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Private Sector Project for Women's Health

Part II Legal Report:

The Legislative Status of the Jordan Medical Council and Continuing Medical Education (CME)

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ACRONYMS

CME	Continuing Medical Education
GP	General Practitioner
JMC	Jordan Medical Council
JUST	Jordan University for Science and Technology
MOH	Ministry of Health

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EXECUTIVE SUMMARY

INTRODUCTION

The Private Sector Project for Women's Health (PSP) is a five-year project 2005 to 2010, funded by the United States Agency for International Development (USAID). The PSP mandate is to improve the health of Jordanian women and families, including ensuring increased availability of quality private sector health care services.

Partners Jordan was commissioned by PSP to conduct a legal and technical review of the status of Continuing Medical Education (CME) for physicians in Jordan. One major objective was to determine the role of the Jordan Medical Council in CME for physicians and what needs to be provided to improve its function in relation to CME.

The complete report for the whole review of CME is comprised of three parts and each is a stand alone report:

Part I: Technical Report: *Continuing Medical Education (CME), Role of Jordan Medical Council and the Way Forward*

Part II: Legal Report: *The Legislative Status of the Jordan Medical Council and Continuing Medical Education (CME)*

Part III: Jordan Medical Council Capacity Building Report: *Organizational Structure, Job Descriptions and Training Needs Assessment*

This document comprises Part II only, ie, the Legal Report .

This executive summary captures the highlights and essential findings and recommendations derived from the full Legal Report.

CME –LEGAL PERSPECTIVE

CME in Jordan

This review and analysis of all the different laws and legislative articles that govern and regulate the medical profession in Jordan incorporated the following:

- Law Nr 13, 1972 : Law of Physicians Syndicate
- Law Nr 17, 1972: Law of Dentists Syndicate
- Law Nr 9, 1999 : Law of The Higher Health Council
- Law Nr 54, 2002 : Law of Public Health (Temp law)
- Law Nr 12,1982: Law of Jordan Medical Council
- Law Nr 6,2002 : Law of Jordan Medical Council
- Law Nr 17, 2005 :Law of Jordan Medical Council

The different available laws have some overlapping provisions and in many cases exhibit redundancy with respect to objectives assigned to the bodies and institutions these laws pertain to. For example, “*The Advancement of the Medical Profession and Services*” is a recurrent article and objective mentioned in every single law and the same is the case of the reference to “*Improve and Develop the Capacity of Physicians*”.

There is an abundance of legislation in Jordan that regulates the medical profession and health sector and which pays a great deal of attention to and stresses the notion of “*guarantee an advancement of improved medical services and their providers, particularly physicians*”. In addition, there are numerous stringent legalities aimed at ensuring that only qualified medical health providers are able to practice in the country. However, the concept of Continuing Medical Education is **only** clearly **defined and stated** in the law Nr 17, 2005, Law of Jordan Medical Council (CME).

At the same time, though from a legislative perspective only Jordan Medical Council has the legal mandate and power to address the aspects of CME, other official institutions such as the Physician Syndicate, Ministry of Health and Higher Health Council are regulated by specific laws and are also involved in CME. However, they are not responsible for CME, under their general objectives as stated in their laws.

The relationship between the different regulated institutions involved in governing and developing the health sector and the medical profession are to a large degree organized to allow for complementary roles as much as possible :

- Higher Health Council, chiefly as strategy and national policy developer and advisor
- Ministry of Health, primarily as national executing institution
- Physician and Dentist Syndicates, as profession regulating & organizing bodies
- Jordan Medical Council, as an oversight and regulatory body

The relationship between Ministry of Health, the Jordan Medical Council and the Syndicates are closely intertwined in ” License to Practice “, where all three bodies are involved.

CME and JMC

The JMC, according to the latest law Nr 17 2005, particularly Articles 5 and 6, is the legally mandated and empowered institution responsible for CME as part of its role as an oversight and regulatory body. The council is responsible to:

- Set accredited training standards for Physicians and Dentists and regularly review these standards for improvements.
- Continuously train and ensure that Specialists and General Practitioners(GP's) maintain desired technical and scientific levels, in any way the council deems suitable.

For JMC to be able to achieve its objectives, the Jordanian legislature entrusted the Council with the following duties:

- Describe the required training by all medical specialties and specify the training evaluation criteria
- Organize, in collaboration with different medical bodies and institutions, educational seminars and training courses for physicians seeking specialization
- Create opportunities for both Specialists and GPs to pursue continuing professional development
- Issue board certificates for those who have the required credentials and pass the board examination (Board examination is organized by JMC)
- Oversee Interns and training programs and conduct their general exam.

JMC carries out its role in CME through specialized committees as dictated in Article 10 in law Nr 17 and designated as the “*Specialized Scientific Committee*” which is responsible for:

“Developing and supervising continuing medical education programs”

The 2005 law annuls the role of the “National Committee for CME” that previously existed as part of JMC regulations developed based on the 2002 Law of JMC. It confers on the specialized scientific committee the right to form subcommittees for different medical specialties. The authors of this report recommend abolishing the specialized committee and re-instating the role of the national committee which is more appropriate to provide input to CME programs and curriculum.

Other Medical Councils

The role of JMC in comparison to other medical councils (eg, USA, Britain, Australia, Palestine, Yemen and Bahrain) is most similar to the Palestine Medical Council, though the composition of the council differs. Other councils have a different role, or more accurately a lesser role, compared to that of the JMC. In general, most medical councils address the standards of the medical profession and services and the criteria for education, certification and training accreditation for physicians. The structure and composition of these councils also differ from one country to another. For example, there is a high degree of public involvement in the British Medical Council where almost half of the members are from the general public, while in the USA, the council is comprised of elected physicians with no representation from any official governmental bodies.

The JMC and Palestine Medical Council have CME as part of their legal mandate. Other countries have separate and/or different bodies responsible for different aspects of CME: the American Medical Association and Accreditation Council for Continuing Medical Education in USA and the Saudi Commission for Health Specialties as examples.

CME LEGAL STATUS – CONUNDRUM OF MANDATORY REQUIREMENT

One of the most critical components in implementing CME is whether pursuing and fulfilling CME pre-set requirements is an obligatory requisite mandated from every physician by law, or it is merely an optional one.

The articles of the law Nr 17 lack the legal text where such mandatory nature is expressed as shown below:

- **Article 18 in law Nr 17 states that** “*The Council can re-appraise the specialists working in any medical specialty every 5 years using different appraisal means,*

excluding examination, and as such, the council has the right to suspend whomever does not meet the appraisal requirement from practicing his specialty until such requirements are met”

- **Article 6 states** “ *The council exercises the following to accomplish its objectives :*

6. H: Creates and makes available opportunities for Specialists and General Practitioners to pursue CME to develop and modernize their knowledge and expertise “

The language of the articles confers the “*Permissibility*“ of the council to reappraise and sanction non-compliant physicians : “***The council can re-appraise...*** “

Moreover, Article 6 addresses both Specialists and GP’s while article 18 only addresses specialists. This renders the power of the council to “suspend “, if it chooses to exercise it ,only applicable to specialists while leaving out GP’s.

Indispensable Amendments

From a legislative perspective, and in order to confer the mandatory status of pursuing and fulfilling the requirements of CME points, some critical amendments to the law Nr 17 must take place. Such amendments should address the flaws and deficiencies in the current 2005 law.

The two core amendments should tackle the following (please refer to the full report for the complete set of suggested amendments) :

- 1) Include GPs in Article 18 and change the text to confer the obligation as follows:

Article 18 (new)

Despite any other available legislation (new)

Article 18.1: (amended)

The council must re-appraise the General Practitioners and specialists working in any medical specialty every 5 years using different appraisal means , excluding examination, and as such the council has the right to suspend whomever does not meet the appraisal requirement from practicing his specialty until such requirements are met”(amended)

Article 18.2: (new)

Medical institutions and establishments of all kinds (Hospitals, Health centers organizations, bodies, ,etc.), public or private, must acquire on annual basis clearance/recommendation from JMC, for any physician, attesting to that physician’s eligibility to be granted permission to work with that establishment , or be granted certification, license to practice , or open a clinic , or medical center , or relicensing any of the aforementioned.

Article 18.3: (new)

All aforementioned parties in Article 18. 2 must abide by the recommendation of JMC stated and conditioned in the same article.

- 2) Add new articles and provisions that explicitly address CME as follows ;

Point (I)

Every Physician (GP or specialist) must submit proof of completing 100 CME points (1 point=1 hour) every 5 years where this is the main criteria when evoking article 18 except for those who are undergoing training programs conducted by the council as part of their specialization or certification programs.

Point (II)

CME Points are not carried to the next cycle , where every cycle is 5 years .

Point (III)

Obtaining the 100 points is the (only criterion /one of the criteria) for which the council bases its decision to evoke article 18

LEGAL OPTIONS (RELATION TO OTHER LAWS AND PROCESS OF ENDORSEMENT)

Relation to Public Health Law

Reviewing the legal text of the different laws governing the medical profession and health care in the country, the following is noted:

- Law Nr 54, 2002 : Law of Public Health (Temp law)
 1. Article Nr 5 in this law includes every single profession and specialty that has to do with Health and it clearly states that *“No one can practice and obtain license to operate or open a medically related establishment without the explicit permission of the Minister of Health, who in return shall revert to other legislations regulating such matters and follow them. “*
 2. Article Nr 5 also gives the Minister of Health the right to suspend or cancel any license.
 3. Article Nr 5 unequivocally suggests that Minister of Health shall revert to Laws of JMC and Physician /Dentists Syndicates before granting or revoking a license /relicensing for any physician or dentist. In the case of a revised JMC law (with amendments proposed in this report), it will be the guiding and deciding legislation for Ministry of Health in matter of relicensing .
 4. The conclusion of this review is that no amendment is needed to the Law Nr 54, 2002 : Law of Public Health, and as such, any amendments to make CME mandatory and linked to relicensing can be achieved by solely amending the law of JMC.
 5. Furthermore, from a legal procedural perspective there are a few significant facts to consider, such as :
 - Law of Public Health Nr 54 is still being reviewed by Parliament and hence no additional amendments are allowed while in the revision process.
 - Law of Public Health Nr 54 , 2003 predates Law of JMC Nr 17,2005; hence chronologically the 2005 law prevails.
 - Law Nr 54 is denoted the status of “General Law” while Law Nr 17 is a “Special Law “ . Special laws prevail over General Law.

This confirms the recommendation of only amending the law of JMC by which the desired objectives to make CME mandatory for physicians can be attained.

The complete set of proposed amendments can be found in the full Legal report. They are presented in a comparative table with the current 2005 law, the new proposed articles, and the reasoning behind the proposed changes.

Other Legal Options

It is paramount to fully understand that in order to make CME a mandatory requirement for all physicians and link it to relicensing, proposed amendments must be legally binding for the Council and for both specialists and GPS. Hence such amendments must go through the full parliamentary process to bestow the power of law.

It is recommended to pursue that option only where the new proposed amendments are introduced to the law of JMC and that the law shall follow the legislative process through Parliament.

Other legal options that do not include amendments to the JMC law are not recommended.

These might be actions such as: a) amending the regulations of JMC, which can be approved by the ministers council (cabinet) or b) amending the Instructions, which can be approved by JMC council itself or Minister of MOH. These approaches will render the amendments void and nullify their impact since they will be in breach / contradiction with law Nr 17 and in such case, the law overrides and supersedes regulations, by-laws and instructions. By-Laws, regulations and instructions should not add or delete to the law, but their function is to organize and explain the law. Thus, it is futile to address the CME and its link to re-licensing through these options: only a Law can deliver the required outcome.

Special Cases

Two critical issues surfaced when engaging various stakeholders about CME, ie,

1. Exemption of long practicing physicians (veterans):

This is self resolved by Article 17 in the 2005 Law of JMC that states the law is not applicable for physicians who have registered with the Physician Syndicate before 1982.

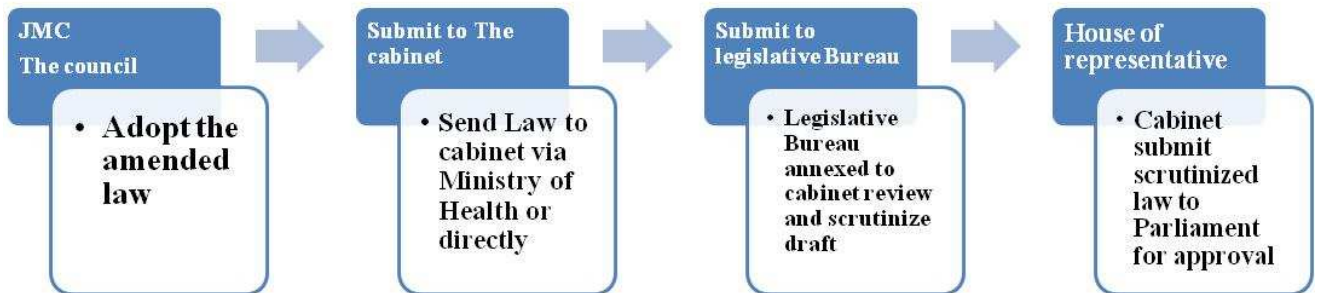
2. Grace Period before implementing the re-licensing sanction or before enacting the amended law.

This can be resolved by adding a provision in the proposed amended law that specifically gives JMC the right and the power to grant a grace period.

PROPOSED PROCEDURES FOR A NEW LAW

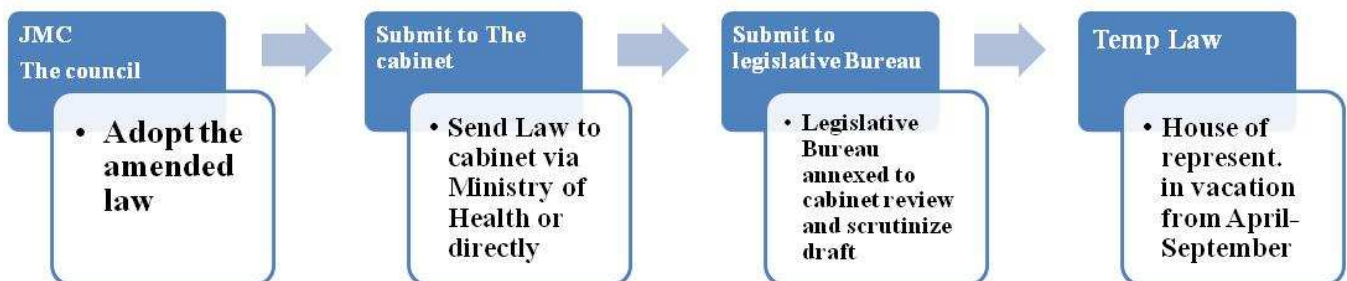
Customary:

Time frame is an open one with an inherent risk of being extremely delayed or refused by House of Representative due to lobbying of some stakeholders who are not in favor of linking CME with relicensing.



Expedited:

Where Cabinet exploits that Parliament is not in session and enact the law where it is designated the status of “Temporary Law”. This status can continue for many years. The law is considered lawful and active once published in the official gazette. Parliament will not be in session from April – September unless His Majesty the King calls for an extraordinary session or extends the session. However, in all cases, there is a period of 3 consecutive months that the Parliament will not be in session and this could be targeted to publish the proposed amended law as a temporary one.



RECOMMENDATIONS

Below are the main recommendations advocated in this report. More details can be found in the full Legal report.

General

- Make Continuing Medical Education in Jordan mandatory for GPs in addition to the specialty doctors and develop a clear mechanism for this mandate. This allows Jordan to meet and even surpass other international and regional CME standards.
- State clear authorities for JMC as the current law mix between tasks and authorities and JMC cannot take any decision or carry on any task related to CME unless there is an authority for this task.
- Abolish the specialized committee and re-instate the role of the national committee which is more appropriate to provide input to CME programs and curriculum.
- Before enacting CME as mandatory, provide a grace period to allow JMC and doctors to prepare to comply. Reassure those graduated before 1982 this does not apply to them.

Legal

- Adopt the proposed amended law (Attached) or at least the articles and provisions that directly bestow the mandatory nature of fulfilling CME and its role in re-licensing for all physicians (Specialists and GPs).
 - Specific core articles that need amended/developed in Law Nr 17 , 2005, Law of JMC are:
 - Change Article 18 to include GPs
 - Add new articles explicitly making CME mandatory and linking it to re-licensing
 - Add articles addressing grace period for institution of mandatory CME
- No amendment to the Law of Public Health is required if above is enacted and in any case, amendment of JMC law is required.
- Follow the expedited route by enacting the proposed amended law during the vacation of parliament to develop a temporary law.
- Issue by laws and instructions based on the new proposed amended law of JMC that are at par with international By-laws and instructions, to better organize CME in Jordan.

LEGISLATION OF THE JMC - BACKGROUND

The Jordan Medical Council was established upon an autonomous law called “the Law of Jordanian Medical Council” No. 17 for 2005. The law encompasses the objectives and the tasks assigned thereto as well as its mode of operation to help achieve its objectives.

JORDAN MEDICAL COUNCIL OBJECTIVES

The purpose of establishing JMC is to improve and develop the medical services in the Kingdom by raising the level of scientific knowledge and technical performance of general and specialized doctors operating in the different medical branches.

JMC enjoys a corporate capacity with financial-administrative autonomy, with its headquarters seated in Amman.

JMC comprises of a board of directors members of which are identified according to their positions as follows

- The Minister of Health in his capacity- President of the Council
- The Royal Medical Services Director,
- Presidents of Physicians syndicate.
- Dentists’ Syndicate.
- Secretary General of the Medical Council,
- Deans of Medicine faculties at one Official Jordanian university for a reciprocal bi-annual assignment upon a resolution by the Minister.
- One of the deans of Dentistry Faculties at on Official Jordanian Universities for reciprocal two-year assignments upon a resolution by the Minister,
- Secretary General of the Ministry of Health.
- A representative of the private hospitals’ association on condition that the doctor should hold a higher specialization certificate upon a decision by the Minister and based on a recommendation by the Association.

