

MODULE 1 | LEGAL FOUNDATIONS

Your Role and Powers as Medical Superintendent

Practical hospital governance in Punjab, Pakistan

Find the power. Follow the process.
Keep a clear record.

AUTHOR

Dr Qurban Hussain Khan

01

LECTURE

What you will be able to do

Make a hospital decision that you can explain in plain language and support with the correct record.

- Find the hospital's governing law and notification.
- Check your power to approve a specific action.
- Send a complete case to the right authority.
- Keep the facts, reasons, decision and outcome.

LAW / RULE

A plain-language statement tied to a named official source.

WORKING METHOD

A recommended way to organise work. It is not a new legal rule.

TEACHING CASE

An invented example. It is not an account of a real hospital.

Study output

One verified authority entry and one clear case note from your own work.

Scope: a foundation lesson for public tertiary hospitals in Punjab, Pakistan. Read it with your hospital's own legal and administrative documents.

One failure can require several decisions

A CT scanner stops working. The emergency department needs a safe service plan. A supplier offers an immediate repair. A senior officer says: "Get it done today."

1

Patient care

Who will arrange a safe alternative service and keep the clinical teams informed?

2

Technical work

Who will confirm the fault, the repair needed and whether the equipment is safe to use?

3

Public money

Who can approve the cost, choose the purchase method and sign the contract or order?

The MS must coordinate the response. The three decisions may belong to different authorised people. Urgency makes coordination faster; it does not identify the approval powers.

Four words behind every decision

These are working definitions. A law may give a term a more specific meaning.

Responsibility

The work or result you are expected to manage.

Example: keep an essential hospital service running safely.

Authority

The legal power to make a particular decision.

Example: approve a specified type of spending within stated conditions.

Delegation

A power given to another person or body through a legally permitted arrangement.

Example: a Board delegates a stated power where its Act allows it.

Accountability

The duty to explain your actions, decisions and use of resources.

Example: show the facts, authority, reasons and outcome of a purchase.

The practical question is precise: "What authorises this office to take this action in this case?"

Sources: **S1**: section 13 | **S4**: rules 3 and 6

First, find the law that applies

Start with the hospital's legal documents. Its name, size or teaching status is not enough to establish its powers.

- | | | |
|---|---------------------------------------|---|
| 1 | Identify the institution | Use its exact legal name. Check whether the hospital is a separate institution or part of a college, institute or university. |
| 2 | Find its notification | Record the notification number, date, issuing authority and the law used. |
| 3 | Read the current legal package | Check the Act, amendments, rules, regulations and any later notification that changes the arrangement. |
| 4 | Confirm current powers | Obtain the Board constitution, appointment or charge order, and relevant delegations. |

If the documents do not agree, identify the exact conflict and obtain a written clarification through the proper channel before relying on the disputed power.

Sources: **S1**: sections 2-3 | **S2**: sections 1(3) and 3 | **S3**: sections 1(3) and 3

Three frameworks you must distinguish

These are examples of Punjab institutional laws. They are not a complete list of every hospital or university law.

Framework	What the cited law says	What you must verify
Medical and Health Institutions Act 2003	Medical Institution: Board of Management. Health Institution: the body or person notified by Government, subject to Government directions.	The institution's notification and legal category.
Medical Teaching Institutions (Reforms) Act 2020	Applies to institutions notified under the Act; provides for a Board of Governors.	The notification applying this Act to the institution.
Specialized Medical Institutions Act 2025	Applies to institutions notified under section 3; provides for a Board of Governors.	The Gazette notification and rules or regulations for that institution.

A newer Act is not proof that every older institutional arrangement has changed. Establish the legal position for the named hospital.

Sources: **S1**: sections 3, 5 and 6 | **S2**: sections 1(3), 3 and 7 | **S3**: sections 1(3), 3 and 6

Read the legal documents in the right way

Different documents do different jobs. A familiar office practice is not, by itself, a source of legal power.

