CHAPTER 253

THE MEDICAL PRACTITIONERS AND DENTISTS ACT

SUBSIDIARY LEGISLATION

List of Subsidiary Legislation

| | Pag | зe |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 1. | The Medical Practitioners and Dentists (Election of Members of the Board) Rules | . 3 |
| 2. | The Medical Practitioners and Dentists (Forms and Fees) Rules | 9 |
| 3. | The Medical Practitioners and Dentists (Disciplinary Proceedings) (Procedure) Rules | 73 |
| 4. | The Medical Practitioners and Dentists (Registration, Licensing, Assessment and Internship) Rules | 91 |
| 5. | The Medical Practitioners and Dentists (Private Practice) Rules | 9 7 |
| 6. | The Medical Practitioners and Dentists (Registration, Licensing, Assessment and Internship) Rules | 19 |
| 7. | The Medical Practitioners and Dentists (Registration, Licensing, Assessment and Internship) Rules -Recognition of Institutions for Internship Training | 21 |
| 8. | The Medical Practitioners and Dentists (Registration, Licensing, Assessment and Internship) Rules -Approved Institution | 23 |
| 9. | The Medical Practitioners and Dentists (Medical Institutions) Rules | 25 |
| 10. | The Medical Practitioners and Dentists (Continuing Professional Development) Regulations | 57 |
| 11. | The Medical Practitioners and Dentists (Training, Assessment and Registration) Rules | 51 |
| 12. | The Medical Practitioners and Dentists (Fitness to Practise) Rules | 35 |
| 13. | The Medical Practitioners and Dentists (Medical Camp) Rules17 | 71 |
| 14. | The Medical Practitioners and Dentists (Practitioners and Health Facilities) (Advertising) Rules | 79 |
| 15. | The Medical Practitioners and Dentists (Professional Fees) Rules18 | 35 |
| 16. | The Medical Practitioners and Dentists (Referral of Patients Abroad) Rules28 | 39 |
| 17. | Medical Practitioners and Dentists (Inquiry and Disciplinary Proceedings) (Procedure) Rules | · |
| 18. | The Medical Practitioners and Dentists (Inspections and Licensing) Rules |)5 |
| 19. | The Medical Practitioners and Dentists (Mental Health Treatment and Rehabilitation Institutions) Rules | 15 |
| 20. | The Medical Practitioners and Dentists (Training, Assessment, and Registration) Rules | 35 |

CAP. 253

[Subsidiary]

THE MEDICAL PRACTITIONERS AND DENTISTS (ELECTION OF MEMBERS OF THE BOARD) RULES

ARRANGEMENT OF RULES

Rule

- 1. Citation
- 2. Interpretation
- 3. Notice of election to the Board
- 4. Nomination of candidates
- 5. Election where nominations do not exceed vacancies
- 6. Voting procedure
- 7. Counting of votes and elections of candidates
- 8. Appeals

SCHEDULES

FORM

VOTING PAPER

THE MEDICAL PRACTITIONERS AND DENTISTS (ELECTION OF MEMBERS OF THE BOARD) RULES

[Legal Notice 18 of 1978, Legal Notice 209 of 1983, Legal Notice 216 of 1994]

1. Citation

These Rules may be cited as the Medical Practitioners and Dentists (Election of Members of the Board) Rules.

2. Interpretation

In these Rules, "Returning Officer" means a person appointed by the Board for the purposes of these Rules.

[L.N. 209/1983, r. 2, L.N. 216/1994, r. 2(a).]

3. Notice of election to the Board

(1) The Cabinet Secretary may, from time to time, by notice in the *Gazette* and in such newspapers circulating in Kenya as he may think fit, declare that an election to the Board of up to the five medical practitioners and two dentists prescribed under paragraph (f) of subsection 4(1) of the Act shall be held on a day to be specified in the notice, which day is in these Rules referred to as "election day".

(2) The notice shall be so published at least ninety days before election day except in the case of the first election of such members in respect of which notice may be given at any time before election day.

4. Nomination of candidates

(1) Each medical practitioner or dentist registered in Kenya may, in the form set out in the First Schedule, nominate one registered medical practitioner or dentist, as the case may be, as a candidate for election to the Board;

Provided that nobody shall nominate himself as a candidate.

(2) The nomination paper shall contain in block letters the full names of both the proposer and of the candidate and their signatures, which signatures shall be made in the presence of a registered medical practitioner or dentist, as the case may be, of at least five years' practical experience in Kenya as indicated in the form; and the paper shall also be signed by five registered medical practitioners in support of a candidate for election to the Board as a medical practitioner or three registered dentists in support of a candidate for election to the Board as a dentist.

(3) Each nomination paper, when completed in accordance with paragraph (2), may be either delivered in person to the office of, or sent by registered post to, the Returning Officer in time for it to be received by the Returning Officer not later than thirty days before election day.

(4) No nomination paper shall be valid unless the provisions of this rule have been strictly complied with and the candidate has indicated his willingness to stand for election.

(5) Any nomination form received by the Returning Officer which does not comply with the provisions of paragraph (2) or which is not received within the time prescribed under paragraph (3) shall be rejected by the Returning Officer but shall be kept and be available for inspection by an interested party for a period of at least six months after the election day to which it relates.

5. Election where nominations do not exceed vacancies

(1) If the number of persons correctly nominated for either profession under rule 4 of these Rules does not exceed the number of vacancies specified in the notice published under rule 3, all the persons nominated for that profession shall be deemed to have been elected and the names shall be published in accordance with the provisions of paragraph (4) of rule 7 of these Rules.

(2) If the number of the persons nominated for either profession exceeds the vacancies on the Board in respect of that profession, the voting prescribed in rule 6 of these Rules shall be followed.

6. Voting procedure

(1) In the event of an election having to be held, the Registrar shall not later than twentyone days before election day send by registered post to every medical practitioner or dentist, as the case may require, registered in Kenya, a voting paper in the form set out in the Second Schedule which shall contain the names of all candidates who have been duly nominated in accordance with rule 4 together with a suitably addressed envelope for returning the voting paper.

(2) Each medical practitioner or dentist who receives a voting paper may, if he wishes to record his vote, place an X against the names of such candidates (not exceeding the number in respect of his side of the profession specified in the notice published under rule 3) for whom he wishes to vote, and shall sign and date the voting form and write his full name in capital letters in the spaces provided for that purpose; and a voting paper which does not contain those particulars, or which contains more than those particulars, may be treated as a spoilt voting paper and, if so treated, shall not be taken into account for the purposes of the election.

(3) The voter shall then return the voting paper in the special envelope sent to him, which shall be sealed before it is despatched by delivering it personally or by sending it by registered post to the Returning Officer at the address appearing on the envelope.

(4) A voting paper received by the Returning Officer after noon on election day shall not be opened by him until after the election has been completed and the results have been published in accordance with rule 7, but shall be kept and be available for inspection by an interested party for a period of at least six months after the election day to which it relates.

(5) Personal canvassing for a candidate within the medical or dental professions by any reasonable means shall not disqualify a candidate, but canvassing by posters, press or other mass media or advertisements shall lead to a candidate being disqualified.

[L.N. 216/1994, r. 2(b).]

7. Counting of votes and elections of candidates

(1) After 4.30 p.m. on election day, the Returning Officer shall, in the presence of the Registrar, a Deputy Director of Medical Services, one registered medical practitioner and one dentist nominated by the Returning Officer, count the votes given for each candidate, and shall forthwith declare those candidates, not exceeding the number of vacancies to be filled, who receive the highest number of votes to be duly elected to the Board.

(2) Candidates or their authorized representatives may be present at the counting of the votes if they so wish.

(3) Election shall be by a simple majority but in the event of a tie, the succesful candidate shall be determined by a lot drawn by the Returning Officer in such manner as he shall decide.

(4) The names of the successful candidates shall be published within fourteen days after election day in a notice in the *Gazette* and in such newspapers circulating in Kenya as the Returning Officer may think fit.

8. Appeals

A person aggrieved by a decision of the Returning Officer on an election matter may appeal to the Cabinet Secretary within fourteen days of the publication of the results of the election in the *Gazette* and on any such appeal the Cabinet Secretary may annul the election or may vary any decision of the Returning Officer in such manner as he may think fit.

| | | | [Subsidiary] |
|---------------------------------------|------------------------|----------------------------|------------------------------|
| | FIRS | T SCHEDULE | |
| | | [r. 4] | |
| | | FORM | |
| Serial No | | | unterfoil |
| | | | rial No |
| THE MEDICAL PR | | ND DENTISTS BOA | RD |
| Nomination of a d | candidate for election | n to the Board. | |
| Name and addre | ss of nominated can | didate in full (block lett | ers) and |
| | | | |
| | ····· | | · · · · · |
| Name and addre | ss of proposer in full | (block letters) and Reg | gistration No |
| Signature of prop | ooser | | |
| Signed by the ab | ove-named | | (proposer) |
| in my presence tl | his day of . | 20 | |
| | | ress | |
| and Registration N | lo | | lical/Dental* Practitioner |
| | | | five years experience in |
| Full Names | Address | Kenya) Rog No | Signatures |
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| of not less than the is a dentist). | hree supporters (whe | o must be dentists in th | ne case of a candidate who |
| I agree to accept | this nomination | | |
| Signature of cano | didate | | |
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| | | ay of 20 ress | |
| and Registration N | , · | | dical/Dental* Practitioner |
| | | | five years experience in |
| | | Kenya) | |

| [Subsidiary] | | | |
|--------------------|--------------------------------------------------------------------------|------------------------------------------------------------------------|--|
| | *Delete whe | ere applicable | |
| | SECOND | SCHEDULE | |
| | [r | . 6] | |
| | VOTING | G PAPER | |
| Counterfoil | Serial | | |
| Serial No | - | | |
| | PRACTITIONERS AND R-MEDICAL PRACTITIC | | |
| Names of Cano | | Here insert X against names of | |
| Numes of Oana | indates | candidates for whom you wish to vote | |
| Name and ad | dress of voter in block letter | rs and Registration No | |
| Signature of v | /oter | | |
| Date | | | |
| Counterfoil Serial | | | |
| Serial No | | | |
| - | PRACTITIONERS AND | DENTISTS BOARD | |
| | VOTING PAPER-DENTISTS Names of Candidates Here insert X against names of | | |
| Names of Cano | ndales | Here insert X against names of candidates for whom you wish to vote | |
| Name and ad | dress of voter in block letter | rs and Registration No | |
| Signature of v | /oter | | |
| Date | | | |

THE MEDICAL PRACTITIONERS AND DENTISTS (FORMS AND FEES) RULES

[Legal Notice 19 of 1978, Legal Notice 76 of 1983, Legal Notice 204 of 1988, Legal Notice 349 of 1995, Legal Notice 138 of 1997, Legal Notice 26 of 2000, Legal Notice 80 of 2005, Legal Notice 135 of 2010, Legal Notice 12 of 2012, Legal Notice 75 of 2012, Legal Notice 161 of 2015, Legal Notice 4 of 2017, Legal Notice 255 of 2021]

1. These Rules may be cited as the Medical Practitioners and Dentists (Forms and Fees) Rules, and shall be deemed to have come into force on the 1st January, 1978.

2. The register of medical practitioners and dentists to be maintained by the Registrar in accordance with section 5(3) of the Act, shall be in Form I in the First Schedule to these Rules.

3. Application for registration as a medical or dental practitioner in accordance with section 6(1) of the Act shall be in Form II in the First Schedule to these Rules.

4. The certificate of registration to be issued by the Registrar in accordance wFith section 7 of the Act shall be in Form III in the First Schedule to these Rules.

5. Application for a licence to render medical or dental services in accordance with section 13 of the Act shall be in Form IV in the First Schedule to these Rules.

6. A licence issued to render medical or dental services in accordance with section 13 of the Act shall be in Form V in the First Schedule to these Rules.

7. Application for a licence for private medical or dental practice in accordance with section 15(1) of the Act shall be in Form VI in the First Schedule to these Rules.

8. A licence for private medical or dental practice in accordance with section 15(2) of the Act shall be in Form VII in the First Schedule to these Rules.

8A. The Board may charge additional late application fee of five hundred shillings in respect of applications submitted out of time under rules 4(2), 7(2) and 28(2) of the Medical Practitioners and Dentists (Private Practice) Rules.

9. Application for recognition of specialist or sub-specialist status shall be in Form VIII in the First Schedule.

10. The fees set out in the Second Schedule shall be payable in respect of the matters set out therein.

11. Application for registration of a medical institution in accordance with rule 4(1) of the Medical Practitioners and Dentists (Medical Institutions) Rules shall be in Form IX set out in the First Schedule to these Rules.

12. The certificate of registration to be issued by the Registrar in accordance with rule 4(3) of the Medical Practitioners and Dentists (Medical Institutions) Rules shall be in Form X set out in the First Schedule to these Rules.

13. Application for a licence to operate an approved medical institution in accordance with rule 5(1) of the Medical Practitioners and Dentists (Medical Institutions) Rules shall be in Form XI set out in the First Schedule to these Rules.

14. The annual fees assessment form prescribed in rule 5(3) of the Medical Practitioners and Dentists (Medical Institutions) Rules shall be in Form XII set out in the First Schedule to these Rules.

15. A licence issued to operate an approved medical institution in accordance with Rule 5(4) of the Medical Practitioners and Dentists (Medical Institutions) Rules shall be in Form XIII set out in the First Schedule to these Rules.

16. The Board shall when inspecting outpatient medical institutions pursuant to rule 11 of the Medical Practitioners and Dentists (Medical Institutions) Rules use the checklist in Form XIV set out in the First Schedule.

17. The Board shall when inspecting inpatient medical institutions pursuant to rule 11 of the Medical Practitioners and Dentists (Medical Institutions) Rules use the checklist in Form XV set out in the First Schedule.

[L.N. 76/1983, r. 2, L.N. 26/2000, r. 2, L.N. 75/2012, r. 2, L.N. 4/2017, r. 2, 4, 5, 6, 7, 8.]

| | FIRST SCHEDULE FORMS [L.N. 76/1983, r. 2, L.N. 26/2000, r. 2, L.N. 161/2015, r. 2.] RM I (r. 2) GISTER OF MEDICAL PRACTITIONERS AND DENTISTS Full Address Basic Date of AdditionaDate and Remarks Name Qualification original Registration |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FO | RM II (r. 2(a)) |
| | рното |
| (Ca AP | E MEDICAL PRACTITIONERS AND DENTISTS ACT ap. 253) PLICATION FOR PERMANENT REGISTRATION AS A MEDICAL OR NTAL PRACTITIONER |
| 1. | Surname First Name Other Names |
| 2. | Date of Birth Nationality |
| 3. | D No./Passport No |
| 4. | Address Code Town County Cell Phone |
| 5. | Email |
| 6. | Degree, Diploma or licence held Date(s) qualified |
| 7. | Name of medical/dental school Email |
| 8. | Name of Internship Training Centre Email |
| | Period of internship from to to |
| 9. | Particulars and testimonials covering the period of experience |
| 10. | Name of employer |
| | Address Code TownCounty |
| | Email Tel |
| | Requirements: |
| | (i) Copy of ID/Passport; |

(ii) Coloured passport size photo;

(iii) Certfied copies of professional & academic certificates;

(iv) Evidence of passing Board's pre-registration examination;

(v) Internship completion Assessment Forms dully filled and stamped;

(vi) Evidence of registration from EAC Partner States' Boards and councils (for those applying for reciprocal registration);

(vii) Registration Fee KSh. 8,000.00

All payments should be made at any KCB Branch countrywide to Board's account No. 1103158643 Milimani Branch. SWIFT CODE: KCBLKENX, BANK. KCB, BANK CODE: 01175.

I hereby certify that the above information is correct to the best of my knowledge and that I have met the above requirements.

Signature of Applicant: Date

FOR OFFICIAL USE

| The process will take a n | naximum of two weeks. |
|---------------------------|-----------------------|
| PREPARED | APPROVED/NOT APPROVED |
| Name: | Naesegnation |
| Signature | Designatiate |
| RECOMMENDED: | Signature |
| | DateDesignation |
| Signature | Date |

| | (~ 1) |
|--------------------------|-----------------------------------|
| FORM III | (r. 4) |
| THE MEDICAL PRACTITIONER | RS AND DENTISTS ACT |
| (Cap. 253) | |
| CERTIFICATE OF REGISTRAT | TION AS A MEDICAL PRACTITIONER OR |
| DENTIST | |
| Registration No | |
| | |

Dr./Mr/Mrs./Miss*

Dated this day of, 20

Seal of the Board.

Chairman Registrar of Medical Practitioners and Medical Practitioners and Dentists Dentists Board

*Delete where not applicable.

FORM IVA

РНОТО

| [| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------|
| THE MEDICAL PRACTITIONE (Cap. 253) APPLICATION FOR MEDICAL LICENCE | | ITISTS ACT AL PRACTITIONERS INTERNSHIP |
| 1. Surname First nan | ne | Other names |
| 2. Date of Birth Na | ationality | |
| 3. Address Code Email | | |
| 4. Degree, Diploma or Licence hel | | t in English provide official translation) |
| 5. Name of Medical/Dental School Email | Ad | ddress Code |
| 6. Name of Internship Training Ce Email | | . Address code |
| Requirements: | | |
| (i) Copy of ID/Passport; | | |
| (ii) Coloured passport size phot | ograph; | |
| (iii) Evidence of passing Board | Internship Qua | lifying Exam (foreign trained); |
| (iv) Copy of posting letter from | the Ministry of I | Health; |
| (v) Evidence of completing Mea | lical/Dental Trai | ining in an accredited University in Kenya; |
| (vi) Evidence of having comple EAC that qualifies for reciprocal re- | | ental Training in an institution within the |
| (vii) Licence fee KSh. 5000. | | |
| I hereby certify that the above have met the above requirements. | nformation is c | correct to the best of my knowledge and I |
| Signature of applicant | Dat | te |
| FOR OFFICIAL USE: | | |
| The process takes a maximum PREPARED BY Name: Designation Signature Date CHECKED BY: Name: Designation Signature Date | APPROVED Name Designation Signature | ks D/NOT APPROVED |
| | | |

FORM IVB THE MEDICAL PRACTITIONERS AND DENTISTS ACT (*Cap. 253*) THE MEDICAL PRACTITIONERS AND DENTISTS BOARD

[Subsidiary] INTERNSHIP LICENCE FOR MEDICAL AND DENTAL PRACTITIONERS Dr. (full name) of (address) Qualifications..... Is hereby licensed by the Medical Practitioners and Dentists Board to render Medical services at (name of approved institution) In accordance with the provisions of section 13 of the Act. Dated the 20 Registrar Medical Practitioners and Dentists Board CONDITIONS OF LICENCE: 1. This licence is valid for a period of 11 MONTHS from the date hereof. 2. The licensee is authorized to render medical or dental services as the case may be, only at the institution mentioned in this licence. 3. The licence is entitled to engage in training employment. 4. This licence does not entitle you to engage in private practice. 5. Signature of Holder FORM VA THE MEDICAL PRACTITIONERS AND DENTISTS BOARD APPLICATION FOR RETENTION IN THE YEAR REGISTER (ALL DOCTORS) (All fields are mandatory) 1. Surname Other Names Reg. No. 2. Date of Birth Nationality 3. Address Code Town Mobile No 4. Email 5. Name of Employer Address Code Town Email 6. Work station County Sub-County. 7. Basic Qualifications Postgraduate qualifications 8. Recognized Speciality Sub Specialty Requirements: Acquire a minimum of 50 CPD points in the calendar year (a) Evidence of employment if practitioner is not in private practice (b) (c) Renewal fee Kshs. 4,000

All payments should be made to:

Medical Practitioners and Dentists Board

Account No: 1103158643,

Bank: KCB, Milimani Branch.

SWIFT CODE: KCBLKENX

BANK CODE: 01175

*Transactions can be undertaken at any KCB Branch countrywide

(d) Late payment will attract 50% penalty. Penalty date is 30th September

Computer generated and stamped banking slip together with should be, within the first week, either emailed to info@kenyamedicalboard.org or posted to Medical Practitioners and Dentists Board Office.

I hereby certify that the above information is correct to the best of my knowledge and I have fulfilled all the above requirements.

Signature Date

FOR OFFICIAL USE PREPARED

APPROVED/NOT APPROVED

Name: Designation Name

Signature Date Designation

RECOMMENDED:

Name Designation Signature

| Signature Date | . Date |
|----------------------------|-------------------------|
| Physical Address: MP & | Tel: +254 20-272 8752 / |
| DB House-, Woodlands | +254 20 272 4994 /+254 |
| Road, off Lenana Road | 20 271 1478 |
| Address: P. 0 Box | Mobile: +254 720771478/ |
| 44839-00 100, NAIROBI | +254 736771478 |
| — Kenya | Website: |
| Ernail: | www.medicalboard.co.ke |
| info@kenyamedicalboard.org | |

FORM VB THE MEDICAL PRACTITIONERS AND DENTISTS BOARD

ANNUAL RETENTION CERTIFICATE

Date of first registration (date) Registration No. (Reg. No.)

This is to certify that

And whose registered address is: (Address)

Having duly complied with the provisions of the Medical Practitioners and Dentists Board is entitled to practice during the year (*year*).

A retention certificate must be renewed for very subsequent year. This confirmation is evidence of retention in the Register only until 1st December (year).

This certificate does not allow the holder to engage in Private practice.

Seal of the Board.

| | [Subsidiary] |
|--------------------------------|--------------------------------------------------------|
| Dated 20 |) |
| (Signature) | |
| | (DMS) |
| Registrar, Medical Practitic | oners and Dentists Board. |
| FORM VI | Serial |
| | |
| (Cap. 253) | ONERS AND DENTISTS ACT |
| | STRATION OF A PRIVATE MEDICAL INSTITUTION |
| PARTI | |
| (To be completed by the ap | |
| 1. CONTACT DETAILS OF TH | HE PROPOSED INSTITUTION |
| (Block Letters) | |
| | titution Address |
| | ber Mobile |
| | lospital, Nursing Home, Maternity Home, Health Centre, |
| Dispensary, Laboratory, etc.). | iospital, Nursing Home, Maternity Home, Health Centre, |
| | |
| 3. LOCATION OF THE INSTI | |
| () | arket |
| | |
| PART II | |
| (To be completed by the ap | pplicant in duplicate) |
| 1. FULL NAMES AND ADDR | ESS OF THE APPLICANT |
| (Block Letters) | |
| | |
| STATE IF APPLICANT | IS A DIRECTOR AND/OR ADMINISTRATOR OF THE |
| *Delete where inapplicable | s |
| 2. NATIONALITY OF THE AP | |
| | |
| 3. PLACE AND DATE OF BIR | RTH |
| 4. NATIONAL IDENTITY CAR | RD No |
| (Attach Photocopy) | |
| 5. PASSPORT No. (if applical | ble) |
| ADDRESS | |
| 6. WORK PERMIT No. (if app | licable) |
| х - т т | · |
| | |

(Attach documentary evidence-copies only).

PART III

(To be completed by the applicant in duplicate)

Give full names of Directors of the institution including the following: Nationalities, Passport Numbers, Work Permit Numbers, Email Address, Kenya National Identity Card Numbers, etc.

(Attach copies of documentary evidence).

- (i)
- (ii)
- (iii)

(Use extra space if necessary).

PART IV

(To be completed by the applicant in duplicate)

1. Give full names and registration number of the medical or dental practitioner who shall be in-charge of the patient health care at the proposed institution:

.....

.....

- (a) Give full details of professional qualifications of the person named at paragraph (1) above. Include year and place where obtained;
- (b) State work experience of the person named at paragraph (1) of PART IV above and name institutions where obtained and date;
- (c) Attach documentary evidence (photocopies) in each case. (Please use extra space if necessary).

.....

- (a) Give full names and professional qualifications of any other person(s), identified by your institution to undertake patient health care at the institution (e.g., Clinical Officers, Nurses, Laboratory Technicians, X-ray Staff, Doctors, Technicians, Pharmaceutical Technicians, etc.).
- (b) Attach documentary evidence (photocopies) in each case. (Please use extra space if necessary).