The Council cooperates with several relevant educational institutions and the Ministry of Health to achieve the above objective. It is assumed that the Council will achieve this objective by applying the following as per its Law:

- Set requirements of accredited training during the orientation period for a general practitioner or specialist over all the Kingdom and abroad. Conduct periodical review of the training provided to ensure advanced quality the required training.
- Continually train and ensure the high scientific and technical level of specialty doctors and general practitioners using all methods as deemed relevant by the Council.
- Coordinate and cooperate with the Arab Council for Medical Specialties.

JORDAN MEDICAL COUNCIL TASKS

The Jordanian Legislature set a number of tasks for the Jordanian Medical Council in order to achieve its objectives as follows:

- a- Describe the training required for all medical specialties as well as approve the basis for evaluation.
- b- Set accreditation criteria for hospitals and training centers.
- c- Form the Higher Studies' Committee and specialized scientific committees as stipulated in this Law. The Council shall have the right to change these or any of their members at any time.
- d- Organize seminars and courses for doctors preparing for specialization in cooperation with the several medical institutions and agencies.
- e- Provide opportunities for specialty doctors and general practitioners to carry on their education on a regular basis in order to develop their knowledge and experience.
- f- Issue certificates of specialization for doctors who fulfill the conditions stipulated and pass the examinations held by the specialized committees.
- g- Supervise the training programs of the "internship period" and do the comprehensive examination for doctors.
- h- Issue publications and printed material that serve the objectives of the Council.
- i- Prepare bylaw drafts for the Council and issue its regulations as well as monitor their application.
- j- Submit recommendations to the Cabinet to appoint the Secretary General of the Council.
- k- Approve the annual budget of the Council
- l- Discuss and approve the annual report of the Council.

JORDAN MEDICAL COUNCIL MODE OF OPERATION

JMC has a secretariat general comprised of the Secretary General, appointed by the Cabinet, and an appointed executive staff. The executive staff has to be recommended by the Secretary General and approved by the President of the Council.

The responsibilities of the Secretariat General are to facilitate the financial and administrative matters at JMC, and to monitor the tasks of the Higher Studies' Committee, specialized committees, and the National Committee for Continuing Medical Education. Its Secretary General is the Secretary of the Council and all the committees formed under JMC.

In order for JMC to achieve its goals; three committees have been formed:

- 1- Higher Studies' Committee
- 2- Specialized Scientific Committees
- 3- National committee for continuing medical education

Sub-committees are formed under these main ones and will be explained later on in this section.

See Annex I: Full description of the JMC committees tasks and operations

POSITIONING OF JMC AMONG OTHER ARAB AND INTERNATIONAL EXPERIENCES¹

Table1: Benchmarking against other Arab countries on Objectives and Tasks

	Palestinian medical council	The Arab council for Medical specialties	Bahrain Medical Council (draft law)	JMC
Objectives and tasks	<ul style="list-style-type: none"> • set specification for accredited training • elevate the scientific and practical level of doctors 	<ul style="list-style-type: none"> • Improve medical services in the Arab World • Set accredited training specification. • Set criteria and bases for doctors appraisal 	<ul style="list-style-type: none"> • Protects Patients' rights. • Increase the level of medical performance • Grant license to doctors and private medical institutions 	<ul style="list-style-type: none"> • set specification for accredited training • Continuing improved training • Coordinate and cooperate with other Arab medical councils

Table 2: Benchmarking against international medical councils on Objectives and Tasks

	American Medical Council	Australian medical council
Objectives and tasks	<ul style="list-style-type: none"> • Improvement of the quality and competence of patients care at hospitals • Treat all patients justly regardless their coverage with medical insurance • Ensure health and safety standards application 	<ul style="list-style-type: none"> • Provide advice to ministers of health on registration of practicing doctors • Maintain high level of standards in the medical domain • Provide guidance and advice for sub medical councils • Provide guidelines for appraisal of specialty doctors • Review and approve specialize medical education • Provide training

See Annex II: More information on Benchmarking on objectives and tasks

¹ Lebanon, Tunisia, Kuwait, Dubai and Egypt have not issued special laws for their medical councils.

Table 3: Benchmarking against Arab and International Medical Councils on Organizational Structure.

Organizational Structure	President	Members	Remarks
Jordan Medical Council	Minister of Health	<ul style="list-style-type: none"> - Director of the Royal Medical Service - President of the Physicians syndicate - President of the Dentists Syndicate - Secretary General of the Medical Council - Dean of faculty of medicine at a public Jordanian Uni. - Dean of faculty of dentistry at public Jordanian Uni. - Secretary General of the Ministry of Health - Representative of Private Hospitals Association 	Some criticize that the Council needs to achieve a real Partnership among all medical corps through having a satisfactory representation for dentists
Yemni Council		<ul style="list-style-type: none"> - Five who Practice Medicine from several specialties - Three doctors from several specialties - Two pharmacists from different specialties - One dentist - President of Physicians syndicate - President of Pharmacists Syndicate - 2 Deans of Faculties of Medicine and Health Science from Public Universities - A public Figure 	Pharmacists are noticeably represented by the council through including 2 pharmacist members and the president of the Pharmacists Syndicate.
Palestinian Medical Council	Minister of Health	<ul style="list-style-type: none"> - Deans of Medicine Faculty - Deans of Dentistry Faculty - President of Physicians syndicate - President of Dentists Syndicate - Director of Military Medical Services - President of the Palestinian Red Crescent - 4 figures known for their competence in Medicine - 3 figures known for their Competence in Dentistry 	The Palestinian Medical Council Law has taken into consideration the scientific competencies and experiences in the field of dentistry in its council Formulation.
British Medical Council		<ul style="list-style-type: none"> 19 Doctors elected at registration at the council - 14 members from people - 2 doctors appointed by educational entities 	The council tries to combine practical and scientific components by having members from both medical and academic disciplines. Furthermore, the council aims at keeping interaction with public through having members from the public
American Medical Council	Family Doctor	<ul style="list-style-type: none"> - Family Doctor - Family Doctor - Student - Cancer and Hematology Doctor - Psychiatrist - Resident Member - Cardio Doctor - Internist - Neurologist - Dermatology - Pediatric 	The American Medical Council is merely a functional council as it does not have any member from official institutions

See Annex III: description on organizational structures of Arab and international countries

LEGISLATION OF THE OPERATION OF JMC AND THEIR ROLE IN CONTINUING MEDICAL EDUCATION

It is well known that there are several stakeholders working on developing the health sector in Jordan; the usual status is that each agency will have its own legislation. This section will highlight the main legislation pieces in this respect and then explain its role in supporting and developing the mechanisms and programs of Continuing Medical Education in Jordan.

HIGHER HEALTH COUNCIL LAW NO. 1999

It explains that the Higher Health Council is a corporate body council with financial and administrative autonomy. It aims at setting the overall policy for the health sector in the Kingdom as well as setting the strategy to achieve it and organize the health operation and develop it in all its sectors. This is for the purpose of expanding health services to cover all citizens according to the latest methods, techniques and advanced scientific technologies.

Accordingly, the Higher Health Council is the one responsible for evaluating health policies on a regular basis and introduces the required amendments in light of the results of application. The council will not have an intervention in the procedures of training and examination of internship students; grant licenses of medical profession practice whether for specialty doctors or general practitioners. It assumes no role in the continuing medical education. This is further assured by virtue of the tasks that the Council implements:

- a- Identify requirements of the Health Sector as well as making the decisions required for the delivery of health services of all types all over the Kingdom in order to achieve justice and further quality advancement of services.
- b- Participate in setting the educational policy for the study of health and medical sciences inside the Kingdom as well as organizing enrolling of students in such studies abroad.
- c- Promote studies and scientific research; support programs, events and services in order to achieve the general health policy.
- d- Coordinate operation among health institutions and entities in both the private and public sectors in order to secure integration of operation.
- e- Enhance cooperation between local health institutions and entities on one hand and Arab, regional, and international institutions and entities engaged in the health sector.
- f- Continue to expand the health insurance umbrella.
- g- Study the issues facing the health sector and take the relevant procedures in relation therewith including restructuring the health sector.
- h- Consider draft laws, bylaws, and regulations related to the Council and the health sector and submit relevant recommendations.
- i- Help advance the medical sector and increase the proficiency of those working at the public sector as well as providing them with relevant incentives.

The planning role that sets the general policies of the health sector is the Higher Health Council. It has non-doctor members who contribute to the support and development of the health sector in Jordan. The Council is formed with the Prime Minister as its President and the membership of:

- 1- Minister of Health
- 2- Minister of Finance
- 3- Minister of Planning
- 4- Minister of Social Development

- 5- Minister of Labor
- 6- Director of Royal Medical Services
- 7- Presidents of Physicians Syndicate
- 8-
 - a- One of the deans of faculties of medicine at the official Jordanian universities appointed by the President in rotation for two years.
 - b- President of one of the other health professions associations appointed by the President in rotation
 - c- President of the Private Hospitals' Association
 - d- Two people with experience and specialty in the health sector appointed by the President for two years.

PUBLIC HEALTH LAW NO. (54) FOR 2002 – “A PROVISIONAL VALID LAW”

This Law regulates operation of the Ministry of Health and identifies its role in developing the health sector in Jordan. It sets the tasks and responsibilities for the Ministry. It provides for the legal texts in relation with practice of medical and health professions as well as licensing practice of the profession of medicine.

The Ministry of Health shall be responsible for all health issues in the Kingdom. In particular, its tasks include the following:

- a- Maintenance of public health by delivering preventive, curative and control health services.
- b- Regulate health services delivered by both the Public and Private Sectors and supervise the same.
- c- Provide citizens with medical insurance coverage in line with the available capacity.
- d- Establish educational and training health institutions and institutes under the Ministry and supervise their management while observing the provisions of valid legislation pieces.

In coordination with the relevant agencies, the Ministry works on the following:

- a- Promote and enhance healthy life practices including physical activities, adopting sound nutrition practices, promote anti-smoking efforts and any other means that is proven to be scientifically feasible in improving public health.
- b- Elevate the population health standards by combating diseases resulting from malnutrition through adding micronutrients such as iodine, ferrous elements, vitamins and the like to the food items; or to request the modification of their ingredients and prevent marketing food that can cause risk to health.
- c- Encourage breast feeding to infants. Thus, it shall be permissible to prevent any advertisement means- visual, audio- or printed or any method to present memos, guidelines or labels; or screens, pictures or films and goods in any manner to advertise alternatives to breastfeeding and supplementary food items. Also, monitor the production, design and publication of information and educational material related thereto.
- d- Provide maternity and child care services to mothers and children including anti-natal/natal/and post natal care. Also, monitor child growth and provide vaccines to fulfill requirements of productive health and other health issues in relation with family planning.
- e- Encourage to be married couples to take medical examination and set the provisions related to this examination and its requirements upon the by-law issued in compliance with the provisions of this Law. A marriage contract cannot be issued unless this examination has been done.
- f- (i) Deliver preventive health services to school students, and public KGs and nurseries.

- (ii) Provide health services as deemed relevant to some non-public schools, KGs, and nurseries; or to commit their owners to provide such services under the supervision of the MOH.
- g- Implement programs in relation with health activities to care for the elderly and medical supervision on their centers and institutions.
- h- Monitor the business environment and health conditions of those working at factories, and industrial institutions and the like to secure their health safety.
- i- Implement health programs and events in relation with combating non-contagious diseases such as cardio, blood vessels, cancer and diabetes... etc that can be of risk to public health.

Accordingly, the Ministry of Health is not responsible for supervising the continuing medical education in any case. However, the legislature authorizes the Minister of Health to license general practitioners to practice the medical profession of course after they pass the training period and the comprehensive examination according to the regulations issue upon the Law of the Jordanian Medical Council.

Carrying the issue further; Article (5) of the Law of Public Health states in its first paragraph that medicine, and dentistry are medical and health professions. Paragraph two of the same article states that no person can practice any of the medical or health professions or any other job related to such professions unless obtaining a license from the Minister of Health in compliance with the laws and regulations set for this

On the other hand, the Law of Public Health has taken into consideration the laws of associations of doctors and dentists as well as any other legislation in relation with the medical and health professions. This is for the purpose of identifying the provisions and conditions of granting licenses to practice these professions and the cases to withdraw/revoke/renew such licenses.

Basically, all of these are identified upon bylaws issued for this purpose.

The Jordanian Legislature authorizes the Ministry of Health to solicit opinion of any of the associations and societies or other agencies involved in medical or health professions before granting the licenses of practicing them. In the meantime, all ministries and governmental and non-governmental organizations; departments, entities and councils are mandated by the legislature to cooperate with the Ministry of Health within their capacity in order to achieve their objectives and deliver on their tasks.

Jordanian Medical Council and Relationship with the Ministry of Health:

The Jordanian Legislature prohibits any doctor to practice any medical specialty or to be publicized in any medium as a specialty doctor unless his/her certificate has been evaluated and has passed the examination as required by the provision of JMC Law.

This means that the Legislature has authorized JMC only to grant license to the specialty doctors; i.e. the general practitioners are not included in this authorization; they are under the Ministry of Health; namely, Minister of Health in compliance with Public Health Law.

Article (5) of the Law of Public Health No. (54) for 2002- a provisional law stipulates:

[Medical and health professions include practicing any of the following jobs:

Medicine, dentistry, pharmacy, nursing, midwife, health labs, anesthesia, x-ray, speech therapy, audio issues, sight examination, medical eye-glasses and contact lenses, diagnosis equipment, physiotherapy, physical fitness, prostheses, splints, clinical psychology, psychological health and

counseling, nutrition, foot treatment, bio-medicine and genetics engineering, denture technician, dental health counseling, health inspectors, manual treatment for the back-bone and radiography, dermal care, hair removal, preparation of herbal and natural products for medical purposes, and any other medical or health profession as decided by the Cabinet based on a recommendation by the Minister].

The same Article states that nobody can practice any of the medical or health professions or any other job related to these professions unless obtaining a *license form the Minister of Health* in compliance with laws and regulations set for this purpose.

Internship doctors in Jordan must be registered at JMC and must be trained under the supervision of the Council to sit for the comprehensive examination which is supervise and result- approved by JMC.

The Public Health Law identifies the specific conditions to granting/ withdraw/revoke/renew of the license to practice these professions upon regulations and bylaws issued for this purpose. However, the Ministry of Health has the right to solicit the opinion of any of the syndicates, societies; and other stakeholders before licensing their practice. A certificate issued by JMC is deemed as the highest professional certificate for specialty in Jordan.

JMC can re-appraise the specialty doctors in any of the medical specialty every five years upon the several appraisal mechanisms other than examinations. It shall have the right to suspend those who do not fulfill the requirements of re-appraisal. This means that JMC is not authorized to do reappraisal of general practitioners no matter what method is applied.

JORDAN PHYSICIANS SYNDICATE NO. (13) FOR 1972:

Under this Law, doctors residing in the Kingdom must join the Physicians Syndicate and operate through its regulations. They must fulfill the membership requirements as stipulated in the Law.

The Jordanian Legislature prohibits a doctor from practicing the profession before registering at the Syndicate and obtaining a license from the Ministry of Health. Otherwise, this practice will be deemed as violating the provisions of this Law. The Syndicate has medical, health, scientific and social purposes.

The Law of Doctors' Syndicate stipulates its tasks as follows:

- a- Elevate the medicinal profession standards; as well as regulate, protect and defend it.
- b- Cooperation with the Ministry and all other relevant institutions and entities to further improve health standards and provide medical services to the best level possible.
- c- Help doctors have one voice; one platform and maintain their rights and dignity.
- d- Maintain ethics of the profession.
- e- Achieve welfare for doctors and their families in case of poverty or old age.
- f- Enhance relations with Jordanian doctors outside the Kingdom and with Arab and foreign medical associations and entities.

Jordan Medical Council and Relationship with the Physician Syndicate:

- 1- The Jordanian Legislature imposes a condition on profession practitioners who want to be a member in the physician syndicate to pass a comprehensive examination of doctors according to the examination by-law. However, doctors who obtained the specialty certificate in line with the Law of JMC No. (12) 1982 and any replacing law are exempted.

- 2- For the purposes of registering specialty doctors who are still under training, the Law requires a document issued by JMC to be presented in order to be admitted to the examination held by the Council.

JORDAN DENTISTS SYNDICATE LAW NO. (17) FOR 1972

The purpose of the Syndicate is: medical, health, scientific and social. Its mandate includes:

- (a) Elevate the medicinal profession standards; as well as regulate, protect and defend it.
- (b) Cooperating with the Minister of Health and all other stakeholders further improve health standards.
- (c) Help dentists have one voice and maintain their rights and dignity.
- (d) Maintain ethics of the profession
- (e) Secure welfare for dentists and their families in case of disability, old age or death.
- (f) Create a professional environment for members; and organize cooperation in relation with the practice of profession as well as providing medical aid to citizens in need.
- (g) Enhance relations with Jordanian dentists abroad and with the Arab and foreign dentists' associations and societies.

Consequently, continuing medical education is an independent program that is separate from the mandate of the Higher Health Council, the Ministry of Health, Doctors' Syndicate and Dentists' Syndicate. It falls within the mandate of the Jordan Medical Council that implements it through a committee formed in compliance with the regulations of continuing medical education for 2002; namely, the National Committee for Continuing Medical Education. This committee was made inactive under the revised law No 17 in 2005 and changed to specialized committees referring to specialists.

The following section is designated for discussing the continuing medical education; its objectives and mechanisms. It will show to which extent it is mandatory for all doctors in Jordan.

