If the concerned health care establishment had no internal complaint management and redressal mechanism or the complaint was not entertained or the aggrieved person was otherwise not satisfied with the decision of the health care establishment, the aggrieved person may make a complaint to the Khyber

Pakhtunkhwa Health Care Commission, within 60 days from the accrual of cause of action;

- (3) In case of complaint by a health care service provider or the employees of the establishment, apprehending that the health care establishment would not entertain such complaint, a complaint may be submitted directly to the Commission;
- (4) The Commission may also refer a complaint to the complaints and redressal section of the health care establishment, if complaint was directly received by the Commission;
- (5) Complaint to the Commission may be made in writing, directly to the Commission, or through online portal;
- (6) The Commission will take cognizance of the complaint only, if the allegations are clearly spelled out, correct particulars of the parties are mentioned, National Identity Card number of the complainant is attached and the allegation is duly supported by the relevant documentary evidence, along with decision of the internal complaint and redressal section and affidavit;

Provided that in case of a complaint by any employee of the Commission or any other public office in official capacity, the affidavit shall not be required.

- (7) The affidavit, should also contain an endorsement to the effect that no suit, appeal or any other proceedings in connection with the subject matter of the complaint are pending before any court of competent jurisdiction.

Provided that the Commission may also take notice of any instance or allegation of maladministration, malpractice or failure in the provision of health care service coming into its knowledge from any source, whatsoever regarding a health care matter, healthcare establishment or related to it, as the case may be, if the Commission is of the view that such notice is necessary for securing general interest of the public and carrying into effect the provisions of the Act.

Provided further that the Commission shall also entertain a complaint if same is referred by the Government of Khyber Pakhtunkhwa or the Provincial Assembly or any Court of law and proceed thereupon in the same manner as it was submitted by the complainant;

- (8) The Commission shall not entertain a complaint if;
 - (a) The complaint is not duly signed or does not bear a thumb impression and the requisite affidavit is not submitted by the complainant; or
 - (b) If the complaint is anonymous or pseudonymous; or
 - (c) The subject matter of the complaint is subjudice before a court of competent jurisdiction on the date of receipt of the complaint, reference or motion; or
 - (d) The subject matter of the complaint does not fall within the purview of the Act; or
 - (e) The complaint is time barred within the meanings of Section 13 of the Act.

- (9) The Directorate of Legal Affairs shall maintain a database of all the complaints received through any mode, provided in these regulations and the record of proceedings conducted on the basis of complaints;
- (10) If, as a result of legal proceedings, the complaint submitted to the Commission is proved false, the complainant shall be liable to pay fine, which may extend to 200,000/- Rupees.

6. Scope of the Complaint:

The Commission may, for the purpose of hearing and passing appropriate orders and for taking such remedial steps as are required and warranted by the law, receive complaints regarding:

- (1) Medical negligence, including criminal negligence;
- (2) Maladministration & malpractice;
- (3) Quackery, in all its forms and manifestations;
- (4) Failure in the provision of health care services or providing sub-standard services;
- (5) Operating a Health Care Establishment without registration and/or Licence by the Khyber Pakhtunkhwa Health Care Commission or providing health care services, beyond the scope of licence;
- (6) Obstruction, hindrance or impedance in the performance of functions or execution of duty of the Commission, including the inspection and investigation team;
- (7) Furnishing or causing to furnish wrong information;
- (8) Harassment of health care service provider, which includes but not limited to verbal and psychological harassment, and improper conduct.

Provided that for the purpose of these regulations, maladministration and malpractice include:

- (a) Inordinate delay in provision or medical care;
- (b) Inadequate or incorrect communication of information about diagnostics, risks or any other related subjects;
- (c) Failure to follow standard medical procedure;
- (d) Failure to follow the law;
- (e) Providing inadequate clinical assessment and diagnosis or failure to maintain adequate services for clinical management including but not limited to assessment, diagnosis, treatment and follow up;
- (f) Undertaking the management of a patient without the availability of requisite competence, human resource, equipment or other facilities related thereto;
- (g) Failure to keep, maintain or secure record including medical records, in accordance with the standards and the reference manual;
- (h) Failure to implement the recognized standards regarding infection control;
- (i) Failure to provide post-operative care according to the standards;
- (j) Failure to foresee and take comprehensive precautionary measures against system failures and/or possible mishaps;
- (k) Inappropriate and unjustified costs of services and procedures;