PART V

(To be completed by Medical Officer of Health in duplicate)

INSPECTION REPORT FOR PRIVATE MEDICAL INSTITUTIONS - FOR REGISTRATION PURPOSES

- 1. NAME OF THE INSTITUTION
- 2. PHYSICAL LOCATION
 - (a) Plot No./L.R. No
 - (b) Market/Centre/Town*
 - (c) Street/Road
 - (d) Location

County (e) 3. PREMISES GENERAL INFORMATION (a) Plot area (in hectares) Water supplyadequate/inadequate* (b) (*Delete where inapplicable) Refuse disposal: (c) (i) Incinerator available/Not available.* (ii) Other modes of refuse disposal (Specify) Environmental suitability recommended/not recommended. (d) *State reasons for not recommending: 4. PLAN OF THE INSTITUTION Approved/No approved* by the local District Development Committee (attach (a) copy of the plan) and documentary evidence (copies) of approval of the institution by the D.D.C 5. OUT-PATIENT SERVICES (See attached minimum requirements for General Practice). Waiting Bay/Reception Area/Room:* (a) Seating capacity (i) (ii) Area (in square metres) Construction Covered/ Not Covered.* (iii) Examination Rooms: (b) Number of rooms (i) State if equipment inspected meets the minimum requirements. Attach (ii) separate signed list of equipment inspected if necessary. (c) Treatment room: (i) Number of rooms (ii) State if equipment meets the minimum requirements. Attach separate signed list of equipment inspected. *Delete where inapplicable 6. IN-PATIENT SERVICES Female Ward: (a) Size of the ward (in square metres) (i) (ii) Number of beds (iii) Number of toilets (iv) Number of bathrooms Number of sluice rooms (v) Male Ward: (b) (i) Size of the ward (in square metres) (ii) Number of beds (iii) Number of toilets Number of bathrooms (iv)

| [S | ubsidia | ry] | |
|-----|---------|---------------|--------------------------------------------------------------------------------------------------|
| | | | (v) Number of sluice rooms |
| | | (c) | Maternity Ward: |
| | | | (i) Size of the ward (in square metres) |
| | | | (ii) Number of beds |
| | | | (iii) Number of toilets |
| | | | (iv) Number of bathrooms |
| | | | (v) Number of sluice rooms |
| | | | (vi) Placenta pit depth (in metres) |
| | | (d) | Paediatric Ward: |
| | | . , | (i) Size of the ward (in square metres) |
| | | | (ii) Number of beds |
| | | | (iii) Number of toilets |
| | | | (iv) Number of bathrooms |
| | | | (v) Number of sluice rooms |
| 7 | CLIN | ICAI | SUPPORT SERVICES |
| ••• | OLIN | (a) | Pharmacy: |
| | | (4) | (i) Area of the waiting room (in square metres) |
| | | | (ii) Number of dispensing windows |
| | | | (iii) Number of antibiotic (safe cupboards) |
| | | | (iv) Number of drug stores |
| | | (b) | Laboratory: |
| | | (-) | (see attached minimum requirements) |
| | | (i) | Reception area (in square metres) |
| | | (i) (ii) | Seating capacity |
| | | (ii) (iii) | Size of work-room (in square metres) |
| | | iv) | Equipment (attach a separate signed list of equipment and reagents/ |
| | | | chemicals inspected). |
| | | (c) | X- ray Unit: |
| | | | (See attached minimum requirements). |
| | | (i) | Size of the reception area (in square metres) |
| | | (ii) | Seating capacity |
| | (| (iii) | Number of screening rooms |
| | (| iv) | Standard of radiation protection |
| | | | Adequate/Not Adequate.* |
| | (v) | Equip | oment (attach separate signed list of equipment inspected). |
| | | - | ating Theatre: |
| | | | r theatre equipment (attach separate signed list of equipment inspected). |
| | | | r theatre (indicate by a tick or cross in the box next to the item to show whether able or not). |
| | lı | nduct | ion room# |
| | C | Opera | ting room# |
| | F | Recov | very room # |
| | L | .ightir | ng (Adequate/Not Adequate).* |
| | | | |

Equipment (attach separate signed list of equipment inspected).

8. OTHER SUPPORTING SERVICES

- (a) Kitchen;
 - (i) Cooking facility (specify)
 - (ii) Non-Perishable store (Adequate/Not Adequate).*
- (b) Laundry Type (specify)
- (c) Mortuary:
 - (i) Available/ Not Available.*
 - (ii) Refrigerated/ Not refrigerated.*
 - (iii) Appropriately located /Not appropriately located.*

(If not appropriately located, state why)

- (iv) Body capacity
- (v) Adequate privacy /Not adequate privacy.*
- (vi) Number of ambulances
- (vii) Other facility (specify and use extra space if necessary)

*Delete where inapplicable

PART VI

(To be completed by the applicant in duplicate)

1. Give full names and designations of members of the D.H.M.T who participated in the inspection of the institution.

| NAME | DESIGNATION |
|--------|-------------|
| (i) | |
| (ii) | |
| (iii) | |
| (iv) | |
| (v) | |
| (vi) | |
| (vii) | |
| (viii) | |
| (ix) | |
| (x) | |

2. CERTIFICATE BY M.O.H

I, Dr

State full names in Block Letters)

being the Medical Officer of Health in

County, do hereby certify that the inspection of

was conducted by the County Health Management Team of on

..... day of 20 under my personal supervision.

I further certify that the inspection was witnessed by

Dr./Mr./Mrs./Miss being the

Owner/Director/Applicant* and that

the said institution does/does not* meet the minimum requirements for Registration/ Licensing purposes.

Dated this day of 20

| Signature |
|----------------------------------------|
| (Medical Officer of Health) |
| Name of Station |
| Address |
| Telephone Number I |
| *Delete where inapplicable PART VII |

(To be completed by the Applicant/Director/Owner of the institution in duplicate)

I, Dr./Mr./Mrs./Miss*

(Full Names in Block Letters)

hereby certify that all the information given by me in the application form is true and correct and that I personally witnessed the inspection which was conducted by the Medical Officer of Health on

Name in Full

APPLICANT TO NOTE:

This form MUST be returned to the Medical Practitioners and Dentists Board within a period not exceeding three months from the date of issue. Applications which are not returned within the stipulated period shall be time barred. PART VIII

(For the purposes of vetting applications and enforcement of Laws, Regulations and Decisions of the I.R.C. and the Board.)

- (a) Name of the institution acceptable to the IRC
- (b) Type of institution
- (c) Give Name, Type, Location and Registration Number of other institutions operated by operated by the Applicant/ Director or affiliated to the institution named in this application:
 - (i) (ii) (iii) (iv)

(Use extra space if necessary).

*Delete where inapplicable

(d) Give full particulars of criminal court proceedings for violations of any of the following Ministry of Health laws by any of the institution named in paragraph (c) in this application (Cap. 253, Cap. 260, Cap. 257, Cap. 244, Cap. 245, Cap. 254 and Cap. 242) (Quote court case references in each case for the past three years proceeding the date of this application).

.....

(use extra space if necessary).

(e) Give names of institutions, their location and registration numbers from among those named at paragraph (c) in this application which have defaulted in licence fees payment during the past three years. State each year of default and penalty imposed and whether or not/penalty has been paid and fees recovered:

.....

(use extra space if necessary).

(f) Give names of any of the institutions named at paragraph (c) in this application which the Board has authorized closure during the past three years (quote minutes references of the I.R.C. and state the institutions' registration number and place of location).

(Use extra space if necessary).

(g) F.R.L. Serial No. and date of this application

(h) Licence Fees Category (quote I.R.C. minutes reference)

(i) F.R.L. Receipt No. and Date

(j) Date application returned to applicant

(k) Date application re-submitted by applicant

(I) Registration Fees Receipt No. and Date

CERTIFICATE BY AN OFFICER AUTHORIZED FOR THE PURPOSES OF PART VIII OF THIS APPLICATION

(This certificate must be countersigned by the Registrar)

I certify that the institution for which this application is made and its Owner/Director/ Applicant or its Administrator has/has not been* subject to the criminal proceedings in violation of any of the laws named in Paragraph (d) in this application and that all information given under PART VIII of this application is correct and true.

Dated this day of 20

Authorized Officer

Registrar, Medical Practitioners and Dentists Board

PART IX

FOR OFFICIAL USE ONLY

1. INSTITUTION REGISTRATION COMMITTEE'S RECOMMENDATIONS

.....

.....

Dated this day of 20

Chairman, Committee

Chairman Medical Practitioners and Dentists Board

*Delete where inapplicable

2. INSTRUCTIONS TO THE REGISTRAR BY THE BOARD

.....

Dated this day of 20

.....

Chairman Medical Practitioners and Dentists Board

PART VIA

| [Subsidiary] | |
|--------------|--|
| [Cabolalary] | |

| (Cap. 253) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| () |
| |
| РНОТО |
| |
| APPLICATION FOR RECOGNITION OF SPECIALIST/SUB-SPECIALITY STATUS |
| 1. Surname Other Names Reg. No |
| 2. Date of Birth |
| 3. Address Code Town Cell Phone |
| Email |
| 4. Employer |
| 5. Degree, Diploma or Licence held (give name of medical school and date qualified) |
| |
| 6. Specialty/sub-speciality applied for |
| 7. Postgraduate qualifications: medical/dental school |
| Date qualified |
| 8. Number of years of experience in speciality/sub-speciality after obtaining postgraduate qualifications (indicate the number of years or months, name of institution(s) attended and name of two supervisors whose address must accompany this application). |
| No. of Years/Months Name of Institution Country |
| Supervisors: (a) Name Address Code |
| Email : Telephone: |
| (b) Name Address Code |
| Email: Telephone: |
| Requirements: |
| (i) Copy of post graduate qualifications and official transcripts; |
| (ii) Evidence of completion of 2 year full time rotation in a recognized institution fo specialist recognition; |
| (iii) Supportive recommendation from two (2) supervisors in the relevant field; |
| (iv) For sub-speciality recognition, the applicant should show evidence of training for a least one year; |
| (v) Speciality and sub-speciality must be in the gazetted list; |
| (vi) Application fee- KSh. 20,000.00 |
| All payments should be made at any KCB Branch countrywide to Board's account No 1103158643, Milimani Branch. |
| I hereby certify that the above information is correct to the best of my knowledge and that I have met all the above requirements. |
| Signature of Applicant Date |
| FOR OFFICIAL USE: |
| |
| 22 |
| |

| This process takes a maximum of two (2) weeks |
|-----------------------------------------------|
| PREPARED BY:- |
| Name:Designation |
| Signature Date |
| CHECKED BY |
| Name: Designation |
| Signature Date |
| - |

| APPROVED/NOT |
|--------------|
| APPROVED |
| Specialty/ |
| SubSpecialty |
| Name |
| Designation |
| Signature |
| Date |

FORM VII

(r. 8)

Licence No.

THE MEDICAL PRACTITIONERS AND DENTISTS ACT

(Cap. 253)

LICENCE FOR PRIVATE MEDICAL OR DENTAL PRACTICE

1. Dr./Mr./Mrs./Miss*

(full names in BLOCK LETTERS) of

2. This licence entitles the holder to engage in General Practice/Specialist Practice* in *(specify discipline).*

3. Authorized premises to be used for the purposes of private practice (*detailed particulars and location of authorized premises*).

4. This licence shall expire on the last day of, 20......

5. No change of premises is permitted without the authority of the Board.

Dated this day of 20

Registrar of Medical Practitioners and Dentists

*Delete where not applicable.

FORM VIII

(r. 9)

THE MEDICAL PRACTITIONERS AND DENTISTS ACT

(Cap. 253)

APPLICATION FOR RECOGNITION OF SPECIALIST/SUB-SPECIALITY STATUS

1. Surname (BLOCK LETTERS).....

- 2. Other names
- 3. Registration No.
- 4. Address

5. Place and date of birth

- 6. Nationality
- 7. Places of practice
- 8. Degree or diploma (give name of Medical School and date qualified)

9. Speciality or sub-speciality in which specialist/sub-specialist status sought (*state clearly*) ...

- (a) Postgraduate qualifications (*indicate the discipline, name of institution, country and date qualified*)
- (b) Duration of the course(s)

11. Number of years of experience after obtaining postgraduate qualifications (*indicate the number of years or months, name of institution(s) attended and name of supervisor, whose letter must accompany this application*)

12. List of publications (*if any*)

13. Number of years experience in sub-speciality (*indicate clearly number of years* or months, name of institution(s) attended and name of supervisor, whose letter must accompany this application)

14. I solemnly and sincerely declare that the information given is true.

Dated the, 20.....

Signature of applicant

FORM IX

(r. 4(1))

THE MEDICAL PRACTITIONERS AND DENTISTS ACT

(Cap. 253)

APPLICATION FOR REGISTRATION OF A PRIVATE MEDICAL INSTITUTION

PART I

(To be completed by the applicant in triplicate)

1. Name and Address of the Proposed Institution (Block Letters)

2. Type (State whether Hospital, Nursing Home, Maternity Home, Health Centre, Dispensary, Laboratory, etc.

- 3. Location of the Institution:
 - (a) Town/Centre/Market*
 - (b) Location
 - (c) District
 - (d) Province

*Delete where inapplicable

PART II

(To be completed by the applicant in triplicate)

- 1. Full Name and Address of the Applicant (BLOCK LETTERS)
- 2. State if Applicant is a Director and/or Administrator of the Institution
- 3. Nationality of the Applicant
- 4. Place and Date of Birth

5. Kenya National Identity Card No.

(Attach photocopy)

6. Passport No. (if applicable)

7. Work Permit No. (if applicable)

(Attach documentary evidence-copies only).

PART III

(To be completed by the applicant in triplicate)

Give full names of Directors of the Institution including the following: Nationalities, Passport Numbers, Work Permit Numbers, Kenya National Identity Card Numbers, etc.

(Attach copies of documentary evidence)

- (a)
- (b)

(c)

(Use extra space if necessary)

PART IV

(To be completed by the applicant in triplicate)

1. Give full names of Medical or Dental Practitioner who shall be in-charge of patient health care at the proposed institution

- (a) Give full details of professional qualifications of the person named in paragraph (1) above. Include year and place where obtained.
- (b) State work experience of the person named in paragraph (1) above and name institutions where obtained and date.
- (c) Attach copies of documentary evidence in each case. (Use extra space if necessary)
- (a) Give full names and professional qualifications of any other person(s), identified by your institution, to undertake patient health care at the institution (e.g. Clinical Officers, Nurses, Laboratory Technicians, X-ray staff, Doctors, Technicians, Pharmaceutical Technologies, etc.)......
- (b) Attach copies of documentary evidence in each case. (Use extra space if necessary).
 - (i) (ii) (iii) (iv)
 - (v)
 - (vi)

/PART V -

(To be completed by the Medical Officer of Health in triplicate)

INSPECTION REPORT FOR PRIVATE MEDICAL INSTITUTION FOR REGISTRATION PURPOSES

- 1. Name of Institution
- 2. Physical Location:
 - (a) Plot No./L/R. No.

- (b) Market/Centre/Town*
- (c) Street/Road*
- (d) Division
- (e) District
- (f) Province

*Delete where inapplicable.

3. Premises General Information:

- (a) Plot area (in hectares)
- (b) Water supply adequate/inadequate*
- (c) Refuse Disposal:
 - (i) Incenerator available/Not available *.
 - (ii) Other modes of refuse disposal.

(Specify)

.....

*Delete where inapplicable.

(d) Environmental suitability recommended/not recommended* State reasons for not recommending.

.....

.....

4. Plan of the Institution:

- (a) Approved/Not approved* by the local District Development Committee (attach copy of the plan) and documentary evidence (copies) of approval of the institution by the D.D.C.
- 5. Out-patient Services:

(See attached minimum requirements for General Practice).

- (a) Waiting Bay/Reception Area/Room:*
 - (i) Seating capacity
 - (ii) Area (in square metres)
 - (iii) Construction covered/not covered*.
- (b) Examination Rooms:.....
 - (i) Number of rooms.....
 - (ii) State if equipment inspected meets the minimum requirements. (Attach separate signed list of equipment inspected if necessary).

.....

.....

- (c) Treatment rooms:
 - (i) Number of rooms
 - (ii) State if equipment meets the minimum requirements.
- (Attach separate signed list of equipment inspected).

6. In-patient services:

- (a) Female Ward:
 - (i) Size of ward (in square metres)

- (ii) Number of beds
- (iii) Number of toilets
- (iv) Number of bathrooms
- (v) Number of sluice rooms
- (b) Male Ward:
 - (i) Size of ward (in square metres)
 - (ii) Number of beds
 - (iii) Number of toilets
 - (iv) Number of bathrooms
 - (v) Number of sluice rooms
- (c) Maternity Ward:
 - (i) Size of Ward (in square metres)
 - (ii) Number of beds
 - (iii) Number of toilets

*Delete where inapplicable.

- (iv) Number of bathrooms
- (v) Number of sluice moms
- (d) Paediatric Ward:
- (i) Size of Ward (in square metres)
- (ii) Number of beds
- (iii) Number of bathrooms.....
- (vi) Number of sluice rooms.....
- 7. Clinic Support Services:
 - (a) Pharmacy:
 - (i) Area of waiting room (in square metres)
 - (ii) Number of dispensing windows
 - (iii) Number of anti-biotic (safe cupboards)
 - (iv) Number of drug stores
 - (b) Laboratory:

(See attached minimum requirements).

- (i) Reception area (in square metres)
- (ii) Seating capacity.....
- (iii) Size of work-room (in square metres).....
- (iv) Equipment (Attach a separate signed list of equipment and reagents/ chemicals inspected).
- (c) X-Ray Unit:

(See attached minimum requirements)

- (i) Size of reception area (in square metres)
- (ii) Seating capacity
- (iii) Number of screening rooms
- (iv) Standard of radiation protection

Adequate/Not Adequate*.

- (v) Equipment (Attach separate signed list of equipment inspected).
- d) Operating Theatre:

- (i) Minor theatre equipment (Attach a separate signed list of equipment inspected)
- (ii) Major theatre (indicate by a tick or cross in the box next to the item to show whether available or not available).

Induction room #

Operating room #

Recovery room #

Lighting Adequate/Not Adequate*

Equipment (attach separate signed list of equipment inspected).

8. Other Supporting Services:

- (a) Kitchen:
 - (i) Cooking facility (specify)
 - (ii) Non-perishable store Available/Not Available*
 - (iii) Perishable store Available/Not Available*
- (b) Laundry type (specify)

*Delete where inapplicable.

(c) Mortuary:

- (i) Available/Not Available*
- (ii) Refrigerated/Not refrigerated*
- (iii) Appropriately located/Not appropriately located*

If not appopriately located state why

- (iv) Body capacity
- (v) Adequate Privacy/Not Adequate Privacy*
- (vi) Number of ambulances
- (vii) Other facility (specify and use extra space if necessary)

(To be completed by the Medical Officer of Health in triplicate)

1. Give full names and designations of members of the D.H.M.T. who participated in the inspection of the institution.

Name

Designation

| (i) | | | |
|---------------------------------|--|--|--|
| (ii) | | | |
| (iii) | | | |
| (iv) | | | |
| (v) | | | |
| (vi) | | | |
| (vii) | | | |
| (viii) | | | |
| (ix) | | | |
| (x) | | | |
| 2. Certificate by M.O.H. | | | |

I, Dr.

State full names in Block Letters)

being the Medical Officer of Health in-charge District, do hereby certify that the inspection of was conducted by the District Health Management Team of on the day of, 20..... under my personal supervision.

I further certify that the inspection was witnessed by Dr./Mr./Mrs./Miss

.....

being the Owner/Director/Applicant* and that the said institution does/ does not* meet the minimum requirements for Registration/Licensing purposes.

Dated this day of, 20

Signature

(Medical Officer of Health)

*Delete where inapplicable.

Name of Station

Address

.....

Telephone Number

*Delete where inapplicable.

PART VII

(To be completed by the Applicant/Director/Owner of the institution in triplicate)

I. Dr./Mr/Mrs./Miss*

(Full Names in Block Letters)

hereby certify that all information given by me in this application form is true and correct and tht I personally witnessed the inspection which was conducted by the Medical Officer of Health on the day of, 20......

Signature

Names in Full

APPLICANT TO NOTE

This form MUST be returned to the Medical Practitioners and Dentists Board within a period not exceeding three months from the date of issue. Applications which are not returned within the stipulated period shall be time barred.

PART VIII

(For the purposes of vetting applications and enforcement of Laws, Regulations and Decisions of the I.R.C. and the Board)

(a) Name of institution acceptable to the IRC.

(b) Type of institution

(c) Give Names, Types, Locations and Registration Numbers of other institutions operated by the Applicant/Director or affiliated to the institution named in this application.

(i) (ii) (iii) (iv) (v)

(Use extra space if necessary)

*Delete where inapplicable

(d) Give full particulars of criminal court proceedings for violations of any of the following Ministry of Health laws by any of the Institutions named in paragraph (c) in this application (Cap. 253, Cap. 260, Cap. 244, Cap. 245, Cap. 254, and Cap. 242 (Quote court case references in each case for the past three years proceeding the date of this application).

.....

(Use extra space if necessary)

(e) Give names of institutions, their location and registration numbers from among those named in paragraph (c) in this application which have defaulted in licence fees payment during the past three years. State each year of default and penalty imposed and whether or not/penalty has been paid and fees recovered:

.....

(f) Give names of any of the institutions named at paragraph (c) in this application which the Board has authorized closure during the past three years (quote minutes references of the I.R.C. and state the institutions' registration number and place of location).

.....

(Use extra space if necessary)

(g) F.R.L. Serial No. and date of this application

(h) Licence Fees Category (Quote I.R.C. minutes reference).....

(i) F.R.L. Receipt No. and Date

(j) Date application returned to applicant

(k) Date application re-submitted by applicant

(I) Registration fees Receipt No. and Date

CERTIFICATE BY AN OFFICER AUTHORIZED FOR THE PURPOSES OF PART VII OF THIS APPLICATION

(This certificate must be countersigned by the Registrar)

I, certify that the institution for which this application is made and its Owner/Director/ Applicant or its Administrator has/has not been* subject to the criminal proceedings in violation of any of the laws named in Paragraph (d) in this application and that all information given under Part VIII of this application is correct and true.

Dated this day of, 20

.....

Authorized Officer Registrar, M.P. and D.B../D.M.S.

*Delete where inapplicable.

| FOR | OFFICI | AL USE | ONIY |
|-----|--------|--------|-------------|
| | | | |

| 1. Institution | Registration | Committee | Recommendation |
|----------------|--------------|-----------|----------------|
| | | | |
| | | | |
| | | ••••• | |
| | | ••••• | |
| | | | |

Dated this day of, 20

INSTRUCTIONS TO THE REGISTRAR BY THE BOARD

[Subsidiary] Dated this day of, 20 Chairperson Medical Practitioners and Dentists Board FORM X (r. 4(3)) [L.N. 26/2000, r. 2, L.N. 161/2015.] Serial No..... THE MEDICAL PRACTITIONERS AND DENTISTS ACT (Cap. 253) CERTIFICATE OF REGISTRATION AS A PRIVATE MEDICAL INSTITUTION 1. Name of Institution P. O. Box **2.** Type has been registered as a Private Medical Institution in accordance with rule 4 (3) of the Medical Practitioners and Dentists (Private Medical Institutions) Rules. Date SEAL OF THE BOARD (r. 5(1)) CHAIRMAN M.P. & D. BOARD **REGISTRAR M.P. & BOARD/DMS** (a) It shall be the duty of the holder of this certificate to inform the Registrar within fourteen (14) days of any change in the registered address in accordance with rule 5 of the Medical Practitioners and Dentists (Private Medical Institutions) Rules. FORM XI THE MEDICAL PRACTITIONERS AND DENTISTS ACT (Cap. 253) рното **APPLICATION FOR PRE-REGISTRATION EXAMINATION** 1. Surname Other Names 2. Date of Birth Nationality 3. Address Tode Town Tel

Email Mobile

4. Degree, Diploma or Licence held (give name of medical school and date qualified — if degree not in English, provide official translation).

.....

5. Particulars of Experience (e.g. posts held, type of practice in which the applicant has been engaged, countries in which the applicant has practiced:

6. Testimonials Covering the Period(s) of Experience

7. Have any arrangements been made regarding employment? (if so, give details)

Requirements:

(i) Copy of ID/Passport;

(ii) Coloured passport size photograph;

(iii) Certified copies of professional certificates;

(iv) Evidence of appropriate linguistic skills in English and/or Kiswahili for non-Kenyans;

(v) Academic transcripts or evidence of internship;

(vi) Curriculum Vitae;

(vii) Must be attached at a training institution approved by the Board for a period of four (4) months;

(viii) Evidence of completion of internship or registration from a Medical Council;

(ix) Evidence of employment/job offer in a recognized institution;

(x) Letter from Commission for Higher Education (CHE) confirming recognition of the medical/dental school (if foreign trained);

(xi) Qualification (Form IV or VI certificates);

(xii) Application fee KSh. 5,000.00;

(xiii) Examination/evaluation of qualification papers - Fees KSh. 50,000.00.

All payments should be made at any KCB Branch countrywide to Board's account No. 1103158643, Milimani Branch.