EFFECTIVENESS OF LEGISLATION REGULATING CONTINUING MEDICAL EDUCATION

Article (5) of the Jordan Medical Council Law reads:

[The Council aims at improving medical services in the Kingdom by improving the scientific and practical level of doctors operating in the several medical branches and in cooperation with relevant educational institutions following all adequate methods including:

- a- Set specifications for accredited training while preparing a general practitioner or a specialty doctor in medicine and dentistry of all branches inside the Kingdom and outside it. Also, conduct constant review to ensure that training development is in line with medical advancement as well as monitor maintenance of the stipulated training level.*
- b- Continuing training and secure the scientific and technical level for specialty doctors and general practitioners in all methods as deemed relevant by the Council.*
- c- Coordination and cooperation with the Arab Council for medical specialties]*

Article (6) of the Medical Council Law stipulates:

[For JMC to be able to achieve its objectives, the Jordanian legislature entrusted the Council with the following duties:

- a- Describe the required training by all medical specialties and specify the training evaluation criteria.*
- b- Set accreditation standards for CME providers.*
- c- Form a Higher Studies' Committee and specialized scientific committees as stipulated herein; the Council reserves the right to make changes on the committee regulations and committee members.*
- d- Organize, in collaboration with different medical bodies and institutions, educational seminars and training courses for physicians seeking specialization.*
- e- Create opportunities for both specialists and GPs to pursue continuing professional development.*
- f- Issue specialty certificates to doctors who fulfill the required conditions and pass examinations held by the specialized committees.*
- g- Supervise periodical training program "Internship Period" and administer the comprehensive examination for doctors.*
- h- Issue publications and printed material that serve objectives and tasks of the Council.*
- i- Produce draft regulations of the Council; issue regulations and supervise their implementation.*
- j- Submit recommendations to the Cabinet for the purpose of approving the appointment of the Council Secretary General.*
- k- Approve the annual budget of the Council.*
- l- Discuss and approve the Council annual report.]*

Article (18) of the same law stipulates:

[The Council can re-appraise the specialists working in any medical specialty every 5 years using different appraisal means, excluding examination, and as such, the council has the right to suspend whomever does not meet the appraisal requirement from practicing his specialty until such requirements are met.]

The language of the articles confers the "Permissibility" of continuing medical education rather than a mandatory issue. Thus, the Legislature considers the continuing medical education for

both specialty doctors and general practitioners as a basic objective for the Council in compliance with Article (5) Paragraph (b) as follows:

Conduct continuing training while ensuring the required standards for the scientific and technical performance for specialists and GPs using all suitable means. .

This is further reiterated when stipulated in the tasks of the Medical Council in compliance with Article (6) Paragraph (e) which reads:

Create opportunities for both Specialists and GPs to pursue continuing professional development.

However, in a later article (the latter revokes the former), the Jordanian Legislature explains again that the re-appraisal of doctors is permissible rather than mandatory issue for the Council. It also limits re-appraisal to specialists only.

In addition, regulations of Continuing Medical Education for 2002 are void of any legal article that makes such education mandatory. Nevertheless, in line with Article Two of these regulations, both physicians and dentists should adhere to the regulations whether they are specialists or GPs.

This will not change anything in reality as the regulations in compliance with the Jordanian legislative progression take their strength from the strength of the Law. They regulate the provisions of Law. If the regulations are in contradiction with the Law, it is the Law which has the precedent. As Article (18) of the Medical Council Law limits re-appraisal to specialist only, any other text that contradicts with this one simply cannot be implemented.

The issue is that the regulations of continuing medical education program in Jordan are not clear and that is attributed to the Law. As CME regulations are based on the JMC law 2002, and upon these regulations, JMC formed a national committee for continuing medical education, to assume the following:

- 1- Set specific regulations to develop the educational process.
- 2- Accreditation of continuing medical education credit hours.
- 3- Submit recommendations of sub committee names to the Council for approval, and supervise their activities.

However, the latest law of JMC No. (17) for 2005 stipulates in its Article Ten:

- a- The specialized scientific committee will assume the following tasks in its field of specialty, and has the right to form sub-committees for each of these tasks:
 - (i) Set accreditation system for scientific and practical training programs.
 - (ii) Exchange medical experiences with Arab and foreign institutions.
- 3- Set continuing medical education programs and supervise their implementation.
- 4- Set bases for examinations and questions as well as edit the scientific documents for this purpose.
- 5- Evaluate scientific and clinical certificates issued by other countries in order to fulfill requirements to sit for the examination.

- b- The specialized scientific committee will approve results of examinations done in their field of specialty and submit the results to the Higher Studies' Committee.
- c- The Council shall be the specialized authority to approve results of examinations done by the specialized scientific committees submitted and upon recommendations of the Higher Studies' Committee.

With this legal Article, the Jordanian Legislature has withdrawn the capacity of continuing medical education with all its dimensions and meanings including continuing education programs from the National Committee for Continuing Medical Education and assigned it to the specialized scientific committee (dealing only with specialists, not GP's).

The National Committee for Continuing Medical Education has become useless especially in light with Article (10) of the Law of JMC for 2005, as the law overrides and supersedes regulations.

GENERAL RECOMMENDATIONS

- 1- Make Continuing Medical Education in Jordan mandatory for GPs in addition to the specialty doctors and develop a clear mechanism for this mandate. This allows Jordan to meet and even surpass other international and regional CME standards.
- 2- State clear authorities for JMC as the current law mix between tasks and authorities and JMC cannot take any decision or carry on any task related to CME unless there is an authority for this task.
- 3- Abolish the specialized committee and re-instate the role of the national committee which is more appropriate to provide input to CME programs and curriculum.
- 4- Before enacting CME as mandatory, provide a grace period to allow JMC and doctors to prepare to comply. Reassure those graduated before 1982 this does not apply to them.
- 5- JMC must be authorized to open other non-independent branches in the other cities of the Kingdom to ensure that all doctors have easy access to CME activities. However, certificates are to be issued by the Headquarters.
- 6- Expand the representation of medical sectors in the General Secretary of the council to include one dentist specialist.
- 7- Redraft JMC objectives as the current text is a repetition of that of the Law of 1982. Accordingly, objectives need to be increased go in line with Council aspired purpose.
- 8- Remove the power to recommend appointment of the Secretary of the Council in order to avoid a legislative flaw. That is the Law defines the Council as the medical council formed in line with Article (4) that the Council comprises of a president and members and as the Secretary General is a member and without him the formulation of the President cannot be completed. However, a separate article must be incorporated to the effect of identifying the method to appoint the Secretary General in order to provide for this legal issue. Then, the recommendation will be by the President of the Council and its members rather than the Council as a whole.
- 9- Redraft the tasks in order to reflect the objectives of the Council.
- 10- Organize the writing up of the current council law. First, it must be speaking about the Council, its formulation, objectives, powers, tasks and meetings. Then, it can tackle the organization of financial matters and the Secretariat general; its formulation and tasks. This order must be always observed in laws upon which certain councils are created.
- 11- Allow doctors to be members in one medical committee only, unless the required number is not met in other committees. As the Law here permits a doctor to be member in more than one committee.

LEGAL RECOMMENDATIONS : SUMMARY

- Adopt the proposed amended law (Attached) or at least the articles and provisions that directly bestow the mandatory nature of fulfilling CME and its role in re-licensing for all physicians (Specialists and GPs).
 - Specific core articles that need amended/developed in Law Nr 17 , 2005, Law of JMC are:
 - Change Article 18 to include GPs
 - Add new articles explicitly making CME mandatory and linking it to re-licensing
 - Add articles addressing grace period for institution of mandatory CME
- No amendment to the Law of Public Health is required if above is enacted and in any case, amendment of JMC law is required.
- Follow the expedited route by enacting the proposed amended law during the vacation of parliament to develop a temporary law.
- Issue by laws and instructions based on the new proposed amended law of JMC that are at par with international By-laws and instructions, to better organize CME in Jordan.

LEGAL RECOMMENDATIONS: SPECIFIC

See Annex IV: Unofficial translation of Jordanian Medical Council Act No. (12) 1982
See Annex V: JMC Law No (17) for 2005 (Arabic)

A. PROPOSED AMENDMENT TO JMC LAW:

The following legal articles must be added to JMC Law No. (17) for 2005.

Article One:

- 1- Continuing Medical Education Program shall be an integral part of the health system in Jordan. It aims at the following:
 - a- Enforce the basic medical information of doctors in all specialties and refresh the same.
 - b- Increase the medical performance level and cope with latest state of art in the medical profession.
 - c- Ensure that a doctor is keeping pace with developments in his/her specialty and develop their skills on a continuing basis.
 - d- Raise awareness of developments and health problems emerging on the national level.
- 2- The Council will develop continuing medical education program based on the national needs and in an integrated manner between the health care other stakeholders.

An additional Article:

- a- the National Committee for Continuing Medical Education will be comprised from:
 - (i) a medical doctor representing the Ministry of Health.
 - (ii) Dentist representing the Ministry of Health.
 - (iii) Medical Doctor representing the Royal Medical Services.
 - (iv) Dentist representing the Royal Medical Services.
 - (v) Medical doctor representing Jordanian Doctors' Association.
 - (vi) Dentist representing the Dentists' Syndicate in Jordan.
 - (vii) A medical doctor representing JUST/Faculty of Medicine
 - (viii) Dentist representing JUST/Faculty of Dentistry
 - (ix) Medical Doctor representing the University of Jordan/Faculty of Medicine.
 - (x) Dentist representing the University of Jordan/Faculty of Dentistry
 - (xi) A medical doctor representing Mu'tah University/ Faculty of Medicine
- b- The assignment of the Committee shall be three years and the Council can change the committee or any member on it during this period based on competence, experience and effectiveness of effort made without causing prejudice to the representation of sectors in Paragraph (a) of this Article.
- c- This who will be appointed a member on the National Committee for Continuing Medical Education must have a post graduate certificate in his specialty with an experience for ten years minimum after obtaining the post graduate certificate; or this who has obtained a consultant rank at the official medial institutions; preferably with published medical research.
- d- In its first meeting, the National Committee for Continuing Medical Education will elect its chairperson, and a vice-chairperson form among its members.

Article Two:

The National Committee for Continuing Medical Education will assume the following tasks and responsibilities:

- 1- Submit recommendation to the Council on developing means and approaches to the continuing medial education program as well as issuing the specific regulations in this respect.
- 2- Accreditation of continuing medical education activities.
- 3- Submit recommendation on the formulation of the sub committees for approval and to the Council, and supervise their activities.

Article Three:

- a) Upon the recommendation of the National Committee for Continuing Medical Education, the Council will form two sub-committees:
 - Subcommittee of medicine (medical doctor)
 - Subcommittee of Dentistry
- b) Each subcommittee will be formed of members with experience and interest in the continuing medical education. It can seek assistance from doctors who possess relevant specialties to implement its several tasks.
- c) Representation of the sectors in subcommittees will be as follows:
 - (i) Two members from the Ministry of Health
 - (ii) Two members from the Royal Medical Services
 - (iii) Two members from the Doctors' Association.
 - (iv) Two members from the Dentists' Association.
 - (v) Member from the Faculty of Medicine or Dentistry at the public Jordanian Universities.
- d) Assignment for a subcommittee will be three years. The Council have the right to change any of the committee regulations or members upon a recommendation by the National Committee

for Continuing Medical Education based on competence, experience and effectiveness of efforts without causing prejudice to the representation of sectors in Paragraph (c) herein.

- e) The subcommittee will assume the following tasks:
 - (i) Implementation of continuing medical education by the National committee.
 - (ii) Tailor continuing medical education programs in coordination and cooperation with the several medical sectors.
 - (iii) Prepare for and supervise the implementation and organization of such programs.
 - (iv) Undertake the required procedures to secure the required standard of continuing medical education.
 - (v) Submit recommendations to the National Committee of Continuing Medical Education for approval on continuing medical education and accredited hours.
 - (vi) Any other tasks and powers as assigned by the National Committee for Continuing Medical Education.

Article Three:

- a) All GPs and specialists must submit documents to prove that they have obtained 100 CME scores every five years. Each score equals one credit hour. Trainee doctors on the programs accredited by the Council shall be excluded from this requirement.
- b) Accredited hours will not be rounded to the next CME cycle.
- c) Doctors receiving 100 points in considered main criterion or one of the main criteria that the council rely on while implementing Article (18) of this law.

Article Four:

- a) The Council will issue special regulations for CME accreditation processes; including; identifying the scientific activities, CME providers, and credit system.
- b) Regulations of the continuing medical education issued upon the amended law of JMC for 2002 will remain to be valid till the issuance of the regulations in the above paragraph and to the extent that they do not contradict with the provisions and articles herein.

Article Five:

Despite any other available legislation,

- 1- The Council must re-appraise both GPs and specialists in any medical branch every 5 years applying several appraisal means, excluding examination, and as such the Council has the right to suspend whom ever does not meet the appraisal requirement form practicing his specialty until such requirement are meant.
- 2- Medical institutions and establishments of all kinds (hospitals, health centers. Organizations, bodies, etc) , public or private, must acquire on annual basis clearance/ recommendation for JMC, for any physician, attesting to that physician eligibility, to be granted permission to work with that establishment, or be granted certification, license to practice, or open a clinic or medical center, or relicensing any of the aforementioned.
- 3- All aforementioned of in article 18.2 must abide by the recommendation of JMC stated and conditioned in the same article.

Moreover, Article ten of JMC Law must be amended by canceling Article three in it which reads as:

- a- The specialized scientific committee will assume the following tasks in its specialty and it can form subcommittees to carry on these tasks:
 - 1- Tailor programs for accredited scientific and practical training.
 - 2- Networking with Arab and foreign institutions (to exchange medical experience).
 - 3- Develop and supervise CME Programs:

- 4- Develop bases for questions and examinations, and edit scientific documents.
- 5- Evaluate scientific and clinical certificates issued by other countries in order to fulfill requirements to sit for the examination.
- 6- The specialized scientific committee shall be considered the competent authority to approve results of examinations held in their specialty domain and submit the results to the Higher Studies' Committee.
- 7- The Council shall be the competent authority to approve results of examinations administered by the specialized scientific committees submitted with recommendation by the Higher Studies' Committee.

B. PROPOSAL OF AMENDMENT TO THE CURRENT REGULATIONS OF CONTINUING MEDICAL EDUCATION:

These current CME regulations must be revoked as they are issued upon JMC Law for 2002 which was nullified upon JMC Law No. 17 for 2005.

New CME regulations should be drafted to include the legal articles stated above, while referring to the articles suggested for the new law in order to avoid and legal redundancy or repetition.

See Annex VI: Suggested JMC Law Amendments (Arabic)

C. PROPOSAL TO ISSUE A SPECIAL BYLAW FOR CONTINUING MEDICAL EDUCATION:

In this case, a bylaw must be produced to make CME mandatory, and identify the body responsible for supervising it, as well as setting CME processes and credit system.

Article (10) assigns the task of identifying and supervising the continuing medical education to the specialized scientific committee. Article 18, however, limits the reappraisal of doctors to specialists only and leaves it permissible for JMC rather than being mandatory.

The amendment requires CME to be mandatory for JMC, GPs and specialists.

D. RELATION TO PUBLIC HEALTH LAW

No amendment is needed to the Public Health Law to make CME mandatory. An amendment to make CME mandatory and linked to relicensing can be achieved by solely amending the law of JMC.

E. Special Cases

Critical issues surfaced when engaging different stakeholders on CME:

1. Exemption of long practicing physicians (veterans)

This is self resolved by Article 17 in the 2005 Law of JMC that states the law is not applicable for physicians who have registered with the Physician syndicate before 1982.

2. Grace Period before implementing the re-licensing sanction or before enacting the amended law.

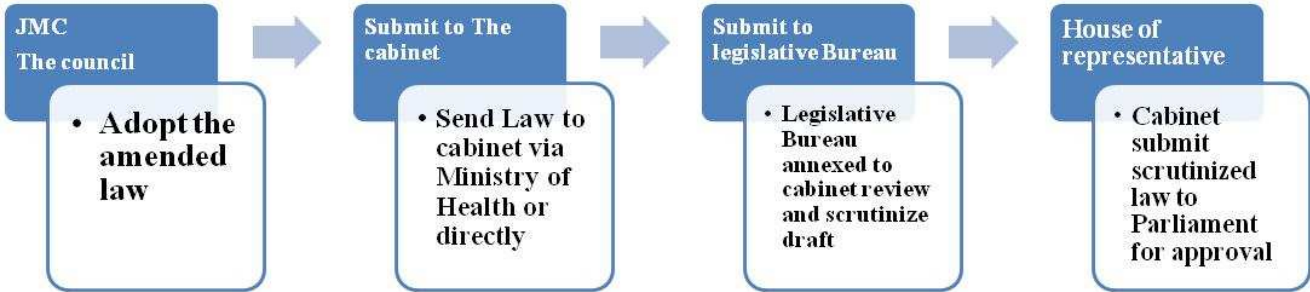
This can be resolved by adding a provision in the proposed amended law that specifically gives JMC the right and the power to grant grace period.