- (l) Violation of rights provided in the charters of health care establishments;
- (m) Failure to establish system to prevent cases of harassment and/or improper conduct;
- (n) Failure to establish system to prevent substance abuse;
- (o) Billing or documentary fraud;
- (p) Unsound medical condition(s) of the staff and other members of the health care establishment, whether rendering health care service or not and including but not limited to those having a contractual relationship with the health care establishment or the health care service provider, as the case may be;
- (q) Discrimination on the basis of gender, ideology or any other ground whatsoever;
- (r) Any other act or omission which the Commission may consider improper, unethical or against the fundamental human rights.

CHAPTER III INQUIRY

7. Preliminary Inquiry:

- (1) The competent authority shall, after receiving the complaint, conduct a preliminary inquiry on the complaint by examining the attached documentary evidences and decide whether the complaint was maintainable or not, under the Act, rules and regulations;
- (2) The competent authority may, during the preliminary inquiry, ask for personal attendance and any further evidence and documents as deemed necessary for establishing a prima facie case for further proceedings and conduct of formal inquiry;
- (3) If after the preliminary inquiry, the competent authority is of the view that the complaint is incompetent or not maintainable, same may be, for the reasons to be recorded, dismissed in limine;
- (4) The competent authority may also dismiss a complaint in limine, if after 3 consecutive notices, the complainant fail to appear in person or provide such evidences as required under clause 7(2) *ibid*.

8. Inquiry Procedure:

If the competent authority, after a preliminary inquiry is of the view that the complaint is maintainable, it shall observe the following procedure for formal inquiry:

- (1) The competent authority shall issue a notice and require the respondent(s) to put personal attendance and submit its written reply along with the relevant evidences in defence, duly supported by an affidavit;
- (2) If the respondent fails to submit his/her defence even after seven days of the second reminder, the competent authority shall proceed *ex-parte* and shall either in person or through an inquiry officer or inquiry committee:

- (a) Issue notice to the complainant to appear on a fixed date & time along with all the evidence (witnesses and/or documents) to prove his/her case.
- (b) Examine all the documents presented by the complainant.
- (c) Examine the complainant and the witnesses, if any, which shall include examination-in-chief, cross examination and re-examination, if required.
- (d) Evaluate all the evidences recorded, collected and/or presented.
- (e) Draw inferences stating the reasons, compile the inquiry report and issue appropriate orders.

Provided that if the inquiry was conducted by an inquiry officer or inquiry committee, it shall submit the report to the competent authority for appropriate orders;

- (3) The competent authority shall, after the reply is received, take cognizance either in person or appoint any other inquiry officer or inquiry committee;
- (4) The inquiry officer mentioned in clause (2) & (3) ibid may be an expert duly notified by the Commission or an employee of the Commission, not below the rank of officer. Similarly, the inquiry Committee too shall consist of the subject matter experts or employees of the Commission, headed by an officer not below the rank of officer;
- (5) The competent authority or the inquiry officer/committee, as the case may be, shall make an attempt for resolution of the dispute through any mode of alternative dispute resolution;
- (6) If the attempt for reconciliation and alternative resolution fails, the competent authority/inquiry officer/inquiry committee shall determine the points at dispute between the parties and ask the parties to produce evidence (both oral and documentary) in support of their respective contentions;
- (7) The parties shall be given an opportunity to produce the evidence of their own choice but at their own expense and it will be the responsibility of the parties to produce their witnesses;
- (8) For the purpose of ensuring the constitutional right of fair trial, the parties shall be allowed to cross examine the opposite party and its witnesses and put all such questions upon the witnesses as are relevant to the matter and not scandalous or defamatory;
- (9) After evidence of both the parties is recorded, the competent authority/inquiry officer/inquiry committee shall give an opportunity of hearing to the parties;
- (10) For the purpose of inquiry under these regulations, the competent authority/inquiry officer/inquiry committee may, if needed, seek expert opinion depending on the nature of case, from as many experts as deemed necessary;
- (11) The experts so designated for technical opinion shall along with their report, furnish a declaration that they have got no conflict of interest in the matter referred to them and that they have reasonably understood the case, to the best of their knowledge and belief;
- (12) The competent authority/inquiry officer/inquiry committee as the case may be, may also seek assistance from any employee(s) of the Commission for the purpose of conducting and concluding the inquiry;