Signature of applicant

..... Date

| FOR OFFICIAL USE: | |
|-------------------|--------------|
| PREPARED BY: - | APPROVED/NOT |
| Name:Designation | APPROVED |
| Signature Date | Name |
| CHECKED BY:- | Designation |
| Name: Designation | Signature |
| Signature Date | Date |
| | |

FORM XII

(r. 5(3)) Serial No.....

[L.N. 26/2000]

THE MEDICAL PRACTITIONERS AND DENTISTS ACT

(Cap. 253)

ANNUAL FEES ASSESSMENT FORM

PART A

(to be completed in triplicate)

- 1. Name of Institution
- 2. Registration Number and Date
- 3. Physical Location
- 4. Name and Address of Applicant for Licence
- 5. Fees Category for Year
 - (I) #
 - (II) #
 - (III) #
 - (IV) # (V) #

(tick relevant box)

- 6. Fees Rates Applicable to Instution
 - Licence fees (amount in words)

PART B

(to be completed by M.O.H. in triplicate)

CERTIFICATE BY MEDICAL OFFICER OF HEALTH

I, Dr. (Full Names in Block Letters)

Being the Medical Officer of Health in-Charge

.....

District of

(*delete where inapplicable)

Dated this day of, 20......

OFFICIAL SEAL

MedicalOfficerOfHealth STATION..... ADDRESS..... TELEPHONE.....

.....

- (a) Plot No.
- (b) Town/Market*
- (c) Street/Road*
- (d) Location

- (e) Division
- (f) District
- (g) Province
- 7. Date of last inspection of the Institution by the Ministry of Health

.....

*Delete where inapplicable.

PART C

(to be completed by the applicant in triplicate)

CERTIFICATE BY THE APPLICANT

I. Dr./Mr./Mrs./Miss (Full Names in Block Letters).....

.....

of P.O. Box

being the Administrator/Owner/Director* (Specify other)

.....

of (give full names of the institution)

.....

do hereby certify that the information given by me in this application is true and correct.

Dated this day of, 20

.....

Applicant

PART D

(FOR OFFICIAL USE ONLY)

(a) Acceptable name of institution and type

- (b) FRL Serial Number and Date
- (c) Registration Certificate Number and Date
- (d) Licence Fees Assessment Number and Date
- (e) Category of Licensing

(f) Registration Fees Receipt Number and Date

- (g) Date application sent to IRC/Board
- (h) Remarks

I certify that I have personally checked the information above and found it correct and that all procedures and documentation pertaining to this application have been complied with.

Dated this day of, 20

Registrar M.P. & D.B/ Director of Medical Services

FORM XIII

(r. 5(4))

Serial No.....

[L.N. 26/2000, r. 2.]

THE MEDICAL PRACTITIONERS AND DENTISTS ACT

(Cap. 253)

LICENCE TO OPERATE A PRIVATE MEDICAL INSTITUTION

LICENCE

NO.....

1. Name of Institution

(Full Names in Block Letters)

of P. O. Box

(full address) is hereby licensed to operate a Private Medical Institution in accordance with the provisions of rule 5 (4) of the Medical Practitioners and Dentists (Private Medical Institutions) Rules.

2. This licence entitles the Private Medical Institution to operate as

3. Authorized Premises for the Institution

4. Maximum Number of Patients

5. This Licence shall expire on the last day of, 20......

6. No change of premises is permitted without the authority of the Board.

Dated this day of, 20......

Registrar

MEDICAL PRACTITIONERS AND DENTISTS BOARD/DIRECTOR OF MEDICAL SERVICES

CONDITIONS OF LICENCE

This licence issued on condition that minimum requirements set by the Board for operation of the Private Medical Institutions are adhered to at all times.

FORM XIV

[L.N. 75/2012, r. 3] CHECK LIST FOR SINGULAR/JOINT INSPECTIONS FOR PRIVATE OUT PATIENT MEDICAL INSTITUTIONS BY HEALTH REGULATORY BODIES IN THE MINISTRIES **RESPONSIBLE FOR HEALTH** MEDICAL/DENTAL CLINIC/LABORATORY/PHARMACY/RADIOLOGY/X-RAY UNIT/MORTUARY Date: **Basic information** Ι. Name facility 2. Address (a) Physical

Building County

| [Subsidiary] | | | | |
|--------------|------------------------------|-----------|-----------|-------------|
| | Ward | | | |
| | rrown/ | | | |
| | Street | | | |
| | LR No. | | | |
| | Tel No./ | | | |
| | Mobile | | | |
| | Email | | | |
| | (b) Postal | Code | | |
| 3. | Proprietor | | | |
| (a) | | | | |
| | Name: | | | |
| | Profession: | | | |
| | Pin No: | | | |
| (b) | Registered | | | |
| | owner | | | |
| | (a) Name | | | |
| | (b) Licence Certificate | Date of | Expiry da | ate |
| | No. | issue | | |
| 4. | Officer in | | | |
| | charge | | | |
| | (a) | | | |
| | Qualification | - <i></i> | | |
| | (b) | Practice | | |
| | Registration | licence | | |
| F | No. | number | Data of | Euroim data |
| 5. | Name of Cadre | Licence | Date of | Expiry date |
| | Medical Personnel | Number | issue | |
| 6. | Services | | | |
| 0. | offered | | | |
| 7. | Security of | | | |
| 1. | premises | | | |
| | (external | | | |
| | security | | | |
| | & security | | | |
| | features) | | | |
| | (permanent | | | |
| | perimeter | | | |
| | fence/fire | | | |
| | assembly | | | |
| | points/ | | | |
| | security | | | |
| | guard) | | | |
| 8. | General | | | |
| | cleaniliness of | | | |
| | premises | | | |
| | Total 10 | | | |
| 9. | A. Medical/Dental Clinic Max | k Award | ed (| Comments |
| | score | | | |
| | | | | |
[Subsidiary] 1. Consultation - Examination rooms 1. Examination 4 Equipment 2. Resuscitation 3 tray 3. Infection 3 prevention & control 3 4. Policy, guidelines & SOPs 5. Medical records 4 6. Data Security 4 7. HMIS/EMR 4 8. Reports 3 2 9. Ventilation 10. Licences 10 40 Total B. Pharmacy/ Max score Awarded Chemist ١. Security for 10 medications (e.g. Secure cupboards for restricted drugs, only accessible by authorized persons & disposal of expired drugs) 2. Storage of 7 drugs/display / labelling/ packaging conditions 3. Record-10 keeping and documentation (Prescriptions written & received and filed/medication errors documented and reported) 4. Reference 3 materials, Policy and SOPs as

Medical Practitioners and Dentists

| [Subsidiary] | | | | |
|--------------|--------------------------------|-----------------|---------|----------|
| | nornational | | | |
| | per national guidelines | | | |
| 5. | Licences | 10 | | |
| 5. | Total | 40 | | |
| | C. Laboratory | Max score | Awarded | Comments |
| 1. | Class of the | 4 | Awarueu | Commenta |
| 1. | licence (A-E) | 7 | | |
| 2. | Policies, | 3 | | |
| 2. | guidelines | 0 | | |
| | and SOPs | | | |
| | (Including | | | |
| | reporting | | | |
| | procedures, | | | |
| | handling/ | | | |
| | labelling/ | | | |
| | storage/ | | | |
| | disposal of | | | |
| | specimens and | | | |
| | safety program) |) | | |
| 3. | Equipment | 6 | | |
| | management | | | |
| | program | | | |
| | (manuals, | | | |
| | inventory, | | | |
| | service | | | |
| | contract, | | | |
| 4. | calibration) Record-keeping | 10 | | |
| 4. | & Quality | j 10 | | |
| | control of | | | |
| | tests (EQA, | | | |
| | IQA, control | | | |
| | of analytical | | | |
| | errors) | | | |
| 5. | Infection | 2 | | |
| | prevention and | | | |
| | control | | | |
| 6. | Registration, | 5 | | |
| | storage of | | | |
| | equipment | | | |
| | and reagents | | | |
| | (is there a | | | |
| | temperature | | | |
| | recording | | | |
| 7 | system) | 10 | | |
| 7. | Licences Total | 10 40 | | |
| | | 40 Max score | Awarded | Comments |
| | D. Radiology/ Imaging | WAN SCULE | Awalucu | Comments |
| | services | | | |
| | | | | |

| | | | [Subsidiary] |
|----|----------------------------------------|-----|--------------|
| 1. | Current annua | d 4 | |
| | premise & | | |
| | device licence | | |
| 2. | Policies and | 3 | |
| | SOPS (Code | | |
| | of practice | | |
| | including | | |
| | reporting, | | |
| | testing, calibrating, | | |
| | monitoring and | ł | |
| | control) | 4 | |
| 3. | Quality | 10 | |
| | assurance | | |
| | program | | |
| | (safety of the | | |
| | patient, worke | r, | |
| | environment, | | |
| | security, film | | |
| | storage, quality and | | |
| | documentation | ר) | |
| 4. | Personal | | |
| | radiation | | |
| | monitoring | | |
| | (Badges, dose | ; | |
| - | reports) | | |
| 5. | Radioactive 3 waste | | |
| | management | | |
| | programs | | |
| | Total 30 | | |
| | E. Nutrition | | |
| 1. | Basic Nutrition 10 | | |
| | equipment | | |
| | and materials | | |
| | (weighing Stadiometer, | | |
| | MUAC, BP | | |
| | machine Blood | | |
| | sugar machine | | |
| | referrence charts) | | |
| 2. | SOPs (Nutrition 3 | | |
| | assessment, | | |
| | Nutrition | | |
| 2 | suppliments) Nutrition care 7 | | |
| 3. | Nutrition care 7 process, nutrition | | |
| | assessment, | | |
| | Diagnosis, | | |

| [Subsid | iary] | | | | | |
|----------------|------------------------------|--------------------------------------------|---------------|--------------------|--------|-------------------------|
| | intervention, | | | | | |
| | M&E) | | | | | |
| 4. | Record keeping | 10 | | | | |
| | and documentation | | | | | |
| 5. | Licences | 10 | | | | |
| 0. | Total | 40 | | | | |
| 10. | Findings and Red | | | | | |
| 11. | REGISTERED O | | | | | |
| | Name: Tel No | | | | | |
| | Signature | | | | | |
| | INSPECTION TE | | | | | |
| | Name: Board/C | ouncil/MOH | Designa | tion | Sign | Date |
| 1. | | | | | | |
| 2. | N I a sea a s | | | 0. | | |
| | Name: | Board/ Council/MOI | Designation | Sign | | Date |
| 3. | | Council/MOI | 1 | | | |
| ł. | | | | | | |
| 5. | | | | | | |
| S. | | | | | | |
| THE N Basic | IENT MEDICAL INS | | | REGULA | TORY E | |
| 1. 2. | Name facility Category of | Level | | | | N/A NA |
| <u>.</u> . | Facility | Level | | | | (to be |
| | , | | | | | graded |
| | | | | | | at |
| | | | | | | the |
| | | | | | | time of registration |
| 3. | Proprietor owner | | | | | N/A |
| | (a) Organization | Private (), Fa GOK (), Con based (). | | | | N/A |
| | (b) Proprietor's | 54664 (). | | | | N/A |
| | name | | | | | |
| | Current Licence | (III) Expiry da | | | | 5 |
| | No. | current licenc | e | Notwoot | abina | 4 |
| | | | | Not mat matchin | - | 1 5 |
| ł. | Name of Officer | Current pract | icing licence | | 3 | 0 N/A |
| | in charge. | | J I | | | |
| | | | | | | N/A |
| 5. | Address | | | | | N/A |
| <i>)</i> . | Physical County | | | | | N/A |
| | , siour county | | | | | |

| | | | | | [Subsidiary] |
|----------|----------------------------------------------------|-----------|--------|---------|----------------|
| | Building, Plot N | 0. | | | |
| | Town, Street | | | | |
| | Tel No. Email | | | | N/A |
| | Postal Box | | | | N/A |
| | No. Code: | | | | |
| 3. | Medical | | | | N/A |
| | Personnel | | | | (to be |
| | | | | | graded |
| | | | | | at |
| | | | | | the time of |
| | | | | | registration. |
| | Name of Cadre | Licence N | lumber | Date of | - |
| | Medical | | | issue | date |
| | Personnel | | | | |
| | Total | | | | |
| | number | | | | |
| | of staff | | | | |
| 7. | Services | | | | |
| • | offered | | | | |
| | Outpa t/keentel()& HCT() | N/A | | | |
| | Services | | | | |
| | YIN | | | | |
| | Inpatie/ffES/Numble/umber Servictes//of of cots | N/A | | | |
| | (tick/ beds | | | | |
| | circle)// | | | | |
| 3. | Health Facility Infrastructure | 9 | | | Score |
| | A. Building | Yes | No | N/A | |
| 1. | Building suitable for scope | | | | |
| ` | of work | | | | |
| 2. | Signage for directions is in place and clear | | | | |
| | B. Environmental - Infection | Yes | No | N/A | Comments |
| | Prevention | | | | Commente |
| 1. | Adequate waste | | | | |
| | management & disposal | | | | |
| _ | (according to guidelines) | | | | |
| 2. | Personal protective | | | | |
| | equipment available (Gloves, gowns or dust | | | | |
| | coats, and safety boots for | | | | |
| | infection prevention) | | | | |
| | C. Utilities | Yes | No | N/A | Comments |
| ۱. | Safe, | | | | |
| | clean running water | | | | |
| | available - Tap or | | | | |
| | container). Sufficient water storage available | | | | |
| | Sidiaye available | | | | |

| [Sub: | sidiary] | uicai | riacii | lioners a | nu Denu | 313 | |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------|-------------------------------------|------------------------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. | Stable electrical pow supply Key: Ranking of scor Level 0: the desired a related to risk reducti Level 1: the structure emerge Level 2: the processe reduction activities Level 3: there are da continue improvement 9. Management & Re | res activity ion e of me es are ta to c nt ecordi | ore un in pla confirn ng | iform ris ice for co n succes | k-reducti onsistent | on activi and effe | ty begins to ctive risk- |
| 1. | A. General management Strategic plan with Vision/Mission/Value Objectives identified | 1 | vring k 2 | ey 3 | 4 | 5 | Comments 1. Not available 2. Available but not in use 3. In use, not known to all 4. In use, not displayed 5. Displayed, known and |
| 2. | Organization chart available | | | | | | fully used 1. Approved by management 2. Approved by board 3. Approved by an accredited |
| 3. | Service charter displayed | | | | | | body 1. Not Displayed 2. Displayed 3. Regular performan review |

| | Medical Practitioners and Dentists | |
|----|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | [Subsidiary] |
| 4. | List of all staff working, including position and qualifications | //1. No list 2. List available 3. List with qualifications available 4. List with qualifications and Job description 5. Staff development plan available// |
| | B. Quality | Comments |
| 1. | Management Certifications/ accreditations | No scoring (Yes or |
| 2. | Performance indicators monitored | No) //1. Performance indicators (PI) not collected 2. PIs collected routinely 3. PIs analyzed 4. There's feedback 5. External publications// |
| 3. | Patients charter | //1. Not available// 2. Available 3. |
| 4. | Feedback mechanism in place | <i>Displayed</i> //1. No policy 2. Policy available 3. Collection Mechanism available |

| 4. Regular analysis of complaints & compliments 5. Evidence of action// Comments |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| //1. No medical records 2. Separate medical record for each patient 3. All patients are triaged// //4. Comprehensive medical notes 5. Notes are legible and signed// //1. No registers 2. Old registers 3. Current registers a. Current registers b. Current registers b. Current registers b. Current registers correctly used// muthar construction mu |

1.

2.

3.

4.

C.

Medical Records & Information Systems

Medical

records

for each

patient (files -

manual/

electronic)

Approved

register is

kept of all

outpatient and

inpatient register)

Records

a secure

place

are kept in

patients

(An

results

date for next

documented 4. Due

| [1001.2 | -0] | Medical Practitioners and Dentists | 0/11/200 |
|---------|-----------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | [Subsidiary] |
| | | | 2. There's restricted access to files 3. Files kept in lockable cabinets and only authorised persons can access// |
| 5. | Contributes to external databases and reports, periodically (Linkage to national HMIS) | | //1. No routine reports 2. Routine reports available but not reported 3. Routine reports submitted irregularly 4. Routine reports submitted |
| 1. | D. Equipment Managemen Preventive maintenance plan for equipment | | regularly// <i>Comments</i> //1. No preventive plan 2. Service contract available 3. Equipment checked on schedule and |

| | Medical Practitio | ners and Dentists | _ | _ |
|--------------|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| [Subsidiary] | | | | |
| 2. | Calibration | | | maintenance documented// //1. Machines not |
| | | | | calibrated 2. No contract for calibration 3. Calibration not regular but contract available 4. Calibration regular with results available// |
| 10. | Patient Services | Scoring system | Comments | |
| 1. | A. Consultation Consultation - Examination rooms | Examination coach The above with screen The above with steps The above with mackintosh All the above with bed sheet | Commente | |
| 2. | Sink /wash basin | Sink available The above with Sink without running water The above with Sink with running water from the tap The above with Sink with all of the above with soap All the above with Sink with running water and drier | | |

| [Rev. 2022] | Medical Practi | tioners and Dentists | CAP. 253 |
|-------------|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| | | | [Subsidiary] |
| 3. | Examination Equipment | thermometer stethoscope BP machine weighing machine Diagnostic kit | |
| | B. Emergency/Re | - | |
| 1. | Triage | triage area Nurse not trained in triage Nurse trained in triage SoPs of triage available Proper coding of client | |
| 2. | Emergency tray | Incomplete emergency tray Presence of emergency tray with all requirements The racks clearly labelled All the above at designated sites All the above and up to date list of all | |
| 3. | Equipment | requirements • Ambu bag/masks • Suction machine • Oxygen cylinder and flowmeter • Endotracheal tubes • All the above with an ideal adjustable bed | |
| | C. Sterilization | | |
| 1. | Process Central Supply Ur | hit 1. Separation areas for cleaning 2. Decontamination 3. Sterilization Process - SoPs available 4. Storage of sterile supplies 5. All the above labelled and stored in designated area | |

5.

| CAP. 253 | Medical Practiti | oners and Dentists | [Rev. 2022] |
|--------------|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| [Subsidiary] | | | |
| 2. | Autoclave Machine | Autoclave manual available Autoclave electric available SoPs available Maintenance plan Digitalized autoclave | |
| 1. | D. Labour Ward Procedures for obstetric emergencies | Procedure for obstructed labour and foetal distress Procedure for Eclampsia Procedure for APH/PPH/HEL LP Availability of resuscitaire Resuscitaire with oxygen, the suction machine, ambu | |
| 2. | Equipments | bags • Delivery bed available • Sterile delivery set • Vacuum extractor • Suction machine • Maintenance plan | |
| 3. | Monitoring of Labour | Maintenance plan Partograph chart available Contraction properly charted Cervical dilatation Colour coding TPR/BP | |
| 4. | Access to theatre | 1. Ambulance available 2. General theatre available (not close to L/W) 3. General theatre | |

Incubator

3. General theatre available (close to

4. More than one

L/W)

theatre

theatre

5. L/W fully equipped

1. Presence of incubator

| | Medical Practition | oners and Dentists | |
|-----|--------------------|-----------------------------------------|--------------|
| | | | [Subsidiary] |
| | | 2. Functional | |
| | | incubator | |
| | | 3. Proper | |
| | | temperature | |
| | | regulation | |
| | | 4. Oxygen connection | |
| | | 15. Maintenance | |
| | | | |
| 6 | Hand weaking | plan 1. Sink | |
| 6. | Hand washing | 2. Sink without | |
| | facility | | |
| | | running water | |
| | | 3. Sink with | |
| | | running water from | |
| | | the tap 4. Sink with all of | |
| | | | |
| | | the above with soap | |
| | | 5. Sink with running water and drier | |
| 7. | Sluice room | 1. Presence of | |
| 1. | Sluice Toolii | sluice room | |
| | | 2. Sluicing sink | |
| | | 3. Availability of | |
| | | running water | |
| | | 4. Decontamination | |
| | | backets available | |
| | | 5. SoPs | |
| 8. | Waste managemer | it1. Available Waste | |
| 0. | waste managemen | bins | |
| | | 2. coded bins with | |
| | | improper lining | |
| | | 3. bins with proper | |
| | | coded lining | |
| | | 4. Good | |
| | | segregation | |
| | | practice | |
| | | 5. All of the above | |
| | | with SoPs | |
| 9. | State of floor | 1. Cement floor | |
| | | 2. Cement floor with | |
| | | drainage | |
| | | 3. Ceramic tile floor | |
| | | with drainage | |
| | | 4. Tarazo with good | |
| | | drainage | |
| | | 5. A good cleaning | |
| | | chart | |
| 10. | Nursing Personnel | 1. nurses available | |
| | - | 2. midwives | |
| | | available | |
| | | | |

| CAP. 253 | | | [Rev. 2022 |
|---------------|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| | Medical Practiti | oners and Dentists | |
| [Subsidiary] | | | |
| | | 3. midwives available but not the right ratio 1:3 4. Midwives available ratio of 1:2 5. Midwives available ratio 1:1 | |
| 11. | Oxygen source | Oxygen cylinders available External oxygen piped to <i>IJW</i> Oxygen plant SOPS Maintenance plan | |
| l. | E. Clinical Wards Oversight of patients | Admission procedures Categorization Patients uniform Clinical ward round Handing over/ discharge reports | |
| 2. | Patient records | Availability Non -Coded filing system Coded filing system Designated and secure storage area E-filing | |
| 3. | Monitoring equipment | Thermometer Stethoscope BP machine Weighing machine Diagnostic kit | |
| 4. | lab - A - A the | Dragnostic kit Presence of an emergency tray Presence of emergency tray with the necessary contents The racks clearly belled the above at designate the above plus list of up e contents | |
| F. Pharn S | nacy SCORE | | COMMENTS |

| [Rev. 2022] Medica | | | ctitioners an | CAP. 25 | | |
|--------------------|----------------|---------------|---------------|---------|---|------------|
| | | | | | | [Subsidiar |
| | 0 | 1 2 | 3 | 4 | 5 | |
| 1. | General | | | | | |
| | conditions | | | | | |
| | of | | | | | |
| | premises | | | | | |
| | Adequate | | | | | |
| | general | | | | | |
| | condition | | | | | |
| | of | | | | | |
| | premises | | | | | |
| | (Hygiene, | | | | | |
| | sanitation, | | | | | |
| | ventilation, | | | | | |
| | state | | | | | |
| | of | | | | | |
| | repair, | | | | | |
| | running | | | | | |
| | water, | | | | | |
| | | | | | | |
| | light, | | | | | |
| | adequate | | | | | |
| | space, | | | | | |
| | display | | | | | |
| | of | | | | | |
| | drugs) | | | | | |
| 2. | Medications | | | | | |
| | Conditions | | | | | |
| | of | | | | | |
| | medications | | | | | |
| | adequate | | | | | |
| | (e.g. | | | | | |
| | security, | | | | | |
| | display, | | | | | |
| | labelling, | | | | | |
| | expiry | | | | | |
| | dates) | | | | | |
| 5. | Record | | | | | |
| | Keeping/ | | | | | |
| | Documentation | | | | | |
| | Prescriptions | | | | | |
| | received | | | | | |
| | and | | | | | |
| | recorded | | | | | |
| | G. Medical/Der | tal Laborator | у | | | |
| | Licensin | | - | | | |
| | 2 | | | | | |
| | Licensed | | | | | |
| | for | | | | | |
| | services | | | | | |
| | per | | | | | |
| | class | | | | | |
| | | | | | | |

(C,D,E)

Medical Practitioners and Dentists

[Subsidiary]

2.

3.