PROPOSED PROCESS

The routes that can be followed in order to effect the proposed amendments to the law can follow one of the 2 options:

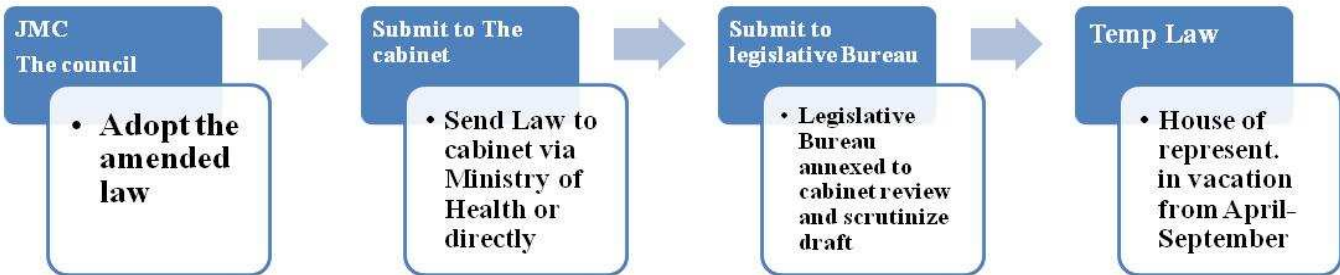
Customary:

Time frame is an open one with an inherent risk of being extremely delayed or refused by House of representative due to lobbying of some stakeholders who are not in favor of linking CME with relicensing



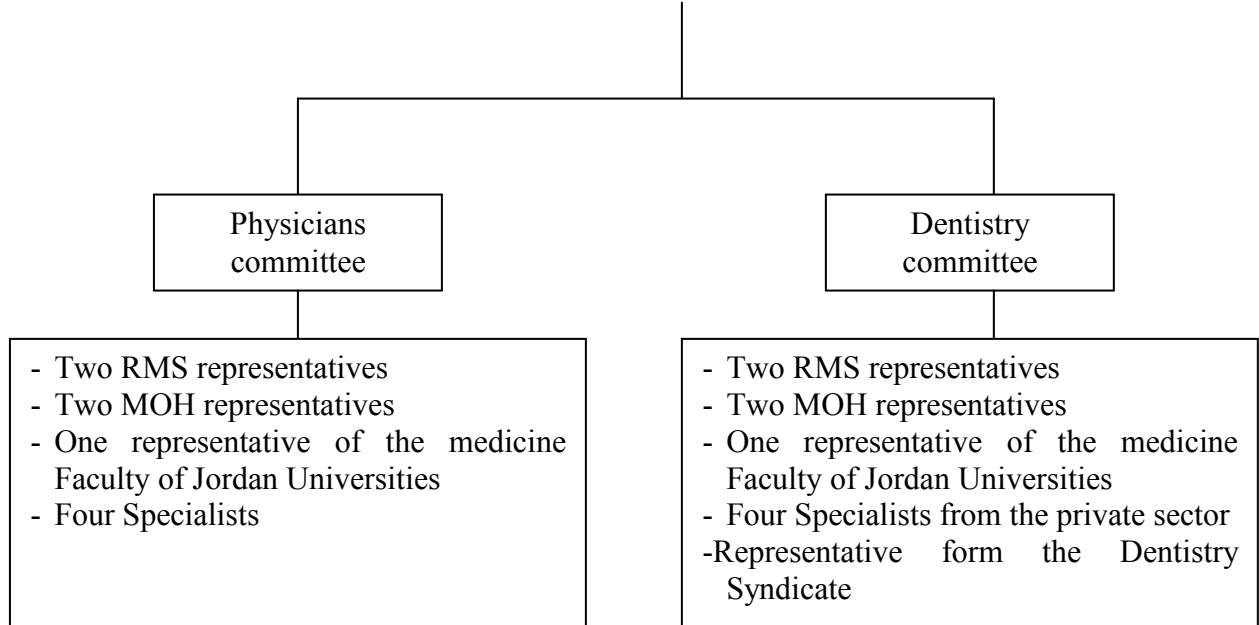
Expedited:

Where Cabinet exploits that Parliament is not in session and enact the law where it is designated the status of “Temporary Law”. This status can go on for many years. The law is considered lawful and active once published in the official gazette. Parliament will not be in session from April –Sep unless His Majesty the king calls for an extraordinary session or extends the session but in all case there is a period of 3 consecutive months that the parliament will not be in session and should be targeted to publish the proposed amended law as a temporary one



ANNEX I: Full Description of the JMC Committees Tasks and Operations

Higher Studies Committee



It is comprised of two committees; one for physicians and the other for Dentistry. The physician committee two representatives from the Royal Medical Services and two other representatives from the Ministry of health; a representative from a Faculty of Medicine at one of the official Jordanian universities; four specialty doctors from the Private Sector selected by the Council for a four-year assignment that can be renewed once. Any of them can be replaced for the remaining assignment period. The Committee has also a representative of the Jordanian Doctors' Association.

The Higher Studies' Committee for Dentistry comprises: two representatives from the Royal Medical Services, two representatives from the Ministry of Health; a representative to the Faculty of Dentistry at one of the official Jordanian universities; four specialized dentists from the private sector selected by the Council for a four-year assignment that can be renewed for once. Any of them can be replaced for the remaining period of the assignment. The Committee also has a representative from the Dentistry Syndicate.

It must be pointed out here that to be a member of the Higher Studies' Committee, a doctor must hold a post graduate certificate in his specialty with an experience of ten years minimum after obtaining that higher certificate; or s/he can be of a consultant grade at the official medical institutions preferably with some published medical research papers.

None of the members of the Jordanian Medical Council can be a member of the Council and of the Higher Studies' Committee.

The Higher Studies Committee is responsible for the following:

- a- Implementation of the Medical Council resolutions.

- b- Recommendation of names of members of specialized scientific committees of the Council and supervising their operations.
- c- Consideration of recommendations of the specialized scientific committees and submit their recommendations to the Council.
- d- Consideration of common issues and coordination among the specialized scientific committees.
- e- Application of required procedures to secure the required level of examinations, seminars and courses.

❖ **Specialized Scientific Committees:**

As medical specialties are multiple and diversified, the Jordanian legislature has been aware of the importance of having specialized scientific committees for each medical specialty. Accordingly, it is permissible to have non-Jordanian members in these committees on condition that the membership assignment be for four non-renewable years unless a sufficient number of members could not be secured. Representation of all medical sectors must be observed.

A specialized scientific committee is formed for each specialty. It comprises seven members; 3 of them can be non-Jordanians. Those who are to be appointed as members in a scientific specialized committee must be post graduates in their specialties; with at least seven years of practice, after getting the postgraduate degree. Otherwise, they can be of a consultant level at the official medical institutions preferably with some medical research published.

Following are tasks assigned to a specialized scientific committee in its field of specialty and it can have sub-committees to manage each of the tasks:

- 1- Set accredited training programs (theoretical and practical).
- 2- Exchange medical experiences with Arab and foreign institutions.
- 3- Set continuing medical education programs and supervise their implementation.
- 4- Set bases for examinations, questions and their categories as well as auditing the scientific papers for this purpose.
- 5- Evaluate scientific and clinical certificates issued by other countries in order to fulfill requirements to sit for the examination.

It is worth mentioning here that according to the Law of JMC, the specialized scientific committee is deemed as an authority in approving results of examinations held in their specialty and submit the same to the Higher Studies' Committee.

However, the Medical Council itself is the competent authority to approve results of examinations held by specialized scientific committees submitted thereto by the Higher Studies' Committee.

1- National Committee of Continuing Medical Education:

It comprises the following:

- 1- A Medical Doctor representative to the Ministry of Health.
- 2- Dentist representative to the Ministry of Health.
- 3- Medical Doctor representative to the Royal Medical Services.
- 4- Dentist representative to the Royal Medical Services.
- 5- Medical Doctor representative to the Jordanian Doctors' Association.
- 6- Dentist representative to the Dentists' Syndicate in Jordan.
- 7- Medical Doctor representative to the Jordanian University for Science and Technology (JUST)- Faculty of Medicine.
- 8- Dentists representative to JUST/Faculty of Dentistry.
- 9- Medical Doctor representative to the University of Jordan/Faculty of Medicine.
- 10- Dentist representative to the University of Jordan/Faculty of Dentistry.

11- Medical Doctor representative to Mu'atah University/Faculty of Medicine.

A separate section will be designated for the continuing medical education program in order to highlight effectiveness of its legal texts and their impact on practical status.

Thus, it is noticeable that the legislation regulating JMC is Law No. (17) for 2005; it is the Law upon which the council was established and it is the only legitimate basis for it. This Law identifies the formulation of the Council; its objectives, tasks and mode of operation.

In addition, there are the regulations and by-laws issued upon this Law such as the Bylaw of JMC Staff No. 41 for 1983. It is especially devised for the Council employees; it identifies the codes they are subjected to (Civil Service Code), rate of allowances and raises they are entitled to...etc.

The main and important regulations issued upon JMC Law are the regulations of Continuing Medical Education for 2002; they identify the agency responsible for this branch of education; its formulation and mode of operation. It will be tackled in a separate section later on.

Other regulations include those related to the administration of examinations and issuance of certificates. They identify the mechanism of registration, and training for the internship doctors' exams whereby the period of training and educational centers and hospitals are identified as qualified for training internship doctors. They identify the administrative, technical and educational duties required by the internship doctors. Finally, there are the regulations for the overall examination identifying its timings and subjects it covers.

In all cases, all the above regulations are procedural organizational regulations only that take their legitimacy from JMC Law. Nevertheless, all regulations and bylaws issued upon JMC Law are prescribed ones that preceded the issuance of Law No. (17) for 2005.

ANNEX II: More Information on Benchmarking on Objectives and Tasks

Objectives and Tasks:

JMC aims at improving medical services in the Kingdom by elevating the scientific and practical level of those working in the several medical institutions and in cooperation with the relevant educational institutions using all adequate methods:

- a) Set requirements of accredited training during the orientation period for a general practitioner or specialty all over the Kingdom and abroad. Conduct periodical review on the training provided to ensure advanced quality the required training.
- b) Continuing training and securing the scientific and technical level of specialty doctors and general practitioners using all methods as deemed relevant by the Council.
- c) Coordination and cooperation with the Arab Council for Medical Specialties

The Palestinian Medical Council has almost the same objectives as Article (4) of its Law No. (1) for 2006 stipulates:

“The Council aims at increasing the scientific and practical level of doctors operating in all medical branches in cooperation with the several educational institutions using all methods including:

Setting specifications for accredited training for the general practitioner at the Internship year and the specialty doctor in the several medical branches inside and outside Palestine.. These specifications will be regularly reviewed. Bases and criteria for training and continuing medical education are to be approved; relevant programs are to be passed. Coordination and cooperation with the Arab Council for Medical Specialties and other similar councils will be maintained.”

However, the American Medical Council seeks to achieve its main objective; namely, improvement of quality and competence of patient care at hospitals. It is based on one directive which calls for having training, experience and high competence as the premises for decisions regarding hospitals.

Taking into consideration the availability of medical facilities and needs required for the community, hospitals and the patients, services should not be based on the number of patients admitted into the hospital, on the economic status or medical insurance for the patient. All patients must be treated justly apart from their economic or financial status and whether or not they are covered with medical insurance.

On the other hand, the British Medical Council assumes a main role; namely, protection and maintenance of health and safety for people by ensuring application of standards required for the medical practice².

The Australian Medical Council³, however, is based on providing advice for ministers of health regarding registration of practicing doctors and maintenance of high level standards in the medical domain; providing advice and guidance for sub-medical councils; providing the several states with guideline in relation with appraisal of specialty doctors; review and approve the specialized medical education in addition to the training programs in this respect. The Law of the

² Google, general medical council, about us, role of the GMC

³ www.amc.org.au

Yemeni Medical Council No. 28 for 2000 identifies the objectives of the Council in its Article three as follows:

- 1- Protection of rights of patients.
- 2- Advancement of the medical professions.
- 3- Regulation and monitoring of performance of those practicing the profession.

Some relatively recent efforts, however, aim at establishing medical councils such as the draft law of the “Bahraini Medical Council” issued on May 30, 2004. It is almost based on the same objective. It aims at establishing a medical council with an autonomous corporate capacity to be responsible for the profession of medicine in Bahrain and to be a non-biased agency in the medical corps. It will not be influenced by the Ministry of Health or by doctors; which helps enhance its non-biased role. It supports its objective to protect the patients’ rights and work on increasing the level of medical performance in Bahrain as well as backing up sound medical practice⁴.

One credit to be attributed to this draft is that it introduces a new idea; that is a special committee to grant licenses to practice the profession of medicine. One of the medical committees provided for in the draft law is the medical licensing committee which, upon this proposal, will be assuming licensing of doctors and those in their positions, and licensing private medical institutions including hospitals, clinics and pharmaceutical centers. This licensing will be in compliance with the controls and conditions stated in the regulating laws thereof and in line with the resolutions issued by the Council. Thus, the Committee, rather than the Ministry of Health, will be assuming the issuance of such licenses and other specialties as per the relevant laws.

This is not the case in Jordan as the Ministry of Health is the agency responsible for licensing practice of the profession of medicine in compliance with the Law of Health and by-laws issued in compliance therewith.

The Arab Council for Medical Specialties, however, has identified its objective in this direction as follows⁵:

- 1- Improve medical services in the Arab World by improving the scientific and professional level of doctors in the several specialties in cooperation with the relevant educational institutions.
- 2- Set the accredited training specifications by preparing the specialized doctor in the several branches of medicine while providing for all aspects and working on completing it and monitoring maintenance of their level with a regular review to cope with the advancement in medicine.
- 3- Set criteria and bases for the appraisal of the scientific and technical level of doctors wishing to practice their specialties after completion of the accredited training period.

⁴ www.shura.gov.bh/default.asp?action=article&id=3995 - 39k

⁵ <http://www.cabms.org/index.html>

ANNEX III: Description of Organizational Structures of Arab and International Countries

Organizational Structure:

JMC:

The Jordanian Medical Council consists of the Minister of Health as president and the membership of: Director of the Royal Medical Services, President of the Doctors' Association, President of the Dentists' Association, Secretary General of the Medical Council, one of the deans of faculties of medicine at the public Jordanian universities for two reciprocal years upon a resolution by the Minister, one of the deans of faculties of dentistry for two reciprocal years upon a resolution by the Minister, Secretary General of the Ministry of Health, a representative to the Association of Private Hospitals on condition that he be a doctor and holding a post graduate specialty certificate upon a resolution by the Minister based on a recommendation by the Association.

In fact, there are some observations regarding this composition. Some criticize⁶ it for not having a satisfactory representation for dentists especially those with specialties and the academicians. Thus, it needs to be revisited in order to achieve the largest amount possible of real partnership among all the medical corps components.

Yemeni Medical council:

The Yemeni Law stipulates in its fourth article:

The Council will be formed as follows upon an act by the President of the Republic:

- Five who practice the profession from the several specialties nominated by the Minister.
- Three doctors nominated by the Executive Office of the Syndicate and not members in this Office to be selected from the several specialties.
- Two pharmacists nominated by the Executive Office of their Syndicate and not members in the Office from two different specialties.
- One dentist nominated by the Executive Office of the Syndicate and not member in the Office.
- President of the Syndicate of Doctors and the President of the Syndicate of Pharmacists.
- Two deans of Faculties of Medicine and Health Sciences from the public universities to be nominated in rotation according to the seniority of the college.
- A public figure selected by the Cabinet Prime Minister.

The Law of the Palestinian Medical Council has provided for the scientific competencies and experiences in Dentistry as Article Six in it reads as:

The Council is formed of:

Minister of Health- President

And the membership of:

- Deans of Medicine and Dentistry Faculties.
- Presidents of associations of medical doctors.
- Presidents of associations of dentists.
- Director of Military Medical Services.
- President of the Palestinian Red Crescent.
- Four outstanding figures known for their high competence in medicine and three outstanding figures known for their high competence in Dentistry elected by the Council members for four years.

⁶ An interview with Dr. Anwar Batayhen- Dean of Faculty of Dentistry at JUST and President of Dentists' Associations- Wasfi Rashdan.

British Medical Council:

Although the British Medical Council⁷ goes into a different direction, it consists of 19 doctors elected at registration at the Council and 14 members from people appointed by the appointment committee and two doctors appointed by educational entities such as universities and medical education colleges.

Most likely, this council tries to combine both the practical and scientific components by having 19 members from medical disciplines and two academician doctors. However, the strange thing about it is that there are 14 members from people. Maybe the notion here is to keep this Council in interaction with the public so that they will be assuming a basic role in organizing the medical profession and increasing confidence of people in it. For, the Council has members from lay people who are informed of developments in the profession of medicine and health care provided for the citizens as well as methods of handling registration of doctors and their punishment in case they violate controls set for the profession.

The American Medical council:

The American Medical Council⁸ consists of 12 members elected by the Council as follows:

- President of the Council – Family Doctor
- Member- Family Doctor
- Member- Student
- Member- Family Doctor
- Member- Cancer and hematology doctor
- Member- psychiatrist
- Resident member
- Member- cardio doctor
- Member- internist
- Member- Brains Doctor
- Member- Dermatology
- Member- Pediatric

Thus, the American Medical Council is merely a functional council as it does not have any member from official institutions.

JMC, however, occupies an advanced position among the Arab and International councils by virtue of its wide range objectives and its formulation which provides for representation of all health sectors in Jordan. Still, it needs to develop the continuing medical education as well as having some groups in its formulation to help it be a scientific council in the first place.

⁷ The General Medical Council (GMC) was established under the *Medical Act of 1858*.
Google, general medical council, about us, role of the GMC.

⁸ Google - AMA (Ethics) Council on Ethical and Judicial Affairs -

ANNEX IV : Unofficial translation of Jordanian Medical Council Act No. (12) 1982⁹

Issued under paragraph (1) of Article (94) of the Constitution

We first King Hussein of Jordan

Under paragraph (1) of article (94) of the Constitution and Based on the decision of the Council of Ministers on 27/1/1982. Endorse _ under Article (31) of the Constitution - the law and ordered the provisional following its issuance and operationalize the provisional added to the state laws on the basis of submission to the National Assembly in the first meeting.

Provisional Law No. (12) for the year / 19982 *

Jordanian Medical Council Act

Article 1 --

This is called the law (the law of the Jordanian Medical Council of May 1982) and works by the date of its publication in the Official Gazette.

Article 2 --

Have the following words and phrases wherever it appears in this Act meanings assigned to it below unless indicated otherwise.

Ministry of Health

Ministry

Minister of Health

Minister

Jordanian Medical Council

Board

Jordanian Medical Association

Syndicate

Council offshoot of the Council of Arab Ministers of Health to regulate

Arab Council

Medical specialization in the Arab countries

Medical terms of reference

Secretary General of the Council

Secretary-General

Article 3 --

A - Establishes the Council called Kingdom (Jordanian Medical Council) has moral character of financial and administrative autonomy within the provisions of the law and has to this page all legal actions with the admonition in judicial proceedings or for any other purpose the Attorney General or any other lawyer assigned for this purpose.

B - The status of the Council in the city of Amman.

Article 4 --

A - Council consists of:

⁹ Official Gazette number (3054) Date 16/2/1982 page (262)

Chairman	Minister of Health
Members	Deans of the faculties of medicine at Jordanian universities
Member	Director of the Royal Medical Services
Member	Physicians syndicate
Member	Chairman of the Committee on Graduate Studies at the Council

B - Elected Vice-Chairman of the Board from among its members.

