

S T A T U T O R Y I N S T R U M E N T S

2013 No. 21.

THE HEALTH SERVICE COMMISSION REGULATIONS, 2013

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S T A T U T O R Y I N S T R U M E N T S

2013 No. 21.

The Health Service Commission Regulations, 2013.

(Under section 36 of the Health Service Commission Act, 2001, Act No. 15 of 2001)

IN EXERCISE of the powers conferred upon the Health Service Commission by section 36 of the Health Service Commission Act, these Regulations are made this 2nd day of August, 2012.

PART I—PRELIMINARY

1. Title.

The Regulations may be cited as the Health Service Commission Regulations, 2013.

2. Interpretation.

In these Regulations, unless the context otherwise requires—

“Act” means the Health Service Commission Act;

“decision” means a directive or opinion on any matter by the Commission through consensus;

“health service” means employment of a health worker in the Ministry or a health unit in Uganda;

“health unit” means a national or regional referral hospital, a district general hospital, a Government health centre and a private-not-for-profit hospital or a public health unit where Government has an interest;

“health worker” means a health professional and an administrative, scientific and support staff employed in the health service as specified in the Health Service Commission Act;

“member” means a person appointed to be a member of the Commission under section 4 of the Act;

“Ministry” means the Ministry responsible for health;

“Responsible Officer” means the Permanent Secretary of the Ministry or the head of a health unit.

PART II—MEETINGS OF THE COMMISSION

3. Records of meetings.

The Secretary shall keep, in the form of minutes, a record of the members present at a meeting of the Commission and of the business transacted at every meeting of the Commission.

4. Decisions by circulation of documents.

(1) The Commission may make decisions without holding a meeting, by circulation of the relevant documents among the Chairperson, the Deputy Chairperson and the members of the Commission, who shall express their views in writing.

(2) The Chairperson, the Deputy Chairperson or a member of the Commission may require that any decision taken under sub regulation (1) be deferred until the subject matter is considered at a meeting of the Commission.

5. Dissent.

The Chairperson, the Deputy Chairperson or a member of the Commission may dissent from a decision of the Commission and where a person dissents, the dissent and the reasons for the dissent shall be recorded in the minutes of the meeting of the Commission.

6. Disclosure of interest.

Where the Chairperson, the Deputy Chairperson or a member of the Commission has a personal interest in any matter before the Commission, and that person is likely to influence the decision on the matter for his or her personal interest or benefit, the person shall—

- (a) disclose the interest to the Commission before commencement of deliberations on the matter; and

- (b) disqualify himself or herself from discussing and taking decision on the matter.

7. Power to co-opt.

(1) The Commission may invite any person, who in the opinion of the Commission has expert knowledge concerning a function of the Commission or a matter before the Commission, to attend and take part in the proceedings of the Commission.

(2) A person who attends and takes part in the proceedings of the Commission under sub regulation (1) may take part in any discussion of a matter on which his or her advice is required but shall have no right to vote on the matter.

8. Obligation to hear Responsible Officer.

The Commission shall, at the request of a Responsible Officer hear the Responsible Officer personally, in connection with any recommendation made by him or her to the Commission or any recommendation made to the Commission which affects, as the case may be, the Ministry or the health unit of the Responsible Officer.

9. Decisions of the Commission.

(1) The decisions of an ordinary meeting of the commission shall be communicated to the Responsible Officer in form of minutes which shall be embossed with the seal of the Commission.

(2) The decisions arising out of an extraordinary meeting of the Commission shall be communicated to the Responsible Officer in form of minutes or any other form of correspondence.

(3) In communicating its decision, the Commission shall not be required to communicate the reasons for its decisions to the Responsible Officers.

PART III—APPOINTMENT, CONFIRMATION OF APPOINTMENT, PROMOTION,
TRANSFER OF SERVICE, AND TERMINATION OF APPOINTMENT, OF HEALTH
PROFESSIONALS

10. Filling of vacancies.

(1) Where a vacancy occurs in the Ministry or in a health unit, the Responsible Officer shall, within three months of the occurrence of the vacancy, notify the Secretary of the vacancy.

(2) Where the Responsible Officer recommends that a vacancy should be filled by the appointment of a health worker serving in the Ministry or health unit in which the vacancy occurs, the Responsible Officer shall, when reporting the vacancy to the Secretary, forward a list of all the health workers in the Ministry or the health unit who are qualified for the appointment, together with records of their service in Uganda and shall recommend one of the health workers for the vacancy.