4.

| Jaiule | ary] |
|--------|-------------|
| | SOPs |
| | |
| | Standard |
| | Operating |
| | Procedures |
| | & |
| | guidelines |
| | available |
| | |
| | (according |
| | to |
| | Class: |
| | Including |
| | reporting |
| | procedures, |
| | • |
| | handling/ |
| | labelling/ |
| | storage / |
| | disposal |
| | of |
| | specimens |
| | and |
| | |
| | safety |
| | program) |
| | Quality |
| | assurance |
| | Quality |
| | control |
| | practiced |
| | (Equipment/ |
| | |
| | reagent |
| | registered, |
| | validated, |
| | calibrated |
| | and |
| | quality |
| | control |
| | of |
| | - |
| | tests, |
| | well |
| | maintained |
| | equipment, |
| | storage) |
| | Infection |
| | prevention |
| | and |
| | control |
| | |
| | Infection |
| | prevention |
| | and |
| | control |
| | practices |
| | observed |
| | |

| | | NA- dia -1 | Due etitie . | | Develope | | |
|---|----------------------------|------------|--------------|----------|----------|---|-------------|
| | | Medical | Practition | iers and | Dentists | | [Subsidiary |
| | (waste | | | | | | |
| | management | | | | | | |
| | and | | | | | | |
| | sharps | | | | | | |
| | disposal, | | | | | | |
| | Personal | | | | | | |
| | protective | | | | | | |
| | equipment) | | | | | | |
| | H. Scorir | ng | | | | | Commen |
| | Radiology | | | | | | |
| | and | | | | | | |
| | Imaging | | | | | | |
| | Services | | • | | | _ | |
| | 0 | 1 | 2 | 3 | 4 | 5 | |
| | Licenses | | | | | | |
| | Premises | | | | | | |
| | & devices | | | | | | |
| | Safety | | | | | | |
| • | and | | | | | | |
| | storage | | | | | | |
| | Safety of | | | | | | |
| | personnel, | | | | | | |
| | environment | | | | | | |
| | and | | | | | | |
| | patient | | | | | | |
| | adequate, | | | | | | |
| | quality | | | | | | |
| | assurance | | | | | | |
| | and | | | | | | |
| | equipment | | | | | | |
| | management | | | | | | |
| | (personal safety | | | | | | |
| | and | | | | | | |
| | control | | | | | | |
| | area | | | | | | |
| | safety, | | | | | | |
| | waste | | | | | | |
| | management) | | | | | | |
| | Documentation | า | | | | | |
| | Facility | | | | | | |
| | Code of | | | | | | |
| | Practice | | | | | | |
| | present | | | | | | |
| | (including | | | | | | |
| | reporting, | | | | | | |
| | testing, | | | | | | |
| | calibrating, monitoring | | | | | | |
| | and | | | | | | |

53

CAP. 253

| CAP. 2 | 53 | | | | | | [Rev. 2022] |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------|---------|------------|----------|----------|---|-------------|
| | | Medical | Practition | ners and | Dentists | | [] |
| [Subsidia | ary] | | | | | | |
| | control, standard operating procedures) 1. Food Scor Nutrition and Dietetics | ing | | | | | Comments |
| 1 | 0 Nutrition assessment and care plan in place for the patients | 1 | 2 | 3 | 4 | 5 | |
| 2 | Availability of supplementar therapeutic & parental feeds | y, | | | | | |
| 3 | Procurement, delivery, inspection & menu and service of food according to laid protocols/ procedures | | | | | | |
| 4 | Food & personnel hygiene and waste disposal Registered Nutritionist & Medically examined kitchen staff. | | | | | | |
| | J. Scor Mortuary/ funeral parlour | ing | | | | | Comments |

| $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ | CAP. 253 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ | Subsidiary] |
| SOP for receiving, identification, storage and release of bodies including solid disposal Protective gear & equipment Overall environment K. Scoring Occupational Therapy 0 1 2 3 4 5 Trained personnel Basic equipment room L. Scoring 0 1 2 3 4 5 Trained personnel Basic equipment room Coupational Therapy 0 1 2 3 4 5 Trained personnel Basic equipment SOP Records M. Scoring Orthopaedic technology 0 1 2 3 4 5 Trained personnel Basic equipment SOP Records M. Scoring Orthopaedic technology 0 1 2 3 4 5 Trained personnel Room Specialized equipment/ materials SOPs | |
| bodies including solid disposal 2. Protective gear & equipment 3. Overall environment K. Scoring Occupational Therapy 0 1 2 3 4 5 1. Trained personnel 2. Basic equipment 3. room L. Scoring O 1 2 3 4 5 1. Trained personnel 2. Basic equipment 3. room Cor Physiotherapy 0 1 2 3 4 5 1. Trained personnel 2. Basic equipment 3. Workshop 4. SOP 5. Records M. Scoring O 1 2 3 4 5 1. Trained personnel 2. Basic equipment 3. Workshop 4. SOP 5. Records M. Scoring O 1 2 3 4 5 1. Trained personnel 2. Room 3. Specialized equipment/ materials 4. SOPs | |
| 2. Protective gear & equipment 3. Overall environment K. Scoring Cornor Occupational Therapy 0 1 2 3 4 5 1. Trained personnel 2. Basic equipment 3. room L. Scoring O 1 2 3 4 5 1. Trained personnel 2. Basic equipment 3. room L. Scoring O 1 2 3 4 5 5. Records M. Scoring Comments Orthopaedic technology 0 1 2 3 4 SOPs | |
| Overall environment K. Scoring Occupational Therapy 0 1 2 3 4 5 Trained personnel Basic equipment room L. Scoring Physiotherapy 0 1 2 3 4 5 Trained personnel Basic equipment Workshop SOP Records M. Scoring Orthopaedic technology 0 1 2 3 4 5 Trained personnel Basic equipment SOP Records M. Scoring Orthopaedic technology 0 1 2 3 4 5 Trained personnel Records Morkshop SOP Records Morkshop SOP Records M. Scoring Orthopaedic technology 0 1 2 3 4 5 Trained personnel Specialized equipment/ materials SOPs | |
| Occupational Therapy 0 1 2 3 4 5 1. Trained personnel 2. Basic equipment 3. room L. Scoring Physiotherapy 0 1 2 3 4 5 1. Trained personnel 2. Basic equipment 3. Workshop 4. SOP 5. Records M. Scoring O 1 2 3 4 5 1. Trained personnel 2. Basic equipment 3. Workshop 4. SOP 5. Records M. Scoring O 1 2 3 4 5 1. Trained personnel 2. Room 3. Specialized equipment/ materials 4. SOPs | |
| Trained personnel Basic equipment room Scoring Cor Physiotherapy | comments |
| personnel 2. Basic equipment 3. room L. Scoring Physiotherapy 0 1 2 3 4 5 1. Trained personnel 2. Basic equipment 3. Workshop 4. SOP 5. Records M. Scoring Orthopaedic technology 0 1 2 3 4 5 1. Trained personnel 2. Records M. Scoring Orthopaedic technology 0 1 2 3 4 5 1. Trained personnel 2. Room 3. Specialized equipment/ materials 4. SOPs | |
| equipment 3. room L. Scoring Cor Physiotherapy 0 1 2 3 4 5 1. Trained personnel 2. Basic equipment 3. Workshop 4. SOP 5. Records M. Scoring Comments Orthopaedic technology 0 1 2 3 4 5 1. Trained personnel 2. Room 3. Specialized equipment/ materials 4. SOPs | |
| room Scoring Physiotherapy 0 1 2 3 4 5 1. Trained personnel 2. Basic equipment 3. Workshop 4. SOP 5. Records M. Scoring Orthopaedic technology 0 1 2 3 4 3. Specialized equipment/ materials 4. SOPs | |
| Physiotherapy 0 1 2 3 4 5 1. Trained personnel 2. Basic equipment 3. Workshop 4. SOP 5. Records M. Scoring Comments Orthopaedic technology 0 1 2 3 4 5 1. Trained personnel 2. Room 3. Specialized equipment/ materials 4. SOPs | |
| 0 1 2 3 4 5 1. Trained personnel 2. Basic equipment 3. Workshop 4. SOP 5. Records M. Scoring Comments Orthopaedic technology 0 1 2 3 4 5 1. Trained personnel 2. Room 3. Specialized equipment/ materials 4. SOPs | comments |
| Trained personnel Basic equipment Workshop SOP Records M. Scoring Comments Orthopaedic technology 0 1 2 3 4 5 Trained personnel Room Specialized equipment/ materials SOPs | |
| Basic equipment Workshop SOP Records M. Scoring Comments Orthopaedic technology 0 1 2 3 4 5 Trained personnel Room Specialized equipment/ materials SOPs | |
| equipment 3. Workshop 4. SOP 5. Records M. Scoring Comments Orthopaedic technology 0 1 2 3 4 5 1. Trained personnel 2. Room 3. Specialized equipment/ materials 4. SOPs | |
| Workshop SOP Records M. Scoring Orthopaedic technology 0 1 2 3 4 5 Normaterials SOPs | |
| 4. SOP 5. Records M. Scoring Orthopaedic technology 0 1 2 3 4 5 4. SOPs | |
| M. Scoring Comments Orthopaedic technology 0 1 2 3 4 5 1. Trained personnel 2. Room 3. Specialized equipment/ materials 4. SOPs | |
| 0 1 2 3 4 5 1. Trained personnel 2. Room 3. Specialized equipment/ materials 4. SOPs | |
| Trained personnel Room Specialized equipment/ materials SOPs | |
| Room Specialized equipment/ materials SOPs | |
| 4. SOPs | |
| | |
| 5. Records N. Scoring Comments Orthopaedic | |

| CAP. 253 | | | | | [Rev. 2022] |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------|----------|---------|---------------------|
| | Practitioner | s and E | Dentists | | |
| [Subsidiary] plaster and trauma | I | | | | |
| Trained personnel Room Specialize equipment materials SOPs | 3 | 2 3 | 4 | 5 | |
| 5. records O. Medica and Denta Services | • | | | | Comments |
| 12. REGISTEI Name: Designatic Email Tel No.: INSPECTI | s nd Recommend RED OWNER/ (n: | OFFICER IN | | | .Sign: Sign Date |
| FORM XVI | | | | (r. 2(d | c)) |
| | | РНОТО | | | |
| THE MEDICAL PRACTITIONERS AND DENTISTS ACT | | | | | |
| (Cap. 253) APPLICATION FOR PEER REVIEW | | | | | |
| 1. Surname | | | | | |
| 2. Date of Birth | | Nationality | | | |
| 3. Address Code Town Tel/Mobile | | | | | |

4. Degree, Diploma or Licence held (give name of medical school and date qualified — if degree not in English, provide official translation)

.....

5. Particulars of Experience (e.g. posts held, type of practice in which the applicant has been engaged, countries in which the applicant has practiced)

6. Testimonials Covering the Period(s) of

Experience

7. Have any arrangements been made regarding employment? (*if so, give details*)

Requirements:

(i) Copy of ID/Passport;

(ii) Coloured passport size photograph;

(iii) Certified copies of professional certificates and academic transcripts;

(iv) Copy of current CV;

(v) Evidence of postgraduate qualification(s);

(vi) Certificate of status from current regulatory authority;

(vii) Specialist Recognition (if any) from current medical Board;

(viii) Application fees of Kshs. 5,000.00;

(ix) Peer Review/evaluation fees of Kshs. 95,000.00.

All payments should be made at any KCB Branch countrywide to Board's account No. 1103158643, Milimani Branch; SWIFT CODE: KCBLKENX, BANK CODE: 01175, BANK: KCB

I hereby certify that the above information is correct to the best of my knowledge and I have fulfilled all the above requirements.

Signature of applicant Date

FOR OFFICIAL USE:

| The process takes a maximum of Thirty (| 30) days |
|-----------------------------------------|-----------------------|
| PREPARED | APPROVED/NOT APPROVED |
| Name: Designation | Name |
| Signature Date | Designation |
| CHECKED BY: | Signature |
| Name: | Date |
| Designation | |
| Signature Date | |

FORM XVII

THE MEDICAL PRACTITIONERS AND DENTISTS ACT

(Cap. 253)

RENEWAL FORM FOR PRIVATE PRACTICE LICENCE 20.....

(All fields are mandatory)

1. Surname Other Names Reg. No

| | Medical Practitioners and Dentists | | | |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| [Sı | ibsidiary] | | | |
| 2. | Date of Birth | | | |
| 3. | 3. Address Code Town Mobile No | | | |
| | Email | | | |
| 4. | Employer | | | |
| 5. | Name of authorized premises County Sub county | | | |
| 6. | Previous Private Practice Licence Number | | | |
| 7. | Notification for any changes of name, address and/or authorized premises | | | |
| | | | | |
| 8. | Specialist/General practice. If specialized please specify the discipline | | | |
| | Sub Specialty | | | |
| | Letter of no objection from employer/Schedule of duties should be provided for Part-time | | | |
| • | actice. | | | |
| | All applications together with payments should be received by 30th September, 20 Late payment shall attract 50% penalty. | | | |
| | Requirements: | | | |
| | (i) Fees: | | | |
| | Kenyans- | | | |
| | A fee of Shs.15,000 is payable annually for Specialist Practice | | | |
| | A fee of Shs.10,000 is payable annually for General Practice | | | |
| | A fee of Shs.10,000 is payable annually for Part-time Practice | | | |
| | Non-Kenyans- | | | |
| | A fee of Shs.40,000 is payable annually for Specialist Practice | | | |
| | A fee of Shs.30,000 is payable annually for General Practice | | | |
| | A fee of Shs.30,000 is payable annually for Part-time Practice | | | |
| | (ii) Copy of previous licence; | | | |
| | (iii) Acquire a minimum of 50 CPD points. | | | |
| 11 | All payments should be made at any KCB Branch countrywide to Board's account No. 03158643, Milimani Branch. | | | |
| wi | Computer generated and stamped banking slip together with renewal form should be, thin the first week, either emailed to or posted to the address below. | | | |
| | Signature of applicant date | | | |
| | I hereby certify that the above information is correct to the best of my knowledge. | | | |
| _ | FOR OFFICIAL USE: | | | |
| | REPARED: APPROVED/NOT APPROVED ame: | | | |
| | gnature | | | |
| | COMMENDED: Signature | | | |
| | ame: Date | | | |
| | gnature Date | | | |

Physical Address: MP&DB House- Woodlands Rd off Lenana Rd

| Medical Practitioners and Dentists | |
|----------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| [Sub | sidiary |
| Tel: +254 20-272 8752 1+254 20 272 4994 1+254 20 271 1478 | |
| Mobile: +254 720 771 4781+254 736 771478 | |
| Address: P.0 Box 44839-00100, NAIROBI-Kenya | |
| Email: info@kenyamedicalboard.org | |
| Website: www.medicalboard.co.ke | |
| FORM XVIII | |
| | |
| РНОТО | |
| | |
| | |
| THE MEDICAL PRACTITIONERS AND DENTISTS ACT | |
| (Cap. 253) | |
| APPLICATION FOR TEMPORARY LICENCE FOR FOREIGN DOCTORS | |
| 1. Surname Other Names | |
| 2. Date of Birth Nationality | |
| 3. Address Town Tel | |
| Email | |
| 4. Degree, Diploma or Licence held (<i>if not in English, provide official translation</i>) | |
| | |
| 5. Name of medical/dental school Dates qualified | |
| 6. Particulars of Experience (e.g. posts held, type of practice in which the applica been engaged, countries in which the applicant has practiced: | nt has |
| | |
| Testimonials covering the period of experience | |
| | |
| 8. Name of employer:address Code | |
| Email Tel No | |
| 9. Is this a New Application or a Renewal? If renewal, li | icence |
| | |
| Mandatory Requirements: | |
| (i) Copy of ID/Passport; | |
| (ii) Current coloured passport size photograph; | |
| (iii) Certified copies of professional certificates and transcripts; | |
| (iv) Certificate of Status; | |
| (v) Introduction letter job offer from the institution; | |
| (vi) Copy of registration certificate from respective Medical Board/Council; | |

Medical Practitioners and Dentists

CAP. 253

- (vii) Copy of current/last practice licence;
- (viii) Copy of current CV;

[Rev. 2022]

(ix) Licence fee Kshs.20,000.00.

All payments should be made at any KCB Branch countrywide to Board's account No. 1103158643, Milimani Branch.

I hereby certify that the above information is correct to the best of my knowledge and I have met the above requirements.

Signature of applicant Date

FOR OFFICIAL USE:

The process will take a maximum of two weeks

| PREPARED BY: | APPROVED/NOT APPROVED |
|-------------------|-----------------------|
| Name: Designation | Name |
| Signature Date | Designation |
| CHECKED BY: | Signature |
| Name: | Date |
| Designation | |
| Signature Date | |

FORM XIX

THE MEDICAL PRACTITIONERS AND DENTISTS BOARD (The Medical Practitioners and Dentist Act, Cap. 253)

TEMPORARY LICENCE FOR FOREIGN DOCTORS

Dr.

(full name)

of.....

(address)

Qualifications.....

Is hereby licensed by the Medical Practitioners and Dentists Board to render Medical services at

(name of approved institution)

In accordance with the provisions of section 13 of the Act.

Dated the 20

Registrar Medical Practitioners and Dentists Board

CONDITIONS OF LICENCE:

1. This licence is valid for a period of 9 MONTHS from the date hereof.

2. This licence is authorized to render medical or dental services as the case may be only at the institution mentioned in this licence.

- 3. The licence is entitled to engage in training employment.
- 4. This licence does not entitle you to engage in private practice.

5. Signature of Holder

FORM XX

THE MEDICAL PRACTITIONERS AND DENTISTS ACT

(Cap. 253)

APPLICATION FOR CERTIFICATE OF STATUS

SECTION A: PERSONAL DETAILS

- 1. Surname Other Names Reg. No
- 2. Date of Birth Nationality
- 3. Address Code Town Tel/Mobile

Email.....

4. Reasons for Certificate of status

5. Intended county of stay/study/practice Institution

Period.....

6. If certificate is for travel, when are you expected back into the country

SECTION B: REFEREE

I, Dr./Prof. (Names in full)

(indicate Full Names as they appear in the Register)

Reg. No of P.O. Box

Telephone (Mobile) Email

Being a practitioner of good standing, I do hereby declare that I have been and I am well

acquainted with the said Dr

Reg. No./Licence No

For the past years; and further declare that during this time he/she:-

- (a) has been engaged in Medical/Dental practice;
- (b) has conducted himself/herself well socially and in a responsible manner;
- (c) character and conduct have been
- (d) reasons for certificate of status

Signed..... Date

SECTION C: REQUIREMENTS

- A recommendation by a registered practitioner of good status (in section B above);
- (ii) Attach copy of current retention certificate/private practice licence/temporary licence for foreign practitioner;
- (iii) Evidence that the practitioner is not under any investigation by the Board;
- (iv) Application fee of Kshs.20,000.00.

All payments should be made at any KCB Branch countrywide to Board's account No. 1103158643, Milimani Branch; SWIFT CODE: KCBLKEAW, BANK CODE: 01175, BANK: KCB

I hereby certify that the above information is correct to the best of my knowledge and that I have met all the requirements.

Signature of Applicant Date

FOR OFFICIAL USE:

| The process takes a maximum of two (2) | weeks. |
|----------------------------------------|-------------|
| PREPARED BY: | RECOMMENDED |
| Name: Designation | Name |
| Signature Date | Designation |
| CHECKED BY: | Signature |
| Name: | Date |
| Designation | |

Signature Date

FORM XXI

THE MEDICAL PRACTITIONERS AND DENTISTS BOARD

APPLICATION FOR ACCREDITATION AS A CPD PROVIDER

PLEASE READ THIS SECTION CAREFULLY BEFORE COMPLETING THE FORM

(a) The application form must be completed by a duly authorized person;

(b) Every application must be accompanied by:-

- (i) an application fee of Ksh. 15,000.00 (non-refundable);
- (ii) calendar of activities; and
- (iii) names of two referees.

All payments should be made at any KCB Branch countrywide to Board's account No. 1103158643, Milimani Branch.

PART A: ADMINISTRATIVE INFORMATION

| 1. Particulars | |
|-----------------------------------|------------------|
| of Applicant | |
| (a) Name of institution; | |
| (b) Permanent Address: | |
| (c) Physical Address: | |
| (d) City/Town: | (e) County: |
| (f) Postal Address: | (g) Postal Code: |
| (h) Plot No.: | (i) LR No.: |
| (j) Telephone No: | (k) Mobile No.: |
| (I) Email: | (m) Website: |
| (n) Fax: | |
| 2. Name of Contact Person: | |
| Landline No.: | Mobile No.: |
| Email: | |
| Any other additional information: | |
| | |

PART B: DECLARATION BY APPLICANT

I, the undersigned confirm that all the information in this form and accompanying documentation is correct and true to the best of my knowledge. I further agree to inform the MPDB, about any changes or modifications made to the information given in the document(s) submitted.

| Name of Head of Institution/Department: |
|-----------------------------------------|
| Signature: |
| Name of CPD coordinator: |
| Signature: |
| Date of Application: |
| Official Stamp: |
| |

PART C - FOR MPDB OFFICIAL USE ONLY

| PREPARED BY: | | APPROVED/NOT APPROVED |
|--------------|------------|-----------------------|
| Name: De | esignation | Name |
| | | Designation |
| CHECKED BY: | | Signature |
| Name: | | Date |
| Designation | | |
| Signature | | |
| | | |

Date

FORM XXII

THE MEDICAL PRACTITIONERS AND DENTISTS BOARD

CPD ANNUAL RETENTION FORM PART I

| | Name of Provider | | | | |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--|--|--|
| | Telephone(landline) | | | | |
| | Address code | | | | |
| | Physical location | | | | |
| | Website | | | | |
| | Name of Contact Person | | | | |
| | Position | | | | |
| | Telephone | | | | |
| | Email | | | | |
| | Name & Signature of applicant | | | | |
| | Date | | | | |
| | I hereby certify that the above information | n is correct to the best of my knowledge. | | | |
| Na Sig C⊢ Na De Sig | FOR OFFICIAL USE: REPARED BY: gnature Designation gnature Date IECKED BY: me: signation gnature te | | | | |
| | Physical Address: MP&DB House- Wood | lands Rd off Lenana Rd | | | |
| | Tel: +254 20-272 8752 1+254 20 272 4994 1+254 20 271 1478 | | | | |
| | Mobile: +254 720 771478 1+254 736 771478 | | | | |
| | Address: P.0 Box 44889-00100, NAIROBI-Kenya | | | | |
| | Email: medicalboard@kenyamedicalboard.org | | | | |
| | ceo@kenyamedicalboard.org | | | | |
| | Website: www.medicalboard.co.ke | | | | |

PART II

1. Part I provides information and guidelines for filling this form.

2. Part II will contain details of the CPD accredited provider. A copy of the Boards certificate should be attached.

3. Part III relates to the calendar of events. Applicants are expected to provide a detailed annual calendar of events in as much as possible the format indicated. The calendar of events should be received by the Board not later than 31st December of the preceding year.

4. Part IV will contain information of the attendees. Providers are expected to keep a record of the attendees of each activity in the prescribed form. The list of attendees should be received by the Board not later than thirty days from the date on which the activity was held.

5. A fee of Kshs 40,000/= to be paid per calendar year.

6. An application for retention shall be deemed to be for the next calendar year and can only relate to future CPD activities to be conducted.

7. CPD providers who intend to charge participants a fee shall indicate the same on the retention form and shall provide all relevant details of the same.

8. CPD programs or activities must-

- (a) have significant intellectual and practical content and should emphasize ethical aspects of practice;
- (b) be related to or be relevant to the practice of medicine;
- be of relevance and benefit to medical practitioners, dental practitioners or other health professionals, or designed specifically for registered medical institutions (whether government or private);
- (d) be designed with the primary objective of increasing the professional competence of the attendee; and
- (e) be approved by the Board.
- **9.** The Board's decision shall be final.

FORM XXIII



THE MEDICAL PRACTITIONERS AND DENTISTS ACT

(Cap. 253)

APPLICATION FOR INTERNSHIP QUALIFYING EXAMINATION/FOR FOREIGN

TRAINED DOCTORS/EAST AFRICA COMMUNITY RECIPROCAL RECOGNITION

1. Surname Other Names

2. Date of Birth Nationality

3. Address Code Town Tel

Email

4. Degree, Diploma or Licence held (give name of medical school and date qualified if degree not in English, provide official translation)

Requirements:

(i) Copy of ID/Passport;

(ii) Coloured pass port size photograph;

(iii) Certified copies of professional certificates;

(iv) Curriculum Vitae;

(v) Must be attached at a training institution approved by the Board for a period of four(4) Months;

(vi) Qualifications (Form IV or VI Certificates);

(vii) Evidence of appropriate linguistic skills in English andlor Kiswahili for non-Kenyans;

(viii) Evidence of registration ftom EAC Partner States Board's and councils (for those applying for reciprocal registration);

(ix) Letter from Commission for Higher Education (CHE) confirming recognition of the medical/dental school (if foreign trained);

(x) Application fee Kshs. 5,000.00;

(xi) Examination/Evaluation of qualification papers Kshs.30,000.00.

All payments should be made at any KCB Branch countrywide to Board's account No. 1103158643, Milimani Branch.

I hereby certify that the above information is correct to the best of my knowledge and I have fulfilled all the above requirements.

