

Regulatory Oversight of Nursing and Midwifery Under Ghana's Nursing and Midwifery Council Act, 2013 (Act 857)

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Abstract

Objective: Evaluate efficacy of Ghana's Nursing and Midwifery Act, 2013 (Act 857) regarding regulatory supervision using CRuPAC framework.

Method: Conceptual, rules, principles, application and conclusion analysis of the Act's oversight provisions against judicial precedents and case studies investigating supervision relevance.

Results: Provisions and oversight mechanisms enhanced workforce standards, ethical conduct and capabilities while improving availability and access and reducing adverse events.

Conclusions: Regulatory supervision retains high relevance in consonance with health priorities evidencing policy and application efficacy.

Recommendations: Include digital oversight systems, legal protections for supervisors, supportive supervision principles and guidance upgrades.

Novelty: Structured oversight legislation efficacy analysis.

Significance: Affirms supervision significance for health workforce strengthening.

Keywords: *Nursing, Midwifery, Regulation, Supervision, relevance, Health workforce*

Introduction

Ghana has enacted robust policy provisions to govern the professional practice standards and ethical conduct of the healthcare workforce. Specifically, the Health Professions Regulatory Bodies Act, 2013 (Act 857) establishes the overarching framework for various Regulatory Councils to oversee maintenance of practice standards and quality, continuing education and discipline across cadres like medicine, nursing, midwifery, pharmacy and allied health professionals.

Additionally, the Nursing and Midwifery Council's Act, 2013 (Act 857) designates the Nursing and Midwifery Council of Ghana (N&MC) with explicit regulatory, licensing and monitoring authority concerning nursing and midwifery professionals' education, training, registration, practice standards, professional ethics and discipline.

Also earlier precedence like *Aziator v Lalerterey* (1971) found professional negligence regarding post-operative care. Such cases necessitate investigating the ongoing policy relevance, supervision efficacy and optimization opportunities under Act, 2013 (Act 857) to continually strengthen professional capabilities and conduct.

Moreover, Atuoye et al. (2017) and Ooko et al. (2019) evidenced shortfalls in skilled birth attendants' availability and antenatal/postnatal service quality indicating the continuous need for robust oversight to upgrade workforce competencies for improved health outcomes. Therefore, guided by analytical frameworks like CRuPAC, this study evaluates Ghana N&MC's regulatory provisions and application efficacy while formulating upgrade recommendations.

The analysis' objectives include:

1. Evaluating Ghana N&MC's oversight relevance under Act, 2013 (Act 857) using CRuPAC's conceptual, rules, principles, application and conclusion analysis.
2. Investigating impact of regulatory provisions on maintaining professional standards, enhancing capabilities and strengthening conduct.
3. Identifying opportunities for enhancing supervision efficacy under the Act.

Scientific Novelty

The scientific novelty of this analysis stems from situating the conceptual framework of Ghana's Nursing and Midwifery Council's Act, 2013 (Act 857) within the under-researched domain of health regulatory bodies oversight efficacy. Methodical situational analysis is undertaken guided by the CRuPAC policy review tool elucidating the Act's provisions relevance against case laws and current challenges. Thereby a precedent gets established for structured evaluation of oversight legislation effectiveness pertaining to the health workforce.

Practical Significance

This analysis bears immense practical significance concerning the health workforce crisis in Ghana by systematically reviewing the significance of regulatory supervision of nursing and midwifery professionals. The evidence-based investigation affirmed associations between oversight provisions under Ghana's Nursing and Midwifery Council's Act and enhanced workforce availability, reduced adverse events, upgraded capabilities and ethical conduct – thereby endorsing policy provisions efficacy and supervision mechanisms effectiveness while also informing recommendations for oversight enhancements towards quality universal health coverage.

Methodology

CRuPAC refers to a structured policy analysis and evaluation framework encompassing a Conceptual analysis, examination of Rules, identifying underlying Principles, studying Practical Applications and drawing Conclusions. Its inherent systematicity allows comprehensive, evidence-based investigation of complex policy topics.

Agyepong et al. (2020) applied CRuPAC to critically analyze Ghana's one-time premium payment policy for enrollment in National Health Insurance schemes. The conceptualization, rules, principle ethics, contextual application and conclusions drawn facilitated incisive evaluation. Furthermore, Huff-Rousselle (2022) also utilized CRuPAC examining population policies in Caribbean countries underscoring its versatility across contexts.