Article 5 --

Council aims to improve medical services in the Kingdom by raising the level of scientific and practical knowledge for doctors working in various branches of medical and educational institutions, using all appropriate means, including the following:

A - Develop specifications for accredited training during the preparation of general practitioner or a specialist in the various branches of medicine, within and outside the Kingdom and reviewed periodically to develop training to keep up with medical progress and the level of training to retain approved level of training.

B - Continuing training and ensuring the scientific and technical specialists and doctors working in all means which the Council deems appropriate.

C - Coordination and cooperation with the Arab Council for Medical reference.

Article 6 --

In order to achieve its objectives, the council does the following tasks: --

A - Description of the training required of all medical specialties from all aspects and the adoption of the foundations of the evaluation of this training.

B – Set guidelines for accreditation policies for hospitals for training purposes.

C – Formulate post graduate committee and scientific specialized committees set out in the law.

D - Organize seminars and courses for doctors in preparation for specialization in collaboration with various medical institutions and bodies.

E – Provide specialists and general practitioners with continuing medical education to keep updated and develop their knowledge and experience.

F - Certify jurisdiction to doctors who meet the conditions established and passed exams held by the competent committees.

G - Evaluate clinical medical specialization certificates and recognition.

H – Supervise the training programs and conduct exams for physicians.

I - Issue the publications that serve the objectives of the Council and its functions.

J - Preparation of the draft regulations of the Board and the issuance of instructions and supervision of the implementation.

K - Appoint the Secretary General of the Council.

L - Approve the annual budget of the Council.

M - Discuss and approve the Council's annual report.

Article 7 --

A - Composition of the Committee on Graduate Studies at the Council: --

- | | |
|---------|--|
| Member | Delegate of the Ministry appointed minister |
| Member | Each delegate of the College of Medicine Jordanian appointed by the President of the University of Jordan |
| Member | Delegate of the Directorate of the Royal Medical Services appointed general commander of the Jordanian Armed Forces |
| Members | Six specialist doctors selected by the Board for a four-year term of office, three of them in the first session by secret ballot after two years of their choice |

B – It is required for the appointed member of the Committee on Graduate Studies to be not less than the rank precedes professorship directly if he worked or work in university in teaching or holds a certificate to be higher in the field of competence and experience which not less than seven years after obtaining such testimony senior and distinguished in the field of competence and prefer to deploy specialized medical research.

C – The committee elects from its members a Chairman and Vice-Chair.

Article 8 --

The Committee on Graduate Studies has the following tasks:

A - Implementation of the resolutions of the Council.

B – Recommending names of the members of the specialized scientific committees of the Council and supervise its work.

C - Consideration of the recommendations of specialized scientific committees and raise breaching of the Council.

D - Consider matters of common coordination between specialized scientific committees.

E - Take necessary measures to ensure the required level of examinations, seminars and training courses.

Article 9 --

A – For each medical specialization, a specialized scientific committee should be formulated comprising of seven members (seven), (three) of them can be non-Jordanians.

B – The term of membership in each of the specialized scientific committee is four years; membership of three of them selected by secret ballot should be terminated after two years of appointment.

C – for a member to be designated in a scientific committee, he should be a specialized assistant professor or equivalent, at least if he worked or work in university teaching, or to obtain a certificate of competence in his field and spent a period of not less than five years practicing in his area after getting certified and has remarkable competence in the field preferably has publications in medical research in his area of medical specialty.

D - The specialized scientific committee shall elect a Chairman and vice- Chairman from its members.

Article 10 --

A - Specialized scientific committee shall perform the following functions in the field of competence may have formed subcommittees for each of these tasks.

1. A training program of scientific and practical recognized.
2. To exchange experiences with medical institutions Arab and foreign.

3. Develop continuing medical education programs and supervision.
4. Laying the foundations for the exams and questions and types of scientific documents and checks for this purpose.
5. Evaluating scientific and clinical certificates issued by the other country for a very recognized.

B - is the specialized scientific authority certifying exam results in the adoption taking place in the field of competence and filed to the Commission on Graduate Studies for ratification.

Article 11 --

Any member of the Board and Committees set forth in the Act to appoint a member of more than one commission if the terms of membership.

Article 12 --

A - the general secretariat of the Council consists of: --

Secretary-General and executive employees appointed by the decision of the President of the Council on the placement of the Secretary-General.

B - appointed by the Secretary-General of the placement by the minister to supervise the functioning of the administrative, financial and be honest mystery Council and the Commission on Graduate Studies and other committees that it has delegated a staff member of the Council some powers including the secretariat took Galatasaray commissions.

Article 13 --

A - Meets the commissions provided for in this law invitation of the President or his deputy in his absence, under instructions issued by the Council to this end.

B - a meeting of the Board and its committees have legal presence of an absolute majority of members, make decisions votes of a majority of those present and if votes are equally divided likely side in which the presiding officer.

Article 14 --

Council's budget consists of the following resources:

A - The amount allocated by the Government to the Council on the annual budget of the Ministry.

B - Equal contribution from each of the Directorate of Medical Services Association and the Royal College of Physicians and all the faculties of medicine, as determined by the Jordanian Council.

C. Grants, donations and advertising that will be acceptable to the council to approve the Council of Ministers on grants and donations Alaanat Foreign Affairs.

D - Wages courses and examinations, instead of issuing certificates and documents that define instructions issued by the Council.

E - Profits from publications issued by the Board.

Article 15 --

Involved who provide for a certificate of competence of the Board in addition to providing the terms and conditions and qualifications set forth in this licensed by the ministry and registered in the syndicate.

Article 16 --

Is a certificate issued by the Arab Council for the terms of reference of the medical certificate for a top professional competence as if issued under this law.

Article 17 --

A - prohibits any doctor to exercise any jurisdiction or medical declare himself in any way that the specialist only after getting a certificate of competence of the Board in accordance with the provisions of this law.

B - Do not apply the provisions of paragraph (a) of this article to specialist physicians enrolled in the union before the issuance of this law.

Article 18 --

The Council may reassess specialists working in any jurisdiction medical once every five years and in the manner it deems appropriate to prevent when there were no requirements for the evaluation of the exercise of jurisdiction to be available.

Article 19 --

Enjoy the exemptions and facilities enjoyed by ministries and government departments.

Article 20 --

A - anyone who violates the provisions, regulations or instructions or decisions which punishable by a fine of not less than (100) does not exceed dinars (500) dinars, in addition to removing the causes of the offence and the Court to prevent the offender from exercising jurisdiction temporarily until the end of the trial, and add penalty in the case of repetition violation.

B - That the government is innocent of violating the physician purported mechanism or not its responsibility does not preclude him from pursuing punitive disciplinary action by the competent authority.

Article 21 --

Until the formation of any specialized scientific committee responsible for the Graduate functions and powers of the Commission.

Article 22 --

A - Of the Council of Ministers issued regulations to implement the provisions of this law, including regulations concerning financial and administrative affairs, personnel, employees and supplies.

B - Subject to the provisions of paragraph (a) of this article for the Council to issue the necessary instructions for the implementation of the provisions of the Act and regulations issued pursuant including instructions for a certification exam.

Article 23 --

Cancels any text or other legislation inconsistent with the provisions of this Act.

Article 24 --


Prime Minister tasked to implement the provisions of this Act

27/1/1981

Hussein Bin Talal

ANNEX V: JMC Law No (17) for 2005 (Arabic)

معلومات القانون	
الرقم / السنة :	2005 / 17
تصنيفه : حقوقي	
اسم القانون :	قانون المجلس الطبي الاردني
رقم / تاريخ الجريدة الرسمية :	01-06-2005 / 4709
رقم الصفحة :	2195
استناداً إلى مادة المادة 31 من الدستور :	تاريخ غير مذكور العمل به :

[طباعة](#) 

مواد القانون

المادة 1-

يسمى هذا القانون (قانون المجلس الطبي الاردني لسنة 2005) ويعمل به من تاريخ نشره في الجريدة الرسمية.

المادة 2-

يكون للكلمات والعبارات التالية حيثما وردت في هذا القانون المعاني المخصصة لها ادنا ما لم تدل القرينة على غير ذلك:-
الوزارة: وزارة الصحة.
الوزير: وزير الصحة.
المجلس: المجلس الطبي الاردني.
النقابة: نقابة الاطباء الاردنية او نقابة اطباء الاسنان.
المجلس العربي للاختصاصات الطبية : المجلس المنبثق عن مجلس وزراء الصحة العرب لتنظيم الاختصاص الطبي في الاقطار العربية.

الامين العام: الامين العام للمجلس.

الطبيب: الطبيب البشري او طبيب الاسنان.

المادة 3-

أ- يؤسس في المملكة مجلس يسمى (المجلس الطبي الاردني) يتمتع بشخصية معنوية ذات استقلال مالي واداري ضمن احكام هذا القانون وله ان يقوم بهذه الصفة بجميع التصرفات القانونية وله ان ينيب عنه في الاجراءات القضائية المتعلقة به او لاي غرض اخر المحامي العام المدني.

ب- يكون مركز المجلس في مدينة عمان.

المادة 4-

أ- يتألف المجلس من:-

- 1-وزير الصحة رئيسا
 - 2-مدير الخدمات الطبية الملكية عضوا
 - 3-نقيب الاطباء عضوا
 - 4-نقيب اطباء الاسنان عضوا
 - 5-امين عام المجلس الطبي عضوا
 - 6-احد عمداء كليات الطب في الجامعات الاردنية الرسمية بالتناوب لمدة سنتين بقرار من الوزير عضوا
 - 7-احد عمداء كليات طب الاسنان في الجامعات الاردنية الرسمية بالتناوب لمدة سنتين بقرار من الوزير عضوا
 - 8-امين عام وزارة الصحة عضوا
 - 9-ممثل عن جمعية المستشفيات الخاصة شريطة ان يكون طبيبا وحاصلا على شهادة الاختصاص العليا وذلك بقرار من الوزير بناء على تنسيب الجمعية عضوا
- ب- ينتخب المجلس نائبا للرئيس من بين اعضائه.

المادة 5-

يهدف المجلس الى تحسين الخدمات الطبية في المملكة عن طريق رفع المستوى العلمي والعملي للطباء العاملين في مختلف الفروع الطبية وبالتعاون مع المؤسسات التعليمية المعنية بجميع الوسائل المناسبة بما في ذلك ما يلي:-
أ-وضع مواصفات التدريب المعترف به اثناء اعداد الطبيب العام او الاختصاصي في فروع الطب وطب الاسنان المختلفة داخل المملكة وخارجها ومراجعتها دوريا لتطوير التدريب في مواكبة التقدم الطبي ومراقبة الاحتفاظ بمستوى التدريب المقرر.
ب-التدريب المستمر وضمان المستوى العلمي والفني للطباء الاختصاصيين والعامين بكل الطرق التي يراها المجلس مناسبة.
ج-التنسيق والتعاون مع المجلس العربي للاختصاصات الطبية.

المادة 6-

يمارس المجلس في سبيل تحقيق اهدافه المهام التالية:-
أ-توصيف التدريب المطلوب لجميع الاختصاصات الطبية من جميع نواحيه واعتماد اسس تقويم هذا التدريب.
ب-وضع معايير الاعتراف بأهلية المستشفيات والمراكز للتدريب.
ج-تشكيل لجنة الدراسات العليا واللجان العلمية المتخصصة المنصوص عليها في هذا القانون وله حق تغييرها او تغيير أي من اعضائها في أي وقت.

- د-تنظيم ندوات دراسية ودورات للأطباء الذين يعدون انفسهم للاختصاص بالتعاون مع المؤسسات والهيئات الطبية المختلفة.
- هـ- توفير الفرص للأطباء الاختصاصيين والعامين لمتابعة التعليم بصورة مستمرة لتطوير معلوماتهم وخبراتهم وتحديثها.
- و-اصدار شهادات الاختصاص للأطباء الذين تتوفر فيهم الشروط المقررة ويجتازون الامتحانات التي تعدها اللجان المختصة.
- ز-الاشراف على برامج التدريب الدوري " فترة الامتياز " واجراء الفحص الاجمالي للأطباء.
- ح-اصدار النشرات والمطبوعات التي تخدم اهداف المجلس ومهامه.
- ط-اعداد مشاريع الانظمة الخاصة بالمجلس واصدار التعليمات والاشراف على تنفيذها.
- ي-التنسيب لمجلس الوزراء بتعيين الامين العام للمجلس.
- ك-اقرار الموازنة السنوية للمجلس.
- ل-مناقشة التقرير السنوي واقراره.

المادة 7-

- أ- تتألف لجنة الدراسات العليا من:-
- 1-لجنة الدراسات العليا للطب البشري وتتألف من:-
- مندوبين اثنين عن الخدمات الطبية الملكية.
- مندوبين اثنين عن وزارة الصحة.
- مندوب عن كل كلية طب بشري في الجامعات الاردنية الرسمية.
- اربعة اطباء اختصاصيين من القطاع الخاص يختارهم المجلس لمدة اربع سنوات قابلة للتجديد لمرة واحدة فقط ويجوز له تغيير أي منهم بتعيين بديل له للمدة المتبقية من عضويته.
- مندوب عن نقابة الاطباء الاردنية.
- 2-لجنة الدراسات العليا لطب الاسنان وتتألف من:-
- مندوبين اثنين عن الخدمات الطبية الملكية.
- مندوبين اثنين عن وزارة الصحة.
- مندوب عن كل كلية طب اسنان في الجامعات الاردنية الرسمية.
- اربعة اطباء اسنان اختصاصيين من القطاع الخاص يختارهم المجلس لمدة اربع سنوات قابلة للتجديد لمرة واحدة ويجوز له تغيير أي منهم بتعيين بديل له للمدة المتبقية من عضويته.
- مندوب عن نقابة أطباء الاسنان.
- ب-يشترط في من يعين عضوا في لجنة الدراسات العليا ان يكون حائزا على الشهادة العليا في حقل اختصاصه ولا تقل خبرته فيه عن عشر سنوات بعد الحصول على تلك الشهادة العليا او من حصل على درجة المستشار في المؤسسات الطبية الرسمية ويفضل من نشر بحوثا طبية.
- ج-تنتخب كل لجنة من بين اعضائها رئيسا لها ونائبا له.

المادة 8-

تتولى لجنة الدراسات العليا المهام التالية:-

- أ-تنفيذ قرارات المجلس.
ب-تنسيب اسماء اعضاء اللجان العلمية المتخصصة للمجلس والاشراف على اعمالها.
ج-النظر في توصيات اللجان العلمية المتخصصة ورفع تنسيباتها للمجلس.
د-النظر في الامور المشتركة والتنسيق بين اللجان العلمية المتخصصة.
هـ- اتخاذ الاجراءات اللازمة لضمان المستوى المطلوب للامتحانات والندوات والدورات.

المادة 9-

- أ- تؤلف لكل اختصاص طبي لجنة علمية متخصصة من " سبعة " اعضاء ويجوز ان يكون " ثلاثة " منهم من غير الاردنيين.
ب-تكون العضوية في كل لجنة علمية متخصصة لمدة اربع سنوات غير قابلة للتجديد الا اذا لم يتوفر العدد الكافي مع مراعاة تمثيل كافة القطاعات الطبية.
ج-يشترط فيمن يعين عضوا في لجنة علمية متخصصة ان يكون حاصلا على الشهادة العليا في حقل اختصاصه وامضى مدة لا تقل عن سبع سنوات في ممارسة اختصاصه بعد الحصول على تلك الشهادة او من حصل على لقب استشاري في المؤسسات الطبية الرسمية ويفضل من نشر بحوثا طبية.
د-تنتخب اللجنة العلمية المتخصصة رئيسا لها ونائبا له من بين اعضائها.

المادة 10-

- أ- تتولى اللجنة العلمية المتخصصة المهام التالية في حقل اختصاصها ويجوز لها تشكيل لجان فرعية لكل من هذه المهام:-
1-وضع البرامج للتدريب العلمي والعملية المعترف به.
2-القيام بتبادل الخبرات الطبية مع المؤسسات العربية والاجنبية.
3-وضع برامج التعليم الطبي المستمر والاشراف عليه.
4-وضع اسس الامتحانات والاسئلة وانواعها وتدقيق الوثائق العلمية لهذه الغاية.
5-تقويم الشهادات العلمية والسريرية الصادرة عن البلاد الاخرى لغاية استكمال شروط التقدم للامتحان.
ب-تعتبر اللجنة العلمية المتخصصة مرجعا مختصا في اعتماد نتائج الامتحانات التي تجرى في حقل اختصاصها ورفعها الى لجنة الدراسات العليا.
ج-يعتبر المجلس المرجع المختص في اعتماد نتائج الامتحانات التي تجريها اللجان العلمية المتخصصة والتي ترفع اليه بتنسيب من لجنة الدراسات العليا.

المادة 11-

- أ- لا يجوز لاي عضو من اعضاء المجلس الجمع بين عضوية المجلس واية لجنة اخرى فيه.
ب- يجوز لاي عضو من اعضاء اللجان المنصوص عليها في هذا القانون ان يعين عضوا في اكثر من لجنة واحدة اذا توفرت شروط العضوية فيه.

المادة 12-

- أ- يكون للمجلس امانة عامة تتألف من الامين العام وجهاز تنفيذي يعين العاملون فيه بقرار من رئيس المجلس بناء على تنسيب الامين العام.
- ب- يتولى الامين العام الاشراف على تسيير اعمال المجلس الادارية والمالية ويكون امينا لسر المجلس ولجنة الدراسات العليا وسائر اللجان فيه وله ان يفوض احد موظفي المجلس بعض صلاحياته بما في ذلك تولي امانة سر أي من اللجان.

المادة 13-

- أ- يجتمع المجلس او اللجان المنصوص عليها في هذا القانون بدعوة من الرئيس او نائبه في حالة غيابه.
- ب- يكون اجتماع المجلس او اللجان التابعة له قانونيا بحضور الاكثرية المطلقة من الاعضاء وتصدر القرارات بأكثرية اصوات الحاضرين واذا تساوت الاصوات يرجح الجانب الذي فيه رئيس الجلسة.