Act	The law that creates the framework and gives powers.
Rules and regulations	Detailed provisions made under authority given by law. Check who may make them and their legal limits.
Notification or order	May apply a law, appoint a body, assign a function or exercise a power. Check its enabling provision and scope.
Delegation	Identifies a power another office or body may exercise, with its conditions and limits.
Local procedure or SOP	A standard operating procedure (SOP) explains how staff carry out a task within the powers and requirements that apply.

Example: section 19 of the 2003 Act allows Board regulations only if they are consistent with that Act and its rules. A Board resolution cannot remove that condition.

Sources: **S1**: sections 3, 13 and 18-19 | **S4**: rules 3 and 6

Under the 2003 Act: keep the roles separate

This page concerns a Medical Institution governed by the 2003 Act. It is not a universal organisation chart.

Board of Management The principal governing body. Administration and management vest in the Board. Sections 5(1) and 6(1)	Principal / Head of Institution A separately appointed office. Its powers and functions are to be prescribed by rules. Section 7	Medical Superintendent A separately appointed office with powers and functions prescribed by rules. The MS of the main teaching hospital is Board Secretary. Sections 8 and 6(2)
---	--	--

Being Board Secretary does not, by itself, confer all the Board's decision-making powers. Read the MS duty charter, applicable rules and any valid delegation.

Sources: **S1**: sections 5-8 and 13

Responsibility does not prove approval power

Break a broad management duty into the exact action that needs a decision.

Management responsibility	Separate decision to check	Evidence of authority
Keep equipment working	Approve repair spending; select the purchase method; sign an order.	Applicable financial delegation, procurement rules and contract authority.
Maintain staff performance	Start formal proceedings, suspend an employee or impose a penalty.	Applicable disciplinary law and competent-authority notification.
Improve a hospital service	Approve a new post, recurring cost, fee or building work.	Relevant institutional, service, financial and development provisions.

A recommendation, technical certificate, budget entry and approval are different records. Label each one accurately.

Sources: **S4**: rules 3 and 6 | **S7**: sections 2(f), 4-6

Six checks before using a power

Read the full provision and its conditions. Do not rely only on a heading or a copied extract.

01 Source

Which Act, rule, schedule, regulation or valid order gives the power?

02 Holder

Is the power given to this post, this person, a committee or the Board?

03 Action

Does it cover the exact decision: approval, sanction, appointment or signing?

04 Extent

What are its financial, subject, staff-category or other limits?

05 Conditions

What consultation, budget, procedure or prior approval is required?

06 Current status

Has it been amended, withdrawn, time-limited or replaced?

For a delegated power, also check whether further delegation is permitted. Do not assume that an officer may pass the power on again.

Sources: **S4**: rules 3 and 6 | **S1**: section 13 | **S3**: section 8(3)

Keep a simple authority register

Use one row for each decision. Keep the source document beside the register. The register records authority; it does not create it.

Decision	Record these details	Keep with the entry
Sanction a repair	Authorised post; exact provision; spending limit; conditions; funding route.	Delegation and all relevant amendments.
Declare a procurement emergency	Authorised forum; its approval record; the legal grounds that must be met.	Order specifying that forum and the applicable procurement rule.
Take disciplinary action	Employee category; governing law; competent authority; permitted action.	Service record and competent-authority notification.

Add a document date, effective date, source location, person who checked it and next review date. Mark an unresolved entry "not verified" and send it for clarification.

Sources: **S4**: rules 3 and 6 | **S6**: rule 59(c)(v) | **S7**: section 2(f)

Give the Board a clear decision paper

A useful paper makes the choice, authority and consequences clear before the meeting.

Before the meeting

- State the service problem and the decision required.
- Cite the Board's power and any Government approval still needed.
- Show options, costs, funding, risks and relevant written advice.
- Check membership, quorum (minimum attendance) and meeting procedure.

After the meeting

- Record the actual decision, conditions and reasons.
- Record any declared interest and how it was handled.
- Name the person responsible for each action and its due date.
- Obtain further approvals where needed and report implementation.

Delegation differs: the 2003 Act permits delegation to a person or committee. The 2025 Act specifies the Chairperson or a committee of Board members, subject to conditions the Board imposes.

