

FEDERAL REFERRAL HOSPITALS (ESTABLISHMENT, ETC) BILL, 2018  
ARRANGEMENT OF SECTIONS

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SCHEDULE

List of Federal Referral Hospitals



# A BILL

## FOR

AN ACT TO PROVIDE FOR THE ESTABLISHMENT OF FEDERAL REFERRAL HOSPITALS IN THE SIX GEOPOLITICAL ZONES OF THE COUNTRY TO BRIDGE EXISTING GAP BETWEEN PRIMARY/SECONDARY HEALTHCARE AND TERTIARY HEALTHCARE SERVICE DELIVERY, REDUCE LOSS OF FOREIGN EXCHANGE LOST TO MEDICAL TOURISM IN NIGERIA AND FOR THIS PURPOSE PROVIDE FOR THE COMPOSITION AND FUNCTIONS OF THE MANAGEMENT BOARDS OF EACH OF THE HOSPITALS; AND FOR RELATED MATTERS

*Sponsored by Senator Adamu Alero*

[ ] Commencement

1 *Establishment and Composition of each Federal Referral Hospital*

2 *Management Board, etc.*

3 1.-(1)As from the commencement of this Bill, the Management  
4 Boards of each of the Federal Referral Hospitals (in this Bill referred to as  
5 the "Board") established under this Bill as specified in the Schedule to this  
6 Bill shall be constituted and have the functions and powers set out in the  
7 following provisions of this Bill.

Application of  
this Bill

8 (2) The President may, from time to time, by order published in the  
9 Federal Gazette-

10 (a) increase, vary or delete the Federal Referral Hospitals (in this  
11 Bill referred to as "hospitals") specified in the Schedule to this Bill;

12 (b) apply the provisions of this Bill to other Federal Referral  
13 hospitals that may come under the control of the Federal Government.

14 2.-(1) There is established six (6) Federal Referral Hospitals in the  
15 six geopolitical zones of Nigeria as specified in the Schedule to this Bill for  
16 comprehensive tertiary healthcare delivery using the referral healthcare  
17 system.

Establishment of  
Federal Referral  
Hospitals

18 (2) The hospitals shall each be bodies corporate with perpetual

1 succession and common seal and may sue and be sued in their respective  
2 corporate names.

3 (3) The location of these hospitals shall be as indicated in the  
4 Schedule to this Bill and priority shall be given to states without Federal  
5 tertiary healthcare facilities

6 *[Schedule]*

Objects of the  
Federal Referral  
Hospitals

7 3. The primary objectives of the Federal Referral Hospitals  
8 established under this Bill are to -

9 (a) provide complex and intensive tertiary healthcare solutions to  
10 patients where primary and secondary healthcare fails;

11 (b) bring tertiary healthcare services closer to States without access to  
12 such level of healthcare as a result of the current distributional location of  
13 Federal medical facilities in Nigeria;

14 (c) reduce loss of foreign exchange by providing alternative tertiary  
15 healthcare solutions to medical tourists from within Nigeria and neighbouring  
16 African countries;

17 (d) pave way for Nigeria to become the hub of medical tourism in  
18 sub-Saharan Africa;

19 (e) correct imbalance in the distributional location of existing federal  
20 tertiary healthcare facilities in the country.

Composition  
of each Board

21 4.-(1) Each Board shall consist of a chairman who shall be appointed  
22 by the President on the recommendation of the Minister and the following  
23 other members, that is to say-

24 (a) the Chief Medical Director of the hospital;

25 (b) one representative of the Federal Ministry of Health;

26 (c) three persons nominated by the Minister to represent a wide  
27 variety of community interests in health matters;

28 (d) one representative each representing the states constituting the  
29 zone within which the hospital is located;

30 (e) one representative of the Nigerian Medical Association or other

1 professions in the health field, not being a staff of the Hospital concerned;

2 (f) one representative of the Nigerian Medical professionals in the  
3 diaspora or other professions in the health field, not being a staff of the  
4 Hospital Concerned;

5 (g) the chairman of the Medical Advisory Committee of the  
6 Hospital concerned; and

7 (2) If the chairman is absent from any meeting of the Board, the  
8 members present shall appoint one of their number to preside at that  
9 particular meeting.