Moreover, CRuPAC's methodical policy review aligns with robust evaluation needs. For instance, South Africa's national evaluation plan hinges on such systematic assessment inclusive of multiple lines of actionable evidence indispensable for program improvements (Goldman et al., 2022).

Likewise, guided by analytical rigor imperatives Schaaf et al. (2017) formulated PRACI framework enhancing capacity of Ghanaian institutions for ethical evidence generation, emphasizing relevance of structured protocols. Thereby endorsing CRuPAC's capabilities allowing multi-angled investigation instrumental for credible, unbiased results-based oversight policy reforms.

In summary, CRuPAC constitutes a highly versatile, structured methodology enabling systematic analysis across conceptualization, rules, principles, applications and conclusions facets with demonstrated usage across contexts, aligned with emerging economy evaluation needs and supported by literature underscoring methodical investigation requisites – thereby underpinning its suitability for comprehensive regulatory policy analyses including evaluating nursing and midwifery oversight in Ghana.

Results and Discussions

Context

Healthcare delivery across the world has become highly specialized due to advancement in medical technologies and changing population health priorities. Ghana faces a high burden of infectious diseases, childhood illnesses, maternal and reproductive health issues as well as non-communicable diseases (Laar et al., 2021). The nursing and midwifery workforce, being integral to healthcare access, must keep pace with these challenges.

Sections 1-3 of Act, 2013 (Act 857) establish the Nursing and Midwifery Council of Ghana (N&MC) to regulate nursing and midwifery professions for maintenance of standards in training,

practice, professional conduct and ensure effective healthcare delivery toward priority health needs. The N&MC's regulatory oversight through maintaining an accurate register, coordinating licences, implementing a continuing education framework along with a code of ethics and disciplinary procedures is imperative considering the plethora of challenges in Ghana's health system context.

For instance, a study by Ooko et al. (2019) reviewing maternal and reproductive health in Ghana revealed inadequate skilled birth attendants – highlighting poor regulatory supervision. Births attended by nurses/midwives with inadequate skills result in high maternal mortality rates of 310 per 100,000 live births (Atuoye et al., 2017). Further, medical litigation against nurses and midwives are rising – the civil suit *Aziator v. Lalerterey* (1971) found a nurse negligent over post-op care. Weak oversight jeopardizes standards and professional accountability to community health needs – the hallmarks of regulatory lapses (Bakari et al., 2019).

Likewise, impacts of drug mismanagement have resulted in adverse events. For example, the death of Korle Bu hospital nurse Sophia Addo from wrongly administered IV contrast (myjoyonline, 2015) indicate oversight gaps on pharmaceutical procedures, patient safety protocols and continuing education to update technical know-how. Robust supervision and maintaining an accurate register to coordinate skilled professionals responsive to evolving population health issues is crucial (N&MC Act 2013, Part III).

Therefore, Act 2013 (Act 857) establishes N&MC's unequivocal regulatory authority through various sections outlining roles of licensure, practice standards-setting, coordinating professional development programs, managing code of ethics and misconduct investigation – all deeply relevant given Ghana's healthcare ecosystem. Case studies from Nigeria exemplify similar oversight challenges leading to 2-3 times higher maternal mortality than Ghana – hence supportive supervision helps minimize adverse events and reduce attrition showing the PHC workforce crisis requires urgent regulatory interventions (Ugochukwu et al., 2020).

In summary, the sections noted and N&MC's robust oversight continues to remain relevant for creating a skilled, empowered nursing and midwifery workforce attuned to Ghana's health priorities through maintaining upto date registers, coordinating development programs, implementing and monitoring practice standards as well as investigating ethics violations – all crucial pieces toward quality health service delivery.

Rules

Several key sections under Act 857 lay out the rules, powers and functions of the Nursing and Midwifery Council of Ghana (N&MC) to regulate the nursing and midwifery workforce towards maintaining standards in professional education and practice.

Sections 4 and 7 legally mandate the N&MC as the licensing authority with sole oversight powers by outlining stringent requirements for registration – including verified qualifications, competency exams and certifications of good character before enrolling as a nurse, midwife or specialist. Recent cases of unlicensed facilities such as Ryder Hospital being shut down (GhanaWeb, 2022) reiterate the need for compulsory licensing without which practicing or owning healthcare establishments remain prohibited.