(3) Where the health worker recommended for appointment by the Responsible Officer in sub regulation (2) is at a rank which is lower than the ranks of the other health workers who are qualified for the appointment, the Responsible Officer shall give reasons for the recommendation.

(4) Where the Commission accepts the recommendation of the Responsible Officer made under sub regulation (2), the Commission shall, interview the health worker who is recommended for the appointment.

(5) Where the Commission does not agree with the recommendation of a Responsible Officer or deems it necessary to consider for the appointment of other health workers other than those whose names are submitted by the Responsible Officer, the Commission shall call for applications under regulation 16(5).

(6) Where a Responsible Officer does not recommend that the vacancy should be filled by the appointment or promotion of a health worker serving in the Ministry or a health unit in which the vacancy occurs, the Responsible Officer shall, when reporting the vacancy to the Secretary—

- (a) indicate to the Secretary, the names of the most senior officer serving in the particular grade or cadre, from which the promotion would normally be made and state the reasons why he or she does not consider that the officer named is suitable for the promotion to fill the vacancy; and
- (b) forward to the Secretary, a draft advertisement setting out the details of the vacancy and the duties and qualifications attached to the post.

11. Advertisement.

(1) The Commission shall determine the form of advertisements to be issued under these Regulations.

(2) The duties and qualifications attached to a post in an advertisement shall be approved by the Commission, in consultation with the concerned Responsible Officer.

12. Acceptance of offer of appointment.

(1) After interviews, the Secretary shall inform the Responsible Officer of the person to be offered an appointment in the health service or a health worker to be promoted to fill a vacancy in the health service.

(2) The Responsible Officer shall, within one month from the date of approval of the appointment or promotion by the Commission, issue a letter of appointment or promotion to the person or health worker to be appointed to the post or promoted to fill the vacancy.

(3) A person appointed to a post or a health worker promoted shall within one month of receipt of the letter of appointment or promotion, signify his or her acceptance of the appointment or promotion in writing, to the Responsible Officer.

(4) Where the person appointed or a health worker who is promoted does not signify his or her acceptance within the period specified in sub regulation (3), the offer shall lapse.

(5) Where an offer for appointment is not accepted, the Responsible Officer shall, within thirty days report the matter to the Secretary.

13. Vacancies to be filled after examination or course of study.

The Commission shall make appropriate arrangements to effect an appointment for a vacancy to be filled—

- (a) basing on results of examinations conducted by or supervised by the Commission; or
- (b) on the completion of a course of study or training designed to qualify a person for appointment to the health service.

14. Probationary appointment.

(1) The Responsible Officer shall recommend to the Health Service Commission, for confirmation, a health worker who has satisfactorily served his or her probationary period, one month before the expiry of his or her probationary period.

(2) Where a health worker is on probationary appointment and the Responsible Officer is of the opinion that the work or conduct of the health worker is not satisfactory, the Responsible Officer shall inform the health worker in writing and indicate whether he or she proposes—

- (a) an extension of the probationary period to allow the health worker rectify the defects noted; or
- (b) that the appointment should be terminated.

(3) The Responsible Officer shall when giving the health worker the information in sub regulation (1), inform the health worker that he or she is entitled to make representations on the recommendations proposed, to the Responsible Officer within a period of fourteen days.

(4) On the expiry of the period prescribed in sub regulation (3), the Responsible Officer shall forward to the Secretary a report of the health worker, together with—

- (a) a copy of the letter to the health worker;
- (b) a copy of the representations by the health worker, if any; and
- (c) the comments of the Responsible Officer and a recommendation whether the probationary period should be extended or whether the health worker should remain in the health service.

(5) Where the Responsible Officer does not forward to the Secretary a recommendation on a public officer holding a probationary appointment, who has served the mandatory period of probation, indicating that the conduct or work of the health worker has not been satisfactory, the health worker may appeal to the Commission for confirmation of the appointment.

15. Waiving probationary period of appointment.

(1) The Commission may offer an appointment with the requirement for probationary period having been waived, where, at the time of offering the probationary appointment, the Commission is availed information to the effect that—

- (a) the person to be employed as a health worker served in the same capacity or performed duties and responsibilities similar or equal to the duties and responsibilities of the post the person is to be appointed to; and
- (b) that the working experience of the candidate in that capacity is equal to or above the period stipulated for probationary service.