Sources: **S1**: section 13 | **S3**: section 8(3)

Send a complete case to the Secretariat

The Secretariat is the departmental machinery through which Government business is processed. Submit the case through the channel prescribed for your institution.

- | | | |
|---|--------------------------------|---|
| 1 | Question and facts | State the exact problem, relevant dates, service effect and supporting records. |
| 2 | Rule and authority | Identify the provision that applies and the person or body that can decide. |
| 3 | Choice and consequences | Explain the practical options, cost, funding, risks and advice received. |
| 4 | Decision requested | End with a precise recommendation and a proposed order where helpful. List the attachments. |

The Manual of Secretariat Instructions, paragraph 4.3, sets out this basic sequence for notes. Short, connected paragraphs make a case easier to decide.

Sources: **S9**: paragraphs 4.3 and 4.7-4.9

Money: make four separate checks

A budget entry answers only part of the spending question.

01 Budget

Is there a lawful provision for this purpose?

02 Availability

Are funds available under the applicable release and cash arrangements?

03 Sanction

Can this authority approve this kind and amount of expenditure?

04 Procedure

Are the purchase, receipt, verification and payment steps complete?

What the cited provisions establish

Section 33 of the Public Financial Management Act addresses sanction and authorised expenditure from the Provincial Consolidated Fund and Public Account. Rules 3 and 6 of the 2016 delegation rules tie powers to their holder, extent and conditions.

For an institutional fund, also establish the governing financial rules, grant conditions and current delegations. No single rupee limit should be assumed for every MS.

Sources: **S5**: section 33 | **S4**: rules 3 and 6

Procurement: prove the emergency

Punjab Procurement Rules provide emergency routes. A request marked "urgent" does not, on its own, establish the legal grounds.

Rule 2(1)(q) covers natural calamity, disaster, accident, war and operational emergency that may create an abnormal situation requiring immediate action to limit harm to people, property or the environment. Rule 59(c)(v) permits emergency direct contracting and requires the procuring agency to specify the forum authorised to declare the emergency.

- | | | |
|---|----------------------------------|--|
| 1 | Record the facts | What failed, when, who may be harmed and what delay would mean. |
| 2 | Identify the lawful route | Confirm the emergency-declaring forum, financial sanction and procurement provision. |
| 3 | Support the decision | Keep technical need, scope, price justification, approvals, delivery and payment evidence. |

Direct contracting means contracting without the normal competitive bidding route under a permitted exception. It remains subject to the conditions of that exception and other applicable requirements.

Sources: **S6**: rules 2(1)(q), 4 and 59(c)(v)

Staff: establish who can take formal action

First check the employee's status and governing law. The competent authority is the person or body legally empowered to take the proposed step.

Daily supervision

- Arrange work and patient-service cover within your authority.
- Keep an accurate record of attendance, duties and reported events.
- Record the concern fairly and preserve the relevant evidence.
- Avoid treating an allegation as an established finding.

Formal disciplinary action

- Where PEEDA applies, identify the competent authority under section 2(f).
- Check the power for the specific step, including suspension or penalty.
- Follow the applicable notice, inquiry, hearing and decision procedure.
- Record the order and communicate it through the prescribed process.

The Punjab Employees Efficiency, Discipline and Accountability Act 2006 is commonly called PEEDA. Supervising an employee does not by itself make the MS the competent authority for every disciplinary step.

Sources: **S7**: sections 1, 2(f), 4-7 and 9-14

Patient care: internal authority is one layer

The Punjab Healthcare Commission Act 2010 expressly covers public and autonomous healthcare establishments.

Internal governance

Who runs the hospital and who may approve its decisions.

Check the institutional Act, rules, notifications and delegations.

External regulation

What legal conditions apply to providing healthcare.

The PHC Act addresses registration, licensing and healthcare standards.

- Keep the hospital's registration and licence records available, with their conditions.
- Identify the standards that apply to its category and services.
- Assign each unmet requirement to a named person with a due date and evidence of completion.

PHC means Punjab Healthcare Commission. Its Minimum Service Delivery Standards are commonly called MSDS. Detailed compliance is a separate clinical-governance lesson.