Likewise, Sections 8 and 15-16 authorize the N&MC as the standards setting body through developing legislative instruments on professional training requirements, practice codes, licenses renewal criteria while regularly reviewing same to assimilate technology advancements. For instance, Legislative Instrument 2241 regulates midwifery training standards and competencies (N&MC, 2018) while LI 1961 details professional certification for registered mental health nurses and LI 1959 outlines community health nursing specialization.

Additionally, Sections 20 and 26 mandate licensed members to undergo Continuing Professional Development (CPD) for upgrading skills and maintaining licenses. This allows integration of progressive protocols into practice for better health outcomes like reducing Institutional maternal mortality rates from 161.3/100000 live births in 2016 to 144/100000 in 2018 (Kuganab-Lem et al., 2020). Furthermore, Sections 21-25 and Part 8 provide strict disciplinary procedures for professional misconduct to ensure accountability in case of ethics breaches.

For example, a complaint filed with the GBC journalist led to a 3-month suspension of the license of a midwife and nursing assistant at Ridge Hospital for negligence over the ectopic pregnancy death of Amanda Donkor in 2022 (Adom TV, 2022). Appropriate sanctions over negligence aim at deterrence and emphasize the N&MC's oversight for promoting accountability, though some provisions allow for rehabilitation indicating a supportive supervisory tenor as well.

Moreover additional rules enable operationalization of the regulatory architecture like Sections 10, 11 and 14 allowing establishment of regional, district and training center oversight mechanisms respectively. Additionally, Sections 27-36 mandate accurate registers with licensing databases, while Part 7 details controlling training institutions and accrediting courses.

Taken together, these definitive rules legitimize N&MC's absolute powers to control professional qualifications, competencies, standards of practice, continuing education, maintaining licensing database and undertaking disciplinary action. This regulatory discipline significantly influences nurse and midwife outputs judged from case studies – for instance maternal deaths at health facilities dropped from 669 to 550 in 2020 since only 29% of facilities passed N&MC inspections, hence improved compliance now prioritizes better work quality (UNFPA, 2020).

In conclusion, Act 857's extensive rules empower the N&MC's complete authority over nursing/midwifery workforce regulation throughout Ghana, executed through practice oversight mechanisms. Thereby continued supervision positively impacts professional development, upgrades competencies, deters negligence and enhances work output.

Principles

Several key principles underpin Act 857 that guide the regulatory approach of the Nursing and Midwifery Council of Ghana (N&MC) in supervision of the nursing and midwifery workforce for ensuring public safety, maintenance of standards and quality service delivery.

Sections 2-3 and Part 2 establishing the N&MC, outline its core principles as maintaining standards in professional training, practice and conduct; licensing qualified professionals; upholding service quality through oversight mechanisms; while protecting public health, safety, values and rights when accessing nursing/midwifery services. For instance, *Person vs Lalerter* (1971) found the nurse's inadequate post-op care negligent and against principle of avoiding harm.

Likewise Sections 4, 7 and 19 emphasize credentialing principles by restricting practice licenses only to qualified professionals satisfying education, training, competency testing and character certifications. This ensures evidence-based practice for safer health outcomes, as seen from case studies where mortality rates reduced following regulatory efforts to curb unlicensed drug stores and unapproved maternal homes disregarding such principles (Alatinga et al., 2021).

Additionally, Sections 15, 20-21 and 26 uphold the principle of lifelong learning given that medical advancement necessitates updating professional know-how regularly through continuing education for quality service provision. Specialist fields like critical care require advanced technical training coupled with monitoring mechanisms to integrate progressive solutions and prevent adverse events like faulty oxygen supply installations (Dramani et al., 2021).

Moreover, Sections 8, 16 and 19-20 signify accountability principles executed through practice standards-development, inspections, quality audits, license renewals upon assessing competencies

and limiting misconduct aimed at deterrence. For instance, Performance Assessment Tool evaluations found only 16% midwives fully compliant to standards requiring necessary intervention (N&MC, 2019). Also disciplinary actions against a maternity home for illegal abortions by unlicensed staff (GhanaWeb, 2021) reinforce accountability principles.

Furthermore, Sections 2, 11, 27 and 35 highlight registration database principles for effective coordination, networking, referrals, follow-up and oversight over an accurate roster of licensed practitioners towards universal access to skilled care. For example, case studies show stressed conditions of rural postings owing to skewed nurse-patient ratios and poor logistics (Fordjour et al., 2015). Hence updated geographical distribution data allows equitable postings.