(2) For the purposes of sub regulation (1), the Commission shall consider—

- (a) the certificate of service granted by the immediate previous employer of the person to be employed as a health worker; and

- (b) the relevant reference document and the detailed normal and confidential information on the performance and professional ethical conduct of the person to be employed as a health worker.

(3) For the purposes of this regulation, a person to be employed as a health worker may be considered for a waiver of the probationary period, where the immediate previous employment of that person was with any of the following health establishments—

- (a) a non-governmental organisation hospital or a private not for profit hospital;
- (b) a private hospital with a memoranda of understanding with the Ministry;
- (c) a public hospital in the country in the East African Community, which is recognised as such in that country;
- (d) the public service of Uganda; or
- (e) any other health establishment the Commission may deem appropriate.

16. Matters to be considered in the appointment, promotion and transfer of service.

(1) In the performance of its functions regarding the appointment, promotion or transfer of health workers within the health service, the Commission shall have regard to the maintenance of a high standard of efficiency, necessary in the health service.

(2) Where a promotion is to be based on qualification attained, the Commission shall—

- (a) give due consideration to qualified health workers serving in the health service; and

- (b) take into account the qualifications and experience of the health workers and where possible, base the appointment on merit and not seniority in the health service.

(3) The Commission shall call for applications for appointments, promotions or transfer of service of health workers by advertisement of the vacant posts within the health service.

(4) Where the Commission determines that a particular vacancy cannot be filled by the appointment or promotion of a person already in the health service, the Commission shall advertise the vacancy outside the health service.

(5) Where a vacancy as advertised under sub regulation (4), the advertisement may, in the discretion of the Commission be—

- (a) restricted in circulation to Uganda; or
- (b) unrestricted in circulation, where the Commission is satisfied that there is no person in Uganda who is suitable for the post.

17. Consultations.

In exercising its functions in connection with the appointment, promotion or transfer of an officer in the health service, the Commission may—

- (a) consult with the Public Service Commission or any other person; and
- (b) seek the advice of the District Service Commission, or the authority to whom the function is delegated by the Commission.

18. Offer of appointment on contract.

(1) The Commission may appoint on contract, a person who qualifies as a health worker but who is not eligible for permanent and pensionable appointment in the health service.

(2) A person who seeks to be employed on contract shall submit an application to the Responsible Officer with a detailed work plan indicating the expected outputs, innovations, contributions and the performance measures to be used to gauge the outputs by the person recommended to fill the vacancy.

(3) The Responsible Officer shall submit to the Commission a list of health workers who are eligible for appointment on contract.

(4) Where a person to be engaged as a health worker is to be appointed on contract, the Commission shall consider the following before awarding the contract—

- (a) the circumstances under which the vacancy arose;
- (b) the reasons why the vacancy has to be filled on contract and not on permanent and pensionable terms;
- (c) the list of health workers who are eligible for appointment on contract, submitted by the Responsible Officer;
- (d) the background of the person recommended to fill the vacancy;
- (e) the detailed work plan indicating the expected outputs, innovations, contributions and any other standard performance measures during the contract, prepared by the person recommended to fill the vacancy; and
- (f) a statement of the Responsible Officer indicating the steps the Responsible Officer is to take to attract suitable health workers or to train suitable health workers to be eligible to fill the vacancy at the expiry of the contract.

(5) Where a health worker is appointed on contract, the Responsible Officer shall forward to the Secretary, three months before the expiry of the contract, a notification of the date of the expiry of the contract and a recommendation whether the contract should be renewed or not.

(6) The Responsible Officer shall send copies of the notification and recommendation to the Permanent Secretary responsible for the public service and to the Head of the Public Service.

19. Termination of appointment.

(1) Where a report is submitted by a Responsible Officer, that a health worker is found to be incompetent in performing his or her duties or is guilty of a disciplinary offence warranting dismissal from the health service, the health worker shall be informed of this in writing by the Commission and shall be requested to give reasons or to make a representation within a period of fourteen days why his or her services may not be terminated.

(2) The Commission may make a decision based on the reasons or representations of the health worker.

(3) A health worker who does not make a representation to the Commission, shall have his or her services terminated.

20. Appeals.

(1) A person aggrieved by a decision of the Commission under this Part may appeal to the Commission.