المادة 14- تتكون موازنة المجلس من الموارد التالية:-

- أ- المبلغ الذي تخصصه الحكومة للمجلس في الموازنة السنوية للوزارة.
- ب- مساهمة مديرية الخدمات الطبية الملكية وكليات الطب وطب الاسنان في الجامعات الاردنية الرسمية ونقابة اطباء ونقابة اطباء الاسنان وجمعية اصحاب المستشفيات الخاصة كما يحددها المجلس.
- ج- المنح والاعانات والهبات التي يقبلها المجلس على ان يوافق مجلس الوزراء على المنح والاعانات والهبات التي ترد من مصدر غير اردني.
- د - اجور الدورات التدريبية والامتحانات وبدل اصدار الشهادات والوثائق التي تحدد بتعليمات يصدرها المجلس.
- هـ- ريع المطبوعات التي يصدرها المجلس.
- و- الغرامات المنصوص عليها بموجب المادة (20) من هذا القانون.

المادة 15-

- يشترط في من يتقدم للحصول على شهادة اختصاص من المجلس توفر الاحكام والشروط والمؤهلات المنصوص عليها في هذا القانون والانظمة والتعليمات الصادرة بمقتضاه.

المادة 16-

- أ- تعتبر الشهادة الصادرة عن المجلس الطبي الاردني اعلى شهادة مهنية للاختصاص في المملكة.

ب- تعتبر الشهادة الصادرة عن المجلس العربي للاختصاصات الطبية شهادة مهنية عليا للاختصاص وكأنها صادرة بمقتضى هذا القانون.

المادة 17-

أ- يحظر على أي طبيب ان يمارس أي اختصاص طبي او ان يعلن عن نفسه بأي وسيلة على انه اختصاصي الا بعد تقويم شهادته واجتيازه الامتحان المقرر من المجلس وحصوله على شهادة اختصاص وفقا لاحكام هذا القانون.
ب- لا تسري احكام الفقرة (أ) من هذه المادة على الاطباء الاختصاصيين المسجلين في النقابة قبل صدور القانون المؤقت رقم (12) لسنة 1982.

المادة 18-

يجوز للمجلس ان يعيد تقويم الاختصاصيين العاملين في أي اختصاص طبي كل خمس سنوات مرة بموجب آليات تقويم مختلفة ليس من بينها الامتحان وله ان يمنع من لم تتوافر فيه متطلبات التقويم من ممارسة الاختصاص الى ان تتوافر.

المادة 19-

يتمتع المجلس بالاعفاءات والتسهيلات التي تتمتع بها الوزارات والدوائر الحكومية.

المادة 20-

أ- كل من يخالف احكام هذا القانون او الانظمة او التعليمات او القرارات الصادرة بمقتضاه يعاقب بغرامة لا تقل عن " 500 " دينار ولا تتجاوز " 1000 " دينار بالاضافة الى ازالة اسباب المخالفة وللمحكمة ان تمنع المخالف من ممارسة الاختصاص مؤقتا حتى نهاية المحاكمة وتضاعف العقوبة في حالة تكرار المخالفة.
ب- ان الحكم ببراءة الطبيب من المخالفة المنسوبة اليه او عدم مسؤوليته عنها او ادانته بها لا يحول دون ملاحقته تأديبيا من قبل الجهة المختصة.

المادة 21-

الى ان يتم تشكيل أي لجنة علمية متخصصة تتولى لجنة الدراسات العليا القيام بمهام وصلاحيات تلك اللجنة.

المادة 22-

أ- لمجلس الوزراء اصدار الانظمة اللازمة لتنفيذ احكام هذا القانون بما في ذلك الانظمة المتعلقة بالشؤون المالية والادارية وشؤون الموظفين والمستخدمين واللوازم.

ب- مع مراعاة احكام الفقرة (أ) من هذه المادة للمجلس اصدار التعليمات اللازمة لتنفيذ احكام هذا القانون والانظمة الصادرة بمقتضاه بما في ذلك التعليمات المتعلقة باجراء الامتحانات واصدار الشهادات.

المادة 23-

يلغى أي نص او تشريع اخر بالقدر الذي يتعارض فيه مع احكام هذا القانون.

المادة 24-

رئيس الوزراء والوزراء مكلفون بتنفيذ احكام هذا القانون.

ANNEX VI: Suggested JMC Law Amendments (Arabic)

مسودة أولية¹⁰ للتعديلات المقترحة على قانون المجلس الطبي الأردني رقم 17 لسنة 2005

أسباب التعديل	النص المقترح	النص الحالي في قانون المجلس الطبي رقم 17 لسنة 2005
كون هذا القانون قانون معدل فقط للقانون الحالي فلا بد من تسميته بالقانون المعدل .	المادة (1) يسمى هذا القانون قانون رقم () لسنة 2008 معدل لقانون المجلس الطبي رقم 17 لسنة 2005 ويقرأ معه ويعمل به من تاريخ نشره في الجريدة الرسمية.	المادة(1) يسمى هذا القانون (قانون المجلس الطبي الأردني لسنة 2005) ويعمل به من تاريخ نشره في الجريدة الرسمية.
تم اضافة تعريف للجنة لان هناك نصوص قانونية لاحقة تتضمن كلمة اللجنة فكان لابد من بيان ان المقصود هي أي لجنة شكلت وفقا لاحكام هذا القانون.	المادة(2) يكون للكلمات والعبارات التالية حيثما وردت في هذا القانون المعاني المخصصة لها أدنا ما لم تدل المقصود :- القرينة على غير ذلك :- الوزارة : وزارة الصحة. الوزير : وزير الصحة. المجلس : المجلس الطبي الأردني. النقابة : نقابة الأطباء الأردنية أو نقابة أطباء الأسنان. المجلس العربي : المجلس المنبثق عن مجلس وزراء الصحة للاختصاصات الطبية العرب لتنظيم الأقطار العربية. المجلس العربي : المجلس المنبثق عن مجلس وزراء الصحة للاختصاصات الطبية العرب لتنظيم الأقطار العربية.	المادة(2) يكون للكلمات والعبارات التالية حيثما وردت في هذا القانون المعاني المخصصة لها أدنا ما لم تدل القرينة على غير ذلك :- الوزارة : وزارة الصحة. الوزير : وزير الصحة. المجلس : المجلس الطبي الأردني. النقابة : نقابة الأطباء الأردنية أو نقابة أطباء الأسنان. المجلس العربي : المجلس المنبثق عن مجلس وزراء الصحة للاختصاصات الطبية العرب لتنظيم الاختصاص الطبي في الأقطار العربية. الأمين العام : الأمين العام للمجلس. الطبيب : الطبيب البشري أو طبيب الأسنان.

¹⁰ هذه المسودة صيغت لغايات المناقشة في الاجتماع المصغر للخبراء ، الغرض منها مناقشة المحاور الواردة فيها وقد تحتوي على اخطاء في الصياغة أو الترقيم .

<p>- تم اضافة امكانية قبول المجلس للجهات والتبرعات والتمويل مع العلم ان القانون اجاز ذلك عند حديثه عن موارد المجلس.</p> <p>- وايضاً تم اعطاء المجلس الصلاحيه بفتح فروع اخرى له في باقي مدن المملكة وذلك تسهيلاً على الأطباء في تلك المدن وايضا تسهيلاً لعمل اللجان المشكلة وفقاً لاحكام هذا القانون حيث سيلزم كل الأطباء بجميع مناطق المملكة بالتعليم الطبي المستمر.</p>	<p>الأمين العام : الأمين العام للمجلس. الطبيب : الطبيب البشري أو طبيب الأسنان. اللجنة : أي لجنة مشكلة وفقاً لاحكام هذا القانون.</p>	<p>المادة (3)</p> <p>أ - يؤسس في المملكة مجلس يسمى (المجلس الطبي الأردني) يتمتع بشخصية معنوية ذات استقلال مالي وإداري ضمن أحكام هذا القانون وله ان يقوم بهذه الصفة بجميع التصرفات القانونية وله ان ينيب عنه في الإجراءات القضائية المتعلقة به أو لأي غرض آخر المحامي العام المدني .</p> <p>ب- يكون مركز المجلس في مدينة عمان .</p>
<p>- تم اضافة امكانية قبول المجلس للجهات والتبرعات والتمويل مع العلم ان القانون اجاز ذلك عند حديثه عن موارد المجلس.</p> <p>- وايضاً تم اعطاء المجلس الصلاحيه بفتح فروع اخرى له في باقي مدن المملكة وذلك تسهيلاً على الأطباء في تلك المدن وايضا تسهيلاً لعمل اللجان المشكلة وفقاً لاحكام هذا القانون حيث سيلزم كل الأطباء بجميع مناطق المملكة بالتعليم الطبي المستمر.</p>	<p>الأمين العام : الأمين العام للمجلس. الطبيب : الطبيب البشري أو طبيب الأسنان. اللجنة : أي لجنة مشكلة وفقاً لاحكام هذا القانون.</p>	<p>المادة (3)</p> <p>1. ينشأ في المملكة مجلس يسمى (المجلس الطبي الاردني) يتمتع بشخصية اعتبارية ذات استقلال مالي وإداري وله بهذه الصفة تملك الاموال المنقولة وغير المنقولة والقيام بجميع التصرفات القانونية اللازمة لتحقيق اهدافه بما في ذلك ابرام العقود وقبول المنح والهبات والتبرعات والمساعدات وفقاً لاحكام هذا القانون ويكون له حق التقاضي وان ينيب عنه المحامي العام المدني او أي محام اخر يوكله لهذه الغاية .</p> <p>2. يكون مقر المجلس في عمان وله انشاء فروع او فتح مكاتب داخل المملكة .</p>
<p>لتحقيق أكبر قدر من الشراكة الحقيقية بين جميع اطراف القطاع الطبي ولغياب تمثيل الاختصاصيين في طب الأسنان في العادة كان لابد من اضافة احد الكفاءات العملية في هذا المجال ليكون عضواً في المجلس .</p>	<p>المادة 4-أ- يتألف المجلس من وزير الصحة رئيساً وعضوية كل من :-</p> <ol style="list-style-type: none"> 1. مدير الخدمات الطبية الملكية 2. نقيب الأطباء 3. نقيب أطباء الأسنان 4. أمين عام المجلس الطبي 5. أحد عمداء كليات الطب في الجامعات الأردنية الرسمية بالتناوب لمدة سنتين بقرار من الوزير 	<p>المادة 4-أ- يتألف المجلس من :-</p> <ol style="list-style-type: none"> 10. وزير الصحة رئيساً 11. مدير الخدمات الطبية الملكية عضواً 12. نقيب الأطباء عضواً 13. نقيب أطباء الأسنان عضواً 14. أمين عام المجلس الطبي عضواً 15. أحد عمداء كليات الطب في الجامعات الأردنية الرسمية بالتناوب لمدة سنتين بقرار من الوزير عضواً

<p>كان لابد من اعادة صياغة الاهداف الاساسية والفرعية حيث ان النص القديم كان تكرر لما ورد في قانون عام 1982 وبالتالي تم زيادة الاهداف حتى يتمكن المجلس من تحقيق الغاية المنشودة من وجوده.</p>	<p>6. أحد عمداء كليات طب الأسنان في الجامعات الأردنية الرسمية بالتناوب لمدة سنتين بقرار من الوزير</p> <p>7. أمين عام وزارة الصحة عضواً</p> <p>8. ممثل عن جمعية المستشفيات الخاصة شريطة ان يكون طبيباً وحاصلاً على شهادة الاختصاص العليا وذلك بقرار من الوزير بناء على تنسيب الجمعية عضواً</p> <p>9. احد الكفاءات العلمية الاختصاصية في مجال طب الاسنان ممن لا تقل خبرته عن عشر سنوات من تاريخ حصوله على الشهادة العليا في اختصاصه ويعين لمدة سنتين بقرار من مجلس الوزراء بعد تنسيب رئيس المجلس .</p> <p>ب- ينتخب المجلس نائباً للرئيس من بين أعضائه</p>	<p>16. أحد عمداء كليات طب الأسنان في الجامعات الأردنية الرسمية بالتناوب لمدة سنتين بقرار من الوزير عضواً</p> <p>17. أمين عام وزارة الصحة عضواً</p> <p>18. ممثل عن جمعية المستشفيات الخاصة شريطة ان يكون طبيباً وحاصلاً على شهادة الاختصاص العليا وذلك بقرار من الوزير بناء على تنسيب الجمعية عضواً</p> <p>ب- ينتخب المجلس نائباً للرئيس من بين أعضائه .</p>
<p>كان لابد من اعادة صياغة الاهداف الاساسية والفرعية حيث ان النص القديم كان تكرر لما ورد في قانون عام 1982 وبالتالي تم زيادة الاهداف حتى يتمكن المجلس من تحقيق الغاية المنشودة من وجوده.</p>	<p>المادة (5)</p> <p>يحقق المجلس هدفه الاساسي وهو ضمان اعلى مستوى من الرعاية الطبية للأردنيين وتحسين الخدمات الطبية في المملكة. من خلال الاهداف الآتية :</p> <p>1. رفع المستوى العلمي والعملي للأطباء عامين واختصاصيين (العاملين في مختلف</p>	<p>المادة (5)</p> <p>- يهدف المجلس إلى تحسين الخدمات الطبية في المملكة عن طريق رفع المستوى العلمي والعملية للأطباء العاملين في مختلف الفروع الطبية وبالتعاون مع المؤسسات التعليمية المعنية بجميع الوسائل المناسبة بما في ذلك ما يلي :-</p> <p>أ- وضع مواصفات التدريب المعترف به أثناء أعداد الطبيب العام أو الاختصاصي في فروع الطب</p>

<p>لم يكن للمجلس صلاحيات في القانون الحالي بل كان هناك خلط بينها وبين المهام وحيث انه تم تعديل النصوص اللاحقة المتعلقة بعمل المجلس فكان لا بد من زيادة الصلاحيات الممنوحة له.</p> <p>تم حذف صلاحية تنصيب تعيين امين المجلس الطبي من ضمن الصلاحيات الممنوحة للمجلس لتلافي عيب تشريعي حيث أن القانون يعرف المجلس بأنه المجلس الطبي المشكل وفقاً لأحكام هذا القانون وحيث أن القانون نص في المادة 4 منه على أن المجلس يتألف من رئيس و أعضاء وحيث أن الامين العام هو عضو فبدونه لا يكتمل تشكيل المجلس وعليه لا يعتبر التنصيب من المجلس تنسيباً صحيحاً وهذا ما تم مراعاته في النصوص اللاحقة</p>	<p>الفروع الطبية وبالتعاون مع المؤسسات التعليمية المعنية ووزارة الصحة بجميع الوسائل المناسبة.</p> <p>2. ضمان التدريب الطبي المستمر للمحافظة على المستوى العملي والفني للأطباء الاختصاصيين وتطويره بكافة الطرق التي يضعها ويطورها المجلس باستمرار .</p> <p>3. الحصول على اعتماده شهادة المجلس من قبل المجلس العربي .</p>	<p>وطب الأسنان المختلفة داخل المملكة وخارجها ومراجعتها دورياً لتطوير التدريب في مواكبة التقدم الطبي ومراقبة الاحتفاظ بمستوى التدريب المقرر .</p> <p>ب- التدريب المستمر وضمان المستوى العلمي والفني للأطباء الاختصاصيين والعاملين بكل الطرق التي يراها المجلس مناسبة .</p> <p>ج- التنسيق والتعاون مع المجلس العربي للاختصاصات الطبية .</p>
<p>مادة اضافية</p> <p>المجلس في سبيل تحقيق أهدافه ممارسة الصلاحيات الآتية :</p> <p>1. وضع الشروط والمواصفات لاعتماد المستشفيات والمراكز التعليمية والمدربين لغايات التدريب ، ولا يعتمد التدريب في أي منشأة طبية إلا إذا اعتمدت لهذا الغرض ومنحت ترخيص للتدريب من قبل المجلس.</p> <p>2. تشكيل اللجان التالية وفقاً لأحكام هذا القانون :</p> <p>أ) لجنة الدراسات العليا .</p> <p>ب) اللجان العلمية المتخصصة.</p> <p>ت) اللجنة الوطنية للتعليم الطبي المستمر .</p> <p>ث) أي لجان أخرى ضرورية لتسيير عمل اللجان السابقة والمتفرعة عنها.</p>	<p>مادة اضافية</p> <p>المجلس في سبيل تحقيق أهدافه ممارسة الصلاحيات الآتية :</p> <p>1. وضع الشروط والمواصفات لاعتماد المستشفيات والمراكز التعليمية والمدربين لغايات التدريب ، ولا يعتمد التدريب في أي منشأة طبية إلا إذا اعتمدت لهذا الغرض ومنحت ترخيص للتدريب من قبل المجلس.</p> <p>2. تشكيل اللجان التالية وفقاً لأحكام هذا القانون :</p> <p>أ) لجنة الدراسات العليا .</p> <p>ب) اللجان العلمية المتخصصة.</p> <p>ت) اللجنة الوطنية للتعليم الطبي المستمر .</p> <p>ث) أي لجان أخرى ضرورية لتسيير عمل اللجان السابقة والمتفرعة عنها.</p>	<p>وطب الأسنان المختلفة داخل المملكة وخارجها ومراجعتها دورياً لتطوير التدريب في مواكبة التقدم الطبي ومراقبة الاحتفاظ بمستوى التدريب المقرر .</p> <p>ب- التدريب المستمر وضمان المستوى العلمي والفني للأطباء الاختصاصيين والعاملين بكل الطرق التي يراها المجلس مناسبة .</p> <p>ج- التنسيق والتعاون مع المجلس العربي للاختصاصات الطبية .</p>