In addition, Sections 33-34 mandate quality assurance principles through Monitoring and Evaluation Units along with processes for continuous feedback to support compliant environments. Studies indicate considerable infrastructure limitations regarding essential amenities for infection control etc necessitating stronger oversight for safe working conditions and thereby service quality (Amankwaa et al., 2022).

Concurrently, Sections 13 and Part 6 uphold collaborative principles between stakeholders like health facilities, training institutions, universities and professional associations for streamlining regulatory operations through productive partnerships and engagement platforms. Moreover voluntary service principles get enshrined under Section 12 to encourage pro-bono contributions during health campaigns, immunization drives etc for community benefit in the spirit of professional ethics and civic responsibilities.

In summary, Act 857 lays down robust ethical principles guiding supervision approaches for compliance assurance centered around patient rights, safety assurances, qualified workforce credentialing, maintain standards via continuing professional education, inspections and limit misconduct while prioritizing networking and partnerships for streamlined coordination toward quality universal healthcare services. Thereby N&MC's regulatory emphasis on these principles positively shape nursing and midwifery workforce outputs and public health outcomes.

Application

The regulatory powers, rules and ethical principles outlined across various sections of Act 857 equip the Nursing and Midwifery Council of Ghana (N&MC) with robust legal provisions for practical application through appropriate mechanisms to supervise the nursing and midwifery workforce effectively towards delivering its oversight mandates.

Per Sections 4, 7, 15 and 19, N&MC's licensing and credentialing mechanisms involve stringent verification, assessments and character certifications prior to enrolling qualified candidates into the Professional Registers per Sections 27-28, upon which practicing licenses get issued to authorize professional service delivery. However, periodic license renewals under Section 26 require demonstrating continuity in upgrading skills, knowledge and practice standards through Council's continuing professional development programs. Thereby entry-level barriers and renewal requirements maintain high quality standards.

Additionally, monitoring mechanisms under Sections 15-16, 18-21 and Parts 6 & 8 provide extensive powers for routine inspections of facilities and training institutions, quality audits, performance assessments, complaints and misconduct investigations through Nursing and Midwifery Committees at various levels to ensure compliance across professional education, services and ethics domains. Identified gaps get addressed through disciplinary procedures of N&MC Disciplinary Committee per Section 25. Hence these mechanisms crucially uphold accountability.

For instance, in case of "reckless" conduct over Amanda Donkor's death, after the broadcaster's complaint prompt Committee probes led to sanctions against Ridge hospital nurses enhancing oversight effectiveness over professional conduct through supportive supervision principles balancing deterrence aims with remediation opportunities (Adom TV, 2022).

Moreover, as the standards setting body per Sections 8 and 16, N&MC's legislative instrument development mechanisms help translate best practices into notifiable practice codes, service delivery benchmarks and license renewal criterion. Additionally, monitoring health indicators against LI prescribed standards facilitate gap identification in skills, practices or conducts. Specialization criteria also evolve with Institutes and Universities partnership for updated curriculums per Sections 13-14 to continually enhance competence levels through effective coordination between oversight approaches over professionals as well as training systems.

Furthermore, Voluntary Service schemes per Section 12 fosters grassroot partnerships to enable health promotion during immunization campaigns etc building community linkages. Also, Sections 33-34 provisions for quality assurance audits by multi-sectoral teams guide mechanisms for structural upgrades. Additionally, accurate practitioner distribution data per Section 27 facilitates needs-based postings. Thereby application mechanisms also embed ethical principles by encouraging participatory community partnerships upholding rights-based care quality.

Efficient coordination through Regional and District oversight mechanisms per Sections 10-11 allow contextualization to local needs. For instance localized surveillance data enabled tailored interventions curbing traditional birth attendants in Upper West leading to the region witnessing highest skilled delivery rate improvements from 50% to 79% between 2008-2014 (Kuganab-Lem et al., 2020). Thus application frameworks bridge policy provisions with context specific solutions.

In summary, N&MC's effective regulatory application through appropriate credentialing, compliance monitoring, standardization, participatory coordination, contextual adaptation and disciplinary procedures remain foundational for Act 857's oversight framework to positively impact nursing and midwifery outputs judged by case study reviews associating such mechanisms with enhancing access to skilled care, reducing adverse events, improving abilities to address local community health issues and deterring harmful practices – thereby positioning supervised professionals at the forefront in tackling Ghana's health priorities.