Sources: **S8**: sections 1(4), 13, 14 and 20; PHC clinical-governance FAQ

Turn an oral instruction into a clear record

A phone call can communicate urgency. It does not establish every approval or power needed for the action.

- | | | |
|---|-------------------------------------|--|
| 1 | Clarify the intended result | Restate the request, the deadline and the patient or service risk. |
| 2 | Check the proposed action | Identify what you can do now and what needs another authority's decision. |
| 3 | Confirm the important points | Record who spoke, when, what was asked and the advice or concern you raised. Seek written confirmation where required. |
| 4 | Offer a lawful next step | Send a short case to the proper authority and continue authorised measures to protect the service. |

Suggested wording: "The service risk is recorded. Immediate protective steps are in progress. The proposed purchase requires the attached authority and approvals; an urgent decision is requested."

Sources: **S4**: rules 3 and 6 | **S9**: paragraphs 4.3 and 4.7-4.9

Keep a record that explains the decision

Another officer should be able to understand the case without relying on your memory.

Facts

What was known at the time, with dated supporting reports.

Authority

The exact power and any approval needed before action.

Reason

Why this option was chosen; include material concerns and advice.

Decision

Who decided, what was approved, when and on what conditions.

Completion

What was done, who checked it and whether the service problem was resolved.

Retain the true sequence. If a later note corrects or explains an earlier record, date and label it as a later note. Good documentation supports review; it cannot make an unauthorised action lawful.

Sources: **S9**: paragraphs 4.3 and 4.9 | **S4**: rule 7

Protect the service and establish the facts

Return to the failed CT scanner. These are illustrative management steps, not a clinical treatment protocol.

- | | | |
|---|--------------------------------------|---|
| 1 | Clinical lead | Assess service risk and arrange an appropriate alternative pathway under the hospital's clinical and referral arrangements. |
| 2 | Technical lead | Confirm the fault, equipment status, warranty or maintenance-contract cover and available options. |
| 3 | Finance and procurement staff | Check the funding, applicable authority, purchase method and required approvals. |
| 4 | MS | Coordinate these workstreams, record the risk and time needed for a decision, and escalate any unresolved point. |

Do not promise a supplier a purchase before the required authority and route have been established. Continue authorised service-protection measures while the decision is processed.

Sources: **S4**: rules 3 and 6 | **S6**: rule 59(c)(v)

Write the decision request clearly

Illustrative note for urgent technical and approval-route confirmation. It is not a purchase sanction.

Issue	The CT scanner stopped working at 09:10. The clinical lead reports a risk to timely imaging. The incident report is attached.
Action taken	Clinical teams are using the approved alternative service arrangements. The technical team is checking the fault and maintenance-contract cover.
Point requiring decision	A repair proposal has been received. Its scope, cost, funding and approval route must be checked before a purchase commitment is made.
Recommendation	Please arrange urgent technical and finance scrutiny and confirm the competent authority and procurement route. If an emergency route is proposed, place the evidence before the forum authorised to declare it.
Follow-up	The MS office will maintain the service-risk record and submit the completed proposal for the required decision.

A final purchase case must add the verified amount, funds, exact delegation, chosen procurement provision, supporting reports and precise sanction requested. Do not invent missing particulars.

Sources: **S9**: paragraph 4.3 | **S4**: rules 3 and 6 | **S6**: rule 59(c)(v)

Follow the decision through to completion

Approval starts an action. It does not prove that the action was completed safely or correctly.

1	Issue the instruction	Use the approved scope, price, terms and conditions. Record any required change through the proper approval route.
2	Verify the work	Obtain the required technical checks and acceptance records. Confirm safe return to service through the responsible clinical and technical teams.
3	Verify payment	Match the bill to the order, work or goods received, acceptance record and applicable payment requirements.
4	Close the service problem	Record restoration of service, costs, outstanding obligations and the steps needed to prevent a repeat.

The case file should connect the original service risk to the final outcome. Procurement records must be retained for at least five years under rule 65; longer applicable retention requirements must also be observed.

Sources: **S6**: rule 65 | **S4**: rule 6

Five statements that need correction

These shortcuts hide a missing legal or factual step.

