



كمنترين كصيحتن

Ministry of Health  
Brunei Darussalam



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# 2016 ANNUAL REPORT BOARDS MANAGEMENT OFFICE

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BOARDS MANAGEMENT OFFICE  
MINISTRY OF HEALTH  
2017

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## 1. Introduction

The Boards Management Office (BMO) was established with the rationale to:

- Improve capacity to ensure public safety through maintaining/improving standards
- Reduce red tape and increase efficiencies through lean management and hence optimizing board performance
- Ensure that boards maintain impartiality and uphold values of integrity

The BMO works closely with the Boards and Councils that regulate all health care professionals and practitioners (HCP) in Brunei Darussalam through ensuring public safety and upholding professionalism, amongst others, through the following:

- a) Registration of all HCP including ensuring qualifications are from recognized institutions as well as validity of practice:
  - authority to register and grant practicing licenses/certificates to HCP in order to practice legally in Brunei Darussalam
  - establishes registration policies or guidelines
- b) Ensuring compliance of all HCP to respective professional standards and guidelines in protecting public safety:
  - authority that regulates conduct and manage disciplinary matters that arise from non-compliance to standards/code of conduct.
  - provides advice about professional conduct regulations.
  - has means to receive concerns and complaints
- c) Monitoring the HCP practice by ensuring that HCP undergo suitable and appropriate training and professional development for continual of practice:
  - create the standards for the accreditation of local institutions and programs.
  - make recommendations to appropriate authorities for the training and education of registered health professionals
  - has an advisory role on the design of education or training programs
  - ensuring health professionals to undergo CPD to make sure they maintain competence (as a requirement for licensing and registration)
  - create policies and guidelines on education and training.

The content of the annual report thus shall be divided into the three main core functions of the national Boards/Councils. These core functions are usually laid out in relevant legislations, which currently are:

1. For doctors and dentists, relevant provisions under the Medical and Dental Practitioners Act Chapter 112;
2. For nursing, relevant provisions under the Nurses Registration Act Chapter 140; and
3. For pharmacists, relevant provisions under the Pharmacists Registration Order 2001.
4. For allied health professionals, relevant provisions under the Allied Health Professions of Brunei Darussalam Order, 2017 (officially endorsed by His Majesty Sultan and Yang Di-Pertuan of Brunei Darussalam on 7th February 2017. The tentative date for enforcement will commence on 1st November 2017).

These legal provisions are revised from time to time, with new legislations currently being drafted covering other health care and related professions including separate legislations for medical practitioners and dental practitioners and review of existing legislations.

This is the first report to be produced by the BMO since its establishment, and the BMO would like to thank all the relevant Boards involved in the preparation of the report. Since there are, by the end of 2016, three Boards established by-law (Brunei Medical Board, Nursing Board of Brunei and Brunei Pharmacy Board), hence the report shall reflect the performance of these three Boards. However, relevant activities implemented by the other interim Boards/Councils will also be included in this report for completeness.

## 2. Licensing and Registration Matters

All HCP are legally required to be registered (any type) with the relevant Board/Council as well as a license to practice if they wish to pursue clinical practice in Brunei Darussalam, in line with provisions stipulated in the respective legislations. Registration and practicing certificate application requirements will be set at the discretion of each of the Board/Council and a time period will be imposed for specific application(s). A fee is imposed for both registration and practicing certificate/license application.

Additionally, as part of the registration processes, source verification has now been introduced which is a process for verifying credentials of all HCP directly from the institutions and organizations that originally conferred or issued the credential or certification to the HCP. A fee may be requested by the institution which confers the qualification to the HCP and these fee(s) shall be borne by the individual HCP.

Depending on the circumstances of the case, HCP practicing without a license can be charged as either a misdemeanor or felony offense and if convicted can be subjected to prison, fines, suspension or even removal from the register. Similarly, employers and organisations who employ HCP who are not registered or are not licensed will be subject to the above charges, and additionally their related licenses or permits such as to operate the facility at risk of being withdrawn.