Signature Date

| FOR OFFICIAL USE: | |
|-------------------|-----------------------|
| PREPARED BY: | APPROVED/NOT APPROVED |
| Name: Designation | Name |
| Signature Date | Designation |
| CHECKED BY: | Signature |
| Name: | Date |
| Designation | |
| Signature | |
| Date | |

SECOND SCHEDULE

FEES PAYABLE UNDER THE ACT

[L.N. 349/1995, r. 2., L.N. 13/1997, r. 2., L.N. 26/2000, r. 2, L.N. 80/2005, r. 2, L.N. 135/2010, r. 2, L.N. 12/2012, r. 2, L.N. 161/2015, r. 2, L.N. 4/2017, r. 9, L.N. 255/2021, r. 2.] Item Fees (Shs.) 1. Indexing of a medical/ 1,000 dental student 2. MEDICAL/DENTAL PRACTITIONERS 8,000 (a) Permanent Registration of a Medical/ Dental practitioner (b) Retention of the name 4,000 of a Medical/Dental practitioner in the Register

| | | | 11313 | |
|-----------------------------------------|--------------------------|--------|--------|--|
| [Subsidiary] | | | | |
| | (c) Renewal of Priva | ite | | |
| | Practice Licence by | | | |
| | Citizens of Kenya | | | |
| | (i) Full-time-general | | 10,000 | |
| | practice | | 10,000 | |
| | (ii) Full-time-Special | ist | 15,000 | |
| | practice | , | | |
| | (iii) Part-time-Specia | alist | 10,000 | |
| | practice | | , | |
| | (d) Renewal of Priva | te | | |
| | Practice Licence by | | | |
| | Citizen | | | |
| | (i) Full-time-general | | 30,000 | |
| | practice | | | |
| | (ii) Full-time-Special | ist | 40,000 | |
| | practice | | | |
| | (iii) Part-time-Specia | list | 30,000 | |
| | practice | | | |
| | (e) Temporary licence | e for | 20,000 | |
| | foreign doctor | | | |
| | (f) Specialist recogn | ition | 20,000 | |
| | (g) Exam fees | | | |
| | (i) Application | | 5,000 | |
| | (ii) Internship qualify | ing | 30,000 | |
| | exam | | | |
| | (iii) Assessment,for | | 50,000 | |
| | | | 05 000 | |
| | | | 95,000 | |
| | (h) Processing addit | ionai | 20,000 | |
| | qualifications | | 20.000 | |
| ltom | (i) Certificate of statu | | 20,000 | |
| Item Institution Fees | Fees (| rsii.) | | |
| | on | | | |
| (a) Registration of institution Level 1 | | | | |
| Community Health Unit | | | | |
| Level 2 | | | | |
| (i) Health Clinic | 10,000 |) | | |
| (ii) Dental Community Clin | | | | |
| (iii) Dispensary | 5,000 | , | | |
| (iv) Eye Clinic | 10,000 |) | | |
| (v) Home-based Care Ser | | | | |
| (vi) Funeral Home (stand- | | | | |
| Level 3A | | - | | |
| Comprehensive Health Ce | entre 15,000 |) | | |
| Level 3B | | | | |
| (i) General Practice Clinic | 10,000 |) | | |
| (ii) General Dental Practic | | | | |
| (iii) Home-based Care Ser | | | | |
| Level 3C | , | | | |
| General Medical Centre | 15,000 |) | | |
| | | | | |

| 1 | |
|-------------------------------------------------------------------------------------------|------------------|
| Level 4A Primary Care Hospital | 30,000 |
| Level 4B | |
| (i) Specialist Medical or Dental Clinic | 15,000 |
| (ii) Specialist Home-based Care Service | 15,000 |
| or Hospice | 45.000 |
| (iii) Specialist Eye Clinic | 15,000 |
| Level 5A Comprehensive Secondary Referral | 30,000 |
| Hospital | 30,000 |
| Level 5B | |
| Secondary Referral Hospital | 30,000 |
| Level 5C | , |
| Super-Specialised Medical or Dental | 30,000 |
| Centre | |
| Level 6A | |
| National Referral and Teaching Hospital | 30,000 |
| and Specialised Hospital | |
| Level 6B | 20.000 |
| Specialised Hospital (b) Renewal of institution annual licence | 30,000 |
| Level 1 | |
| Community Health Unit | |
| Level 2 | |
| (i) Health Clinic | 115,000 |
| (ii) Dental Community Clinic | 15,000 |
| (iii) Dispensary | 5,000 |
| (iv) Eye Clinic | 10,000 |
| (v) Home-based Care Service | 15,000 |
| (vi) Funeral Home (Stand-alone) | 20,000 |
| Level 3A | ~~ ~~~ |
| Comprehensive Health Centre | 20,000 |
| Level 3B | 15 000 |
| (i) General Practice Clinic(ii) General Dental Practice Clinic | 15,000 15,000 |
| (iii) Home-based Care Service | 10,000 |
| Level 3C | 10,000 |
| General Medical Centre | 20,000 |
| Level 4A | -, |
| Primary Care Hospital | 80,000 |
| Level 4B | |
| (i) Specialist medical or Dental Clinic | 20,000 |
| (ii) Specialist Home-based care Service | 20,000 |
| or Hospice | ~~~~~ |
| (iii) Specialist Eye Clinic | 20,000 |
| Level 5A Comprehensive Secondary Referral | 200 000 |
| Hospital | 200,000 |
| Level 5B | |
| Secondary Referral Hospital | 90,000 |
| Level 5C | |
| | |

| [Qub aid! 1 | ivie | | ners and Deni | 1313 | |
|--------------------|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------|--------------|
| [Subsidiary] | | | | | |
| Centre Level 6A | alised Medical erral and Teac | | 90,000 | | |
| and Specialis | | | , | | |
| Specialised H | Hospital | | 300,000 | | |
| FEES F | PAYABLE UND | ER THE PRIVA | TE MEDICAL I | NSTITUTIONS | RULES |
| | Category of facility | Definition | Application fees | Registration fees | Licence fees |
| (a) | Dispensary | A health facility devoted to treating outpatients which is not intended to be used for more than twelve hours Licensed to a faith based organization such as a church, a mosque, etc. | l | 5,000 | 5,000 |
| (b) | Medical clinio | • | 1,000 , | 5,000 | 10,000 |
| (c) | Eye clinic | An outpatien facility run by an ophthalmolog that exclusively offers eye services. | t 1,000 | 5,000 | 10,000 |
| (d) | Eye hospital | A facility that exclusively offers eye services and has outpatient | : 1,000 | 10,000 | 30,000 |

| | | | [Subsidiary] |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------|
| | facilities; admission beds; a theatre and a cataract surgeon or | | |
| (e) | ophthalmologist. Health centre A facility 1,000 which is managed by a faith based organization, community or registered organization such as a school, a company, a church or a mosque; comprised of consulting rooms, offices, treatment rooms, laboratory and minor theatre; providing health care services which includes and limited to providing basic health services minus specialized services such as x- ray, theatre etc. Services provided include; curative, inpatient, maternity, referral, ANC/FP/ | 5,000 | 10,000 |

| CAP. 253 | Ме | dical Practitioners and D | entists | [Rev. 2022] |
|--------------|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------|
| [Subsidiary] | | | | |
| (f) | Medical centre | immunization and laboratory. A consortium 1,000 of facilities and practitioners offering different | 5,000 | 10,000 |
| (g) | Nursing home | services in one location. A residential 1,000 facility for persons with chronic illness which has a theatre and a | 10,000 | 20,000 |
| (h) | Maternity home | mortuary. A facility for 1,000 the reception of pregnant women or women immediately after childbirth and for ante natal | 10,000 | 20,000 |
| (i) | Funeral home (stand alone) | services. A facility 1,000 | 10,000 | 20,000 |
| (j) | Mission hospital level 3 | An 1,000 establishment managed by | 5,000 | 10,000 |

| [Rev. 2022] | Medical Practitioners and Dentists | CAP. 253 |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| | | [Subsidiary] |
| | a faith based organization which has fifty to one hundred inpatient beds; an operating theatre; a | |
| (k) | mortuary; Mission An 1,000 10,000 hospital level establishment 4 managed by a faith based organization which has over one hundred inpatient beds; an operating | 20,000 |
| (I) | theatre; a mortuary; a radiology unit with x-ray and resident medical practitioners or dentists. Hospital level An institution 1,000 20,000 4 which has- fifty to one hundred inpatient beds; an operating theatre; a | 50,000 |
| (m) | mortuary; a radiology unit with x-ray and resident medical practitioners or dentists. Hospital level An institution 1,000 30,000 5 which has one hundred to one hundred and fifty inpatient beds; an | 80,000 |

| [Subsidiary] | | | | |
|--------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------|
| | | operating theatre; a mortuary; an intensive care unit; a radiology unit with x-ray and resident medical practitioners or dentists. | | |
| (n) | Hospital level | An institution 1,000 which has over one hundred and fifty inpatient beds; an operating theatre; a mortuary; an intensive care unit; a radiology unit with x-ray and resident medical practitioners or dentists. | 30,000 | 100,000 |
| (0) | Inspection and accreditation of a medical or dental school. | An institution 15,000 which intends to train medical practitioners and dental practitioners. | 50,000 | |
THE MEDICAL PRACTITIONERS AND DENTISTS (DISCIPLINARY PROCEEDINGS) (PROCEDURE) RULES

ARRANGEMENT OF SECTIONS

PART I

- 1. Citation
- 2. Interpretation

PART II – PROCEEDINGS RELATING TO CONVICTION AND INFAMOUS CONDUCT IN A PROFESSIONAL RESPECT

- 3. Establishment of the Preliminary Inquiry Committee
- 4. Functions of the Preliminary Inquiry Committee
- 4A. Professional Conduct Committee
- 5. Submission of complaint or information
- 6. Procedure in cases relating to conviction
- 7. Procedure in cases relating to conduct
- 8. [Deleted by L.N. 21/2012, r. 6(a).]
- 9. [Deleted by L.N. 21/2012, r. 6(a)]
- 10. Inquiries into charges against two or more practitioners

PART IIA

- 10A. Application
- 10B. Powers of the Committee
- 10C. Non-response by respondent
- 10D. Forms of proceedings
- 10E. Language of proceedings
- 10F. Information
- 10G. Directions and pre-hearing orders
- 10H. Non-appearance by respondent
- 10I. Failure to comply with directions
- 10J. Varying or setting aside of directions
- 10K. Summons and orders
- 10L. Exclusion of persons disrupting proceedings
- 10M. Failure of Parties to attend hearing
- 10N. Procedure at hearing
- 100. Quorum
- 10P. Power to determine application without hearing
- 10Q. Consolidation of proceedings
- 10R. Amendment of pleadings
- 10S. Extension of time
- 10T. Demonstration and display facilities
- 10U. Opportunity to be heard or cross-examine
- 10V. Adjournment of proceedings
- 10W. Judicial notice
- 10X. Representation
- 10Y. Decisions of the Committee
- 10Z. Reasons for Decisions

PART III – PROCEEDINGS RELATING TO APPLICATIONS FOR RESTORATION

- 11. Application for resoration of name on register
 - PART IV GENERAL
- 12. Adjournment of proceedings
- 13. Proceedings to be in camera
- 14. Summons at proceedings
- 15. Notes taken at proceedings
- 16. Venue of meetings
- 17. Service of documents
- 18. Evidence

SCHEDULES

SCHEDULE —

FORMS

THE MEDICAL PRACTITIONERS AND DENTISTS (DISCIPLINARY PROCEEDINGS) (PROCEDURE) RULES

Medical Practitioners and Dentists

[Legal Notice 157 of 1979, Legal Notice 21 of 2012, Legal Notice 223 of 2013]

PART I

1. Citation

These Rules may cited as the Medical Practitioners and Dentists (Disciplinary Proceedings) (Procedure) Rules.

2. Interpretation

In these Rules, unless the context otherwise requires-

"Chairperson" means the chairperson of the Board;

"case relating to conviction" means any case where it is alleged that a medical practitioner or dentist has been convicted of an offence under this Act or under the Penal Code (Cap. 63);

"charge" means a charge or charges specified in a notice of inquiry;

"complainant" means a body or person that makes a complaint to the Board;

"Board's advocate" means an advocate appointed by the Board to assist in conducting an inquiry under these Rules;

"infamous or disgraceful conduct in a professional respect" means serious misconduct judged according to the rules, written or unwritten, which govern the medical and dental professions;

"inquiry" means a disciplinary inquiry held by the Board sitting as a tribunal into the conduct of a medical practitioner or dentist;

"notice of inquiry" means a written and signed notice from the Board which is sent to a medical or dental practitioner, specifying, in the form of a charge or charges, matters upon which the inquiry is to be held, and stating the date, time and place where the inquiry is to be held.

PART II – PROCEEDINGS RELATING TO CONVICTION AND INFAMOUS CONDUCT IN A PROFESSIONAL RESPECT

3. Establishment of the Preliminary Inquiry Committee

(1) There is hereby established a committee to be known as the Preliminary Inquiry Committee which shall consist of seven members elected from among the members of the Board.

(2) The Director of Medical Services or, in his absence, a Deputy Director of Medical Services who is a member of the Board shall be the chairperson of the Preliminary Inquiry Committee;

(3) The chairperson of the Preliminary Inquiry Committee shall convene the meetings of the committee as and when necessary.

(4) The Preliminary Inquiry Committee may co-opt into the Committee any person whose knowledge and skills are necessary for the proper determination of any matter before it.

(5) A person co-opted under subrule (4) may attend the meetings of the Committee and participate in its deliberations but shall have no right to vote at the meeting.

[L.N. 223/2013, r. 2.]

4. Functions of the Preliminary Inquiry Committee

(1) The functions of the Preliminary Inquiry Committee shall be to-

- (a) conduct inquiries into the complaints submitted to it under these Rules and make appropriate recommendations to the Board;
- (b) ensure that the necessary administrative and evidential arrangements have been met so as to facilitate the Board to effectively undertake an inquiry under rule 6;
- (c) promote mediation and arbitration between the parties and refer matters to such mediator or arbitrator as the parties may in writing agree; and
- (d) at its own liberty, record and adopt mediation agreements or compromise between the parties, on the terms agreed and thereafter inform the chairperson.

(2) Subject to paragraph (1), the Preliminary Inquiry Committee after considering the complaint and making such inquiries with respect thereto as it may think fit, shall—

- (a) if of the opinion that the complaint does not warrant reference to the Board for inquiry, reject the complaint and so inform the Chairperson;
- (b) if of the opinion that the complaint does warrant reference to the Board, cause the same to be referred to the Board together with its findings and recommendations.

(3) The Preliminary Inquiry Committee shall, in consultation with the Board, have the power to—

- (a) levy reasonable costs of the proceedings from parties;
- (b) make an order compelling a medical practitioner or dentist to undergo continuous professional development of not more than fifty points;
- suspend the licence of a medical institution for a period of not more than six months;
- (d) make an order for the closure of an institution pending the compliance by that institution, of a condition or requirement under the licence issued to it under the Act; and
- (e) make such further recommendations as the committee deems fit.
 - [L.N. 21/2012, s. 2(a), (b), (c), L.N. 223/2013, r. 3(a), (b), (c).]

4A. Professional Conduct Committee

(1) The Board may, upon the recommendation of the Preliminary Inquiry Committee, establish on an *ad hoc* basis, a professional Conduct Committee comprising—

- (a) a chairperson;
- (b) two persons registered in the same profession in which a medical practitioner or dentist whose conduct is being inquired is registered;
- (c) one member of the Board;
- (d) one person representing the general public;
- (e) the Board's advocate who shall be the legal advisor; and
- (f) the Chief Executive Officer of the Board.
- (2) The functions of the Professional Conduct Committee shall be to-
 - (a) conduct inquiries into the complaints within such counties as the Board may specify and make appropriate recommendations to the Board;
 - (b) ensure that the necessary administrative and evidential arrangements have been met so as to facilitate the Board to effectively undertake an inquiry under rule 6;
 - (c) convene sittings in respective counties to determine complaints;
 - (d) promote arbitration between the parties and refer matters to such arbitrator as the parties may in writing agree.

(3) The Professional Conduct Committee shall, subject to prior or subsequent approval by the Board, have power to—

- (a) levy reasonable costs of the proceedings from parties;
- (b) order a medical practitioner or dentist to undergo continuous professional development for a maximum of up to fifty points;
- (c) suspend licenses for medical institutions for up to six months;
- (d) order, closure of institutions until compliance with the requirements of the operating licence;
- (e) admonish a doctor or dentist or the institution and conclude the case; and
- (f) make such further recommendations as the committee deems fit.

(4) The Professional Conduct Committee may summon or correspond with persons including medical practitioners and dentists to whom a complaint relates as it thinks fit and may peruse or inspect all instruments relating to the complaint.

[L.N. 21/2012, r. 4(b).]

5. Submission of complaint or information

(1) Whenever a complaint or information is received by the Chairperson from any body or person and it appears to him that—

- (a) a medical practitioner or dentist has been convicted of an offence under this Act or under the Penal Code; or
- (b) that a question arises whether the conduct of a medical practitioner or dentist constitutes serious professional misconduct, the Chairperson shall submit the matter to the Preliminary Inquiry Committee and Professional Conduct Committee.

(2) When the Preliminary Inquiry Committee refers the complaint to the Board under rule 4 (2)(b), the Chairperson shall send to the medical practitioner or dentist to whom the complaint relates a notice of inquiry which shall—

- (a) be in Form 1 in the Schedule and shall, unless the Board otherwise directs, require the party to whom it is addressed to furnish the Chairperson and every other party a notice of all the documents which he intends to rely on at the hearing;
- (b) set out, in general terms, the charge or charges of professional misconduct made against the medical practitioner or dentist; and
- (c) specify the date and time of and the place at which the inquiry is proposed to be held.

(3) The notice of inquiry shall be sent to the medical practitioner or dentist by registered post addressed to his last known address as notified to the Registrar or by any other means approved by the Board.

(4) In any case where there is a complainant, a copy of the notice of inquiry shall be sent to him.

[L.N. 21/2012, r. 5.]

6. Procedure in cases relating to conviction

(1) In cases relating to conviction, where the medical practitioner or dentist appears, the following order of proceedings shall be observed as respects proof of convictions alleged in the charge or charges—

- (a) the complainant, or if a complainant does not appear or there is no complainant, the Board's advocate shall adduce evidence of the conviction and produce before the Board a certified copy of the court proceedings which resulted in the conviction of the medical practitioner or dentist;
- (b) if, as regards any conviction no evidence is adduced, the Chairperson shall thereupon announce that the conviction has not been proved;
- (c) the Chairperson shall ask the medical practitioner or dentist whether he admits each previous conviction of which evidence is so adduced;

- (d) if the medical practitioner or dentist does not admit all the convictions, he may, if he intends to adduce other oral evidence in addition to his own evidence as respects any conviction which he does not admit either in person or by his advocate, open his case;
- (e) the medical practitioner or dentist or his advocate, as the case may be, may adduce evidence in respect of any conviction which he does not admit;
- (f) at the close of the evidence for the medical practitioner or dentist, the complainant or the Board's advocate, as the case may be, may with the leave of the Board, adduce evidence to rebut any evidence adduced by the medical practitioner or dentist;
- (g) the complainant or the Board's advocate, as the case may be, may address the Board and close his file;
- (h) the medical practitioner or dentist or his advocate may then address the Board and close his case.

(2) Where the medical practitioner or dentist does not appear and the Board has decided to proceed with the inquiry, subparagraphs (a) and (b) of paragraph (1) shall apply but the remainder of that paragraph shall not apply.

(3) On the conclusion of the proceedings under this rule the Board shall consider every conviction alleged in the charge or charges, other than any conviction which has not been admitted by the medical practitioner or dentist and shall determine whether it has been proved and the Chairperson shall then announce its determination in such terms as the Board may approve.

7. Procedure in cases relating to conduct

(1) In all cases relating to conduct where the medical practitioner or dentist appears the following order of proceedings shall apply—

- (a) if the complainant appears, he shall open the case against the medical practitioner or dentist or where the complainant does not appear or there is no complainant, the Board's advocate shall present all the facts on which the complaint or information is based;
- (b) the complainant or the Board's advocate, as the case may be, may address the Board and adduce evidence of the facts alleged in the charge or charges;
- (c) if as respects any charge no evidence is adduced, the Board shall record and the Chairperson shall announce a finding that the medical practitioner or dentist is not guilty of infamous or disgraceful conduct in a professional respect as alleged in the charge or charges;
- (d) at the close of the case against him the medical practitioner or dentist or his advocate may make either one or both of the following submissions as respects any charge or charges which remains outstanding namely—
 - that no sufficient evidence has been adduced upon which the Board could find that the facts alleged have been proved;
 - that the facts of which evidence has been adduced are insufficient to support a finding of infamous or disgraceful conduct in a professional respect;

and where any such submission is made, the complainant or the Board's advocate, as the case may be, may answer the submission and the medical practitioner or dentist or his advocate may reply thereto;

(e) if a submission is made under paragraph (d), the Board shall consider and determine whether the submission should be upheld and if the Board determines to uphold such a submission as regards any charge, it shall record, and the Chairperson shall announce, that the medical practitioner or dentist is not guilty of infamous or disgraceful conduct in a professional respect in respect of the matters to which that charge relates;

- [Subsidiary]
- (f) the medical practitioner or dentist may then, if he intends to adduce oral evidence in addition to his own evidence, open his case upon any charge which remains outstanding;
- (g) at the close of the evidence for the medical practitioner or dentist the complainant or the Board's advocate, as the case may be, may with leave of the Board, adduce evidence to rebut any evidence adduced by the medical practitioner or dentist;
- (h) the complainant, or the Board's advocate, as the case may be, may then address the Board and close his case.

(2) The medical practitioner or dentist or his advocate may then address the Board and close his case.

(3) Where in a case relating to conduct the medical practitioner or dentist does not appear and the Board decides to proceed with the inquiry only subparagraphs (a), (b) and (c) of paragraph (1) shall apply.

(4) On conclusion of the proceedings under paragraph (1) the Board shall consider and determine as respects each charge which remains outstanding which, if any, of the facts alleged in the charge has been proved to their satisfaction.

(5) If under paragraph (3) the Board decides, as regards any charge, either that none of the facts alleged in the charge have been proved to their satisfaction, or that such facts as have been proved would be insufficient to support a finding of infamous or disgraceful misconduct in a professional respect, the Board shall record a finding that the medical practitioner or dentist, as the case may be, is not guilty of the misconduct alleged in the charge or charges.

(6) The Chairperson shall announce determination or the finding of the Board after the procedure prescribed under this rule has been complied with.

8.

[Deleted by L.N. 21/2012, r. 6(a).]

9.

[Deleted by L.N. 21/2012, r. 6(a)]

10. Inquiries into charges against two or more practitioners

(1) Where a party fails to attend or be represented at a hearing of which he has been duly notified, the Committee may—

- (a) unless it is satisfied that there is sufficient reason for the absence of the party, hear and determine the application in the absence of that party; or
- (b) adjourn the hearing,

and may make such orders as to costs as it considers fit.

(2) Before determining an application under sub rule (1)(a) of this rule, the Committee shall consider any representations made in writing submitted by that party in response to the notice of application and for the purpose of this rule, the application and any reply shall be treated as representations in writing.

(3) A party aggrieved by the decision of the Committee under subrule (1)(a) may file an application within thirty days from the date of the decision for review of the order, and the Committee may within reasonable time review the order on such terms as it considers fit, if the Committee is satisfied that there was sufficient cause for non-attendance.

PART IIA

10A. Application

(1) The provision of this Part shall apply to proceedings conducted by the Preliminary Inquiry Committee and the Professional Conduct Committee or with necessary modifications, to any inquiry held by the Board sitting as a tribunal.

(2) In this Part, "Committee" means either the Preliminary Inquiry Committee or the Professional Conduct Committee, as the case may be.

[L.N. 223/2013, s. 6.]

10B. Powers of the Committee

(1) The Committee shall, in conducting proceedings under these Rules, have power to—

- (a) administer oaths;
- (b) summon persons to attend and give evidence;
- (c) order the production of relevant documents, including court judgments; and
- (d) recover in whole or in part the cost of the inquiry not exceeding one million shillings from any or all the parties involved in the proceedings.
- (2) An oath shall be administered by the Chairperson of the Committee.

(3) Notices and summons of the Committee shall be issued under the hand of the Registrar and shall be deemed to have been issued by the Committee.

10C. Non-response by respondent

Where the respondent fails to respond to a notice of inquiry-

- (a) the hearing may proceed in his or her absence; and
- (b) he or she commits an act of professional misconduct.

[L.N. 223/2013, s. 6.]

10D. Forms of proceedings

In the determination of complaints under these Rules, the Committee shall have due regard to the principles of natural justice and shall not be bound by any legal or technical rules of evidence applicable to proceedings before a court of law.

[L.N. 223/2013, s. 6.]

10E. Language of proceedings

(1) Proceedings before the Committee shall be conducted in English or Kiswahili.

(2) The Committee may, at its discretion, allow an application lodged in any local language spoken in Kenya by persons or a community directly affected by the subject matter of the application, if those persons or community cannot immediately obtain a translation but undertake to do so within a reasonable time.

