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EXTRAORDINARY

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PART IV(A) : PROVINCIAL – COUNCILS

Provincial Councils Notifications

NOTHERN PROVINCE PROVINCIAL COUNCIL

NOTHERN PROVINCE INDIGENOUS MEDICINE STATUTE

No. 09 OF 2016

NOTICE is hereby given that the Nothern Province Provincial Council has adopted the Nothern Province Indigenous Medicine Statute No. 09 of 2016 on 10th January 2017 and that the Hon. Governor Nothern Province has given his Assent to it on 02nd April 2018.

K. THEIVENDRAM,

Secretary,

Council Secretariat,

Nothern Provincial Council.

Council Secretariat,

A 9 Road,

Kaithady.

03rd April, 2018.



NORTHERN PROVINCE PROVINCIAL COUNCIL

**INDIGENOUS MEDICINE STATUTE No. 09 OF 2016 OF THE PROVINCIAL COUNCIL OF
NORTHERN PROVINCE**

A Statute to provide, by implementing the subject of “Indigenous Medicine system” mentioned in list I of Table 9 embodied in the constitution of Democratic Socialist Republic Of Sri Lanka, for implementation of curative, preventive care services and health education, establish Indigenous Medical community medical services development, and conservation of the same; by using Indigenous Medicine system for the people of Northern Province; the establishment, and development of Indigenous Medical institutions, and Herbal gardens to provide necessary facilities and expansion for same ; registration of Indigenous Medical institutions and Indigenous Medical practitioners of Northern Province and regularizing and supervising of the same; improvement and preservation of Indigenous Medicine procedures; to initiate and maintain Indigenous Medicine Community health services; for matters connected with or incidental to the aforesaid matters. The provisions of this statute are inconsistent with the Ayurveda Act No. 31 of 1961.

Be it enacted by the Provincial Council of Northern Province of Democratic Socialist Republic of Sri Lanka.

*Short title and
date of
Operation.*

1. This Statute shall be cited as the Indigenous Medicine Statute No: 09 of 2016 of the Provincial Council of Northern Province and will be effective from the date on which it is assent by the Hon.Governor of Northern Province.

PART I

Establishment of Provincial indigenous medicine department, its composition and tasks

**Establishment
of the Department
of provincial
indigenous
medicine.
Commissioner
Indigenous
Medicine of
Northern
Province and
Staff.**

2. There shall be a Department of Indigenous medicine will be established (hereinafter referred to as the “Department” in this Statute) to achieve the objectives of this statute in Northern Province.

3. (i) There shall be appointed a person as “Commissioner” of Indigenous medicine of Northern Province”, hereinafter referred to as “Commissioner” in this Statute. He/ She shall be the head of the department. He/ She will be responsible for the implementation of Provisions of this statute, according to the directions of the Secretary of Ministry.
- (ii) There may be appointed such numbers of Deputy Commissioners of Indigenous Medicine, officers and Indigenous Medicine officers as may be necessary to assist the commissioners to implement the provisions of this statute,
- (iii) The appointments, promotions, disciplinary actions and dismissals of the departmental staff other than the Commissioner of Indigenous Medicine and Deputy Commissioners and Ayurveda doctor shall be in accordance with part IV of the Provincial Councils Act No.42 of 1987.
- (iv) All those who are in service / posts approved in the department, before the implementation of this statute, will be considered as having appointed in accordance with this statute.
- (v) The Commissioner may delegate any of the powers and duties conferred on him /her according to this statute, to appropriate staff.

*Objectives of
the
Department.*

4. The objectives of the department are as mentioned below.
 - (i) As in the manner mentioned in item 12 of list 01 of 09 Schedule of Constitution of Democratic Socialist Republic of Sri Lanka, establishing hospitals and institutions of Indigenous Medicine maintaining and providing services.
 - (ii) Implementing preventive measures and health education activities to promote the health condition of the people of Northern Province, according to Indigenous Medicine system.
 - (iii) Cultivation, preservation and development of medicinal herbs varieties necessary for indigenous medicine.

(IV) (a) Regularizing any dispensaries, hospitals, sales centers, drugs producing centers, yoga service centers in the names of meant accordingly, of siddha, Ayurveda, Unani, Yoga systems, other alternative medicine procedures.

(b) when regularizing the matters in paragraph one, issuing necessary advice guidelines and facilities, to local Authorities.