10 5. The chairman of the Board shall be a person of proven integrity  
11 coupled with experience and outstanding ability in administration of tertiary  
12 health facilities.

Qualification of  
chairman of the  
Board

13 6.-(1) The chairman and any member of the Board other than ex-  
14 officio member shall-

Tenure of office  
of members

15 (a) hold office for such period, not exceeding four years and on  
16 such terms and conditions as may be specified in his letter of appointment;

17 (b) unless he previously vacates his office, be eligible for re-  
18 appointment for one further term of four years:

19 Provided that nothing in this paragraph shall be construed as  
20 entitling any person who has held office as chairman for a term and who is  
21 being re-appointed under this paragraph to be appointed again as chairman;

22 (c) be paid out of money at the disposal of the Board such  
23 remuneration and allowances in accordance with scale approved in that  
24 behalf by the President.

25 (2) The office of a member of the Board shall become vacant if-

26 (a) he resigns his office by notice in writing addressed to the  
27 Minister;

28 (b) the period of his appointment has expired; or

29 (c) there is passed by the Board a resolution declaring-

30 (i) that he has become incapable, by reason of mental or bodily

1 infirmity, of discharging his duties;

2 (ii) that he has become unfit for membership of the Board by reason of  
3 the fact that he has an interest in a contract entered into by the Board and has not  
4 disclosed that fact;

5 (iii) that he has been absent from three consecutive meetings of the  
6 Board without leave of the Board; or

7 (iv) that he has been convicted of an offence which involves moral  
8 turpitude.

9 (3) Soon after the office of a member of the Board has become vacant,  
10 the authority by which he was appointed shall appoint another person in his  
11 lace in accordance with the provisions of this Bill.

Appoinment  
of Chief Medical  
Director, Director  
of Administration  
and other staff

12 7.-(1) There shall be for each hospital a Chief Medical Director who  
13 shall be appointed by the President on such terms and conditions as may be  
14 specified in his letter of appointment or as may be determined from time to time  
15 by the Federal Government.

16 (2) The Chief Medical Director shall-

17 (a) be a person who is medically qualified and registered as such for a  
18 period of not less than twelve years, and has had considerable administrative  
19 experience in matters of health and holds a post-graduate medical qualification  
20 obtained not less than five years prior to the appointment as Chief Medical  
21 Director; and

22 (b) be charged with the responsibility for the execution of the policies  
23 and matters affecting the day-to-day management of the affairs of the Hospital.

24 (3) There shall be for each hospital a Director of Administration who  
25 shall-

26 (a) be appointed by the Board and shall by virtue of that office also be  
27 the Secretary to the Board;

28 (b) be responsible to the Chief Medical Director for the effective  
29 functioning of all the administrative divisions of the hospital;

30 (c) conduct the correspondence of the Board and keep the records of

1 the hospital; and

2 (d) perform such other functions as the Board or the Chief Medical  
3 Director, as the case may be, may from time to time assign to him.

4 (4) There shall be for each hospital, a chairman of the Medical  
5 Advisory Committee who shall be appointed by the Board and responsible  
6 to the Chief Medical Director for such functions as may be required by the  
7 Board

8 (5) Subject to this Act, the Board shall have power to appoint  
9 (including power to appoint on promotion and transfer and of confirmation  
10 of appointments), advance, terminate or discipline employees (including  
11 consultants) holding or acting in any office in the hospital; and any such  
12 appointment shall be made having due regard to any personnel  
13 establishment approved for the hospital.

14 (6) Notwithstanding any provision of this Bill to the contrary, the  
15 Board may, from time to time, appoint consultants outside the University to  
16 perform such medical duties as the Board or the Chief Medical Director may  
17 assign to such consultants.

18 8. The Chief Medical Director shall hold office for a period of five  
19 years without option of renewal.