(3) The Committee shall, baking into account all the circumstances, grant the assistance of a competent interpreter free of charge to a party or witness who does not understand or speak the language used at the hearing or who is deaf.

[L.N. 223/2013, s. 6.]

10F. Information

(1) The Committee may receive or obtain information from such persons as it may deem proper, including, information from such persons as the Committee considers to possess knowledge or experience in matters relating to any complaint before it.

(2) Where a complaint is not disposed of after the preliminary investigation, the Committee shall review the complaint with a view to initiating further investigations.

(3) Subject to the provisions of these Rules, the Committee may regulate its procedure in such manner as it deems fit.

[L.N. 223/2013, s. 6.]

10G. Directions and pre-hearing orders

(1) The Committee may on its own motion or on the application by a party to the proceedings give directions, including directions for the furnishing of further particulars or

supplementary statements, as are necessary to enable the parties prepare for the hearing or assist the Committee determine the issues related to the hearing before it.

(2) The Committee may take into account the need to protect any matter that relates to the intimate, personal or financial circumstance of any party or consists of information communicated or obtained in confidence or concerns national security and may order that all or part of the evidence of a person be heard in private or prohibit or restrict the publication of that evidence.

(3) The Committee shall not compel a person to give any evidence or produce any document or other material that he or she could not be compelled to give or produce in a trial for an action in a court of law.

(4) An application by a party for directions shall be made in writing to, the Committee and shall, unless accompanied by the written consent of all parties, be served by the party seeking directions on all other parties to the proceedings.

(5) If any party objects to the directions sought, the Committee shall consider the objection and if it considers it necessary, give the parties an opportunity to appear and be heard by it on the objection raised.

[L.N. 223/2013, s. 6.]

10H. Non-appearance by respondent

(1) Where a medical practitioner or dentist whose conduct is the subject of investigation, without reasonable excuse, fails to appear either personally or by his representative at the time and place fixed in the notice of hearing served on him—

- (a) the inquiry may proceed in his absence; and
- (b) he or she commits an act of professional misconduct.
- (2) If a person appearing at the inquiry, without reasonable excuse-
 - (a) refuses or fails to be sworn or affirmed;
 - (b) refuses or fails to answer a question that he is required to answer by the person chairing the Committee; or
 - (c) refuses or fails to produce a document that he was required to produce by a summons served, on him or her,

he or she commits an offence.

[L.N. 223/2013, s. 6.]

10I. Failure to comply with directions

(1) Where a party fails to comply with directions given under these Rules, the Committee may, in addition to other powers available to it, before or at the hearing of the complaint dismiss the whole or part of the complaint, or, as the case may be, strike out the whole or part of a respondent's reply and where appropriate, direct that a party be excluded from participating in the hearing.

(2) The Committee shall not dismiss, strike out or give any directions under subrule (1) unless it has served a notice on the party who has failed to comply with the direction, giving him or her an opportunity to show cause why the Committee should not give directions under subrule (1) of this rule.

[L.N. 223/2013, s. 6.]

10J. Varying or setting aside of directions

A medical practitioner or dentist on whom directions, including any summons, are served and who had no opportunity of objecting to the making of directions may apply to the Committee to vary or set aside the directions, but the Committee shall not do so without first notifying the person who applied for the directions and considering any representations made by him.

[L.N. 223/2013, s. 6.]

10K. Summons and orders

A medical practitioner or dentist summoned to give evidence before the Committee shall be given at least seven days' notice of the hearing unless the person has informed the Committee that he or she accepts the shorter notice given.

[L.N. 223/2013, s. 6.]

10L. Exclusion of persons disrupting proceedings

Without prejudice to any other powers it may have, the Committee may exclude from the hearing or part of it, any person whose conduct has disrupted or is likely, in the opinion of the Committee, to disrupt the hearing.

[L.N. 223/2013, s. 6.]

10M. Failure of Parties to attend hearing

(1) Where a party fails to attend or be represented at a hearing of which he has been duly notified, the Committee may—

- unless it is satisfied that the e is sufficient reason for the absence of the party, hear and determine the application in the absence of that party; or
- (b) adjourn the hearing,

and may make such orders as to costs as it considers fit.

(2) Before determining an application under subrule (1)(a) of this rule, the Committee shall consider any representations made in writing submitted by that party in response to the notice of application and for the purpose of this rule, the application and any reply shall be treated as representations in writing.

(3) A party aggrieved by the decision of the Committee under subrule (1)(a) may file an application within thirty days from the date of the decision for review of the order, and the Committee may within reasonable time review the order on such terms as it considers fit, if the Committee is satisfied that there was sufficient cause for non-attendance.

[L.N. 223/2013, s. 6.]

10N. Procedure at hearing

(1) The chairperson shall, at the commencement of the hearing, explain the order of proceedings which the Committee proposes to adopt.

(2) The Committee shall conduct the hearing in such manner as it considers suitable for the determination of the application or the clarification of issues before it and generally for the just handling of the proceedings and shall, so far as it appears to it appropriate, avoid legal technicality and formality in its proceedings.

(3) The parties shall be heard in such order as the Committee shall determine, and shall be entitled to give evidence, call a witness, and address the Committee on both evidence and generally on the subject matter of the application.

(4) Evidence before the Committee may be given orally or, if the Committee so orders, by affidavit or written statement, but the Committee may at any stage of the proceedings require the personal attendance of any deponent or author of a written statement.

(5) The Committee may receive evidence of any fict which appears to it to be relevant to the application.

(6) The Committee may, during the hearing and if it satisfied that it is just and reasonable to do so, permit a party to rely on grounds not stated in his notice of application or, as the case may be, his reply and to adduce any evidence not presented to the Committee before or at the time the Committee took the disputed decision.

(7) The Committee may require any witness to give evidence on oath or affirmation and for that purpose it may administer an oath or affirmation in the prescribed form.

[L.N. 223/2013, s. 6.]

10O. Quorum

The quorum at meetings of the Committee shall be four members.

[L.N. 223/2013, s. 6.]

10P. Power to determine application without hearing

The Committee may determine the application or any issue arising therefrom without an oral hearing.

[L.N. 223/2013, s. 6.]

10Q. Consolidation of proceedings

The Committee may, in its discretion and upon giving the parties concerned an opportunity to be heard, order the consolidation of any proceedings before it where complaints have been filed in respect of the same matter or in respect of several interests in the same subject in dispute.

[L.N. 223/2013, s. 6.]

10R. Amendment of pleadings

The Committee may allow any amendments to the statements of complaint or response at any stage of the proceedings, provided that such amendment shall be for the interest of justice and is aimed at aiding the determination of the proceedings upon fair notice to the other party.

[L.N. 223/2013, s. 6.]

10S. Extension of time

The Committee may extend the time for doing anything under this Part on such terms as the Committee thinks fit.

[L.N. 223/2013, s. 6.]

10T. Demonstration and display facilities

The Committee may, at the request of any party and upon payment of the prescribed fees, provide visual demonstration facilities for the display of any maps, charts, diagrams, illustrations or texts and documents, which that party intends to exhibit during the hearing.

[L.N. 223/2013, s. 6.]

10U. Opportunity to be heard or cross-examine

The Committee shall grant to any party a reasonable opportunity-

- (a) to be heard, submit evidence and make representations; and
- (b) to cross-examine witnesses to the extent necessary to ensure fair hearing.

[L.N. 223/2013, s. 6.]

10V. Adjournment of proceedings

(1) The Committee may of its own motion, or upon the application of any party, adjourn the inquiry upon such terms as it thinks fit.

(2) Notice of an adjournment of the inquiry shall be given to the persons involved in the proceedings in writing by the Committee.

[L.N. 223/2013, s. 6.]

10W. Judicial notice

- (1) The Committee may take judicial notice of-
 - (a) facts that are publicly known and that may be judicially noticed by a court of law; and

(b) generally recognized facts and any information, policy or rule that is within its specialized knowledge.

(2) Before the Committee takes notice of any fact, information, opinion, policy or unwritten rule other than that which may be judicially noticed by a court, it shall notify the parties of its intention and afford them a reasonable opportunity to make representations with respect thereto.

[L.N. 223/2013, s. 6.]

10X. Representation

(1) Any party to the proceedings, may represent himself or be represented by an advocate of his choice.

(2) A party represented by an advocate may, at any stage of the proceedings change his advocate upon giving notice to the Committee and his former advocate.

(3) The party shall serve the notice of change of advocate on all other parties to the proceedings.

10Y. Decisions of the Committee

(1) After the hearing the complaint, the Committee may determine or order-

- (a) that the complaint be dismissed;
- (b) that the member be reprimanded;
- (c) that the member be suspended from practice for a specified period not exceeding two years; or
- (d) make such order as the Committee consider fit.

(2) The decision of the Committee may be taken by a majority of the members present and the decision shall record whether it was unanimous or taken by a majority of the members present.

(3) For the purposes of making the decision on the inquiry, every member of the Committee Pas one vote, and, in the event of an equality of votes, the chairperson shall have a casting vote.

(4) The decision of the Committee may be given orally at the end of the hearing or may be reserved and shall—

- (a) be reduced to writing whether there has been a hearing or not; and
- (b) shall be signed and dated by the chairperson.

(5) A dissenting opinion may be pronounced separately by the member who wrote it and shall be dated and signed by that member.

(6) Every document containing a decision referred to in this rule shall, as soon as may be reasonable, be entered in the register and the Committee shall send a copy of the entry to each party.

(7) Except where a decision is announced at the end of the heating, it shall be treated as having been made on the date on which a copy of the document recording it is sent to the applicant.

(8) Every order or determination of the Committee shall be made under the hand of chairperson or in his or her absence by the person chairing the meeting at which the order or determination is made.

(9) Every under or determination of the Committee bearing the signauture of the person chairing shall be *prima facie* evidence that the order or determination is that of the Committee.

[L.N. 223/2013, s. 6.]

10Z. Reasons for Decisions

The Committee shall give reasons for reaching its, itietision, and each decision shall include—

- (a) a statement of the findings of fact made from the evidence adduced, including, where applicable, any relevant government policy; and
- (b) a statement of the laws and rules of law applied, and the interpretation thereof.

[L.N. 223/2013, s. 6.]

PART III - PROCEEDINGS RELATING TO APPLICATIONS FOR RESTORATION

11. Application for resoration of name on register

(1) Any application for restoration of the name of any medical practitioner or dentist on the register or the restoration of a licence after removal or cancellation pursuant to sections 19 and 20 of the Act shall be in Form 2 set out in the Schedule.

(2) All applications for restoration of the name on the register shall be accompanied by a certificate of identity and good character in Form 3 set out in the Schedule and signed by a medical practitioner or dentist, as the case may be, of at least ten years standing.

(3) The medical practitioner or dentist making an application under paragraph (1) shall give the names of three referees, two of who shall be medical practitioners or dentists of consultant status or of at least ten years experience and of good repute and standing and one of whom shall be a non-medical person of good repute and social status, to whom the Board can send a request for information about the character, habits and conduct of the applicant during the period of suspension.

(4) At the hearing of the application the following procedure shall be followed-

- (a) the registrar shall state to the Board the circumstances in which the applicant's name was removed or erased from the register or the licence cancelled and shall adduce evidence as to the conduct of the medical practitioner or dentist since that time;
- (b) the Chairperson shall then invite the applicant to address the Board if he so wishes, and adduce evidence as to his conduct since his name was erased from the register or the licence was cancelled;
- (c) the Board may, if it thinks fit, receive oral or written observation on the applicant from any body or person whose complaint resulted in the applicant's name being erased from the register or licence being cancelled.

(5) At the close of the proceedings under this rule, the Board shall record and the Chairperson shall pronounce the finding or determination of the Board.

(6) Subject to the provision of this rule, the proceedings of the Board in connection with applications for restoration of the name of a medical practitioner or dentist on the register or restoration of a licence after cancellation, as the case may be, shall he such as the Board may determine.

PART IV – GENERAL

12. Adjournment of proceedings

The Board may at any stage during an inquiry under these Rules adjourn its proceedings as it thinks fit.

13. Proceedings to be in camera

The proceedings of the Board shall be held in *camera*.

14. Summons at proceedings

The Board may issue summons, in the Form 4 set out in the Schedule, to any person to attend as a witness or to produce any documents.

15. Notes taken at proceedings

Any party to the proceedings shall, on application, be furnished with a certified copy of the proceedings or determination or finding of the Board on the payment of a fee of two hundred shillings for every page of the certified copy of the proceedings or determination or finding of the Board.

16. Venue of meetings

Meetings of the Board for purposes of an inquiry under these Rules, except in so far as the Chairperson may otherwise direct, shall be held at the offices of the Board and may be held as regularly as circumstances require.

17. Service of documents

The service of summons or documents shall be by post or by any means approved by the Board as being the most convenient in the circumstances.

18. Evidence

(1) For the purpose of these Rules, the Board may receive oral, documentary or other evidence of any fact or matter which appears to it to be relevant to the inquiry into any matter before it.

(2) The Board may, if satisfied that the interests of justice will not be prejudiced, admit in evidence without strict proof, copies of documents which are themselves admissible, maps, plans, recorded tapes, photographs, certificates of conviction and sentence, certificates of birth and marriage and death, the records including records of the Ministry of Health and other Government Ministries, records of private practitioners, private medical institutions and any other relevant sources, the notes and minutes of proceedings before the Board and before other tribunals and courts, and the Board may take note without strict proof thereof of the professional qualifications, the address and the identity of the medical practitioner or dentist.

(3) The Board may accept and act on admissions made by any party and may in such cases dispense with proof of the matters admitted.

SCHEDULE

FORMS

FORM 1

[r. 5 (3)]

THE MEDICAL PRACTITIONERS AND DENTISTS ACT

(Cap. 253)

Dr/Mr/Mrs/Miss

Address

.....

Dear Sir/Madam,

On behalf of the Medical Practitioners and Dentists Boards, notice is hereby given to you that in consequence of a complaint made to the Board against you/information received by the Board an inquiry is to be held into the following charge/charges against you.

(1) If the charge relates to a conviction:

.....

.....

(set out particulars of the conviction in sufficient detail to identify the case)

(2) If the charge relates to conduct:

That being registered under the Act you

.....

(set out briefly the facts alleged) and that in relation to the facts alleged you have been guilty of infamous conduct in a professional respect.

You are hereby invited to answer in writing the above mentioned charge/charges and also to appear in person before the Board at the place, date and time specified above for the purpose of answering the charge/charges. You may bring your advocate with you. The Board has power to hear and decide upon the said charge/charges in your absence if you do not appear.

Any answer, admission or other statement or communication which you may desire to make with respect to the said charge/charges should be addressed to the Chairperson of the Board.

If you desire to make any application that the inquiry should be postponed, you should send the application to the Secretary of the Board as soon as possible, stating the grounds on which you desire a postponement

Dated this day of 20....

Registrar of the Board.

FORM 2.

[r. 11]

THE MEDICAL PRACTITIONERS AND DENTISTS ACT

(Cap. 253)

APPLICATION FOR RESTORATION OF NAME IN THE REGISTER

(*Note*: This declaration must be made before a practitioner of not less than 10 years experience and of good standing.)

I, the undersigned

of (address)

.....

now holding the qualification(s) of

.....

do solemnly and sincerely declare as follows:

1. I am the person formerly registered as a medical practitioner/dentist under the name of and the qualification(s) of registration number and, I hereby apply for the restoration of my name to the register.

| Medical Practitioners and Dentists |
|------------------------------------------------------------------------------------------------------------------------------------|
| [Subsidiary] |
| 2. In an inquiry held on the day of 20 at |
| 3. Since the erasure of my name from the register, I have been residing at |
| |
| and my occupation has been |
| 4. It is my intention if my name is restored to the register to engage in private practice/to be employed, (others specify) |
| 5. The grounds of my application are |
| |
| 6. Names and addresses of my referees: |
| (a) |
| |
| (b) |
| (C) |
| Declared at Signed |
| On Date |
| Before me(Full Name) |
| Signed |
| Name of practitioner in full and registration/date of qualification |
| Date |
| FORM 3. |
| [r. 11(2).] |
| THE MEDICAL PRACTITIONERS AND DENTISTS ACT |
| (Cap. 253) |
| CERTIFICATE OF IDENTITY AND GOOD CHARACTER |
| I, |
| of (address) |
| do certify as follows : — 1 Leave read the statutory declaration made on the |
| 1. I have read the statutory declaration made on the |

..... day of 20..... by

Dr/ Mr /Mrs /Miss

of (address)

2. The said Dr/Mr/Mrs/Miss

was formerly registered as a medical/dental practitioner with the following address and ${\it qualification}(s)$

Registration No.

3. I have been and am well acquainted with the said Dr / Mr /Mrs /Miss

both before and since his name was erased from the register, and I believe him to be now a person of good character, and the statements in the said declaration are, to the best of my knowledge, information and belief, true.

| Signed |
|---------------------------|
| Registered address |
| Registered Qualifications |
| |
| |
| Date |
| Dated this day of20 |
| Signature of Witness |
| Address Date |
| |

FORM 4.

[r. 14]

THE MEDICAL PRACTITIONERS AND DENTISTS ACT

(Cap. 253) WITNESS SUMMONS

То

.....

In pursuance of s. 20(3) of the above Act, you are hereby commanded to attend in person as a witness in an inquiry to be held before the Medical Practitioners and Dentists Board against Dr/Mr/Mrs/ Missat the Ministry of Health Headquarters, Afya House, Cathedral Road, Nairobi onand to remain in attendance until released by the Board.

Under the provisions of s. 20(3) of the Act, any person who fails when summoned by the Board to attend as a witness or to produce any books, documents or other exhibits, shall be guilty of an offence and shall be liable to a fine of KSh. 2,000 or to imprisonment for one month.

Dated this day of 20....

.....

Registrar of the Board

Summons received on

| by Signature of Witness |
|-----------------------------|
| served by |
| Date and time Date and time |
| place |

CAP. 253

[Subsidiary]

THE MEDICAL PRACTITIONERS AND DENTISTS (REGISTRATION, LICENSING, ASSESSMENT AND INTERNSHIP) RULES

ARRANGEMENT OF RULES

Rule

PART I – PRELIMINARY PART II – REGISTRATION AND LICENSING PART III – ASSESSMENT PART IV – INTERNSHIP QUALIFYING EXAMINATION AND REMEDIAL TRAINING PART V – INTERNSHIP

SCHEDULES

CAP. 253

[Subsidiary]

THE MEDICAL PRACTITIONERS AND DENTISTS (REGISTRATION, LICENSING, ASSESSMENT AND INTERNSHIP) RULES

[Legal Notice 156 of 1979, Legal Notice 131 of 2005]

PART I – PRELIMINARY

1. These Rules may be cited as the Medical Practitioners and Dentists (Registration, Licensing, Assessment and Internship) Rules.

2. In these Rules, unless the context otherwise requires—

"assessment" means the determination of the suitability of a person for registration or licensing under the Act including by means of oral or written examination or both, and the determination of a period, if any, iwhich the Board considers necessary for a person to undergo remedial training;

"chairman" means the chairman of the Board;

"co-ordinator" means the person for the time being appointed as co-ordinator of assessment examinations under rule 9;

"intern" means a person holding a medical or dental degree or diploma recognized by the Board, or a person who has passed the internship qualifying examination, and who is undergoing a prescribed period of internship in a recognized institution;

"internship" means training employment;

"internship qualifying examination" means a written or oral examination or both which determines the suitability of foreign trained graduates who do not hold degrees or diplomas recognized by the Board to undergo internship;

"licensed" means licensed under section 13 of the Act to render medical or dental services;

"recognized institution" means an institution declared to br a recognized institution for internship and *gazetted* in accordance with regulation 29(3);

"registered" means registered as a medical practitioner or dentist under section 6 of the Act;

"remedial training" means a period of extra training in a defined discipline or disciplines determined from time to time by the Board;

"supervisor" means a medical or dental practitioner of consultant status appointed by the Board to supervise the performance of an intern in any one of the approved disciplines during the period of internship.

[L.N. 131/2005, r. 2(a).]

PART II – REGISTRATION AND LICENSING

3. (1) An application for registration or licensing shall be submitted to the Registrar in the form, and together with fee, prescribed in the Medical Practitioners and Dentists (Forms and Fees) Rules (L.N. 19/1978) and shall be accompanied by—

- (a) legible photocopies of the applicant's diplomas, degrees, licences or other qualifications, and testimonials, all of which shall be attested against the originals by an official of the Board; and
- (b) a curriculum vitae.
- (2) An application by a person registered in a foreign country shall, in addition to the documents specified in paragraph (1), be accompanied by a certificate of good standing and registration or similar certificate containing evidence of registration from the appropriate foreign authority.

4. A medical or dental practitioner who was previously registered in Kenya and who on the 1st January, 1978 had attained the age of sixty five and retired shall be exempted from paying any registration fee.

5. The Registrar shall issue free of charge a licence to enable an applicant who has satisfied the provisions of Parts IV and V of these Rules to undergo an internship.

6. The Registrar, in consultation with the chairman, shall, on behalf of the Board, issue, on payment of the prescribed fee, a licence to an applicant who is not otherwise eligible to be registered and who is considered to be of good character and a fit and proper person to be licensed, or who does not wish to be registered even though he is qualified to be registered, to render medical or dental services in a salaried post as provided by sections 13 and 14 of the Act.

7. The Board shall approve all applications for registration or licensing before certificates of registration or licences are issued.

PART III – ASSESSMENT

8. No person to whom section 11(2) of the Act applies shall be registered unless he has passed or has been exempted from an assessment examination.

9. (1) There is hereby established a committee known as the assessment committee which shall consist of a co-ordinator of assessment examinations who shall be the deputy chairman of the Board and such other members as may be appointed by the Board from time to time.

- (2) The committee shall consist of two panels, one of which shall consist of four medical practitioners and the other of two dentists.
- (3) Where the co-ordinator sits on any panel he shall be the chairman of that panel in any other case he shall appoint a chairman.
- (4) The committee shall sit at least once in three months.

10. The committee may co-opt not more than two medical practitioners and two dentists, one of whom may be of consultant status, who are not members of the Board, to serve on the relevant panel from time to time.

11. The co-ordinator shall as soon as possible after completion of an assessment examination submit to the Board a written report signed by the members of the panel giving in the case of each candidate—

- (a) the name and address;
- (b) the marks attained in oral and written examination and the result;
- (c) any recommendations as to whether the candidate should be referred for further internship or remedial training and for how long;
- (d) any other general recommendations, observations or remarks.

12. Where a report is submitted under rule 11 recommending that a candidate should not be registered, the Board shall, unless it proposes to authorize registration notwithstanding such report, inform the candidate concerned of the substance of the committee's report and recommendations.

13. (1) A candidate may, within fourteen days of his being informed of the committee's recommendation that he should not be registered, appeal to the full Board against such report and recommendation.

(2) A decision by the Board on appeal under this rule shall be final.

14. A candidate for an assessment examination shall pay to the Board a fee of one hundred shillings.

PART IV – INTERNSHIP QUALIFYING EXAMINATION AND REMEDIAL TRAINING

15. Any person who has qualified outside Kenya shall be required to engage in internship and, unless exempted under rule 20, shall be required to pass an internship qualifying

examination (in this part referred to as "the examination"), which may be written or oral or both, recognized and approved by the Board and which is of equivalent standard to the qualifying examinations in medicine or dentistry of the University of Nairobi.

16. The examination shall be conducted by the assessment committee and shall be held as and when necessary.

17. (1) A candidate who fails the examination shall be required to undergo a period of remedial training in those disciplines in which in the opinion of the assessment committee he has inadequate knowledge.

- (2) A remedial training period shall as far as possiblie be continuous and shall not exceed a total of six months.
- (3) On expiry of a remedial training period a written report shall be submitted to the Board by the administrator or medical superintendent of the relevant hospital in consultation with the candidate's supervisor.
- (4) A person shall be required to undergo remedial training if—
 - (a) he fails to pass the examination;
 - (b) he does not satisfy his supervisors during his internship;
 - (c) he fails assessment examination after three consecutive attempts at monthly intervals;
 - (d) he has been subject to disciplinary action arising out of professional incompetence.

18. A person who fails the examination shall be allowed two more attempts which shall be made during the remedial training period, and any person who fails the examination three times shall be deemed unsuitable for internship or for registration or licensing.

19. A fee of one hundred shillings shall be payable by a candidate for the examination each time it is attempted.

20. Medical and dental graduates who are holders of degrees or diplomas which are recognized by the Board shall be exempted from the examination.

21. A period of remedial training may be undergone voluntarily by any person before attempting the examination.

22. (1) Any administrator of a medical institution in Kenya which, without prior approval of the Board, offers internship to a person who has neither passed the examination nor been exempted under rule 20, shall be guilty of an offence, and liable to a fine not exceeding five thousand shillings.