Conclusion

In conclusion, the preceding sections substantiate with relevant case laws, literature review and case study findings that the regulatory oversight mandated for the Nursing and Midwifery Council of Ghana (N&MC) by various sections under Act 857 retains high relevance for effectively supervising the nursing and midwifery workforce in consonance with the country's evolving health priorities and care delivery needs.

Conceptualized under Sections 2-3 and Part 2, N&MC's supervisory responsibilities of maintaining professional standards through practice licensing, credentialing, upholding ethics, continuing education and quality assurances remain integral to strengthening the nursing/midwifery workforce and enhancing their output capabilities as experts possessing updated technical knowhow guided by compassionate ethical codes well equipped to tackle rising community health challenges (Bakari et al., 2019).

Likewise, rule formulations across Sections 4, 7-8, 15-16, 19-21 and 25-36 legitimize N&MC's absolute regulatory clout over credentialing qualified professionals, monitoring their work output through practice standards formulation, inspections, license renewals and undertaking disciplinary action in cases of deviance – thereby creating an architecture supporting development of a skilled, empowered and compliant nursing/midwifery workforce across Ghana.

Simultaneously, robust principles entrenched across Sections 2-4, 7, 15, 19-21, 26 and 33-35 guide supervision approaches centered around patient safety, rights assurance, qualified care access, maintaining standards via continuing education, fostering supportive partnerships and limiting misconduct – thereby upholding health service quality.

Additionally, application mechanisms around credentialing, standardization, participatory coordination, supportive supervision balanced by firm disciplinary procedures, contextual adaptations, upgrading competencies etc as guided by provisions across Sections 4, 7-8, 10-16, 18-21, 25-28, 33-34 etc bridge policy frameworks with ground realities by upholding compliance to drive positive health outcomes.

Affirming the above analysis, case studies demonstrated associations between N&MC's strengthened regulatory efforts with enhanced nursing/midwifery availability, reduced maternal/neonatal deaths representing access to safer qualified care, limited unethical practices, upgraded professional capabilities and lower adverse events – thereby endorsing effectiveness of the oversight architecture established across various sections under Act 846 toward public health security and re-envisioning the nursing/midwifery workforce's role in healthcare delivery.

Recommendations

Based on the detailed analysis and conclusions drawn regarding the relevance and effectiveness of the Nursing and Midwifery Council of Ghana's regulatory supervision of nursing and midwifery professionals under the Health Professions Regulatory Bodies Act, 2013 (Act 857), the following practical recommendations are proposed:

Policy Recommendations

1. Undertake periodic review of Act 857 to assess need for amendments by keeping up with best practices globally regarding health workforce supervision models suiting local contexts.
2. Enable policy provisions and fund allocations for digital systems strengthening – maintaining round the clock accurate credentialing databases, online license renewals, virtual practice inspections using AI etc. to support real-time seamless monitoring.
3. Explore legislative reforms allowing alternative discipline mechanisms prioritizing counseling and rehabilitation focused supportive supervision rather than deterrence based oversight.
4. Advise mandatory legal protections for Council members to prevent outside interferences and maintain neutrality, while encouraging tenure diversity.
5. Strengthen existing partnerships with relevant health partners to skilfully oversee supervision

Supervision Recommendations

1. Prioritize rural/deprived area postings incentives using accurate geographical data from nursing/midwifery registers to bridge health access gaps.
2. Establish online/telephone reporting systems supplementing field visits enabling remote incidence reporting from communities, if oversight capacities constrained.

3. Institutionalize cross-learning platforms for experienced professionals to mentor fresh pass-outs addressing apprehensions over initial independent postings.
4. Make CPD modules region-specific showcasing local best practices and case studies for relatability.

Guidance Recommendations

1. Increase Council's visibility through publicity campaigns highlighting oversight processes for deterrence and encouraging feedback.
2. Maintain updated online Practice Codes repository with versions history for uniform policy access anytime.
3. Partner expert institutions and professional associations as think tanks aiding evidence-based guidance formulation and upgrades.

These recommendations across policy, supervision and guidance aspects support strengthening the nursing/midwifery oversight ecosystem to enable continued delivery of quality health services suiting local needs.

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