5. The activities of the department are as follows.

**Activities of
the
Department.**

- (i) Establishment and maintenance of hospitals and dispensaries which provide indigenous medicine services and establishment of other institutions necessary for the treatment of patients according to indigenous medicine procedure and maintenance of effective and efficient indigenous medicine services and regularizing same.
- (ii) Preparation and implementation of Health plans for the improvement of health of the people of the province according to indigenous medical system.
- (iii) Establishment, maintenance and administration of hospitals and institutions according to Indigenous Medicine procedure and as per necessity of the province.
- (iv) Making necessary methodology to improve the quality of patient care services and to popularize the Indigenous Medical system.
- (v) Providing necessary knowledge and training to the personnel working in Indigenous Medical institutions.
- (vi) Registration of private, non - governmental organizations, semi government institutions and co-operative related institutions and formulating guidelines, standards and basic requirements which shall be followed by the institutions concerned when carrying on activities, implementing and supervising and regularizing the same.
- (vii) Establishment of herbals gardens and maintaining same.
- (viii) Encouraging the plantation of medicine herbs and improving the knowledge in that regard.
- (ix) Establishing Indigenous Medicine production centers, according to approved policies and standards to supply necessary medicines to Indigenous Medical institutions functioning in the province and maintaining same.
- (x) Improving the health condition of the people by expanding the Provincial community medical services for prevention of diseases, preservation of traditional medical systems and providing services at emergency and disaster situations.
- (xi) Encouraging the production of medicines necessary for indigenous medical services in accordance with approved National Policy and Standards and improving the knowledge regarding same.
- (xii) Collecting and publicizing the informations relevant to indigenous medical services to be made, for health of the people of the province and uplifting same.
- (xiii) Collecting preserving and utilizing the information regarding indigenous traditional medical system.
- (xiv) Obtaining appropriate resources and suggestions for development activities according to the laws of the country in order to fulfill the functions and responsibilities of the department.
- (xv) Formulating indigenous medical policy, in accordance with National policy.

Powers of the Department. 6.(I) The department shall have all necessary powers, within the law, in order to fulfill its objectives and to perform the activities assigned, which are mentioned in this statute.

- (ii) If information, records or reports are required by commissioner or by any person authorized by him, from government or non-governmental indigenous medical institution or a person, necessary to fulfill the objectives and activities mentioned under this statute, such informations, records or reports should be supplied by such institution or by such person.

Part II

INDIGENOUS MEDICAL INSTITUTIONS.

Registration of Indigenous Medical Institutions

7. It an Indigenous Medical institution is to operate within the province.

- (i) All Properly registered institutions should be published in the *Gazette*, by commissioner.
- (ii) No indigenous Medical institution should be maintained or operated in the province without the registration certificate issued by Commissioner.

Powers and Tasks of the Commissioner regarding registered Indigenous Medical Institutions.

8. (i) All applications for the registration as an Indigenous Medical Institution. have to be completed in accordance with the prescribed format and be submitted to the Commissioner.

- (ii) When such application is approved by Provincial Commissioner the indigenous medical institution is to be registered and the certificate of registration is issued to the applicant and the said premises be registered as relevant indigenous medical institution.
- (iii) When the application is rejected, the application not in accordance with the regulations / rules imposed regarding registration as indigenous medical institution, is to be rejected and action be taken to inform the applicant in writing.
- (iv) An applicant, who is not satisfied with the decision of commissioner rejecting the application, can apply again after rectifying the said reasons / defects pointed out by the commissioner.
- (v) The registration fees decided by Provincial Minister in-charge of the subject, is acceptable.

VI Any person, who has the written permission of the Commissioner, within the general boundaries of law, shall have the power to enter into the institution or premises registered as indigenous medical institution, at any necessary time.

- (a) To inspect such premises.
- (b) To inquire matters from any person or patient who is there.
- (c) To examine any documents or reports maintained there and to take copies of the said documents or reports.
- (d) To give orders or advise to take action according to the provisions of this statute or regulations or rules imposed under same, to the owner and a person - in - charge of the said premises.

9. When carrying out activities and tasks the Commissioner may request the assistance of Police.

Part III

10.1. (i) No person in the Northern Province should engage in indigenous medical activity, unless permission is obtained as prescribed by the department.

Registration of those engaged in Indigenous Medical Service.

(ii) All persons who are engaged and to be engaged in indigenous medical service should submit their applications in writing to the Commissioner, according to the procedure laid down for same.

(iii) .The applicant, whose application was rejected, can submit the application again.

11. Any person to be registered as a person engaged in indigenous medical service.

Qualifications necessary for registration as a person engaged in indigenous medical service.

(a) Shall be a Citizen of Sri Lanka.

(b) Shall possess qualifications issued by a recognized institution and possess qualifications prescribed according to the procedural rules declared under this statute.

12. In the event, a person who is engaged in indigenous medical service is found guilty by a court that has appropriate judicial powers, for any offense mentioned in the penal code, the Commissioner can either suspend or cancel his registration.