Currently, the legal provisions in regulating dental practitioners are subsumed under the Brunei Medical Board which also regulates medical practitioners and established under the Medical and Dental Practitioners Act Chapter 112. Registration types amongst the various Boards varies slightly, with the types of registration of HCP currently provided are as follows (Table 1):

REGISTRATION	PROFESSION				
	AHP	DENTAL	MEDICAL	NURSING	PHARMACY
FULL					
TEMPORARY					

Implemented

Not implemented

Current fees applicable for registration for the various Boards are as follows (Table 2):

REGISTRATION		FEE FOR EACH PROFESSION (BND\$)				
		AHP	DENTAL	MEDICAL	NURSING	PHARMACY
FULL	REGISTRATION	-	50	50	75	200
	PRACTICING CERTIFICATE/LICENCE	-	50	50	25	100
	RESTORATION	-	-	-	-	150
TEMPORARY		-	50	50	-	-

## a. Brunei Medical Board

As mentioned above, the Brunei Medical Board currently is the responsible body regulating both medical and dental practitioners. All practitioners in order to practice in Brunei Darussalam, are required to be registered as well as have a practicing license (renewable annually called annual practicing certificate or APC). Registration of new practitioners are available at anytime of the year, but submission for renewal of annual practicing certificate/license must be done before the 31<sup>st</sup> December of every year, or the practitioner will be subjected to a late penalty. Registration numbers are allocated for each practitioner, based on the specialty, citizenship and place of practice of the practitioner.

For the year 2016, the following tables illustrates the breakdowns for the various types of registration:

**Table 3: Distribution of Practitioners**

Practitioner	Medical Practitioner		Dental Practitioner	
	Government	Private	Government	Private
<b>Total local practitioners</b>	236	30	55	5
<b>Total non-local practitioners</b>	323	68	21	7
<b>Total no registered</b>	559	98	76	12

**Table 4: Status of Registration and APC**

Practitioner	Medical Practitioner		Dental Practitioner	
	Government	Private	Government	Private
<b>Total New Registration Applied</b>				
<b>1. Full</b>	41	11	6	1
<b>2. Temporary</b>	54	18	0	0
APC				
<b>1. on time</b>	515		97	
<b>2. late renewal</b>	38		1	
<b>3. not renewed</b>	6		0	

Additionally, the Boards also performs other registration related tasks including the issuance of letters of good standing (LOGS). These are issued by the Board, with a fee of BND100 currently, on the request of individual HCP for submission to relevant regulatory authorities for various purposes such as for training or practicing overseas as proof of the practitioner being registered with the Board and have no disciplinary actions taken on the practitioner.

**Table 5: LOGS issuance**

<b>LOGS</b>	<b>Medical Practitioner</b>	<b>Dental Practitioner</b>
<b>LOGS issued</b>	67	2
<b>LOGS not issued</b>	Nil	Nil

### **b. Nursing Board of Brunei**

The Nurses Registration Regulations 2014 was only recently enforced in 2016, and hence not all nurses are registered according to the new regulation and have a practicing license in 2016. The Nursing Board of Brunei, in collaboration with the Nursing Services of the Ministry of Health and other sectors are actively inculcating awareness as well as the necessity of registering with the Board. Tables 6 and 7 below shows the distribution and status of registration and APC for nursing respectively till the end of 2016:

**Table 6: Distribution of Nurses**

<b>Practitioner</b>	<b>Nurses Place of Work</b>	
	<b>Government</b>	<b>Private</b>
<b>Total local practitioners</b>	1886	117
<b>Total non-local practitioners</b>	202	234
<b>Total no registered</b>	2088	351
<b>Total no not yet registered (<i>have not migrated to the new registration system</i>)</b>	280	56

**Table 7: Status of Registration and APC**

Practitioner	Nurses Place of Work	
	Government	Private
Full Registration	2088	351
APC	2088	351
No. and Reasons Registration Declined 1. Insufficient Documents 2. Unaccredited / not registrable / not verified qualifications 3. Others	Nil	Nil

**NOTE:**

- ✓ The term NURSES inclusive of Assistant Nurse
- ✓ Midwives are excluded from this statistics

**c. Brunei Darussalam Pharmacy Board**

Brunei Darussalam Pharmacy Board (BDPB) was established in accordance to Section 3 of the Pharmacists Registration Order, 2001. The Board regulates the conduct and ethics of registered pharmacists in Brunei Darussalam in line with the Code of Ethics for Pharmacist; and upholds the pharmacist professionalism. With effect from 05 June 2013, Brunei Darussalam Pharmacy Board implemented Pharmacists Registration Order, 2001 and Pharmacist Registration (Disciplinary) Rules, 2010 through mandatory registration of all pharmacists practicing in Brunei Darussalam and monitoring their code of conduct. As of 2016, there were a total of 73 registered pharmacists with the BDPB where table 8 and 9 indicate the distribution and status of the pharmacists.