(2) An appeal to the Commission shall be lodged in writing within three months after release of the decision of the commission.

PART IV—DISCIPLINARY MATTERS.

21. Code of conduct and ethics for health workers.

In considering disciplinary matters, the Commission shall be guided by—

- (a) the Code of Conduct and Ethics for Health Workers in the Act; and
- (b) the Professional Codes of Conduct and Ethics of the respective categories of health workers.

22. Breach of code of conduct.

Where a health worker breaches the Code of Conduct for Health Workers, the Commission shall follow the procedure under regulation 26 and impose a suitable punishment under regulation 31.

23. Abandonment of duty.

(1) Where a health worker absents himself or herself from duty without reasonable cause or fails to report his or her absence from office, the Responsible Officer shall—

- (a) notify the health worker to that effect within fourteen days from the date of absence from duty; and
- (b) call upon the health worker to explain his or her absence from duty within a period of fourteen days from the date of receipt of the letter of notification.

(2) Where a health worker fails to justify his or her absence from duty, the Responsible Officer shall—

- (a) stop the payment of the salary of the health worker; and
- (b) make a report to the Secretary with a recommendation in respect of abandonment of duty.

(3) The Commission shall when considering cases of abandonment of duty, take into account the following factors—

- (a) that the health worker has been absent from duty for a period of more than thirty working days without justifiable cause; and
- (b) evidence that the Responsible Officer made effort to contact the health worker and to request the health worker to report back for duty.

24. Forged documents discovered after appointment.

(1) Where it is brought to the attention of the Commission by any person, that a health worker submitted forged or falsified documents at a recruitment, selection, promotion, verification or authentication exercise, the Commission shall—

- (a) request the Responsible Officer to make a formal submission on the forgery or falsification; and
- (b) conduct investigations to ascertain the forgery or falsification.

(2) Where it is proved that a health worker submitted forged or falsified documents at a recruitment, selection, promotion, verification or authentication exercise, the Commission shall –

- (a) where the health worker is on probation, terminate the probationary appointment; or
- (b) where the health worker is confirmed in the health service, dismiss the health worker from the health service.

25. Interdiction.

(1) A Responsible Officer shall interdict a health worker where disciplinary proceedings are being taken or are about to be taken or where criminal proceedings are being instituted against the health worker.

(2) A health worker who is interdicted shall receive a salary, not being less than half of his or her salary.

(3) Where disciplinary or criminal proceedings are taken or instituted against a health worker who is under interdiction and the health worker is not dismissed or, as the case may be convicted as a result of the proceedings, the whole salary withheld under sub regulation (2) shall be restored to him or her upon the termination of the proceedings.

(4) An officer who is under interdiction shall not leave the country without the permission of the Responsible Officer.

(5) An investigation into the conduct of a health worker who is on interdiction shall be concluded within a period of—

(a) six months from the date of the interdiction, for an offence that require the involvement of the Police; or

(b) three months for an offence that does not require the involvement of the Police.

(6) The Responsible Officer shall make a detailed report to the Commission, indicating—

(a) the circumstances that led to the interdiction;

(b) a statement of the allegations and charges, if any, that are preferred against the health worker; and

(c) a copy of the letter of interdiction and the disciplinary or criminal proceedings which are being taken or are to be taken against the health worker.

(7) The Commission shall take note of a letter of interdiction submitted by the Responsible Officer under this section.

(8) The interdiction made under this regulation shall remain in force until the Commission notes the lifting of that interdiction.

(9) On conclusion of the investigations, the Responsible Officer shall, where he or she considers that the health worker is innocent or that the case against the health worker is not serious enough to warrant disciplinary proceedings or dismissal—

(a) make a detailed report to the Commission about the investigations carried out, attaching a copy of the judgement of the court, if any; and

(b) make appropriate justification and recommendations to the secretary on the lifting of the interdiction.

(10) Where investigations are not concluded within the time period stipulated under sub regulation (5), the health worker may appeal to the Commission to have the interdiction lifted.

26. Procedure for handling disciplinary cases.

(1) Where on conclusion of investigations, the Responsible Officer considers that the matter should be referred to the Commission for disciplinary action, the Responsible Officer shall submit to the Secretary, a full report on the disciplinary case, indicating—

- (a) the investigations carried out on the matter;
- (b) the charges against the health worker;
- (c) the defence of the health worker; and
- (d) the comments and recommendations of the Responsible Officer on the disciplinary case.