Suspensions and cancellation of these engaged in indigenous medical.

13. (I) Appeal can be made by applicant who is not satisfied regarding the decision of the commissioner, rejecting the application to the secretary, within twenty-one days from the date the said decision was informed.

Making appeal regarding rejection of registration.

(II) The secretary shall inform his decision to the applicant within thirty days of receipt of such appeal.

14. (I) In the supply of goods and services in the Northern province, the words “Siddha”, “Ayurveda”, “Unani” “Traditional Medication” and “Yoga system” shall not be used without written permission of the Commissioner.

Usage of words “Siddha” “Ayurveda” “Unani” “Traditional Medication” or “Yoga system” which comes under indigenous medicine.

Part IV

OFFENCES AND PUNISHMENTS

15. If any person, who maintains an indigenous medical institution without registration, is found guilty after a summary trial held before a magistrate shall be liable to a fine not exceeding Rupees fifty thousand or a term of imprisonment not exceeding two years or to both such fine and imprisonment

16 If any person who engages in indigenous medical service without registration, is found guilty after a summary trial held before a Magistrate shall be liable to a fine not exceeding Rupees Twenty-Five Thousand or a term of imprisonment not exceeding six months or to both the fine and imprisonment.

17. If any person who obstructs the duties of the officer engaged in the matters said in this statute or contravenes the provisions mentioned in the statute is found guilty after a summary trial held before a magistrate, shall be liable to a fine of not less than Rupees Five Thousand and not exceeding Rupees Twenty-five thousand or a term of imprisonment not exceeding six months or to both fine and imprisonment.

18. If any person who contravenes the rules and regulations to made under this statute, is found guilty after a summary trial before a magistrate, shall be liable to a fine not exceeding Rupees two hundred thousand or a term of imprisonment not exceeding one year or to both such fine and imprisonment.

Part V

PROVINCIAL INDIGENOUS MEDICAL SERVICES ADVISORY BOARD

Provincial indigenous medical services advisory board.

19. Provincial indigenous medical services advisory board should be appointed by the Minister regarding planning and implementation of provincial indigenous medical services.

Structure of provincial indigenous medical services advisory board.

20. (i) The provincial indigenous medical services advisory board (hereinafter referred to as Advisory board) shall consist of the following members: -

- (a) The Secretary
- (b) The Commissioner
- (c) The provincial Director of Health Services or his representative.

Further the following persons will be appointed as members: -

- (d) Seven doctors / indigenous medical practitioners, who are qualified and not in Government Service, to be appointed by the Minister, to represent the five Districts of Jaffna, Kilinochchi, Mullaitivu, Vavuniya and Mannar. (Five siddha, one Unanai, one Ayurveda.)

- (e) One high professional person appointed to represent social organizations.

- (ii) The chairman of the advisory board will be appointed by minister in charge of the subject, Commissioner will be its secretary.

- (iii) (a) The term of office of the members of the advisory board, shall be two years.

- (b) An appointed member shall hold office for two years from the date of appointment unless resigns on own wish or death or removed from the post by minister - in - charge of subject or vacating the post before the term of office and is eligible to be appointed again.

- (c) In the event of an appointed member vacating office by death, resignation on own wish, removal from post by Minister or otherwise, the Minister shall appoint another eligible member for the balance term of such member.

- (i) A member, by addressing a letter to the minister, can resign from the post at any time.
- (ii) The advisory board shall meet at least once in three months.
- (iii) The quorum of the advisory board shall be four members.

21. The tasks of the said advisory board shall be the submission of observations, recommendations and suggestions in suitable manner, to the Minister – in – charge of the subject, regarding the matters referred to the advisory board and submission of recommendations and proposals from time to time regarding the activities of improvement of services of Provincial indigenous medicine department, development of health state of the province.

The tasks of the advisory board.

Part VI

HOSPITAL DEVELOPMENT COMMITTEE

22. (i) The development Committees for the provincial indigenous Hospitals, Base Hospitals, District Hospitals, coming under this statute (hereinafter referred to as “Committees” shall be appointed by the secretary.

Establishment of Hospital Development Committee and its Composition

(ii) The composition of the hospital development Committee shall be as mentioned below.

(a) Divisional secretary or his representative of the division concerned.

(b) Director/ Medical superintendent/ Medical Officer-in-charge.

(c) Two representatives of the social level organizations of the area where the institution is situated.

(d) A registered indigenous doctors who is not attached to the relevant hospital, of the area.

(e) Two representations of the hospital staff.

(iii) The relevant representatives shall be appointed with the consent of the minister – in – charge of subject.

(iv) The person who is elected in the election of members and appointed shall be the secretary and the Medical Officer – in – charge of the institution shall be the chairman of this committee as ex-officio.