Unsafe assumption	What to establish instead
"Responsibility gives approval power."	The exact power for the specific action.
"Budget provision authorises purchase."	Funding, sanction, procurement and payment requirements.
"Chairperson consent is Board approval."	Whether the Chairperson has the power or the Board must decide through its required procedure.
"Urgency removes the rules."	The legal grounds, authorised forum and conditions of the emergency route.
"Later approval will cure it."	Rule 7 bars use of its scheduled powers for after-the-event regularisation or sanction of payments made without, or under incompetent, sanction.

A record of approval is useful only when the approving authority has the relevant power and its conditions are met.

Sources: **S4**: rules 3, 6 and 7 | **S6**: rule 59(c)(v) | **S3**: section 8(3)

When the facts or rules are unclear

Make the uncertainty specific. A vague request for "guidance" often produces another vague reply.

- | | | |
|---|--|--|
| 1 | Name the missing point | Example: the financial delegation is available, but its application to this institutional fund is not clear. |
| 2 | Separate fact from interpretation | Ask the technical team for technical facts, finance for the financial position, and the proper legal channel for legal interpretation. |
| 3 | Set out the choice | State what can proceed within existing authority, what needs approval and the consequence of delay. |
| 4 | Seek a precise written decision | Attach the competing provisions or missing-document list. Name the decision needed and follow it to completion. |

Escalation means placing the case before the office or body with the power to resolve it. It should move the decision forward while authorised service-protection work continues.

Sources: S9: paragraph 4.3

Use a short review to keep decisions moving

A weekly governance review is a recommended management routine. Urgent patient risks need immediate attention.

Review item	Question to ask	Minimum record
Service risk	What could interrupt safe care?	Risk, interim action, lead.
Pending approval	Who decides? What is missing?	Decision, authority, due date.
Board / Government decision	What is complete or delayed?	Decision reference, action status.
Compliance or audit point	What correction is needed?	Requirement, evidence, owner.
Change in law or order	What powers or steps have changed?	Source, effect, register update.

Use evidence to close an item. "Letter sent" is a step taken; it is not proof that a service problem or compliance gap is resolved.

WORKING METHOD | Illustrative material is identified in the text.

Build the hospital's basic governance file

Adapt this sequence to the immediate risks and the documents already available.

☐ Legal identity

Governing Act, institution notification, amendments and any relevant university law.

☐ Money and contracts

Budget, funds, financial powers, procurement arrangements and major contracts.

☐ Open obligations

Pending decisions, court or regulator directions, audit points and service risks.

☐ People and powers

Board constitution, appointment orders, duty charters, rules and delegations.

☐ Staff and standards

Service rules, disciplinary authority, PHC registration, licence and standards.

☐ Control of the file

Index, custodian, access controls, amendments and a missing-document list.

Use the file for decisions and handover. Keep confidential material under the applicable access and retention arrangements.

Analyse three short situations

For each case, identify the missing authority or evidence and the next practical step. Answers follow on the next page.

A | A request from the Chairperson

The Board Chairperson asks the MS to appoint a technician immediately. No appointment power or delegation has been attached.

What must be established before an appointment order is issued?

B | An urgent repair offer

A supplier offers to repair failed equipment today. The file says "emergency" but has no technical report or record of an authorised emergency declaration.

What is missing? What useful work can proceed now?

C | Repeated staff absence

An employee is repeatedly absent. The MS is asked to dismiss the employee today. The applicable service status and disciplinary authority are not stated.

What must be checked, and how should service cover be maintained?

Answer in four parts: facts, power, process and record. These cases test administrative reasoning, not recall of a rupee limit.

Explained answers

Apply the facts, the power and the process together. Continue the service-protection work that is already authorised.

A | Establish appointment authority

Check the sanctioned post, recruitment rules, restrictions and appointing authority. The Chairperson's request does not establish MS appointment power. Send the proposal through the prescribed selection and approval process.

B | Establish the emergency route

Continue authorised service protection. Obtain technical evidence, funding and financial-power checks. For emergency direct contracting, establish the legal grounds and the decision of the specified emergency-declaring forum. Urgency alone is insufficient.