Chief Medical  
Director's tenure  
of office

20 *Functions of the Board*

21 9.-(1) It shall be the duty of the Board-

22 (a) to equip, maintain and operate the hospital so as to provide  
23 facilities for diagnosis, curative, promotion and rehabilitative service in  
24 medical treatment;

25 (b) to construct, equip, maintain and operate such training schools  
26 and similar institutions as the Board considers necessary for providing the  
27 hospital at all times with a proper staff of hospital technicians and nurses;

28 (c) to construct, equip, maintain and operate such clinics, out-  
29 patient departments, laboratories, research or experimental stations and  
30 other like institutions as the Board considers necessary for the efficient

Functions of the  
Board

1 functioning of the hospital.

2 (2) The duty of operating the hospital imposed by the foregoing  
3 subsection shall include, without prejudice to the extent of that duty apart from  
4 this subsection, the duty of organizing medical outreach between the hospitals  
5 and reputable international Non-Governmental Organizations for the purpose  
6 of providing free or subsidized tertiary healthcare to patients who are on  
7 referral at such hospitals but are unable to pay partly or fully for their treatment.

8 (3) The Board shall ensure that the standards of treatment at all  
9 establishments controlled by itself and the standards of treatment and care  
10 provided for patients at those establishments do not fall below those usually  
11 provided by similar establishments of international repute.

12 (4) Subject to this Act, the Board shall have power to do anything  
13 which, in its opinion, is calculated to facilitate the carrying out of its functions  
14 under this Act.

15 *Discipline*

16 10.-(1) If it appears to the Board that there are reasons for believing that any  
17 person employed as a member of the clinical, administrative or technical staff  
18 of the hospital, other than the Chief Medical Director, should be removed from  
19 his office or employment, the Board shall require the secretary to-

20 (a) give notice of those reasons to the person in question;

21 (b) afford him an opportunity of making representations in person on  
22 the matter to the Board; and

23 (c) if the person in question so requests within a period of one month  
24 beginning with the date of the notice, make arrangements-

25 (i) for a committee to investigate the matter and report on it to the  
26 Board; and

27 (ii) for the person in question to be afforded an opportunity of  
28 appearing before and being heard by the investigating committee with respect  
29 to the matter, and if the Board, after considering the report of the investigating  
30 committee, is satisfied that the person in question should be removed as



1 aforesaid, the Board may so remove him by a letter signed on the direction of  
2 the Board.

3 (2) The Chief Medical Director may, in a case of misconduct by a  
4 member of the staff which in the opinion of the Chief Medical Director is  
5 prejudicial to the interest of the hospital, suspend any such member and any  
6 such suspension shall forthwith be re-ported to the Board.

7 (3) For good cause, any member of the staff may be suspended  
8 from his duties or his appointment may be terminated or he may be  
9 dismissed by the Board; and for the purposes of this section,  
10 "good cause" means-

11 (a) a conviction for any offence which the Board considers to be  
12 such as to render the person concerned unfit for the discharge of the  
13 functions of his office;

14 (b) any physical or mental incapacity which the Board, after  
15 obtaining medical advice, considers to be such as to render the person  
16 concerned unfit to continue to hold his office;

17 (c) conduct of a scandalous or other disgraceful nature which the  
18 Board considers to be such as to render the person concerned unfit to  
19 continue to hold his office; or

20 (d) conduct which the Board considers to be such as to constitute  
21 failure or inability of the person concerned to discharge the functions of his  
22 office or to comply with the terms and conditions of his service.

23 (4) Any person suspended shall, subject to subsections (2) and (3)  
24 of this section be on half pay and the Board shall before the expiration of a  
25 period of three months after the date of such suspension consider the case  
26 against that person and come to a decision as to-

27 (a) whether to continue such person's suspension and if so, on what  
28 terms (including the proportion of his emoluments to be paid to him); or

29 (b) whether to reinstate such person, in which case, the Board shall

1 restore his full emoluments to him with effect from the date of suspension;

2 (c) whether to terminate the appointment of the person concerned, in  
3 which case, such person shall not be entitled to the proportion of his  
4 emoluments withheld during the period of suspension; or

5 (d) whether to take such lesser disciplinary action against such person  
6 (including the restoration of his emoluments that might have been withheld), as  
7 the Board may determine, and in any case where the Board, pursuant to this  
8 section, decides to continue a person's suspension or decides to take further  
9 disciplinary action against a person, the Board shall before the expiration of a  
10 period of three months from such decision come to a final de- termination in  
11 respect of the case concerning any such person.