<p>حيث تم التعديل ليكون التنسيب من رئيس المجلس واعضائه وليس من المجلس .</p>	<p>3. تحديد المؤهلات والخبرات اللازمة للحصول على شهادات الاختصاص وصدار هذه الشهادات للأطباء الذين تتوفر فيهم الشروط المقررة ويتجاوزون الامتحانات التي تعدها اللجان المختصة.</p> <p>4. الإشراف على برامج التدريب الدوري "فترة الامتياز" وإجراء الفحص الإجمالي للأطباء وتشكيل اللجان اللازمة والإشراف عليها.</p> <p>5. الإشراف على الأطباء خلال فترة الإقامة في المستشفيات المعتمدة تمهيدا لشهادة الاختصاص .</p> <p>6. إقرار برنامج التعليم الطبي المستمر المعتمد من اللجنة الوطنية للتعليم الطبي المستمر والمساهمة في تطويره.</p> <p>7. إجراء التقييم الدوري للطبيب وفقا لاحكام هذا القانون.</p> <p>8. اقتراح مشروعات القوانين والانظمة المتعلقة بالمجلس و بالقطاع الصحي بالتنسيق مع الجهات المعنية .</p>	
<p>كان لابد من اعادة صياغة المهام للتلائم مع اهداف المجلس وتم تطويرها بحيث تشمل على مهام اوسع لغايات تطوير مهنة بشكل</p>	<p>المادة 6- يمارس المجلس في سبيل تحقيق أهدافه المهام التالية :- أ- وضع مواصفات ومنهجيات التدريب المعترف به</p>	<p>المادة 6- يمارس المجلس في سبيل تحقيق أهدافه المهام التالية :- أ- توصيف التدريب المطلوب لجميع الاختصاصات الطبية من جميع نواحيه واعتماد أسس تقويم هذا</p>

<p>عام .</p>	<p>أثناء أعداد الطبيب العام أو الاختصاصي في فروع الطب وطب الأسنان المختلفة داخل المملكة وخارجها ومراجعتها دورياً لتطوير التدريب في مواكبة التقدم الطبي ومراقبة الاحتفاظ بمستوى التدريب المقرر واعتماد اسس تقويم هذا التدريب .</p> <p>ب- تنظيم ندوات دراسية ودورات للأطباء الذين يعدون أنفسهم للاختصاص بالتعاون مع المؤسسات والهيئات الطبية المختلفة.</p> <p>ج - توفير الفرص للأطباء الاختصاصيين والعاملين لمتابعة التعليم بصورة مستمرة لتطوير معلوماتهم وخبراتهم وتحديثها</p> <p>د-تشجيع البحوث والدراسات العلمية والدورات التنشيطية والندوات والنشرات التثقيفية بهدف تطوير مهنة الطب وممارستها .</p> <p>هـ - فتح سجلات تتضمن اسماء الاطباء ومؤهلاتهم بالتعاون مع الوزارة وفروعها بالمحافظات .</p> <p>ح - مناقشة التقرير السنوي وإقراره</p> <p>ط - إصدار النشرات والمطبوعات التي تخدم أهداف المجلس ومهامه.</p> <p>ي - وضع التعليمات والاورام المنظمة لأعمال اللجان</p> <p>ك- إقرار الموازنة السنوية للمجلس.</p> <p>ل-التحقيق في الشكاوي والمخالفات المرفوعة إليه الواردة في المادة (20) و أحالتها إلى الجهات القضائية</p>	<p>التدريب .</p> <p>ب- وضع معايير الإعراف بأهلية المستشفيات والمراكز للتدريب.</p> <p>ج- تشكيل لجنة الدراسات العليا واللجان العلمية المتخصصة المنصوص عليها في هذا القانون وله حق تغييرها أو تغيير أي من أعضائها في أي وقت.</p> <p>د- تنظيم ندوات دراسية ودورات للأطباء الذين يعدون أنفسهم للاختصاص بالتعاون مع المؤسسات والهيئات الطبية المختلفة.</p> <p>هـ- توفير الفرص للأطباء الاختصاصيين والعاملين لمتابعة التعليم بصورة مستمرة لتطوير معلوماتهم وتحديثها.</p> <p>و- إصدار شهادات الاختصاص للأطباء الذين تتوفر فيهم الشروط المقررة ويتجاوزون الامتحانات التي تعدها اللجان المختصة.</p> <p>ز- الإشراف على برامج التدريب الدوري "فترة الإمتياز" واجراء الفحص الإجمالي للأطباء.</p> <p>ح- إصدار النشرات والمطبوعات التي تخدم أهداف المجلس ومهامه.</p> <p>ط- إعداد مشاريع الأنظمة الخاصة بالمجلس وإصدار التعليمات والإشراف على تنفيذها.</p> <p>ي- التنسيب لمجلس الوزراء بتعيين الأمين العام للمجلس.</p> <p>ك- إقرار الموازنة السنوية للمجلس.</p> <p>ل- مناقشة التقرير السنوي وإقراره.</p>
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<p>ان النسق العام للصياغة التشريعية للقانون الحالي غير دقيق حيث لابد من لضبط الاحكام اكثر ان براعى ترتيب معين للنصوص القانون فكان لابد من الحديث أولاً عن المجلس وتشكيله واهدافه وصلاحياته ومهامه ويأتي الآن طريقة اجتماعاته والتي كانت دون تحديد وسياتي في المواد اللاحقة الحديث مباشرة عن الامور المالية للمجلس والامانة العامة وتشكيلها ومهامها. وهذا الترتيب براعى دوما في القوانين التي تنشأ مجالس معينة.</p>	<p>المختصة. س. أي امور او مهام اخرى يرى الرئيس عرضها على المجلس مما له علاقة بأهداف المجلس وصلاحياته.</p>
<p>مادة إضافية</p> <p>أ . يجتمع المجلس مرة واحدة على الأقل كل شهر وكلما دعت الحاجة بدعوة من الرئيس او نائبه عند غيابه او بناء على طلب يقدم الى الرئيس من ثلث أعضاء المجلس على الأقل لبحث الأمور المحددة فيه.</p> <p>ب. يكون الاجتماع قانونيا بحضور ما لا يقل عن ثلثي أعضاء المجلس على ان يكون من بينهم الرئيس او نائبه ، وتتخذ القرارات بأكثرية أصوات الأعضاء الحاضرين على الأقل وإذا تساوت الأصوات يرجح الجانب الذي فيه الرئيس او نائبه.</p> <p>ج. لا يجوز الامتناع عن التصويت على قرارات المجلس، وعلى العضو المخالف تسجيل مخالفته خطيا في محضر الاجتماع والتوقيع عليها.</p> <p>د. للمجلس دعوة أي شخص من ذوي الاختصاص والخبرة لحضور اجتماعاته من غير ان يكون له حق التصويت عند اتخاذ قراراته.</p>	<p>مادة إضافية</p> <p>أ . تبدأ السنة المالية للمجلس في اليوم الاول من شهر كانون الثاني من السنة وتنتهي في الحادي والثلاثين من شهر كانون الاول من السنة ذاتها.</p> <p>ب. يكون للمجلس موازنة مستقلة يقرها المجلس ويرفعها لمجلس الوزراء للمصادقة عليها.</p>

	<p>ج. يتمتع المجلس بجميع الامتيازات والاعفاءات والتسهيلات المقررة للوزارات والدوائر الحكومية.</p> <p>مادة اضافية</p>	
	<p>تتكون موازنة المجلس من الموارد التالية:-</p> <p>أ- المبلغ الذي تخصصه الحكومة للمجلس في الموازنة السنوية للوزارة .</p> <p>ب- مساهمة مديرية الخدمات الطبية الملكية وكليات الطب وطب الأسنان في الجامعات الأردنية الرسمية ونقابة الأطباء ونقابة أطباء الأسنان وجمعية أصحاب المستشفيات الخاصة كما يحددها المجلس .</p> <p>ج- المنح والإعانات والهبات التي يقبلها المجلس على ان يوافق مجلس الوزراء على المنح والإعانات والهبات التي ترد من مصدر غير أردني.</p> <p>د- أجور الدورات التدريبية والامتحانات وبدل إصدار الشهادات والوثائق التي تحدد بتعليمات يصدرها المجلس.</p> <p>هـ- ريع المطبوعات التي يصدرها المجلس.</p> <p>و- العرامات المنصوص عليها بموجب المادة (20) من هذا القانون .</p> <p>ز- أي موارد اخرى يوافق عليها مجلس الوزراء.</p>	
<p>كان لابد من تعديل الصياغة التشريعية لكيفية تعيين أمين عام المجلس دون أن</p>	<p>مادة اضافية</p>	

<p>يؤثر ذلك على الآلية ذاتها. وذلك وفقا لما ذكرناه في اسباب اضافة مادة قانونية عن صلاحيات المجلس وعند تعديل مهام المجلس اعلاه .</p>	<p>(أ) يكون للمجلس امانة عامة تتألف من الأمين العام وجهاز تنفيذي مساعد . (ب) يعين الأمين العام بقرار من مجلس الوزراء بناء على تنسيب رئيس و اعضاء المجلس . ويعين العاملين في الجهاز التنفيذي بقرار من رئيس المجلس بناء على تنسيب الأمين العام. (ت) تتولى الامانة العامة المهام والواجبات التالية: 1. تسيير اعمال المجلس الادارية والمالية. 2. تنفيذ قرارات المجلس ومتابعتها مع اللجان . 3. الاشراف على عمل اللجان. و توجيه الدعوات لاجتماعات هذه اللجان بالطريقة التي تراها مناسبة. 4. اعداد تقارير دورية عن سير عمل اللجان ومدى التزامها بتنفيذ قرارات المجلس ومدى تنفيذها لمهامها ولاهدافها ورفعها الى المجلس لاتخاذ القرارات المناسبة بشأنها. 5. اعداد الموازنة السنوية للمجلس ورفعها الى المجلس لاقرارها. 6. أي أمور أخرى يكلفها المجلس بها .</p>	
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	<p>7. المهام الموكلة اليها بموجب الانظمة والتعليمات الصادرة وفقا لاحكام هذا القانون . ث) يكون الأمين العام أمينا لسر المجلس واللجان المشكلة وفقا لاحكام هذا القانون وله ان يفوض أحد موظفي المجلس بعض صلاحياته بما في ذلك تولي سر أي من اللجان.</p>	
	<p>تبقى كما هي</p>	<p>المادة 7-أ- تتألف لجنة الدراسات العليا من :- 1- لجنة الدراسات العليا للطب البشري وتتألف من :- • مندوبين اثنين عن الخدمات الطبية الملكية. • مندوبين اثنين عن وزارة الصحة. • مندوب عن كل كلية طب بشري في الجامعات الأردنية الرسمية. • أربعة أطباء اختصاصيين من القطاع الخاص يختارهم المجلس لمدة أربع سنوات قابلة للتجديد لمرّة واحدة فقط ويجوز له تغيير أي منهم بتعيين بديل له للمدة المتبقية من عضويته. • مندوب عن نقابة الأطباء الأردنية. 2- لجنة الدراسات العليا لطب الأسنان وتتألف من :- • مندوبين اثنين عن الخدمات الطبية الملكية.</p>

		<ul style="list-style-type: none"> • مندوبين اثنين عن وزارة الصحة. • مندوب عن كل كلية طب أسنان في الجامعات الأردنية الرسمية. • أربعة أطباء إختصاصيين من القطاع الخاص يختارهم المجلس لمدة أربع سنوات قابلة للتجديد لمرة واحدة فقط ويجوز له تغيير أي منهم بتعيين بديل له للمدة المتبقية من عضويته. • مندوب عن نقابة أطباء الأسنان. <p>ب- يشترط في من يعين عضوا في لجنة الدراسات العليا ان يكون حائزا على الشهادة العليا في حقل اختصاصه ولا تقل خبرته فيه عن عشر سنوات بعد الحصول على تلك الشهادة العليا أو من حصل على درجة المستشار في المؤسسات الطبية الرسمية ويفضل من نشر بحوثاً طبية.</p> <p>ج- تنتخب كل لجنة من بين أعضائها رئيساً لها ونائباً له.</p>
	<p>تبقى كما هي ولكن تشطب عبارة الندوات والدورات لانها من اختصاص اللجنة الوطنية للتعليم الطبي المستمر.</p>	<p>المادة 8- تتولى لجنة الدراسات العليا المهام التالية :-</p> <p>أ- تنفيذ قرارات المجلس.</p> <p>ب- تنسيب أسماء أعضاء اللجان العلمية المتخصصة للمجلس والإشراف على أعمالها.</p> <p>ج- النظر في توصيات اللجان العلمية المتخصصة ورفع تنسيبها للمجلس.</p> <p>د- النظر في الأمور المشتركة والتنسيق بين اللجان العلمية المتخصصة.</p>

		<p>هـ- إتخاذ الإجراءات اللازمة لضمان المستوى المطلوب للامتحانات والندوات والدورات.</p>
	<p>تبقى كما هي</p>	<p>المادة 9-أ- تؤلف لكل اختصاص طبي لجنة علمية متخصصة من "سبعة" أعضاء ويجوز ان يكون "ثلاثة" منهم من غير الأردنيين.</p> <p>ب- تكون العضوية في كل لجنة علمية متخصصة لمدة أربع سنوات غير قابلة للتجديد إلا إذا لم يتوفر العدد الكافي مع مراعاة تمثيل كافة القطاعات الطبية.</p> <p>ج- يشترط فيمن يعين عضواً في لجنة علمية متخصصة ان يكون حاصلًا على الشهادة العليا في حقل اختصاصه وامضى مدة لا تقل عن سبع سنوات في ممارسة اختصاصه بعد الحصول على تلك الشهادة أو من حصل على لقب استشاري في المؤسسات الطبية الرسمية ويفضل من شر بحوثاً طبية.</p> <p>د- تنتخب اللجنة العلمية المتخصصة رئيساً لها ونائباً له من بين أعضائها.</p>
	<p>تبقى كما هي ولكن تشطب الفقرة الثالثة والتي تنص على (وضع برامج التعليم الطبي المستمر والإشراف عليه لأنها أصبحت من اختصاص اللجنة الوطنية للتعليم الطبي المستمر.)</p>	<p>المادة 10-أ- تتولى اللجنة العلمية المتخصصة المهام التالية في حقل اختصاصها ويجوز لها تشكيل لجان فرعية لكل من هذه المهام :-</p> <ol style="list-style-type: none"> 1. وضع البرامج للتدريب العلمي والعملية المعترف به. 2. القيام بتبادل الخبرات الطبية مع المؤسسات العربية والأجنبية. 3. وضع برامج التعليم الطبي المستمر والإشراف عليه. 4. وضع أسس الامتحانات والأسئلة وأنواعها

		<p>وتدقيق الوثائق العلمية لهذه الغاية.</p> <p>5. تقويم الشهادات العلمية والسريرية الصادرة عن البلاد الأخرى لغاية استكمال شروط التقدم للإمتحان.</p> <p>ب- تعتبر اللجنة العلمية المتخصصة مرجعاً مختصاً في اعتماد نتائج الامتحانات التي تجرى في حفل اختصاصها ورفعها إلى لجنة الدراسات العليا.</p> <p>ج- يعتبر المجلس المرجع المختص في اعتماد نتائج الامتحانات التي تجريها اللجان العلمية المتخصصة والتي ترفع إليه بتنسيب من لجنة الدراسات العليا.</p>
	<p>مادة إضافية</p> <p>برنامج التعليم الطبي المستمر</p> <p>1. يعتبر برنامج التعليم الطبي المستمر جزءاً لا يتجزأ من النظام الصحي في الأردن ويهدف الى مايلي :</p> <p>(أ) التأكيد على المعلومات الطبية الاساسية لدى الاطباء في كافة مجالات التخصص وتنشيطها.</p> <p>(ب) رفع مستوى الأداء الطبي ومواكبة التطورات الحديثة في مهنة الطب.</p> <p>(ت) التأكد من متابعة الطبيب للمستجدات في تخصصه وتنمية مهاراته بصفة مستمرة.</p> <p>(ث) التوعية بالمستجدات والمشاكل الصحية الطارئة على المستوى الوطني .</p> <p>2. يقوم المجلس بتطوير برنامج التعليم الطبي المستمر بناء على الحاجات الوطنية وبشكل متكامل ما بين الرعاية الصحية والمؤسسات الطبية المختلفة.</p>	

	<p>أ) تتألف اللجنة الوطنية للتعليم الطبي المستمر مادة إضافية على النحو الآتي :</p> <ol style="list-style-type: none"> 1. طبيب بشري مندوب عن وزارة الصحة. 2. طبيب اسنان مندوب عن وزارة الصحة. 3. طبيب بشري مندوب عن الخدمات الطبية الملكية. 4. طبيب اسنان مندوب عن الخدمات الطبية الملكية. 5. طبيب بشري مندوب عن نقابة الاطباء الاردنية. 6. طبيب اسنان مندوب عن نقابة الاسنان في الاردن. 7. طبيب بشري مندوب عن جامعة العلوم والتكنولوجيا / كلية الطب. 8. طبيب اسنان مندوب عن جامعة العلوم والتكنولوجيا / كلية طب الاسنان. 9. طبيب بشري مندوب عن الجامعة الاردنية / كلية الطب. 10. طبيب اسنان مندوب عن الجامعة الاردنية / كلية طب الاسنان . 11. طبيب بشري مندوب عن جامعة مؤتة / كلية الطب. <p>ب. تكون مدة اللجنة ثلاث سنوات ويجوز للمجلس تغيير اللجنة أو أي عضو فيها خلال هذه المدة بناء على اسباب تتعلق بالكفاءة والخبرة وفعالية الجهد المبذول</p>
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	<p>في عمل اللجنة دون الاخلال بتمثيل القطاعات الواردة في الفقرة (أ) من هذه المادة . ج . يشترط في من يعين عضوا في اللجنة الوطنية للتعليم الطبي المستمر ان يكون حائزا على الشهادة العليا في حقل اختصاصه ولا تقل خبرته فيه عن عشر سنوات بعد الحصول على تلك الشهادة العليا أو من حصل على درجة الحصول على تلك الشهادة العليا أو من الرسمية ويفضل من نشر بحوثا طبية. د . تنتخب اللجنة الوطنية للتعليم الطبي المستمر في اول اجتماع لها رئيسا ونائبا له من بين الاعضاء.</p>
	<p>مادة اضافية</p> <p>تتولى اللجنة الوطنية للتعليم الطبي المستمر المهام والمسؤوليات التالية :</p> <ol style="list-style-type: none"> 1. التنسيب للمجلس بتطوير آليات ومنهجيات برنامج التعليم الطبي المستمر ووضع تعليمات وآراء محددة لذلك. 2. اعتماد نشاطات التعليم الطبي المستمر واحتسابها. 3. التنسيب للمجلس بتشكيل اللجان الفرعية المنتبذة عنها والاشراف على نشاطاتها.
	<p>مادة اضافية</p> <p>أ) يشكل المجلس بناء على تنسيب اللجنة الوطنية للتعليم الطبي المستمر لجتين فرعيتين هما :- اللجنة الفرعية للطب البشري . اللجنة الفرعية لطب الاسنان .</p> <p>ب) تتالف كل لجنة فرعية من اعضاء ذوي خبرة</p>