- (13) The inquiry officer or the competent authority in case of being the inquiry officer himself/herself, shall complete the inquiry report, within sixty days of the start of proceedings and not grant any unnecessary adjournments. If the proceedings could not be completed for the reasons beyond control, the inquiry officer may request the competent authority for additional time, if deemed expedient, to complete the inquiry;
- (14) The inquiry officer/committee if any, shall on completion of inquiry, submit his/her report and recommendation in writing to the competent authority, along with the entire record of inquiry proceedings;
- (15) The competent authority/inquiry officer/committee shall maintain complete record of the inquiry proceedings in the same manner as a judicial record is prepared, maintained and preserved;
- (16) On compilation/receipt of the inquiry report and findings, the competent authority shall pass appropriate orders in accordance with the spirit of the Act, Rules and Regulations.
- (17) The orders so passed by the competent authority shall be executable in the same manner, as a decree of the civil court.

Provided that the competent authority/inquiry officer/inquiry committee while exercising quasi-judicial powers under these regulations shall ensure that the matters are disposed of through speaking orders containing reasons and complying with the norms of natural justice.

9. Powers of the Competent Authority/Inquiry Officer/Inquiry Committee:

For the purpose of inquiry under these regulations, the competent authority/inquiry officer/inquiry committee shall have the following powers:

- (1) With or without prior notice, visit the spot/ health care establishment, if deemed necessary, to inspect any apparatus, appliance, equipment, instrument, product, goods or item used or found in, or any practice or procedure being carried out at the health care establishment, take samples for evaluation, make sketches or take videos and photographs as are required for evidence;
- (2) Take the opinion of experts having no conflict of interest, if required under the circumstances of the case;
- (3) Exercise the powers of civil court under the Code of Civil Procedure, 1908 (V of 1908), in respect of the following matters:
 - (a) summoning and enforcing the attendance of any person and examining him on oath;
 - (b) compelling the production of documents;
 - (c) receiving evidence on affidavits; and
 - (d) issuing Commission for the examination of witnesses

10. Power To Pass Interim Orders:

- (1) In view of the allegations contained in the complaint, and in order to ensure transparency and meet the ends of natural justice, the competent authority may for the reasons to be recorded, pass all or any of the following orders:
 - (a) Orders to restrain the respondent from any act or omission;
 - (b) Issue necessary directions to the Health Department Khyber Pakhtunkhwa;
 - (c) Issue directions to a health care establishment;
 - (d) Pass any conditional order relating to the manner in which health care services are being delivered or to improve the healthcare delivery system at any health care establishment;
 - (e) Temporarily suspend the licence of the health care establishment/service provider;
 - (f) Issue any directions to any other authority within the scope of the Act
 - (g) Issue such other directions as deemed necessary and just.
- (2) The interim orders so issued shall remain intact until conclusion of the inquiry and final order or revocation of order by the competent authority;
- (3) The competent authority shall have the power to amend, alter or revoke any interim orders after hearing all the parties concerned, on such terms and conditions as it deems appropriate.

11. Inspections:

- (1) If deemed proper and necessary, the competent authority may send an inspection team comprising of the staff of the Commission and/or expert(s) to the spot/health care establishment, with or without prior notice, with the aim to inspect any apparatus, appliance, equipment, instrument, product, goods or item used or found in, or any practice or procedure being carried out at the healthcare establishment, take samples for evaluation, make sketches or take videos and photographs, as are required for evidence;
- (2) The inspection team shall carry out the inspection in accordance with the directions issued by the competent authority, including the direction that any such inspection shall be carried out while ensuring the safety of the said team. The competent authority may, if it considers appropriate, direct any local authority, including but not limited to the police and district administration to assist the said team in carrying out the inspection.

12. Follow Up and Execution:

The competent authority shall take all necessary measures for follow up and execution of orders passed by it and ask the concerned authorities for legal and administrative assistance in accordance with Sections 27 and 29 of the Act.

13. Penalties:

- (1) In case of Medical negligence including criminal negligence, the health care establishment and service provider found guilty shall be liable to fine which may

extend to one million rupees and compensation to the aggrieved person which shall not be less than the amount of actual damage caused to the aggrieved person. In addition to the fine and compensation, the competent authority may also recommend lodging of FIR under the relevant Law.