**Table 8: Distribution of Pharmacists**

Practitioner	Pharmacists Place of Work	
	Government	Private
<b>Total local practitioners</b>	46	14
<b>Total non-local practitioners</b>	1	12
<b>Total no registered (practicing)</b>	47	26
<b>Total no registered (not practicing)</b>	2	Nil
<b>Total no not yet registered</b>	Nil	Nil

**Table 9: Status of Registration and APC**

Practitioner	Pharmacists Place of Work	
	Government	Private
<b>New Registration:</b>	Nil	5
<b>APC:</b>		
<b>1.New</b>	Nil	5
<b>2.Renewal</b>	47	21
<b>No. and Reasons Registration Declined:</b>		
<b>1.Insufficient Documents</b>	Nil	2
<b>2.Unaccredited / not registrable / unverified qualifications</b>	Nil	3
<b>3.Others</b>	Nil	Nil

#### **d. Interim Committee for Allied Health Professions Council of Brunei Darussalam**

Allied health professionals are autonomous practitioners who possess knowledge and skills in providing a diverse range of diagnostic, technical, therapeutic as well as direct client care and support services. At present, allied health professionals practicing in the country are not regulated by any governing body. Thus, it is inherent that the allied health professionals are governed to safeguard the public interest.

The Allied Health Professions of Brunei Darussalam Order (AHPBDO), 2017 has been officially endorsed by His Majesty Sultan and Yang Di-Pertuan of Brunei Darussalam on 7th February 2017. The tentative date for enforcement will commence on 1st November 2017. Its purpose is to protect the health, safety and wellbeing of the public by providing mechanisms to ensure that all allied health professionals are competent and fit to practise their professions within scopes of their practices. Once the Order comes into effect, the Allied Health Professions Council of Brunei Darussalam will be established to regulate a total of 19 (nineteen) professions as shown in Table 10.

**Table 10: List of Allied Health Professions to be Regulated**

<b>No.</b>	<b>Allied Health Professions</b>
1.	Audiology
2.	Clinical Psychology or Psychology
3.	Clinical Laboratory Science or Scientific Laboratory Science
4.	Dietetic
5.	Health Promotion
6.	Maxillofacial Prosthetic and Technology
7.	Medical Social Work
8.	Nutrition
9.	Occupational Therapy
10.	Optometry or Opticianry
11.	Orthoptics
12.	Paramedics
13.	Physiotherapy or Physical Therapy
14.	Podiatry
15.	Prosthetic and Orthotic
16.	Public Health
17.	Radiography (Diagnostic or Therapeutic)
18.	Speech and Language Therapy or Speech Pathology
19.	Teaching of Hearing Impairment

The Interim Committee for Allied Health Professions Council of Brunei Darussalam was set up in 2013 and it has since laid the groundwork for all related matters, particularly in registration. Once the AHPBDO, 2017 is enforced, all allied health professionals in Brunei Darussalam are mandated to register with the Allied Health Professions Council of Brunei Darussalam within the stipulated transition period of 2 (two) years.

### 3. Professional Conduct, Ethics and Disciplinary Matters

#### i. Complaints and Concerns

The BMO assists in administering the relevant health practitioner legislations in partnership with all the Boards and Councils. BMO and all the Boards and Councils are committed to delivering high standards of accountability in business and customer service functions and towards achieving this, the notification policy forms part of those standards. The notification handling procedure is implemented to ensure that the concerns against HCP are addressed promptly and fairly.

Each notification will be assessed and the BMO may conclude the matter if investigations reveal that it does not raise a question on the practitioner’s conduct or practice, for example the allegation concerns the level of fees charged for private treatment/service and on the grounds that it is vexatious.

