

LAWS OF BARBADOS
MEDICAL REGISTRATION ACT

CHAPTER 371

(SUBSIDIARY LEGISLATION)

THE LAWS OF BARBADOS

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SUBSIDIARY LEGISLATION INDEX

Medical Registration

1. Regulations, 1972 **A1**

Medical Registration

Cap. 371.

MEDICAL REGISTRATION REGULATIONS, 1972

1972/170.
1981/201.
1989/104.

Authority: These regulations were made on 1st November, 1972 by the Medical Council and approved by the Minister under section 16 of the *Medical Registration Act*.

Commencement: 13th November, 1972.

PART I

Preliminary

1. These Regulations may be cited as the *Medical Registration Regulations, 1972*.

PART II

The Medical Council

2. (1) The Medical Council shall meet at least once in every 3 months and at such other times as may be necessary or expedient for the transaction of its business, and meetings of the Council shall be held at such places and times and on such days as the Council may determine.

(2) Not less than 7 days' notice in writing of any meeting of the Council shall be given to members thereof.

3. The Chairman of the Council shall hold office for 1 year and shall continue to hold office until a new Chairman is appointed or until he is re-appointed Chairman, as the case may be.

4. (1) The Council shall appoint a person not being a member of the Council to perform the functions of Secretary.

(2) The Secretary of the Council shall *ex officio* act as Secretary of any Committee established under these regulations.

5. The Chairman shall summon a special meeting of the Council to be held not later than 14 days of the receipt by him of

a written request for the purpose signed by 3 members of the Council.

6. A member may at any time resign his office by letter in writing addressed to the Chairman, and upon the date of receipt of such letter, that person shall cease to be a member of the Council.

7. A member who is absent from Barbados without leave for a period of 6 months or more or who fails without reasonable excuse to attend 2 consecutive meetings of the Council shall cease to be a member thereof.

8. Whenever there is a vacancy in the membership of the Council, it shall be filled in the same manner as the original appointment.

9. A person appointed to fill a casual vacancy shall hold office only so long as the member in whose stead he is appointed would have held office.

10. The decisions of the Council shall be by a majority of votes, and, in addition to an original vote, in any case in which the voting is equal the Chairman or person acting in his stead shall have a second or casting vote.

11. The validity of any proceedings of the Council shall not be affected by any vacancy among the members of the Council or by any defect in the appointment of a member thereof.

12. Minutes of the meetings of the Council shall be kept and copies furnished to each member of the Council not later than 14 days after the date on which the meeting is held.

PART III

Registration

13. For the purposes of the Act and these regulations there is hereby established a Committee to be known as the Assessment Committee.

14. (1) The Chairman of the Council shall be the Chairman of the Assessment Committee and the Assessment Committee shall

consist of such members of the Council and of medical practitioners not being members of the Council as the Council may from time to time consider necessary for the transaction of its business.

(2) In the absence of the Chairman the Assessment Committee shall elect one of its members present to act as Chairman for that meeting.

15. The Assessment Committee shall examine applications for registration and determine in accordance with section 8 of the Act the additional qualifications to be registered.

16. Not less than half of the members of the Assessment Committee shall form a quorum.

17. The Assessment Committee shall meet at such times and places as the Chairman thinks fit and shall report to the Council with respect to its deliberations.

18. An applicant for temporary registration under section 11 of the Act shall pay to the registrar a fee of \$100.

1981/201.

PART IV

Examinations

19. (1) An applicant who

(a) is required by the Council to sit for an examination, or

(b) is permitted to sit for further examination, under section 7 of the Act shall, not later than 14 days prior to the date of the examination, pay to the Secretary a fee of \$150 for each subject offered, subject to a maximum fee payable of \$300.

(2) An applicant shall not, unless the Council in any special circumstances allows, be permitted to sit the examination for registration more than twice.

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PART V

*Professional Conduct and General Fitness
to Practise Medicine*

20. It is the duty of the Council to do such things and to exercise such care as in its judgement are necessary to maintain proper standards of professional conduct in the practice of medicine and proper standards of general fitness to practise medicine by medical practitioners.

21. (1) A medical practitioner shall provide such services as are medically necessary for the diagnosis and treatment of any physical or mental condition in the human being. He shall prescribe such medication, prosthetic appliances and therapeutic devices as are necessary for such diagnosis and treatment.

(2) For the purpose of the Act and these regulations, professional misconduct includes any act or thing done by a medical practitioner that is contrary to the generally recognised duty and responsibility of a medical practitioner to his patient or that is contrary to medical ethics, or the failure to do any act or thing with respect to a patient in accordance with generally recognised medical ethics, and, without limiting the generality of the foregoing, includes

- (a) adultery or other improper conduct or association with a patient;
- (b) any form of advertising, canvassing or promotion, either directly or indirectly, for the purpose of obtaining patients or promoting his own professional advantage;
- (c) wilful or deliberate betrayal of a professional confidence;
- (d) abandonment of a patient in danger without sufficient cause and without allowing the patient sufficient opportunity to retain the services of another medical practitioner;
- (e) knowingly giving a certificate with respect to birth, death, state of health, vaccination or disinfection, or with respect to any matter relating to life, health or accidents, which the medical practitioner knows or ought to know is untrue, misleading or otherwise improper;

- (f) the division with any person who is not a partner or assistant of any fees or profits resulting from consultations or other medical or surgical procedures without the patient's knowledge or consent;
- (g) the excessive ingestion of intoxicating liquor or drugs;
- (h) the impersonation of another medical practitioner;
- (i) association with unqualified or unregistered persons whereby such persons are enabled to practise medicine, dentistry or optometry;
- (j) the holding out directly or indirectly by a medical practitioner to the public that he is a specialist or is specially qualified in any particular branch of medicine unless he has taken a special course in that branch and such special qualification has been registered in accordance with section 8 of the Act;
- (k) commercialisation of a secret remedy;
- (l) knowingly practising medicine or treating a patient other than in a case of emergency while suffering from a mental or physical condition or while under the influence of alcohol or drugs to such an extent as to constitute a danger to the public or a patient; and
- (m) the doing of or failure to do any act or thing in connection with his professional practice, the doing of which or the failure to do which is in the opinion of the Council unprofessional or discreditable.