(v) (a) The term of office of this committee shall be two years.

- (b) If the term of office of the members appointed with the consent of the minister - in - charge of the subject, is vacated before the prescribed date for any reason, the appointment of another person for the post so vacated, could be done with the consent of the Minister - in - charge of subject, subject to the provisions of such paragraphs. The member so appointed can hold office only for the term of office unexpired of his predecessor.
- (c) The minister - in - charge of subject, has powers to remove an appointed member from office, if there are any reasonable ground, any appointed member also can resign from the post on his own wish.

(VI) Members shall elect a person Chairman among them Chairman shall preside all meetings.

(VII) The secretary of the committee shall prepare the reports for the meetings.

(VII) The quorum of the hospital committee shall be three.

(IX) As secretary of the Committee, the secretary shall submit reports of the meeting to the Secretary of the ministry and to the commissioner.

**Functions of
the Hospital
Development
Committee.**

23. The activities of the hospital development Committee so established shall be in the manner as mentioned below.

- (I) Making co-ordination between institution concerned and general public.
- (II) Performing institutional development and welfare activates.
- (III) Contributing to the supply of qualitative service through the institution to the recipients service.

24. (I) The Development Committee shall meet at least once a month.

- (i) A member of the committee or any person of the family including his/her spouse, cannot enter into any contract with the indigenous hospital of the province.
- (ii) The members of the hospital development Committee, when they perform their activity, shall neither enter the hospital nor inspect the hospital without prior permission or shall not use influence due to their membership of the committee.

PART VII

REGULATIONS

25. (I) The minister – in – charge of the subject may make the following rules.

Rules to be made by the Minister.

- (a) Provisions and Conditions for the registration of indigenous medical institution within the Northern Province.
- (b) Fixing the fees for the registration of Indigenous medical institutions within the Northern Province.
- (c) Provisions for the registration of any person as a person engaged in the indigenous medical services.
- (d) Records and forms which shall be used for registration as indigenous medical institution a person doing indigenous medical service within Northern Province, and forms to be used for prosecution in court.
- (e) Any other matters necessary for the implementation of the provisions of this statute.

(II) All rules so made shall be published in the *Gazette* and be effective from the date of such publication or from a later date specified therein.

(III) All provisions so imposed, shall be submitted to the provincial council for approval within the period of three months after publishing same in the *Gazette*.

(IV) All rules which are not so approved shall be deemed to be rescinded as from the date of such disapproval, without prejudice to the matters previously done.

26. The duties, tasks and powers under this statute, shall be performed by the Commissioner subject to the supervision, inspection and arrangements of the secretary.

Responsibility of the Secretary.

27. In the event of inconsistency between the Sinhala, Tamil and English text of this statute the Tamil text shall prevail.

Tamil text to prevail in the event of an inconsistency,

28. In this statute, unless other meanings are required,

Interpretation.

“**Province**” means the Northern Province of the Democratic Socialist Republic of Sri Lanka.

“**Provincial Council**” means the Provincial Council of Northern Province.

“**Governor**” means the Governor of the Northern Province.

“**Minister – in – charge of the subject**” means the minister to whom the subject of indigenous medicine of the provincial Council of the Northern Province, has been assigned.

“**Secretary**” means the secretary of Provincial Ministry – in – charge of subject of indigenous medicine.

“**Commissioner**” means the Commissioner of indigenous medicine appointed for Department of Indigenous medicine of Northern Provincial Council.

“Indigenous Medicine” means indigenous traditional medical system in Sri Lanka, Siddha, Ayurveda, Unani, and Yoga system or alternative medical system with nature and whole theory and corresponding treatment method or curing science health treatment method, which are accepted by other foreign countries and internationally and maintained with the approval in Sri Lanka.

“Those engaged in indigenous Medical Services” mean indigenous doctors, Pharmacists, instructors for Yoga system Attendants, Technologist and measures.

“Indigenous Medical practitioner” means, a person who is engaged in practicing indigenous traditional medicine in Sri Lanka, Ashtanga, Ayurveda, Siddha, Unani and Yoga system or alternative medical system with nature and whole Theory and corresponding treatment method or curing science health treatment method, which are accepted by other foreign countries and internationally and maintained with the approval in Sri Lanka.

“Indigenous Medical Institutions” means Government and private indigenous medical hospitals, Dispensaries, Central treatment centers, Indigenous medicine panchakarma centers, indigenous medicine yoga system service centers and sales centers for marketing indigenous medicines and instruments which are registered in indigenous medicine Department as shown under paragraphs (1) and (2) of section 7 of this statute.

“Indigenous medicine production” means medicines, cosmetics, food items related to Siddha, Ayurveda, Unani and traditional medicine.