12 (5) It shall be the duty of the person by whom a letter of removal is  
13 signed in pursuance of subsection (1) of this section to use his best endeavours  
14 to cause a copy of the letter to be served as soon as reasonably practicable on  
15 the person to whom it relates.

16 (6) Nothing in the foregoing provisions of this section shall prevent  
17 the Board from making such regulations not inconsistent with the provisions of  
18 this Act for the discipline of students and all other categories of employees of  
19 the hospital as the Board may prescribe.

20 (7) Regulations made under subsection (6) above need not be  
21 published in the Federal Gazette but the Board shall bring them to the notice of  
22 all affected persons in such manner as it may from time to time determine.

23 **11.-(1)** If any junior staff is accused of misconduct or inefficiency, the  
24 Chief Medical Director may suspend him for not more than three months and  
25 forthwith shall direct a Committee-

26 (a) to consider the case; and

27 (b) to make recommendations as to the appropriate action to be taken  
28 by the Chief Medical Director.

29 (2) In all cases under this section, the officer shall be informed of the

1 charge against him and shall be given reasonable opportunity to defend  
2 himself.

3 (3) The Chief Medical Director may, after considering the  
4 recommendation made pursuant to subsection (1) (b) of this section,  
5 dismiss, or take such other disciplinary action against the officer concerned.

6 (4) Any person aggrieved by the Chief Medical Director's decision  
7 under subsection (3) of this section may, within a period of 21 days from the  
8 date of the letter communicating the decision to him, address a petition to the  
9 Board to reconsider his case.

10 *Miscellaneous*

11 12.- (1) The Board may, with the approval of the Minister, make  
12 bye-laws-

Bye-laws regulating  
behavior of the  
public

13 (a) as to the access of members of the public either generally or of a  
14 particular class, to premises under the control of the Board and as to the  
15 orderly conduct of members of the public on those premises; and

16 (b) for safeguarding any property belonging to or controlled by the  
17 Board from damage by members of the public.

18 (2) Bye-laws under this section shall not come into force until they  
19 are confirmed (with or without modification) by the Minister and published  
20 in such manner as he may direct.

21 (3) Bye-laws made under this section may provide that a breach of  
22 the bye-laws or of a particular provision of the bye-laws shall be punishable  
23 by a fine (not exceeding N50) and in default of payment of the fine by  
24 imprisonment for such a term as may be specified, not exceeding seven  
25 days.

26 (4) Bye-laws made under this section shall not apply to any  
27 member of the Board and shall not, in their application to a particular  
28 institution, apply to an officer or servant of the Board employed in  
29 connection with the institution or to a student at the institution.

Inspection of  
institutions  
controlled by  
the Board

1                   **13.**-(1) The Minister, the Permanent Secretary of the Ministry, the  
2                   Director of Medical Services and Training and (on production if so required of  
3                   his authority) any person authorised in that behalf by any of the persons  
4                   aforesaid may at any time enter and inspect any institution controlled by the  
5                   Board.

6                   (2) The Board shall render to the Director of Medical Services and  
7                   Training at such times and in such form as he may specify such statistical and  
8                   other returns as he may from time to time require.

Mode of giving  
directions, etc.

9                   **14.** Any direction, notice, report, representation or request authorised  
10                  or required to be given or made by or under this Act shall be in writing and may,  
11                  without prejudice to any other method of service, be served by post.

Financial  
provisions

12                  **15.**-(1) The Board shall prepare and submit to the Minister not later  
13                  than the 30th day of June in each financial year, an estimate of its income and  
14                  expenditure during the next succeeding financial year; (and such estimate shall  
15                  be submitted by the Minister for approval by the President). (2) The Board  
16                  shall keep proper accounts in respect of each financial year (and proper records  
17                  in relation to those accounts) and shall cause the accounts to be audited not later  
18                  than six months after the end of the financial year to which the accounts relate.