For the purpose of this clause, the cases of medical negligence shall be categorized as:

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| Severe | Causing or contributing to death | Fine which may extend to 1,000,000/- Rupees |
| Moderate | Causing or contributing to permanent loss of function of body or part of body | Fine which may extend to 500,000/- Rupees |
| Mild | Temporary disability and delayed process of recovery | Fine which may extend to 300,000/- Rupees |

- (2) In cases of maladministration, malpractice, and failure in the provision of healthcare services, the health care establishment/service provider found guilty shall be liable to fine which may extend to 1,000,000/- Rupees and compensation to the aggrieved person which shall not be less than the amount of actual damage caused to the aggrieved person.
- (3) In case of running a health care establishment without registration and licence or providing services beyond the scope of licence, the proprietor of the establishment shall be liable to fine which may extend to 1,000,000/- rupees.
- (4) In cases of obstruction, hindrance or impedance in the performance of function or execution of duty of the Commission, including the inspection and investigation team, the penalty shall be as provided under Section 16 of the Act.
- (5) In case of furnishing or causing to furnish wrong information, the penalty shall be as provided in section 14 of the Act
- (6) In case of harassment of health care service provider, or any other violation of the provision of the Act or regulations, the person/health care establishment found guilty, shall be liable to payment of fine which may extend to 500,000/- rupees, and compensation to the aggrieved service provider;
- (7) In addition to the penalties mentioned above, the competent authority may also recommend suspension or cancellation of licence and permanent closure of the health care establishments, and recommend to the concerned council to cancel licence of the concerned service provider

14. Appeal:

Save as otherwise provided in the Act or regulations, the final orders passed by the competent authority shall be appealable before the Court of District and Sessions Judge, within 30 days of communication of the final order.

CHAPTER 4 MISCELLANEOUS

15. Information to be kept confidential:

It shall be the duty of all involved in any proceeding pending before the Commission to keep all the information brought before the Commission, including but not limited to the details of the proceeding of the Commission, confidential.

Provided that the competent authority may in its discretion allow any of the parties to receive attested copies of the record on payment of such fee, as may be prescribed by the Commission from time to time.

16. Duty to act with utmost Good Faith:

It shall be the duty of all the persons appearing before the Commission in any capacity, whatsoever, to act with utmost good faith at all times and assist the Commission in performing its duties and achieving the purposes of the Act.

17. Indemnity:

All the acts of employees of the Commission and/or consultants and inspection teams under these regulations shall be presumed to have been done in good faith and no suit, prosecution or legal proceedings before any court of law, tribunal or executive authority shall lie against any act done under these regulations.

18. Authorities to act in aid of the Commission:

All law enforcement agencies and/or any other executive authorities shall act in aid of the Commission for carrying into effect the implementation of regulations and provide assistance to the Commission whenever deemed necessary.

19. Compliance reports:

- (1) The Competent Authority may seek compliance reports from any authority, person or health care service provider and the health care establishment regarding any matter pending or decided /disposed of by the Commission.
- (2) The said report shall be placed before the Chief Executive Officer for information.

20. Removal of Difficulties:

- (1) The Board of Khyber Pakhtunkhwa Health Care Commission may issue such instructions, directions or amend these Regulations, in public interest keeping in view the purpose of the Act or for the purposes of removing any difficulties that may arise in implementing these Regulations.
- (2) The Chief Executive Officer shall approach the Board for its guidance and/or for further necessary action, if so deemed necessary for implementation of these Regulations.

21. Amendment:

The Board may amend or repeal these Regulations with simple majority.

22. Office Procedures:

The Executive of the Commission, with the approval of the Chief Executive Officer, may make office procedures, not inconsistent with the provisions of the Act, Rules and these Regulations.

23. Overriding Effect:

Notwithstanding anything to the contrary contained in any other regulations, the provisions of these Regulations shall have an overriding effect and the provisions of any such regulations on the subject, to the extent of inconsistency to these Regulations shall cease to have effect.

24. Repeal:

The Khyber Pakhtunkhwa Health Care Commission Complaint Management and Patient's Rights Regulations, 2016 are hereby repealed.