(3) For the purposes of sub-paragraph (c) of paragraph (2), any disclosure which is legally justifiable or required for the treatment of a patient shall be deemed not to be a wilful or deliberate betrayal of a professional confidence.

(4) For the purposes of this regulation "specialist" means a medical practitioner who has special training, experience and qualifications acceptable to the Council in the areas specified by the Council.

1989/104.

PART VI

Discipline

A – COMPLAINTS COMMITTEE

22. For the purposes of the Act and these regulations, there is hereby established a Committee to be known as the Complaints Committee.

23. The Complaints Committee shall consist of 4 members of the Council to be appointed by the Council annually, one of whom the Council shall elect as Chairman.

24. If a vacancy occurs in the Complaints Committee, or if any member is unable to attend, the Chairman of the Council may designate another member of the Council to fill the vacancy or replace the absent member, as the case may be.

25. When a complaint is made or if it comes to the notice of any member of the Council or the Secretary that a medical practitioner may be guilty of a professional misconduct or an offence under paragraph (a) or (b) of section 12 (1) of the Act, the Secretary shall make such preliminary investigations into the matter as the Chairman of the Complaints Committee deems advisable and shall as soon as practicable thereafter refer the matter to the Complaints Committee.

26. The Secretary shall upon referring the matter to the Complaints Committee notify the medical practitioner of the nature of the complaint and call upon him to state in writing before a specified day (which day shall allow a reasonable interval for the purpose) any explanation or representation he may wish to make in respect of the complaint.

27. (1) The Complaints Committee, having regard to any explanation or representation made by the medical practitioner, may

- (a) determine that no enquiry shall be held; or
- (b) refer the matter in whole or in part to the Disciplinary Committee; or
- (c) take such other steps as it considers appropriate in the circumstances.

(2) If the Complaints Committee determines that no enquiry shall be held, the Secretary shall inform the complainant, if any, and the medical practitioner of the fact in such manner as the Complaints Committee may direct.

B—DISCIPLINARY COMMITTEE

28. For the purposes of the Act and these regulations, there is hereby established a Committee to be known as the Disciplinary Committee which shall consist of 3 members of the Council, one of whom the Council shall elect as Chairman.

29. The Disciplinary Committee shall deal with complaints referred to it by the Complaints Committee or with any representation made directly to it that a medical practitioner is guilty of an offence under paragraph (a) or (b) of section 12 (1) of the Act.

30. (1) The Secretary shall serve on the medical practitioner against whom disciplinary proceedings are to be instituted a notice (in these regulations referred to as a notice of enquiry) which shall—

- (a) specify in the form of a charge the matters into which the enquiry is to be held; and
- (b) state the time and place at which the enquiry is proposed to be held.

(2) Except with the consent of the medical practitioner, an enquiry shall not be fixed for a date earlier than 28 days after the date of the notice of enquiry.

(3) The notice of enquiry shall be served personally or by prepaid registered post on the medical practitioner at the address shown on the Medical Register or at his last known address if that address differs from that on the Medical Register.

(4) In any case where there is a complainant, a copy of the notice of enquiry shall be sent to him.

31. The medical practitioner shall be entitled to receive free copies of, or to be allowed access to, any documentary evidence relied on for the purpose of the enquiry. He shall also be given upon request a copy of the evidence (including copies of documents tendered in evidence) after the enquiry is closed.

32. Where, after a complaint has been referred to the Disciplinary Committee for enquiry, it appears to that Com-

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mittee that the enquiry should not be held, the Secretary shall notify the complainant, if any, and the medical practitioner of the fact.

33. The medical practitioner shall have the right to be represented by an attorney-at-law in any disciplinary proceedings instituted against him.

34. If the medical practitioner does not appear at the date fixed for the hearing of the case, the Disciplinary Committee may, if it is satisfied that a notice of enquiry has been served on the medical practitioner, proceed with the enquiry.

35. If witnesses are examined by the Disciplinary Committee, the medical practitioner shall be given an opportunity of attending and of putting questions to the witnesses in his own behalf, and no documentary evidence shall be used against him unless he has previously been supplied with copies thereof or given access thereto.

36. The medical practitioner shall be permitted to give evidence, call witnesses and make submissions orally or in writing in his own behalf.

37. The Disciplinary Committee may call additional witnesses and may adjourn the proceedings to another convenient time or place.

38. If, having heard the evidence in support of the charges, the Disciplinary Committee is of the opinion that the evidence is insufficient, it may dismiss the charges without calling upon the medical practitioner for his defence.

39. If, at the conclusion of the hearing, the Disciplinary Committee is of the opinion that the medical practitioner is not guilty of professional misconduct or of an offence under paragraph (a) or (b) of section 12 (1) of the Act, it shall immediately

notify him of its findings, but if the medical practitioner is found guilty of any such charge, the Disciplinary Committee shall proceed to deal with the matter in accordance with section 12 (2) of the Act.

40. Where a criminal charge is preferred against a medical practitioner, the Registrar shall immediately notify the Secretary of the fact and of the consequences of any such charge or proceedings.