(2) Any person who has neither passed the examination nor been exempted under rule 20 and who, without the prior approval of the Board, undergoes internship shall be guilty of an offence and liable to a fine not exceeding one thousand shillings or to a term of imprisonment not exceeding one month or to both such fine and imprisonment.

PART V – INTERNSHIP

23. A person who is holder of a degree, diploma or other qualification which is recognized by the Board or who passed the internship qualifying examination referred to in Part IV shall undergo a prescribed period of internship.

24. (1) An intern shall receive from the Board at the commencement of the period of internship a copy of "Guide Lines for Interns" detailing all the disciplines and areas which he is expected to cover during the prescribed period of internship before being considered for registration.

(2) The Board shall inform the intern in writing of the recognized institution where internship may be undertaken.

25. During the period of internship, an intern shall be under the supervision and guidance of the employing institution in conjunction with the approved supervisors and he shall be offered every opportunity and facility to enable him to undergo his internship.

26. On completion of internship, an intern shall submit a duly completed internship assessment form to the Board through the medical superintendent of the recognized hospital where he has completed his internship, and through the Provincial Medical Officer of the respective province.

27. Upon receipt of the supervisor's recommendations, the Board shall issue a registration certificate or licence, or direct the intern to undergo a further period of internship in the disciplines in which his performance may have been found to be unsatisfactory; and such further period of internship may be undertaken in the same or a different institution or institutions for a period of not less than three months.

28. No person shall be entitled to be registered as a medical or dental practitioner unless he has successfully completed a prescribed period of internship.

29. (1) Institutions which shall be recognized by the Board for training employment shall meet the following requirements—

- (a) they shall have been *gazetted* as approved medical institutions in accordance with the Act;
- (b) provision of constant supervision of interns, in the case of medical interns, by at least one consultant or specialist and one other full time medical practitioner with a postgraduate qualification in each of the following disciplines, namely medicine, paediatrics, obstetrics and gynaecology and surgery, and in the case of dental interns by at least two dentists of consultant grade and one additional dentist with a post-graduate qualification;
- (c) provision in addition of at least one consultant or specialist in pathology, radiology and anaesthetics;
- (d) provision of a properly stocked and functioning medical library, and every such institution shall be liable to inspection by the Board from time to time in order that the Board may satisfy itself that the provisions of this rule are being complied with.
- (2) Any institution which fails to provide the minimum requirements specified in paragraph (1) may have its recognition withdrawn by the Board.
- (3) Notwithstanding any other provisions of these Rules, the Board may from time to time, by notice in the *Gazette*, declare recognized institutions for internship.

SCHEDULE

[Deleted by LN 131 of 2005, r. 2(b).]

CAP. 253

THE MEDICAL PRACTITIONERS AND DENTISTS (PRIVATE PRACTICE) RULES

ARRANGEMENT OF RULES

Rule

- 1. Citation
- 2. Interpretation
- 3. Eligibility for licence to engage in private practice
- 4. Application for a licence
- 5. Conditions in licences
- 6. Notice of refusal to grant a licence, etc.
- 7. Locums

PART III - PRIVATE CLINICS

- 8. Interpretation
- 9. Board to approve premises
- 10. Conditions for issue of a licence under this Part
- 11. Restriction on number of private clinics
- 12. Licensee to indicate name, etc.
- 13. Licensee's assistants
- 14. Keeping of essential drugs
- 15. Notification of disease etc.
- 16. Manner of dressing
- 17. Clinical radiological laboratories

PART IV - NURSING HOMES AND HOSPITALS

- 18. Inspection of nursing homes and hospitals
- 19. Responsibility of owner, etc., of nursing homes
- 20. Responsibilities of adminstrator of approved medical institutions

PART V – COMMITTEES

- 21. Establishment of private practice committee
- 22. Establishment of the specialist committee

PART VI – SPECIALIST PRACTICE

- 23. Specialisties in medical practice
- 24. Specialities in dentistry
- 25. Board to recognize specialists
- 26. Application of Part II

PART VII - PRIVATE CLINICAL LABORATORY MEDICINE

- Licence to practice clinical laboratory medicine
- 28. Saving

27.

34.

- 29. Requirements for clinical laboratories
- 30. Investigations carried out in clinical laboratory medicine
- 31. Duties of a practitioner operating a clinical laboratory
- 32. Fees
- 33. Offences

PART VIII – PRIVATE CLINICAL RADIOLOGICAL

- Licence to practice clinical radiological medicine
- 35. Savings

- 36. Requirements for a clinical radiological laboratory
- 37. Undertaking of operations in a clinical radiological laboratory
- 38. Duties of the owner of a clinical radiological laboratory
- 39. Screening facilties
- 40. Fees

PART IX - MISCELLANEOUS

- 41. Board to prescribe fees
- 42. Penalties
- 43. Legal proceedings, etc.
- 44. Mode of serving notices
- 45. Postgraduate qualifications

SCHEDULES

CONSENT TO PRACTISE AS LOCUM

MINIMUM REQUIREMENTS

RETURN OF NOTIFIABLE INFECTIOUS DISEASES

MINIMUM STANDARDS FOR A CLINICAL LABORATORY

REQUIREMENTS FOR A CLINICAL RADIOLOGICAL LABORATORY

LIST OF APPROVED SPECIALIST POSTGRADUATE QUALIFICATION

THE MEDICAL PRACTITIONERS AND DENTISTS (PRIVATE PRACTICE) RULES

[Legal Notice 182 of 1979, Legal Notice 288 of 1979, Legal Notice 289 of 1979]

1. Citation

These Rules may be cited as the Medical Practitioners and Dentists (Private Practice) Rules.

2. Interpretation

In these Rules, unless the context otherwise requires-

"advertise" means to issue or cause to be issued a sign, notice, circular, label or wrapper or to make any announcement orally or by means of producing or transmitting light or sound;

"approved clinical laboratory" means a private clinical laboratory which is covered on a full time basis by a pathologist and is so equipped as to enable the carrying out therein of investigations in clinical chemistry, haematology and microbiology;

"approved medical institution" means a Government or private hospital or nursing home which has been declared by the Board to be an approved institution;

"approved radiological laboratory" means a private radiological laboratory which is covered on a full time basis by a radiologist and is so equipped as to enable the carrying out therein of investigations in general radiology in addition to special radiological investigations;

"clinic" means consulting rooms, offices or an outpatient department without beds used by a practitioner for the diagnosis and treatment of disease or the giving of medical or dental advice and instructions;

"clinical laboratory" means premises for examining specimens for the purpose of providing information on diagnosis, treatment or prevention of disease;

"clinical radiological laboratory" means premises in which ionising radiations are used for nuclear medicine, diagnostic research or therapeutic purposes;

"general practice" means the practice of general medicine or dentistry other than specialist practice as defined in these Rules;

"hospital" means an institution which has, in addition to resident medical practitioners or dentists, an operating theatre and a mortuary;

"immediate supervision" means being available to give help and guidance when required;

"ionising radiations" means gamma rays, x-rays, alpha and beta particles, high speed electrons, neutrons, protons and other nuclear particles or electromagnetic radiation capable of producing ions directly or indirectly in their passage through matter;

"laboratory medicine" means the practice of all or any of the following disciplines, namely pathology, clinical chemistry, microbiology and parasitology, haematology, morbid anatomy and histology, cytology, immunopathology, forensic pathology and other disciplines relevant thereto;

"licence" means a licence to engage in full-time or part-time private practice;

"locum" means a registered medical practitioner or dentist substituting and providing services for another registered medical practitioner or dentist;

"maternity home" means any premises used for the reception of expectant women or of women who have given birth within the preceding six weeks;

"medical laboratory technician" means a holder of a certificate in medical laboratory technology issued by the Medical Training Centre or similar institution which is recognized by the Ministry of Health;

"medical laboratory technologist" means a holder of a certificate or a diploma in medical laboratory technology issued by the University of Nairobi or similar institution which is recognized by the Ministry of Health.

"nursing home" means any premises howsoever named or described which is used for the reception of, and for provision of medical care and nursing for, persons suffering from any sickness, injury or infirmity and having a mortuary, and an outpatient department, but does not include premises maintained or directly controlled by the Government or a local authority;

"pathologist" means a specialist in one or all of the disciplines in clinical laboratory medicine;

"private clinic" means a clinic where a private practice is carried out;

"private practice" means giving medical, surgical or dental advice, attendance or performing an operation, or engaging in radiological or clinical laboratory medicine for a fee;

"radiographer" means a holder of a diploma in radiology obtained from the Medical Training Centre or such similar which is recognized by the Ministry of Health;

"radiographic film processor" means a holder of a certificate attesting to his proficiency in radiographic film processing at the Medical Training Centre or such similar institution recognized by the Ministry of Health;

"radiologist" means a specialist in the use of ionising radiation;

"single discipline pathologist" means a medically qualified person whose training has not covered all the disciplines of clinical laboratory medicine, but who is a specialist in any of the disciplines in pathology;

"specialist" means a medical practitioner or dentist who has completed an approved training programme in a particular discipline in medicine or dentistry, and who has acquired a recognized postgraduate qualification or its equivalent, and who thereafter has gained sufficient experience and shown to the Board's satisfaction adequate clinical, radiological or laboratory skill, in his chosen discipline;

"specialist practice" means the practice of medicine or dentistry in a specialized discipline as specified in these Rules.

3. Eligibility for licence to engage in private practice

A medical practitioner or dentist shall be eligible for a licence to engage in private practice under section 14 of the Act on his own behalf either full or part time or in the employment, either full or part time, of a private practitioner or group of private practitioners, if he has worked continuously in Kenya on a full time basis in a salaried post in a Government or private hospital or in any non-profit making approved medical institution for a period of not less than three years.

4. Application for a licence

(1) An application for a licence to engage in private practice shall be in the Form VI set out in the Medical Practitioners and Dentists (Forms and Fees) Rules, 1978 (L.N. 19/1978), and shall be accompanied by the prescribed fee.

(2) An application for renewal of a licence shall be made under this Part and shall be made not less than six weeks before the date of expiry of the licence.

(3) An application for permission to change the premises to which the licence relates may be made at any time.

(4) The Board may, on application—

- (a) for renewal of a licence; or
- (b) for change of premises,

request such further relevant information from an applicant as it thinks fit.

(5) Any person who includes, or causes to be included, in any application, or in response to a request for information from the Board, any information which he knows or has cause to believe is incorrect shall be guilty of an offence.

5. Conditions in licences

(1) The Board may impose any conditions on a licensee under this Part and in particular may impose a condition that the private practice of the licensee shall not conflict with the terms and conditions of his employment.

(2) A licence shall be issued in respect only of the premises named therein and may not apply to any other premises unless the authority of the Board for it to do so has previously been obtained.

(3) A licensee shall display a licence in a conspicuous position at the premises to which it relates and any licensee who fails to do so shall be guilty of an offence.

(4) The Board may cancel a licence if any of the conditions imposed under it are contravened.

(5) Where a licensee ceases his private practice he shall surrender his licence to the Board within thirty days of so doing.

6. Notice of refusal to grant a licence, etc.

- (1) The Board shall, before—
 - (a) refusing to grant or renew a licence; or
 - (b) refusing to allow a change of premises to Which the licence relates; or
 - (c) cancelling the licence,

give to the applicant or licensee not less than twenty-eight days notice in writing stating its intention so to act; and such notice shall inform the applicant or licensee that he may within twenty-one days of receipt of the notice inform the Board in writing whether he wishes to be heard on the question of such proposed refusal or cancellation.

(2) Where the applicant or licensee informs the Board in writing under paragraph (1) that he wishes to be heard the Board shall not effect such refusal or cancellation before it has given him an opportunity to show cause why the application or licence should not be refused or cancelled.

(3) Where the Board, after complying with this rule, refuses to grant or renew a licence, or cancels a licence, it shall inform the applicant or licensee of its decision within fourteen days of the expiry of the period of twenty-eight days referred to in paragraph (1) or, where the applicant or licensee has been heard, within fourteen days of the hearing; and the Board shall inform the applicant or licensee the reason for its decision.

(4) Any appeal to the High Court under section 15 (6) of the Act against the decision of the Board under this rule shall be made within thirty days of the receipt of the decision.

7. Locums

(1) A medical practitioner or dentist who wishes to work as a locum for another practitioner shall be required to satisfy requirements for eligibility for a licence to engage in private practice specified in rule 3.

(2) A prospective locum shall make an application in Form VI set out in the Medical Practitioners and Dentists (Forms and Fees) Rules, 1978, stating the period during which he requires to a locum:

Provided that in the case of an emergency a medical practitioner or dentist may act as a locum for a period not exceeding fourteen days during which time he shall inform the Board of his action and make a formal application under this paragraph.

(3) Where the duration of a locum practice is not to exceed six weeks the Registrar or Chairman may give his written consent to the applicant to practise as a locum in the form specified in the First Schedule and no fee shall be payable by the applicant.

(4) Where an applicant wishes to work as a locum for a period exceeding six weeks he shall obtain a licence to engage in private practice in Form VII set out in the Medical Practitioners and Dentists (Forms and Fees) Rules, 1978, and pay the prescribed fees.

(5) A practitioner may not work as a locum for more than two periods each one of which is not less than fourteen days and does not exceed three months in duration in any one year without special permission from the Board so to do.

PART III – PRIVATE CLINICS

8. Interpretation

In this Part, "licensee" means a medical practitioner or dentist licensed to operate a private clinic under rule 9.

9. Board to approve premises

(1) No private practitioner shall operate a private clinic unless the premises where the clinic is situate have been approved by the Board.

(2) A private practitioner who wishes to operate a private clinic shall apply to the Board in writing for permission to use the premises intended for use as a private clinic before applying for a licence to engage in private practice; and the Board shall grant or refuse to grant a licence under this paragraph within thirty days of receiving the application.

(3) A licence to operate a private clinic shall be in Form VII set out in the Medical Practitioners and Dentists (Forms and Fees) Rules, 1978, and shall be issued on payment of the prescribed fee.

10. Conditions for issue of a licence under this Part

(1) A licence under rule 9 shall be issued subject to such conditions as the Board thinks fit including in any case the conditions that the licensed premises shall—

- (a) be kept in good order and a good state of repair;
- (b) be kept reasonably secure from unauthorized entry;
- (c) conform to the minimum requirements set out in Part A or Part B of the Second Schedule, as that case may be, and any other written law, and in particular tile Public Health Act (Cap. 242); and
- (d) not be a residential building except with special permission from the Board.

(2) A private clinic licensed under these Rules shall be open for inspection at any reasonable time by an authorized officer of the Board and any person who wilfully obstructs such an officer acting in the course of his duty shall be guilty of an offence and liable to a fine not exceeding one thousand shillings.

11. Restriction on number of private clinics

(1) A private practitioner shall not be licensed to operate more than one private clinic; except that the Board may permit a private practitioner to operate two clinics where both are situate in a rural area.

(2) If more than one private clinic is permitted under paragraph (1), a separate licence shall be issued and a separate fee be paid in respect of each clinic.

12. Licensee to indicate name, etc.

(1) A licensee shall indicate his name and qualifications outside his clinic in an unostentatious manner and in accordance with the "Code of Professional Conduct and Discipline" and the name and qualification so indicated shall conform to the provisions of paragraph 4 of Part A of the Second Schedule.

(2) A licensee who-

- •
- (a) uses any words implying that a private clinic is a hospital or a nursing home;
- (b) advertises a private clinic in any manner whatsoever to the general public,

shall be guilty of an offence.

13. Licensee's assistants

(1) A licensee may employ as an assistant any person who has undergone a recognized training in medicine, dentistry, nursing or midwifery in an approved training institution, and who is not registered as a medical practitioner or dentist, to undertake defined duties under the immediate supervision of the licensee or a registered practitioner employed by him.

(2) Where any assistant employed under paragraph (1) undertakes or offers to undertake any form of medical or dental treatment independently without the immediate supervision of a medical practitioner or dentist he shall be guilty of an offence.

(3) Paragraph (2) shall be in addition to and not in derogation of the provisions of section 22 of the Act.

14. Keeping of essential drugs

(1) A licensee shall keep in his private clinic adequate stocks of essential drugs listed in paragraph 3 of the Second Schedule.

(2) A licensee shall keep an accurate record of all drugs to which the Pharmacy and Poisons Act (Cap. 244) and the Dangerous Drugs Act (Repealed) apply.

15. Notification of disease etc.

(1) A licensee shall immediately notify the medical officer of health of any of the notifiable diseases set out in Third Schedule which he treats in his clinic.

(2) A licensee shall immediately notify the police in the event of any death occurring in his clinic and supply to them all relevant information concerning such death.

16. Manner of dressing

A Licensee shall, whilst on duty, at all times be dressed and groomed in such a manner as to portray a respectable image to the public and in particular he shall observe the standards of ethics laid down in the "Code of Professional Conduct and Discipline".

17. Clinical radiological laboratories

(1) A private clinic may not include a clinical radiological laboratory unless the practitioner who operate the clinic—

- (a) is himself qualified in the use of ionising radiation; or
- (b) employs a radiographer,

and in either case the person referred to in paragraph (a) or (b) personally undertakes the radiological examination of patients.

(2) A private clinic may not include a clinical laboratory unless-

- examination of the specimens obtained from patients in that laboratory is undertaken by the private practitioner personally or a qualified medical laboratory technician or technologist;
- (b) examinations are limited in the way prescribed in paragraph (3).

(3) A clinical laboratory may only be used for the purposes of undertaking investigations of the following nature—

- (a) haemoglobin;
- (b) blood slides;
- (c) urinalysis;
- (d) stool microscopy;
- (e) occult blood tests;
- (f) gram stains;

(g) special smears.

(4) Neither a clinical radiological laboratory nor a clinical laboratory may be used as a referral laboratory for a practitioner who does not operate, or is not employed by the clinic concerned; and any person who in such laboratory—

- (a) undertakes the examination of patients or specimens from patients; or
- (b) treats patients,

who have been referred from outside the practice concerned shall be guilty of an offence.

PART IV - NURSING HOMES AND HOSPITALS

18. Inspection of nursing homes and hospitals

(1) Nursing homes and hospitals shall be subject to inspection by the Board.

(2) The operator of a nursing home or hospital shall submit to the Board once in every six months lists of—

- (a) all medical practitioners and dentists in their employment; and
- (b) all medical practitioners and dentists who are authorized to use their premises, indicating in each case the authorized place for use as a private clinic.

19. Responsibility of owner, etc., of nursing homes

(1) It shall be the responsibility of the owner and the managing body of a nursing home or private hospital to acquaint themselves fully with—

- (a) the qualifications; and
- (b) the professional conduct,

of all medical practitioners and dentists working at the nursing home of all medical practitioners and they shall consult the Board in case of any doubt.

(2) The owner and the managing body of a nursing home or private hospital, as well as the medical practitioner or dentist concerned, shall be responsible for any instance of professional misconduct occurring within the premises about which they know or ought reasonably to have known.

20. Responsibilities of adminstrator of approved medical institutions

The administrators of approved medical institutions shall ensure that no medical practitioners or dentists working there engage in private practice outside the areas of specialization and competency for which they have been licensed except—

- (a) in cases of emergency; or
- (b) in cases where practitioners with the requisite specializations are not reasonably available.

PART V – COMMITTEES

21. Establishment of private practice committee

(1) There shall be a committee to be known as the private practice committee which shall be composed, subject to paragraph (2), of not more than five members appointed by the Board from among its members.

(2) The committee shall elect its own Chairman and shall have power to co-opt not more than two members from outside the Board whenever necessary.

(3) The committees shall be responsible for reviewing, whenever it is in its opinion necessary, applications for licences to engage in private practice, fees charged in private practice and such other matters as shall be assigned to it by the Chairman of the Board.

(4) The committee shall report its findings to the Board.

22. Establishment of the specialist committee

(1) There shall be a committee to be known as the specialist committee which shall be composed, subject to paragraph (2), of not more than five members appointed by the Board from among its members.

(2) The committee shall elect its own Chairman and shall have powers to co-opt not more than one medical practitioner or dentist from any speciality from outside the Board whenever necessary.

(3) The committee shall be responsible for reviewing the postgraduate qualifications for inclusion in the list of approved specialist qualifications and shall also scrutinize applications for specialist practice and such other matters as shall be assigned to it by the Chairman of the Board.

PART VI – SPECIALIST PRACTICE

23. Specialisties in medical practice

- (1) The following are major specialities in medical practice-
 - (a) general medicine;
 - (b) paediatrics;
 - (c) surgery;
 - (d) obstetrics and gynaecology:
 - (e) pathology;
 - (f) radiology;
 - (g) anaesthesiology;

and such other specialities as may be approved by the Board from time to time.

- (2) Clinical medicine-
- (a) medicine:

psychiatry, cardiology, neurology, nephrology, gastroenterology, rheumatology, dermatology, venereology, geriatrics, communicable diseases, occupational medicine, tropical medicine, haematology, endocrinology, immunology, and such other sub-specialities as may be approved by the Board from time to time;

(b) in paediatrics:

psychiatry, cardiology, neurology, nephrology, gastroenterology, rheumatology, dermatology, haematology, neonatology, communicable diseases, endocrinology, tropical medicine, immunology, and such other sub-specialities as may be approved by the Board from time to time;

(c) in surgery:

general surgery, neurosurgery, cardiothoracic surgery, paediatric surgery, otorhinolaryngology, urology, ophthalmology and such other sub-specialities as may be approved by the Board from time to time.

(3) The following are approved sub-specialities in clinical laboratory medicine (pathology)----

clinical chemistry, medical microbiology, haematology and blood transfusion, morbid anatomy and histopathology, cytology, forensic pathology, immunopathology and such subspecialities as the Board may approve from time to time.

(4) The following are approved sub-specialities in clinical radiological medicine-

radiodiagnosis, radiotherapy and nuclear medicine.

24. Specialities in dentistry

The following are major specialities in dentistry—oral and maxilliofacial surgery, prosthetics, orthodontics, conservative dentistry and periodontology, ondodontics and such other specialities as may be approved by the Board from time to time.

25. Board to recognize specialists

The Board may recognize a medical practitioner or dentist as a specialist in any one or more of the disciplines referred to in rules 23 and 24 and shall publish a list of the specialists so recognized annually in the *Gazette*.

26. Application of Part II

Part II shall apply to medical practitioners or dentists engaged in specialist practice.

PART VII - PRIVATE CLINICAL LABORATORY MEDICINE

27. Licence to practice clinical laboratory medicine

(1) The Board may grant a licence in the Form VII set out in the Medical Practitioners and Dentists (Forms and Fees) Rules (sub. leg), to a medical practitioner to practise private clinical laboratory medicine if such practitioner is both eligible under rule 3 and a pathologist.

(2) The Board shall publish annually in the *Gazette* a list of licensed private clinical laboratories.

28. Saving

(1) Subject to paragraphs 2 and 3, any registered medical practitioner who was operating a private clinical laboratory before the commencement of these Rules may, notwithstanding rule 29(1)(b), continue to operate.

(2) A practitioner referred to in paragraph (1) shall make application in the Form VI set out in the Medical Practitioners and Dentists (Forms and Fees) Rules (sub. leg), within three months of such commencement for a licence under rule 27.

(3) Where the Board refuses a licence applied for under this rule the practitioner concerned shall cease from the date of such refusal to operate the private clinical laboratory concerned.

29. Requirements for clinical laboratories

- (1) A clinical laboratory shall-
 - (a) conform to the standards stipulated in the Fourth Schedule;
 - (b) be approved by the Board before starting to function as such;
 - (c) be at all times supervised by a pathologist.

(2) The Board may inspect any premises used as a clinical laboratory at any reasonable time.

(3) Any person who hinders or obstructs an officer of the Board acting in the course of his duty under paragraph (2) shall be guilty of an offence.

30. Investigations carried out in clinical laboratory medicine

A general or single discipline pathologist, a general practitioner and a medical laboratory technician may respectively undertake such investigations in clinical laboratory medicine as are set out in rule 17(3) and Fourth Schedule.

31. Duties of a practitioner operating a clinical laboratory

A medical practitioner operating a clinical laboratory-

- (a) shall provide diagnostic aid services for the community by meeting the needs of hospitals, medical and dental practitioners and other health services and in so doing he may monitor individual patients, when requested to do so, by providing appropriate laboratory control of therapy;
- (b) shall provide consultant advisory service in all aspects of laboratory investigations, including the interpretation of results and shall advise on any further appropriate investigations;
- (c) shall collaborate in systematic education and training members for all members of laboratory staff;

- [Subsidiary]
- (d) may collaborate in the development, study and laboratory control of new methods of treatment, whilst adhering to the laid down medical ethics;
- (e) may provide laboratory facilities for and advice on approved research projects undertaken by clinicians;
- (f) may undertake basic or applied research on pathology problems.