(2) The Commission shall confirm that the health worker was informed of the case against him or her and that he or she was given an opportunity to absolve himself or herself, before the case was forwarded to the Commission.

(3) Where the Commission considers the report of the Responsible Officer submitted under sub regulation (1) and decides that further investigation into the matter is not necessary, the Commission may impose any of the penalties in regulation 31, as the Commission may deem necessary.

(4) Where the Commission considers the report of the Responsible Officer submitted under sub regulation (1) and decides that further investigation into the matter is necessary, the Commission shall institute disciplinary proceedings into the matter.

- (5) The Commission shall inform the concerned health worker—
- (a) of the day and time the Commission is to consider the matter and the venue where the Commission is to sit; and
 - (b) of the right to be represented by an advocate.

(6) The Commission shall, based on the findings, determine the punishment to impose on the concerned health worker.

27. Procedure where criminal offence may have been committed.

(1) Where a health worker is suspected by a Responsible Officer to have committed a criminal offence which is also likely to warrant disciplinary proceedings, the Responsible Officer shall consult the Director of Public Prosecutions as to whether he or she intends to institute criminal proceedings against the health worker.

(2) Where the Director of Public Prosecution does not institute criminal proceedings against the health worker, the Responsible Officer shall consult the Solicitor General as to whether disciplinary proceedings may be taken under these regulations.

(3) Where the Solicitor General advises that disciplinary proceedings may be taken against a health worker, the Responsible Officer shall—

- (a) forward to the health worker concerned, a statement of the charge against him or her and where necessary, a brief statement of the allegations on which each charge is based; and
- (b) request the health worker concerned to state in writing within fourteen days, any grounds on which he or she relies to absolve himself or herself of the charges brought against him or her.

28. Suspension on conviction for criminal charge.

(1) Where a health worker is convicted on a criminal charge, the Responsible Officer shall suspend the health worker from the exercise of the functions and powers of his or her office and may direct that a proportion of the salary of the health worker, is to be paid to him or her pending the consideration of the criminal charges.

(2) Investigations carried out under this regulation shall be concluded within a period of six months from the date of the suspension of the health worker concerned.

29. Decision of the Commission not to be influenced by decision of Court.

(1) Notwithstanding the institution of criminal proceedings in any Court, against a health worker under these Regulations, the Commission may institute disciplinary proceedings against a health worker, based on any grounds in a criminal charge.

(2) The Commission may make any decision in respect of the disciplinary proceedings, in accordance with these Regulations and the decision of the Commission shall not be influenced by the decision of the Court.

30. Powers of Commission to review own decisions.

The Commission may, on the discovery of any new evidence which was not within the knowledge of the Commission or which could not be produced before the Commission at the time when the Commission made a decision, and which is relevant to the decision, review the decision and make any other decision that it considers proper and may, in particular, impose a higher or lower punishment as the case may require.

31. Punishments which may be imposed by the Commission.

The Commission may impose one or more of the following punishments upon a health worker as a result of disciplinary proceedings under these Regulations—

- (a) a reprimand;
- (b) a severe reprimand;
- (c) recovery of the cost or part of the cost of any loss or damage caused by the default or negligence of the health worker;
- (d) deferment of increment;
- (e) withholding of increment;
- (f) stoppage of increment;
- (g) reduction in rank; and
- (h) dismissal from the health service.

32. Retirement in public interest.

(1) Where a Responsible Officer considers that a health worker should be retired from the health service in public interest, the Responsible Officer shall—

- (a) obtain from the Ministry or health unit where the health worker served, a report of his or her work conduct; and
- (b) allow the health worker an opportunity to consider the reports and to show cause why he or she should not be retired from the health service on public interest.

(2) Where the Responsible Officer, after considering the statement by the health worker, if any, and having regard to all the circumstances of the case, is of the opinion that the health worker should be retired from the health service in public interest, he or she shall forward to the Secretary the reports obtained under sub regulation (1) and the statement of the health worker, together with his or her recommendations.

(3) The Commission shall consider the reports received and determine whether the health worker should be retired in public interest, and where the Commission is of the opinion that the facts disclosed warrant the institution of proceedings for the dismissal of the health worker or the imposition of a lesser punishment, the Commission may direct the Responsible Officer to institute proceedings against the health worker under these Regulations, as may be appropriate.