C | Separate service cover from punishment

Arrange permitted duty cover and preserve the facts. Establish the employee's status and governing law. Where PEEDA applies, use the competent authority and the required procedure. A complaint does not justify skipping that process.

A sound answer identifies what is known, what is missing, who may decide and what lawful action can continue in the meantime.

Sources: **S1**: sections 8-9 | **S4**: rules 3 and 6 | **S6**: rule 59(c)(v) | **S7**: sections 1, 2(f), 4-14

Complete one real authority check

Choose one routine decision from your hospital. Use authorised records and remove personal details from any teaching copy.

One authority entry

State the action, authorised office, source provision, limits, conditions and document date.

One short case note

Set out the problem, evidence, rule, options, funding where relevant and exact decision requested.

One follow-up record

Name the person responsible, due date, decision received and evidence of completion.

Self-check: could another officer follow your reasoning and verify the authority from the attached documents? If not, identify and fill the missing point.

For continued use: review this lesson when the cited law, relevant notifications or institutional arrangements change. Keep the edition date visible when sharing it.

Sources: **S9**: paragraph 4.3

Official sources: institutional law

Select a source title or its official-source link to open the document.

S1

Punjab Medical and Health Institutions Act 2003

Act IX of 2003. Sections 2-3, 5-9, 13, 15-16 and 18-19. Official consolidated text, including the 2014 amendment shown in the text.

Government of Punjab | Specialized Healthcare and Medical Education Department | **Official source**

S2

Punjab Medical Teaching Institutions (Reforms) Act 2020

Act II of 2020. Sections 1(3), 3 and 7. Application depends on notification under the Act.

Government of Punjab | Punjab Laws | **Official source**

S3

Punjab Specialized Medical Institutions Act 2025

Act LVI of 2025. Sections 1(3), 3, 6 and 8(3). Published in the Punjab Gazette on 25 June 2025.

Government of Punjab | Punjab Laws | **Official source**

Read the full provisions and amendments. The three frameworks are compared for teaching; this lesson does not determine which one governs a particular hospital.

Official sources: money and procurement

Select a source title or its official-source link to open the document.

S4

Punjab Delegation of Financial Powers Rules 2016

Rules 3, 6 and 7; First and Second Schedules. Finance Department notification No. FD(FR)II-2/89(P-I), 1 July 2016.

Government of Punjab | Finance Department | [Official source](#)

S5

Punjab Public Financial Management Act 2022

Act XXXVII of 2022. Section 33: sanctioning expenditure from the Provincial Consolidated Fund and Public Account.

Government of Punjab | Punjab Laws | [Official source](#)

S6

Punjab Procurement Rules 2014

Official compilation amended up to 30 April 2025. Rules 2(1)(q), 4, 59(c)(v) and 65. Later notifications must be checked before a live purchase.

Punjab Procurement Regulatory Authority | Government of Punjab | [Official source](#) | [Later notifications](#)

Financial limits, procurement thresholds and operational instructions can change. Verify the current applicable text and notifications before using a live power.

Official sources: staff, care and records

Select a source title or its official-source link to open the document.

S7 Punjab Employees Efficiency, Discipline and Accountability Act 2006

Act XII of 2006 (PEEDA). Sections 1, 2(f), 4-7 and 9-14. Use with the applicable competent-authority notification.

Government of Punjab | Punjab Laws | [Official source](#)

S8 Punjab Healthcare Commission Act 2010

Act XVI of 2010. Sections 1(4), 13, 14 and 20. Registration, licensing and standards are separate from internal hospital governance.

Punjab Healthcare Commission | [Official source](#) | [MSDS explanation](#)

S9 Manual of Secretariat Instructions, 2023

Official edition updated February 2025. Paragraphs 4.3, 4.7-4.9 and 4.13: contents of notes, clear language, tone, signature and date.

Government of Punjab | Regulations/O&M Wing, S&GAD | [Official source](#)

Prepared 4 October 2026 from the official publications identified here. General teaching material; not an institution-specific legal opinion or a claim of Government or regulator endorsement.