19                  (3) The Board shall with the approval of the Minister have power-

20                  (a) to borrow money; or

21                  (b) to charge fees for any facilities provided by or by arrangement  
22                  with the Board (including in particular the provision of tuition, treatment and  
23                  accommodation).

Annual report

24                  **16.** The Board shall prepare and submit to the President, through the  
25                  Minister, not later than the 30th day of June in each year, a report in such form  
26                  as the Minister may direct on the activities of the Board during the immediate  
27                  preceding financial year and shall include in such report a copy of the audited  
28                  accounts of the Board for that year and of the auditor's report thereon.

Powers of the  
Board in relation  
to expansion,  
staff, etc., of the  
hospital

29                  **17.**-(1) The Board shall be responsible for laying down general  
30                  policies and guidelines relating to major expansion programmes of the hospital

1 and the provision of facilities for the training of staff and it shall be the duty  
2 of the Board to execute such policies and to keep within such guidelines.

3 (2) The Board shall subject to this Bill have power of promotion,  
4 advancement, discipline and the determination of appointment of members  
5 of the staff of the hospital.

6 18. The Minister may give to the Board directions of a general  
7 character or relating generally to particular matters (but not to any individual  
8 person or case) with regards to exercise by the Board of its functions under  
9 this Act, and it shall be the duty of the Board to comply with the directions;  
10 but no direction shall be given which is inconsistent with the duties of the  
11 Board under this Bill

Power of Minister  
to give directions

12 19. The President may, notwithstanding any provision in an  
13 existing Act, take such measures as occasion may warrant in order to  
14 improve the efficiency or due administration of the Federal Referral  
15 hospitals specified in the Schedule to this Bill.

Savings, etc.

16 20. In this Bill, unless the context otherwise requires-  
17 "Board" means the Management Board of each Federal Referral hospital  
18 established under this Bill;  
19 "chairman" means the chairman of the Board;  
20 "functions" includes powers and duties;  
21 "hospital" means the six Federal Referral Hospitals established herein as  
22 specified in the schedule;  
23 "junior staff" means staff of such grade as may be determined from time to  
24 time by the Board;  
25 "medical student" means a student whose course of instruction is-

Interpretation

26 (a) designed (either alone or in conjunction with other courses) to  
27 enable him to qualify as a medical practitioner;

28 (b) designed for the further training of medical practitioners;

29 "Minister" means Minister of Health ; and "Ministry" shall be construed  
30 accordingly; and

1 "Referral System" means the provision of tertiary healthcare that either cannot  
2 be done in the existing Federal Tertiary health facilities; or is done in a better  
3 way in the hospitals established herein.

Short title

4 21. This Bill may be cited as the Federal Referral Hospitals  
5 (Establishment, etc) Bill, 2018.

## EXPLANATORY NOTE

*(This memorandum does not form part of this Bill but is intended  
to explain its purport)*

This Bill seeks to correct existing imbalance in the distributional location of Federal Government owned tertiary health facilities in Nigeria; bridge the existing gap between primary/secondary healthcare and tertiary healthcare service delivery; reduce loss of foreign exchange lost to medical tourism in Nigeria; and pave way for Nigeria to become the hub for medical tourism in sub-Saharan Africa and for this purpose provides the legal and institutional framework for the operation six state of the art Federal Referral Hospitals as specified in the Schedule herein.

## SCHEDULE

*[Section 2]*

## LIST OF FEDERAL REFERRAL HOSPITALS

- (a) Federal Referral Hospital, Ilorin, Kwara State;
- (b) Federal Referral Hospital, Umuahia, Abia State;
- (c) Federal Referral Hospital, Wukari, Taraba State;
- (d) Federal Referral Hospital, Benin, Edo State;
- (e) Federal Referral Hospital, Birnin -Kebbi, Kebbi State; and
- (f) Federal Referral Hospital, Ekiti, Ekiti State.