All relevant notifications will be forwarded by the BMO to the respective Boards/Councils for their further assessment and actions.

**Table 11: Notifications Against Practitioner**

Notifications	Medical Practitioner (handled by BMB)		Dental Practitioner (handled by BMB)		Nursing		Pharmacy	
	Govt	Private	Govt	Private	Govt	Private	Govt	Private
<b>Total received</b>	Nil	Nil	Nil	1	Nil	Nil	Nil	Nil
<b>No. relevant</b>	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
<b>No. not relevant</b>	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil

**ii. Conduct and Disciplinary Matters**

All HCP are bound to the code of ethics and professional conduct of each profession. Any HCP who have been subject to fitness to practice conditions or outcomes will have their licence/practicing certificate withdrawn or suspended if they are suspended or erased from the relevant register. Where a HCP registration is subject to conditions or undertakings which restrict their practice they will still be entitled to hold a licence but must continue to adhere to any conditions or undertakings imposed on their registration. If they do not, their license and registration will be at risk. Table 12 below shows the summary status of disciplinary matters investigated by the various Boards:

Notifications	Medical Practitioner (handled by BMB)		Dental Practitioner (handled by BMB)		Nursing		Pharmacy	
	Govt	Private	Govt	Private	Govt	Private	Govt	Private
<b>Total Investigated</b>	Nil	Nil	Nil	1	Nil	Nil	Nil	Nil
<b>Numbers no action</b>	Nil	Nil	Nil	1	Nil	Nil	Nil	Nil
<b>No issued warning</b>	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
<b>No offered undertakings</b>	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
<b>No given conditions</b>	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
<b>No Suspended</b>	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
<b>No Erased from Registry</b>	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
<b>No Restored into Registry</b>	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil

## 4. Accreditation, Education and Training

### i. HCP Continuous Professional Development (CPD)

The aims of CPD are to maintain and improve:

- the quality of care given to patients and the public
- the standards of the services provided.

By undergoing CPD, HCP are kept updated with recent developments in practice and be competent in their work through affirming what areas are done well, address areas requiring improvement and exploring new knowledge, skills and behaviors. CPD helps HCP update what they have learnt during their undergraduate training as well as postgraduate training to reflect changes in practice, changes in the needs of patients and the service, and changes in society's expectations of the way services work. The requirements of CPD are outlined in various policies of the Boards, namely:

- For medical and dental practitioners, the ***Good Medical and Dental Practice***.
- The **Code of Professional Conduct for Registered Nurses and Midwives in Brunei Darussalam** and the **Core Competency Standards for Registered Nurses and Midwives in Brunei Darussalam** for nursing.
- For Allied Health Professionals (AHPs), the **Policies and Guidelines of Continuing Professional Development Requirements for the Allied Health Professions** which is aligned with the **Code of Conduct and Ethics** requirement for AHPs.

The BMO and professional Boards/Councils is not a provider of CPD nor will produce a list of approved CPD providers. CPD points are linked to the issuance of Annual Practicing Certificates and insufficient CPD points will cause the matter to be investigated by the Boards and explanation by the HCP will be required (Table 13). Note that currently there are no mandatory requirements for pharmacists to show proof of CPD for annual practicing certificate application under the relevant legislation.

**Table 13: CPD Status of HCP**

<b>CPD status</b>	<b>Medical Practitioner (handled by BMB)</b>		<b>Dental Practitioner (handled by BMB)</b>	
	<b>Govt</b>	<b>Private</b>	<b>Govt</b>	<b>Private</b>
<b>Total Registered</b>	559	98	76	12
<b>CPD sufficient</b>	559	98	76	12
<b>CPD insufficient</b> <b>i. Valid reasoning</b> <b>ii. Insufficient reasoning</b>	Nil	Nil	Nil	Nil

NB: CPD requirements were only recently implemented in 2016 and hence no data available as yet.

**ii. Accreditation of Training**

The Boards and Councils, through the Boards Management Office (BMO) aims to ensure that medical and related education and training programmes comply with internationally accepted standards of educational and training quality in producing competent and well trained health care professionals/practitioners (HCP).