	<p>واهتمام بالتعليم الطبي المستمر ولها ان تستعين بمن تراه مناسباً من الاختصاصات لتنفيذ مهامها المختلفة. ج) يكون تمثيل القطاعات في اللجنة الفرعية على النحو الآتي :</p> <ol style="list-style-type: none"> 1. عضوان من وزارة الصحة . 2. عضوان من الخدمات الطبية الملكية . 3. عضوان من نقابة الاطباء . 4. عضوان من نقابة الاسنان. 5. مندوب عن كل كلية طب أو طب اسنان في الجامعات الاردنية الرسمية. <p>د) تكون مدة اللجنة الفرعية ثلاث سنوات ويجوز للمجلس تغييرها أو أي عضو فيها خلال هذه المدة بناء على تنسيب اللجنة الوطنية للتعليم الطبي المستمر المبني على اسباب تتعلق بالكفاءة والخبرة وفعالية الجهد المبذول في عمل اللجنة دون الاخلال بتمثيل القطاعات الواردة في الفقرة (ج) من هذه المادة . هـ) تتولى اللجنة الفرعية المهام التالية :</p> <ol style="list-style-type: none"> 1. تنفيذ اللجنة الوطنية للتعليم الطبي المستمر. 2. وضع برامج التعليم الطبي المستمر بالتنسيق والتعاون مع القطاعات الطبية المختلفة. 3. الاعداد والاشراف على تنفيذ وتطبيق هذه البرامج 4. اتخاذ الاجراءات اللازمة لضمان المستوى المطلوب لنشاطات التعليم الطبي المستمر. 5. التنسيب للجنة الوطنية للتعليم الطبي المستمر باعتماد نشاطات التعليم الطبي المستمر
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	<p>6. أي مهام وصلاحيات تخولها اللجنة الوطنية للتعليم الطبي المستمر. واحتسابها.</p>	
	<p>مادة إضافية</p> <p>(أ) يجب على كل طبيب تقديم ما يثبت حصوله على (100 نقطة) كل خمس سنوات لغايات التعليم الطبي المستمر وبحيث تعادل كل نقطة ساعة زمنية واحدة ويستثنى من ذلك الاطباء المتدربون في البرامج المعتمدة من المجلس .</p> <p>(ب) لا تدور النقاط من دورة الى الدورات التي تليها وتكون مدة كل دورة 5 سنوات.</p> <p>(ت) يعتبر حصول الطبيب على ال (100) نقطة (المعيار الاساسي / أحد المعايير) التي يستند اليها المجلس عند تطبيق المادة (18) من هذا القانون.</p>	
	<p>مادة إضافية</p> <p>(أ) تحدد النشاطات العلمية المعتمدة لغايات تطبيق برنامج التعليم الطبي المستمر والجهات المعتمدة المنفذة لهذه النشاطات وطريقة وشروط احتساب الساعات المعتمدة وتصنيف الأنشطة العلمية المعتمدة بموجب تعليمات يصدرها المجلس استنادا لهذا القانون.</p> <p>(ب) تبقى تعليمات التعليم الطبي المستمر الصادرة بموجب قانون المجلس الطبي المعدل لسنة 2002 سارية المفعول لحين</p>	

<p>الاصلى لا يجوز ان يكون عضو في اكثر من لجنة الا اذا لم يتوفر العدد المطلوب. وذلك لفتح المجال امام خبرات وكفاءات جديدة.</p>	<p>صدور التعليمات المقصودة في الفقرة السابقة و بالتقدير الذي لا تتعارض فيه مع احكام وينود هذا القانون.</p>	<p>المادة 11-أ- لا يجوز لأي عضو من أعضاء المجلس الجمع بين عضوية المجلس وأية لجنة أخرى فيه. ب- يجوز لأي عضو من أعضاء اللجان المنصوص عليها في هذا القانون ان يعين عضواً في أكثر من لجنة واحدة إذا توفرت شروط العضوية فيه.</p>
<p>الغيت لانه قد تم معالجتها في مادة أخرى اعلاه.</p>	<p>المادة (11) أ- لا يجوز لأي عضو من أعضاء المجلس الجمع بين عضوية المجلس وأية لجنة أخرى فيه. ب- لا يجوز لأي عضو من أعضاء اللجان المنصوص عليها في هذا القانون ان يعين عضواً في أكثر من لجنة واحدة إلا إذا لم يتوفر العدد المطلوب للجنة معينة وتوافرت في هذا العضو شروط العضوية. تلغى</p>	<p>المادة 12-أ- يكون للمجلس امانة عامة تتألف من الأمين العام وجهاز تنفيذي يعين العاملون فيه بقرار من رئيس المجلس بناء على تنسيب الأمين العام. ب- يتولى الأمين العام الإشراف على تسيير أعمال المجلس الإدارية والمالية ويكون أميناً لسر المجلس ولجنة الدراسات العليا وسائر اللجان فيه وله ان يفوض أحد موظفي المجلس بعض صلاحياته بما في ذلك تولي سر أي من اللجان.</p>
<p>الغيت اجتماعات المجلس لانه قد تم معالجتها في مادة اعلاه. وقد تم ادراج اجتماعات اللجان المشكلة وفقاً لاحكام هذا القانون وجعلها دورية حتى تحقق نتائج أكثر.</p>	<p>المادة (13) أ) تكون اجتماعات أي لجنة دورية كل () ، على انه يمكن عقد جلسات اخرى بناء على دعوة من المجلس، او اذا اقتضت الضرورة ذلك . ب) يكون اجتماع اللجنة قانونياً بحضور ما لا يقل عن ثلثي أعضاء اللجنة على ان يكون من بينهم رئيس اللجنة او نائبه ، وتتخذ القرارات بأكثرية أصوات الأعضاء الحاضرين على</p>	<p>المادة 13-أ- يجتمع المجلس أو اللجان المنصوص عليها في هذا القانون بدعوة من الرئيس أو نائبه في حالة غيابه. ب- يكون اجتماع المجلس أو اللجان التابعة له قانونياً بحضور الأكثرية المطلقة من الأعضاء وتصدر القرارات بأكثرية أصوات الحاضرين وإذا تساوت الأصوات يرجح الجانب الذي فيه رئيس الجلسة .</p>

<p>الغيت لانه قد تم معالجتها في مادة أخرى اعلاه</p>	<p>الأقل وإذا تساوت الأصوات يرجح الجانب الذي فيه رئيس اللجنة أو نائبه. ت) يصرف لأعضاء اللجان بدل تمثيل عن عدد الجلسات المبالغ التي يقررها المجلس الطبي شريطة الحضور والغياب لكل عضو . تلغى</p>	<p>المادة 14 - تتكون موازنة المجلس من الموارد التالية:- ت- المبلغ الذي تخصصه الحكومة للمجلس في الموازنة السنوية للوزارة . ث- مساهمة مديرية الخدمات الطبية الملكية وكليات الطب وطب الأسنان في الجامعات الأردنية الرسمية ونقابة الأطباء ونقابة أطباء الأسنان وجمعية أصحاب المستشفيات الخاصة كما يحددها المجلس . ج-المنح والإعانات والهيئات التي يقبلها المجلس على ان يوافق مجلس الوزراء على المنح والإعانات والهيئات التي ترد من مصدر غير أردني. د-أجور الدورات التدريبية والامتحانات وبدل إصدار الشهادات والوثائق التي تحدد بتعليمات يصدرها المجلس. هـ-ربح المطبوعات التي يصدرها المجلس. و- الغرامات المنصوص عليها بموجب المادة (20) من هذا القانون .</p>
<p>تم اضافتها لوضع احكام خاصة بالامتياز والتي غابت عن القانون الحالي.</p>	<p>مادة إضافية الامتياز أ) يجب على كل طبيب يرغب بعمل سنة الامتياز داخل الأردن أن يكون مسجلاً لدى</p>	

	<p>المجلس الطبي الأردني. وان يجتاز التدريب المحدد والامتحان الإجمالي وفقاً للتعليمات الصادرة بموجب هذا القانون.</p> <p>(ب) تسري احكام الفقرة السابقة على الاطباء المتخرجين من الجامعات الاردنية والجامعات الاجنبية على حد سواء .</p>	
<p>كان لابد من وضع احكام جديدة تضبط عملية التدريب اثناء فترة الإقامة التي يمضيها الطبيب داخل المستشفيات من اجل الحصول على شهادة الاختصاص اذ لا يوجد في القانون الحالي ما يلزم هذا الطبيب بمراجعة المجلس الطبي وبالتالي فان متابعة هذا التدريب من قبل المجلس معدومة تقريباً .</p>	<p>المادة 15- 1. يشترط في من يتقدم للحصول على شهادة اختصاص من المجلس توفر الأحكام والشروط والمؤهلات المنصوص عليها في هذا القانون والأنظمة والتعليمات الصادرة بمقتضاه. 2. يجب على كل طبيب يمضي فترة الإقامة باحدى المستشفيات المعتمدة تقديم تقرير نصف سنوي لأمانة المجلس عن التطورات الحاصلة على تدريبه طوال فترة الإقامة. 3. ولأمانة المجلس التحقق من صحة هذه التقارير والتنسيب للمجلس من اجل اتخاذ القرارات المناسبة بشأنها 4. يجب على كل طبيب يرغب في تغيير تخصصه خلال فترة الإقامة ان يخطر المجلس خطياً بذلك .</p>	<p>المادة 15- يشترط في من يتقدم للحصول على شهادة اختصاص من المجلس توفر الأحكام والشروط والمؤهلات المنصوص عليها في هذا القانون والأنظمة والتعليمات الصادرة بمقتضاه.</p>
	<p>تبقى كما هي</p>	<p>المادة 16-أ-تعتبر الشهادة الصادرة عن المجلس الطبي الأردني أعلى شهادة مهنية للاختصاص في المملكة . ب-تعتبر الشهادة الصادرة عن المجلس العربي للاختصاصات الطبية شهادة مهنية عليا للاختصاص وكأنها صادرة بمقتضى هذا القانون .</p>

<p>كان لابد من جعل التعليم المستمر الزامي من خلال وضع آلية واضحة لهذه الالزامية وان تشمل ايضا الاطباء العاميين وان تعديل هذه المادة من شأنه دفع الاطباء للتعلم وهو ايضا لا يتعارض مع أي تشريع آخر من خلال استخدام عبارة (على الرغم مما ورد في أي تشريع آخر) كذلك نصت المادة 6 من قانون الصحة العامة رقم 54 لسنة 2002 .</p> <p>أ. مع مراعاة القوانين الخاصة بنقابات الأطباء والصيادلة وأطباء الأسنان والتمريض والقبالة أو أي تشريع آخر ذي علاقة بالمهنة الطبية والصحية ، تحدد الأحكام والشروط الخاصة بمنح الرخص لمزاولة هذه المهن وحالات سحب الرخص والغائها وتجديدها بمقتضى أنظمة تصدر لهذه الغاية .</p> <p>ب. للوزارة الاستئناس برأي أي</p>	<p>تبقى كما هي</p>	<p>المادة 17-أ-يحظر على أي طبيب ان يمارس أي اختصاص طبي أو ان يعلن عن نفسه بأي وسيلة على أنه اختصاصي إلا بعد تقويم شهادته واجتيازه الامتحان المقرر من المجلس وحصوله على شهادة اختصاص وفق أحكام هذا القانون.</p> <p>ب-لا تسري أحكام الفقرة (أ) من هذه المادة على الأطباء الاختصاصيين المسجلين في النقابة قبل صدور القانون المؤقت رقم (12) لسنة 1982.</p>
<p>كان لابد من جعل التعليم المستمر الزامي من خلال وضع آلية واضحة لهذه الالزامية وان تشمل ايضا الاطباء العاميين وان تعديل هذه المادة من شأنه دفع الاطباء للتعلم وهو ايضا لا يتعارض مع أي تشريع آخر من خلال استخدام عبارة (على الرغم مما ورد في أي تشريع آخر) كذلك نصت المادة 6 من قانون الصحة العامة رقم 54 لسنة 2002 .</p> <p>أ. مع مراعاة القوانين الخاصة بنقابات الأطباء والصيادلة وأطباء الأسنان والتمريض والقبالة أو أي تشريع آخر ذي علاقة بالمهنة الطبية والصحية ، تحدد الأحكام والشروط الخاصة بمنح الرخص لمزاولة هذه المهن وحالات سحب الرخص والغائها وتجديدها بمقتضى أنظمة تصدر لهذه الغاية .</p> <p>ب. للوزارة الاستئناس برأي أي</p>	<p>على الرغم مما ورد في أي تشريع آخر :</p> <ol style="list-style-type: none"> 1. يجب على المجلس ان يعيد تقويم الأطباء العاميين والأطباء الاختصاصيين العاملين في أي اختصاص طبي كل 5 سنوات مرة بموجب آليات تقويم مختلفة ليس من بينها الامتحان وله ان يمنع من لم تتوافر فيه متطلبات التقويم من ممارسة الاختصاص إلى ان تتوافر. 2. يجب على المستشفيات و الجهات والمؤسسات والمراكز الصحية والهيئات الرسمية المختصة الحصول على كتاب سنوي من المجلس الطبي بأهلية الطبيب لممارسة مهنة الطب قبل السماح له بالعمل لديها او اعطائه الترخيص بمزاومتها او بفتح مركز طبي او عيادة او عند تجديد تراخيصها . 3. يجب على الجهات الواردة في الفقرة الثانية من هذه المادة الامتثال لمضمون كتاب المجلس الطبي المشار اليه في الفقرة الثانية من هذه 	<p>المادة 18-يجوز للمجلس ان يعيد تقويم الاختصاصيين العاملين في أي اختصاص طبي كل خمس سنوات مرة بموجب آليات تقويم مختلفة ليس من بينها الامتحان وله ان يمنع من لم تتوافر فيه متطلبات التقويم من ممارسة الاختصاص إلى ان تتوافر.</p>

<p>من النقابات والجمعيات أو الجهات ذات العلاقة بالمهنة الطبية أو الصحية قبل منح رخص مزاوتها .</p>	<p>المادة .</p>	<p>المادة 19-يتمتع المجلس بالإعفاءات والتسهيلات التي تتمتع بها الوزارات والدوائر الحكومية.</p>
<p>حيث ان هذه المادة هي مادة عقابية كان لابد من مضاعفة العقوبة وذلك تحقيق فكرة الردع العام وفقا للفقهاء الجنائي.</p>	<p>تلغى</p> <p>المادة(20)</p> <p>أ-كل من يخالف أحكام هذا القانون أو الأنظمة أو التعليمات أو القرارات الصادرة بمقتضاه يعاقب بغرامة لا تقل عن "500" دينار ولا تتجاوز "1000" دينار بالإضافة إلى إزالة أسباب المخالفة وللحكومة أن تمنع المخالف من ممارسة الاختصاص مؤقتاً حتى نهاية المحاكمة وتضاعف العقوبة في حالة تكرار المخالفة، مع مراعاة أي تشريع آخر يفرض عقوبة أشد .</p> <p>ب- ان الحكم ببراءة الطبيب من المخالفة المنسوبة إليه أو عدم مسؤوليته عنها أو إدانته بها لا يحول دون ملاحقته تأديبياً من قبل الجهة المختصة.</p> <p>تبقى كما هي</p>	<p>المادة 20- أ كل من يخالف أحكام هذا القانون أو الأنظمة أو التعليمات أو القرارات الصادرة بمقتضاه يعاقب بغرامة لا تقل عن "500" دينار ولا تتجاوز "1000" دينار بالإضافة إلى إزالة أسباب المخالفة وللحكومة أن تمنع المخالف من ممارسة الاختصاص مؤقتاً حتى نهاية المحاكمة وتضاعف العقوبة في حالة تكرار المخالفة.</p> <p>ب- ان الحكم ببراءة الطبيب من المخالفة المنسوبة إليه أو عدم مسؤوليته عنها أو إدانته بها لا يحول دون ملاحقته تأديبياً من قبل الجهة المختصة.</p>
	<p>تبقى كما هي</p>	<p>المادة 21- إلى ان يتم تشكيل أي لجنة علمية متخصصة تتولى لجنة الدراسات العليا القيام بمهام وصلاحيات تلك اللجنة.</p> <p>المادة 22-أ-لمجلس الوزراء إصدار الأنظمة اللازمة لتنفيذ أحكام هذا القانون بما في ذلك الأنظمة المتعلقة بالشؤون المالية والإدارية وشؤون الموظفين والمستخدمين والووازم.</p> <p>ب-مع مراعاة أحكام الفقرة (أ) من هذه المادة للمجلس إصدار التعليمات اللازمة لتنفيذ أحكام هذا القانون والأنظمة الصادرة بمقتضاه بما في ذلك التعليمات المتعلقة بإجراء</p>

		الإمتحانات وإصدار الشهادات .
	تبقى كما هي	المادة 23-يلغى أي نص أو تشريع آخر بالقدر الذي يتعارض فيه مع أحكام هذا القانون.
	تبقى كما هي	المادة 24-رئيس الوزراء والوزراء مكلفون بتنفيذ أحكام هذا القانون.