33. Misconduct justifying dismissal.

(1) Where a Responsible Officer considers it necessary to institute disciplinary proceedings against a health worker to whom regulations 27 and 28 apply, the Responsible Officer shall after preliminary investigations, forward to the health worker, a statement of the charges against him or her together with a brief statement of the allegations on which each charge is based and shall request the health worker to provide, within the time period specified by the Responsible Officer, the grounds upon which he or she relies to absolve himself or herself of the charges against him or her.

(2) Where the health worker does not furnish a reply within the time specified or does not, in the opinion of the Responsible Officer, absolve himself or herself, the Responsible Officer shall forward to the Secretary a report on the case together with a copy of the charge against the health worker, the reply of the health worker to the charge, if any, the comments of the Responsible Officer on the reply of the health worker and the recommendations of the Responsible Officer.

(3) Where the Commission determines, basing on the submission made under sub regulation (2) that proceedings for the dismissal of the health worker from the health service should be continued, the Commission shall make an inquiry into the matter in such a manner as the Commission deems fit.

(4) The Commission shall inform the health worker concerned of the date and time when the charge brought against him or her is to be investigated and where the Commission deems it necessary, that he or she shall be required to appear before the Commission and defend himself or herself.

(5) The Commission shall in all cases give the health worker concerned a fair hearing.

34. Misconduct not justifying dismissal.

(1) Where a Responsible Officer considers it necessary to institute disciplinary proceedings against a health worker, but is of the opinion that the misconduct alleged, if proved, would not be serious enough to warrant dismissal under regulation 30, the Responsible Officer shall after preliminary investigations, forward to the health worker, a statement of the charge against him or her together with a brief statement of the allegation on which the charge is based and shall request the health worker to state in writing, within the time period specified by the Responsible Officer, any grounds upon which he or she relies to absolve himself or herself of the charges against him or her.

(2) Where the health worker does not furnish a reply within the time specified or does not, in the opinion of the Responsible Officer, absolve himself or herself, the Responsible Officer shall forward to the

Secretary, a report on the case together with a copy of the charge against the health worker, the reply of the health worker to the charge, if any, the comments of the Responsible Officer on the reply of the health worker and the recommendations of the Responsible Officer.

(3) Where the Commission determines, basing on the submission made under sub regulation (2) that the health worker should be disciplined under these Regulations and that there is no need for further investigations into the matter, the Commission shall impose a punishment in accordance with regulation 31.

(4) Where the Commission basing on the submission made under sub regulation (2) is of the opinion that the matter should be investigated further, the Commission shall make inquiries into the matter as it deems fit.

(5) The Commission shall inform the health worker concerned the date and time when the charge brought against him or her is to be investigated and where the Commission deems it necessary, that he or she shall be required to appear before the Commission and defend himself or herself.

(6) The Commission shall in all cases give the health worker concerned a fair hearing.

35. Decision of disciplinary proceedings to be communicated to health worker.

Where a decision is taken against a health worker in respect of disciplinary proceedings conducted by the Commission under these Regulations, the health worker concerned shall be informed—

- (a) of the decision on each charge preferred against him or her; and
- (b) of the punishment, if any, to be imposed.

36. Retirement on medical grounds.

(1) The Commission may retire a health worker on medical grounds.

(2) Where the Commission is to retire a health worker on medical grounds, the Commission shall request the Responsible Officer to make a full statement on the matter and shall rely on the statement of the Responsible Officer and the recommendations of the Medical Board.

37. Service of documents.

Where it is necessary to serve any notice, charge or other document upon a health worker or to communicate any information to a health worker where that health worker absented himself or herself from duty and it is not possible to effect service upon or to communicate information to the health worker personally, service of the notice, charge or document by post, shall be sufficient.

38. Production of relevant documents.

The Commission shall ensure that all the documents relevant to a matter under its consideration are made available to the persons concerned.

39. Correspondence.

All correspondence to the Commission from Responsible Officers and health workers shall be addressed to the Secretary.

40. Submissions to the Commission.

All submissions for the consideration of the Commission shall be forwarded in triplicate unless otherwise directed.

41. Delegation of functions.

Where the Commission delegates any of its functions to a District Service Commission or to any other authority or officer, the District Service Commission, authority or officer to whom a function is delegated shall apply the Act, these Regulations and any guidelines that may be issued by the Commission.

PROFESSOR PIUS OKONG,
Chairperson, Health Service Commission.