HCP practicing in Brunei Darussalam graduates from either local or international institutions or both. Upon application for registration, the various Boards will countercheck the accreditation of the training institution and only proceed with the registration if the primary qualification is registrable with the various Boards. However, currently, no evaluation of the training programme conducted by various institutions have been conducted and the BMO and various Boards are drawing up plans to embark on this soon.

## **5. Other Matters**

### **i. Website Presence**

The BMO with the assistance of the Corporate Communications Office and through the hardwork and contribution of the various Boards have designed and put up information on the activities of the BMO and various Boards on the MOH website. This was implemented to increase awareness as well as ease of access for both HCP and the public on the activities and requirements of the Boards. Documents such as registration forms, guidance documents as well as notification forms are downloadable from the website. Future plans will include online payments for registration and viewing of HCP registration details. The webpage can be accessed at <http://www.moh.gov.bn/SitePages/Boards%20Management%20Office.aspx>.

### **ii. Legislative Provisions**

Evolving nature and practice of medicine and related specialties necessitates for regular review and introduction of new regulatory and related policies to ensure public safety. The following legislations are being reviewed and/or introduced:

- a) The Medical and Dental Practitioners Act Chapter 112
  - proposed to be amended to immediately address gaps and current needs
  - will be replaced in future by separate legislations to regulate medical practitioners and dental practitioners separately
  
- b) Nurses Registration Act Chapter 140
  - under review to address gaps and current needs
  
- c) The Pharmacists Registration Order 2001
  - under review to address gaps and current needs

### iii. Fees Revision

The BMO and various Boards have identified that in line with international benchmarks as well as increased workscope of the various Boards, there is a need to review the fees imposed on the HCP to better serve both the HCP and the public.

In this regard, the Brunei Medical Board has proposed that the following fee revisions for medical and dental practitioners (Table 14) to be considered, taking into consideration the future needs and activities of the Board:

No	Items	Current Fee	Proposed Fee
1	Registration into General Register	<u>Govt Servant</u>	Nil
		Private	B\$50
2	Application of APC	<u>Govt Servant</u>	Nil
		Private	B\$50
3	Renewal of APC (= Retention in general register)	<u>Govt Servant</u>	Nil if apply before 1 <sup>st</sup> Dec
		Private	B\$50
5	Registration into Specialist/GP Register	-	B\$500
6	Retention Fee (Specialist/GP Register)	-	B\$500
6	Late application for APC on and after 1 <sup>st</sup> December	B\$50	B\$300
7	Letter of Good Standing	B\$100	B\$150
8	Certification activity	-	B\$50



Similarly, the Table 15 below is the proposed fee schedule for the Allied Health Professions Council of Brunei Darussalam.

NO.	PARTICULAR	PROPOSED FEE (BND)
1.	Application for registration as an allied health professional	100
2.	Application for renewal of temporary registration as an allied health professional	50
3.	Issuance of Practicing Certificate	100
4.	Renewal of Practicing Certificate	100
5.	Late application Penalty Fee for renewal of Practicing Certificate	25
6.	Penalty Fee for expired Practicing Certificate upon renewal	50
7.	Restoration of name to the Register	100
8.	Replacement of Certificate of Registration	25
9.	Replacement of Practicing Certificate	25
10.	Annual Retention Fee	25
11.	Letter of Good Standing	50

#### **iv. Traditional and Complementary Medicine**

As the numbers of Traditional and Complementary Medicine (T&CM) providers increased in Brunei Darussalam, there was a need for the regulation of their practice. T&CM practitioners include all practitioners that provide T&CM services to their patients including conventional medicine professionals. T&CM practice was defined by World Health Organization to include medication therapy and procedure-based health care therapies such as herbal medicines, naturopathy, acupuncture and manual therapies such as chiropractic, osteopathy as well as other related techniques including qigong, taichi, yoga, thermal medicine, and other physical, mental, spiritual and mind-body therapies.

Currently, matters pertaining to T&CM practitioners and its practice are vetted through administratively by the Traditional and Complementary Medicine Unit (T&CM Unit) at the Ministry of Health. This is mainly done through request from Labour Department during the foreign worker license and workpass application. Please note that TCM products are regulated by the Pharmacy Services under the relevant legislations. The BMO is assisting the T&CM unit in processing these applications. However, progress of the activities of this unit is limited due to the lack of expertise in this field.