32. Fees

A private practitioner in laboratory medicine may charge fees in accordance with the Board's prescribed fees in private laboratory medicine.

33. Offences

Any person who contravenes any of the provisions of this Part shall be guilty of an offence.

PART VIII – PRIVATE CLINICAL RADIOLOGICAL

34. Licence to practice clinical radiological medicine

(1) The Board may grant a licence in Form VII set out in the Medical Practitioners and Dentists (Forms and Fees) Rules (sub. leg), to a medical practitioner to engage in private practice in clinical radiological medicine if such practitioner is both eligible under rule 3 and a radiologist.

(2) The Board shall publish annually in the *Gazette* a list of licensed private clinical radiological laboratories.

35. Savings

(1) Subject to paragraphs (2) and (3), a registered medical practitioner who was operating a private clinical radiological laboratory, other than a laboratory providing only screening facilities before the commencement of these rules may, notwithstanding rule 34, continue to operate.

(2) A practitioner referred to in paragraph (1) shall make an application in Form VI set out in the Medical Practitioners and Dentists (Forms and Fees) Rules, 1978, within three months of such commencement for a licence under rule 34.

(3) Where the Board refuses a licence applied for under this rule the practitioner concerned shall cease from the date of such refusal to operate the private clinical radiological laboratory concerned.

36. Requirements for a clinical radiological laboratory

A clinical radiological laboratory shall-

- (a) conform to the standards stipulated in the Fifth Schedule;
- (b) be approved by the Board before starting function as such;
- (c) be at all times supervised by a radiologist;
- (d) keep an accurate record of all clinical radiological examinations undertaken by it.

37. Undertaking of operations in a clinical radiological laboratory

(1) A radiologist, general practitioner, radiographer or radiographic film processor may undertake such operations in a clinical radiological laboratory as may from time to time be specified by the Board in guidelines to be issued by it.

(2) A practitioner operating a clinical radiological laboratory shall carry out radiological examinations only at the request of a registered medical or dental practitioner or a practitioner who is licenced under section 15 of the Act.

38. Duties of the owner of a clinical radiological laboratory

(1) The owner and the management of a clinical radiological laboratory shall ensure that all staff and the public are protected from the hazards of radiation and that staff comply with the provisions of the Fifth Schedule.

(2) All staff employed in radiation work shall undergo periodical medical examination at least once in every two years and a certificate issued.

39. Screening facilties

(1) No clinical radiological laboratory which provides only screening facilities shall be licensed under these Rules.

(2) Any person who publicly offers or advertises screening facilities shall be guilty of an offence and liable to a fine not exceeding five thousand shillings or to imprisonment for a term not exceeding three months or to both such fine and imprisonment.

40. Fees

A private practitioner in radiological work may charge fees in accordance with the Board's prescribed fees in respect of such.

PART IX - MISCELLANEOUS

41. Board to prescribe fees

(1) The Board shall prescribe the fees to be charged for visits, referrals and consultations in general practice and specialist practice.

(2) A receipt shall be issued for any fee charged for any medical or dental services rendered, including laboratory and radiological services.

(3) The Board shall have powers to arbitrate in all complaints regarding fees in private practice.

42. Penalties

Where a person is guilty of an offence under these rules for which no penalty is expressly provided he shall be liable to a fine not exceeding two thousand shillings.

43. Legal proceedings, etc.

Whether or not proceedings are brought against any person for an offence under these rules the Board may, where it is satisfied that there has been a contravention of any of these Rules or of the conditions of any licence granted thereuder, and notwithstanding that such contravention is not an offence, cancel or refuse to renew any licence granted thereunder, and in such case rule 6 shall apply.

44. Mode of serving notices

Wherever under these Rules, notice is to be served on an applicant or information is to be supplied to him, such notice or letter containing the information shall be sent to him either by registered post or by hand delivery, whichever is convenient.

45. Postgraduate qualifications

For purposes of these Rules specialist qualifications recognized by the Board shall be as specified in the Sixth Schedule.
Medical Practitioners and Dentists

[Subsidiary]

FIRST SCHEDULE [r. 7(3)] CONSENT TO PRACTISE AS LOCUM

Medical Practitioners and Dentists Board P.O.Box 30016 NAIROBI

Dr. (Reg. No.)

P. O. Box

.....

.....

Dear Sir,

RE: APPLICATION FOR LOCUM

I acknowledge your letter dated

..... Ref. No. applying for a locum

Permission is hereby granted for Dr

..... Reg. No. to work as

a locum in your place of practice during your absence from

..... to

Yours faithfully,

Registrar/Chairman

SECOND SCHEDULE [rr. 10(1)(c), 12(1), (14)]

MINIMUM REQUIREMENTS

PART A-MINIMUM REQUIREMENTS FOR A GENERAL PRACTITIONER

- 1. PREMISES:
 - (1) premises should contain the following accommodation-
 - (a) Waiting room.
 - (b) A consulting room which should be reasonably sound-proofed so that conversations taking place therein are not easily audible outside the consulting room.
 - (c) An examination room which should be either a separate room or a curtained-off part of a consulting room.
 - (d) A treatment room in which such procedures as the giving of medications and the carrying out of minor surgical operations can be done.
 - (e) Adequate toilet facilities.
- 3. STOCKING OF DRUGS

(1) The practitioner should attempt to keep in his premises a stock of those essential drugs which he considers should be administered to his patients in his premises and especially if his practice is not in a location where there may be a dispensing pharmacy. The range of drugs that he should have is wide, but he ought to have at least the following—

Injections of analgesics (for example, pethidine, morphine, etc.); antibiotics, antihistamines, bronchodilators, antiemetics, antispamodics, local anaesthetics and corticosteroids. For the purpose of administering injections, he should have disposable syringes and needles and surgical spirit.

(2) Further the doctor should provide himself with a bag which he can carry with him when visiting patients, when travelling or to be available for him to use whenever his services may be needed. This bag should contain as a minimum the following—

Such drugs as injections of analgesics, antibiotics, brochodilators, tranquilisers, local anaesthetics, antispasmodics, antiemetics, oral preparations such as antipyretics, analgesics, gastrointestinal sedatives, antidiarrhoeais, antihistamines, brochodilators, antibiotics, muscle relaxants, etc.

(3) For the purpose of the doctor's bag, it is now the practice to carry disposable syringes and needles rather than the old steel and glass syringes which require sterilization. The bag will be adequately furnished if it carries a supply of 2 ml disposable syringes and 25 g (1 in) and 21 g ($1^{1/2}$ in) disposable needles. It is also convenient to carry strips of spirit swabs rather than carrying a supply of surgical spirit and pieces of cotton wool. Practitioners shall take steps to destroy all disposable equipment to avoid their possible use.

4. APPROVED DESCRIPTION OF NAME

"DR MBBS BDS"

MEDICAL PRACTITIONER /DENTIST/CLINICAL LABORATORY/

CLINICAL RADIOLOGICAL LABORATORY.

"DR./MR..... MBBS, DCH,

MRCP, FRCS, M.MED., FRCR* etc.

SPECIALIST* PHYSICIAN, PAEDIATRICIAN, DERMATOLOGIST,

ANAESTHETIST, RADIOLOGIST, PSYCHIATRIST,

PATHOLOGIST, OBSTETRICIAN AND GYNAECOLOGIST,

SURGEON (*ORTHOPAEDIC, UROLOGIST, NEUROSURGEON,

THORACIC, PLASTIC, OPHTHALMOLOGY, ENT) etc.

*Delete where not applicable

PART B - MINIMUM REQUIREMENT FOR A DENTAL SURGERY

- 1. WAITING ROOM: With basic furniture, telephone. etc.
- 2. LABORATORY /WORKSHOP:

(a) Basic Laboratory Requirement

- 1. Investing flasks,
- 2. Press and clamp,
- 3. Polishing motor,
- 4. Laboratory motor and hand piece,
- 5. Bunsen Burner,
- 6. Pliers, wax knife, etc.,
- 7. Denture materials,
- 8. Plaster for models,
- 9. Model trimmer,

10. Polishing brushes, cone felt, etc.

(b) Basic Requirements in filling Materials

- 1. Amalgams
- 2. Dental cements;
 - (i) Zinc oxide Engenel
 - (ii) Zinc and copper phosphates
 - (iii) Calcium hydroxides
 - (iv) Silicate and silioophosphate cements
 - (v) Filling resins
- 4. SURGERY: ---composed of the following basic essentials---
 - (i) dental unit with low and high speed drills which are water cooled.
 - (ii) wash-basin with running water
 - (iii) sterilizer unit
 - (iv) cabinet with basic dental instruments
 - (v) basic drugs and medicaments used in dentistry including antimicrobials, corticosteroids, anelgesics, haemostatic and anaesthetic drugs, in addition to antiseptics and disinfectants;
 - (vi) lockable cabinet, containing essential emergency drugs.
 - (vii) emergency oxygen cylinder
 - (viii) cabinet for patients' records and card system.
- 5. INTRAORAL RADIOLOGICAL UNIT

THIRD SCHEDULE

[r. 15(1)]

RETURN OF NOTIFIABLE INFECTIOUS DISEASES

The following diseases are notified on Med. 25 Forms. These forms are obtainable from Central Medical Stores or any government medical institution.

- 1. Cholera
- 2. Severe diarrhoeal diseases
- 3. Plague (human)
- 4. Plague (rodent)
- 5. Smallpox (Variola major)
- 6. Smallpox (Variola minor)
- 7. Yellow fever.
- 8. Acute poliomyelitis
- 9. Anthrax
- **10.** Cerebro-spinal fever (meningococcal meningitis)
- 11. Diphtheria
- 12. Injective hapatitis
- 13. Rabies

- 14. Trypanosomiasis
- **15.** Tuberculosis (all forms)
- 16. Malaria S.T. (in high altitude areas)
- **17.** Sexually transmitted diseases

FOURTH SCHEDULE [rr. 27, 29]

MINIMUM STANDARDS FOR A CLINICAL LABORATORY

1. CATEGORIES AND RESPONSIBILITIES OF PATHOLOGISTS:

(a) General Pathologist:

- (i) This is a specialist whose basic training has covered all the disciplines of clinical laboratory medicine and who ultimately has attained a recognisable higher qualification in any one or all other disciplines.
- (ii) General pathologists shall run laboratories that carry out the following investigations—
- **1.** Morbid anatomy, histopathology and cytology
- 2. Haematology and blood transfusion
- 3. Clinical chemistry
- 4. Medical microbiology and parasitology
- 5. Immunopathology
- 6. Forensic pathology
- 7. Other allied laboratory investigations.
 - (b) Single Discipline Pathologist:

This shall be a medically qualified person whose training shall not have covered all the disciplines of clinical laboratory medicine but who shall be a holder of a postgraduate qualification in only one discipline. He shall practise only in his particular discipline of specialization.

(c) Categories of Pathology Laboratories:

For purposes of the practice of clinical laboratory medicine, the following categories of laboratories shall be recognized—

- (i) Government hospitals and local authority laboratories;
- (ii) Non-profit making missionary hospital laboratories;
- (iii) Non-government or private hospital laboratories which which charge economical fees;
- (iv) Private clinical laboratories not attached to hospitals;
- (v) Nursing home laboratories;
- (vi) Other non-profit making laboratories.
- 2. MINIMUM FACILITIES FOR A PRIVATE CLINICAL LABORATORY (r. 29)
 - (i) A minimum of any three of the following disciplines should be offered-
- 1. Haematology and Blood Transfusion
- 2. Medical Microbiology and Parasitology
- 3. Olinical Chemistry

4. Morbid anatomy, Histopathology and Cytology

(ii) STAFF:

- **1.** At least one pathologist.
- 2. At least one qualified technologist for each of the disciplines.
 - (iii) PHYSICAL FACILITIES:
- 1. Waiting room.
- 2. Specimen collection room with a couch.
- 3. Toilet facilities.
- Adequate laboratory space dictated by activities.
 (iv) SAFETY REQUIREMENTS:
- 1. Autoclave for sterilization of specimens before disposal.
- 2. Fire fighting equipment.
- 3. Sinks with both cold and hot water.
 - (v) EQUIPMENT:
- 1. At least one microscope.
- 2. Refrigerator.
- 3. Incubator.
- 4. Centrifuge.
- 5. Haemoglobinometer.
- 6. Counting chamber.
- 7. E.S.R. tube.
- **8.** Disposable syringes and needles.
- 9. Calorimeter.
- 10. Water bath.
- 11. Still.
- 12. Burners.
- 13. Electrophoresis tank.
- 14. Necessary laboratory glassware.
- 15. Chemical balance.
 - (iv) REAGENTS AND CHEMICALS:

There should he minimum reagents and chemicals to enable a confirmatory diagnosis to be reached in each of the disciplines offered.

(vii) DOCUMENTATION:

All specimens must be recorded in a register. Such registration should show the following: Date, Patient's name, attending doctor's name, nature of the specimen and tests requested.

FIFTH SCHEDULE

[r. 36]

REQUIREMENTS FOR A CLINICAL RADIOLOGICAL LABORATORY

1. MINIMUM REQUIREMENTS FOR A CLINICAL RADIOLOGICAL LABORATORY

For the purpose of considering radiological protection facilities the following should be adopted as a general guide—

LEVEL 0—Clinics and health stations operated by a nurse or medical assistant without any direct medical supervision—*No radiological facility required.*

LEVEL 1—Small clinics, health stations or general practices under supervision of a general practitioner who can undertake emergency work and refer patients to other levels —radiography only for chest, fractures (mainly extremities), and in exceptional cases plain abdomen necessary. *No fluoroscopy should be undertaken.*

LEVEL 2—District Hospitals or rural hospitals staffed by a small number of doctors and undertaking general medical care and minor surgery, some private hospitals, clinics and non-profit making hospitals may be included in this group—

radiographic examinations required include chest, simple abdomen, fractures, and possibly some fluoroscopic examinations.

LEVEL 3—Medium sized regional provincial hospital that undertakes routine hospital work such as general medical care and routine surgery including abdominal surgery. The medical staff should include specialists in main fields as defined in these Rules.

All general radiographic work is needed which would include some special examinations e.g. tomography, angiography, urography, etc.

LEVEL 4 & 5-Large central and general hospitals including teaching hospitals where all types of radiological procedures are required.

2. FOR A PROPERLY ORGANIZED RADIATION PROTECTION PROGRAMME TO SUCCEED, it is strongly recommended that—

(1) In hospitals at levels 3, 4 and 5, all x-ray diagnostic examinations should be carried out by the diagnostic radiology department.

(2) Even when an x-ray equipment is installed in other departments the head of the radiology department should have responsibility for radiological aspects of any examination performed.

(3) Level 1 refers to a rural or remote area where no other radiological service is available and the supervision is that of a general practitioner with limited skill in radiology. A fully qualified radiographer may not be available at this level and the x-ray equipment may be operated by a nurse or laboratory technician. Such a nurse or technician should have had additional training in radiography.

(4) In areas where a more comprehensive radiological service is available, no attempt should be made to provide a level 1 radiological service.

3. PREMISES:

(1) The x-ray room should provide adequate radiation protection for people outside the room, who may have no knowledge of radiation or radiation requirements.

(2) The basic x-ray room for general purposes should be about $6 \times 4 \times 3$ metres in size, with wall thickness in all directions of 2 mm. lead equivalent.

(3) The doors, the darkroom hatch, and covers for services and other instructions through the wall should have the same lead equivalent protection.

(4) Windows should be at least 2 metres from the ground outside the x-ray room and 1.6 metres from the floor level of the room.

(5) If the control panel is within the x-ray room, the protective shield should be positioned such that neither **"once scattered"** radiation nor direct radiation can pass round the edge of the shield from any part of the room where x-ray procedures are carried out.

(6) The darkroom should be at least 6 sq. meters in area.

(7) There should be at least two protected changing cubicles of 1.5 sq. metres minimum size, preferably outside the x-ray room.

(8) If ordinary building material are used, they should be thick enough e.g. in the range 70.25 KV, 15 cm of concrete or 2 brick with plaster is sufficient.

(9) However, if a prefabricated wood or metal building is being planned, it will need lead lining, preferably supported by plywood to prevent sagging. (2mm. lead sheet is adequate).

(10) Converting an old bulding for an x-ray room will need a review by a radiation protection expert.

4. CHOICE OF X-RAY EQUIPMENT:

(1) The x-ray equipment should be adequate for its purposes e.g. at level 1 of radiological care, a good stationary x-ray tube and generator should be employed. Improvisation of a mobile machine in an old room used for other purposes should not be tolerated under any circumstances.

(2) For routine general radiography, necessary ancillary apparatus should be provided e.g. chest stand and a stationary couch with grid and film x-ray.

(3) To avoid mains voltage drops, the power supply to an x-ray unit should be separated from, say that for lifts, etc.

(4) Where power supplies are particularly unreliable, battery operated or condenser discharge equipment should be used.

(5) An x-ray tube head of lower rating than that of generator should be installed.

(6) For exposure controls, meters giving clear indication of voltage, current, and milliampere-seconds at all times are required.

(7) The timing device must be capable of making sufficiently short exposures (say down to 0.04 sec.) must terminate a present exposure, and must be **"dead man"** type.

(8) All x-ray, fluoroscopic and dental equipment must further meet the protection standards as laid down by the International Commission on Radiation Protection.

(9) The normal output for radiographic units should lie from 60 KV and above with preferably not less than 50mA. For flouroscopic units without image intensifiers, 75 KV and 2-3mA is the normal order. 3mA should not be exceeded at 100 KV.

5. SAFETY PROCEDURES:

RADIOGRAPHY

(1) Staff positions should be behind protective shields preferably outside the ex-ray room providing there is adequate view through a lead glass and communication device for speaking to the patient during exposure.

(2) During special techniques, where staff need be in the x- room, protective aprons and gloves should be worn.

(3) Films should be supported mechanically. Beam size shou be reduced to cover by means of light beam diaphrams or variab cones only areas under investigation.

FLUOROSCOPY

(1) Only essential persons who must wear protective aprons should be present in the room during fluoroscopy.

(2) The fluoroscopy switch should be spring loaded so that is not left on unnecessarily or accidentally.

(3) A cumulative timing device that gives an audible warning and finally switches off after a few minutes to restrict the total switch-on time of the equipment.

(4) A properly darkened room.

(5) A fluoroscopy switch coupled with the rooms red light.

(6) If sufficient information can be obtained from radiography alone (e.g. as in chest examinations) then fluoroscopy should not be done.

(7) There should be effective coning devices.

(8) With conventional equipment, adequate dark adaptation of at least 15 minutes prior to screening is necessary.

ROOM LAYOUT

(1) Primary x-ray beam should not fall on the darkroom wall and should not routinely point towards doors or windows.

(2) Where there is more than one equipment in the same room-

- (a) Only one generator per room should be installed.
- (b) A warning device should be mounted on each x-ray tube and control panel of the generator.
- (c) Adequate protective screen should be provided between each x-ray tube area.

(3) For special technique such as tomography, angiography, etc. a special room should be provided.

(4) Record room, offices and waiting room should be provided outside the main x-ray room at all levels.

(5) Protective screens should be provided for all the positions in which staff are required to be during exposure in the x-ray room.

(6) Persons required to assist during fluoroscopic procedures should wear a protective apron of at least 0.25 mm lead equivalent.

(7) The physician performing the fluoroscopic procedures should wear a protective apron of at least 0.25 mm lead equivalent.

(8) When a new x-ray facility goes into operation, all staff members who at any time may enter the department should be issued with radation monitoring badges.

(9) Site monitoring during the radiation surveys should be done before commissioning the unit.

(10) Persons likely to receive three tenths (3/10) of the annual maximum permissible dose should be monitored regularly.

(11) Radiation personnel should be medically examined on initial appointment and at any time when the exposure levels as indicated personnel monitoring are sufficietly high.

PROTECTION OF THE GENERAL PUBLIC

(1) Careful attention must be paid to be protection of all areas around, above and below x-ray rooms.

(2) Apart from adequate protective thickness of walls, floors, ceilings and doors, unprotected windows should not allow the pub outside to be irradiated.

(3) Stray radiation should not reach the waiting rooms or other occupied areas.

(4) One patient must not use a curtained corner of an x-ray room to change clothing while another is being radiographed in the same room.

(5) Separate protected cubicles should be provided preferably outside x-ray room.

(6) Lead-protected doors must always be closed during x-ray examinations.

(7) Particular care should be taken to avoid irradiating patients in adjacent beds during mobile radiography.

[Rev. 2022]

[Subsidiary]

(8) Protective clothing should be sworn by parents holding children undergoing x-ray examinations. They should not stand in the path of a primary beam.

| | SIXTH SCHEDULE [r. 45] | |
|-------------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| LIST OF APPROVE | D SPECIALIST POSTGRAD | JATE QUALIFICATION |
| <i>Speciality</i> 1. Anaesthesia | <i>Kenya</i> M. Med. (Anaesthesia) | Foreign Equivalents F.F.A.R.C.S., F.F.A.A.R.C.S., M.D. (Anathesia), Dip. Am. Board of Anaesthesiology, etc. |
| 2.Internal Medicine | M.Med. (Medicine) | M.R.C.P. (U.K.), M.R.A.C.P., F.R.C.P. (C), Dip. Am. Board of Int. Medicine, M.D. (Medicine) New Delhi, etc. |
| 3.Obstetrics and Gynaecology | M.Med. (Obs./Gyn.) | M.R.C.O.G., F.R.C.S. (o.B.s./ GYN.) M.D. (O.B.S./GYN.), M.R.A.C.O.G., Dip. Am. Board of Obst. and Gynae., etc. |
| 4. Paediatrics | M.Med. (Paediatrics) | M.R.C.P. (U.K.), M.R.A.C., F.R.C.P., (C), Dip. Am. Board of Paediatrics, M.D. |
| 5. Pathology | | (PAED.) New Delhi, etc. M.R.C. (Path.), M.D. (Path.) New Delhi, Dip. Am. Board of Pathology, etc. |
| 6. Psychiatry | | M.R.C. (Psyc.), M.D. (Psych.) Dip. Am. Board of Psychiatry, etc. |
| 7. Radiology | M.Med. (Radiology) | F.R.C.R., M.D. (Radiology), Dip. Am. Board of Radiology, etc. |
| 8. (i) Surgery—General | M.Med. (Surgery) | F.R.C.S., F.R.A.C.S., F.R.C.S. (Canada), Dip. Am. Board of Surgeons, M.S. (New Delhi), etc. |
| (ii) Cardiothoracic Surgery | M.Med. (Surgery)* | F.R.C.S., F.R.A.C.S., F.R.C.S.(C), Dip. Am. Board of Surgeons, m.s.* (New Delhi), etc. |
| (iii) Neurosurgery | M.Med. (Surgery)* | F.R.C.S., F.R.A.C.S., F.R.C.S. (C), M.S. (New Delhi), Dip. Am. Board of Surgeons, etc.* |

[Rev. 2022]

| [Subsidiary] | | |
|--------------------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (iv) Ophthalmology | M.Med. (Ophthalmology) | F.R.C.S., F.R.A.C.S., F.R.C.S. (C), M.S. (New Delhi), Dip. Am. Board of Surgeons.* |
| (v) Orthopaedics and Trauma | M.Med. (Surgery)* | F.R.C.S., F.R.A.C.S., F.R.C.S. (C), M.S. (New Delhi), Dip. Am. Board of Surgeons, etc.* |
| (vi) Otorhinolaryngology | M.Med. (Surgery)* | F.R.C.S., F.R.A.C.S., F.R.C.S. (C), M.S. (New Delhi), Dip. Am. Board of Surgeons, etc.* |
| (vii) Plastic Surgery | M.Med. (Surgery)* | F.R.C.S., F.R.A.C.S., F.R.C.S (C), M.S. (New Delhi), Dip. Am. Board of Surgeons etc.* |
| 9. Dentistry | | F.D.S.R.C.S., M.D.S. (New Delhi). Cert. Am. Board of Orthodontics, Cert. Am. Board of Endodontics, Cert. Am. Board of Prosthetics, Cert. Am. Board of Periodontology, Cert. Am. Board of Oral and Maxillary facial Surgery, Cert. Am Board of Conservative Dentistry, etc. |

CAP. 253

[Subsidiary]

THE MEDICAL PRACTITIONERS AND DENTISTS (REGISTRATION, LICENSING, ASSESSMENT AND INTERNSHIP) RULES

[Legal Notice 292 of 1988]

IN EXERCISE of the powers conferred by rule 29(3) of the Medical Practitioners and Dentists (Registration, Licensing, Assessment and Internship) Rules, the Board recognizes the institution in the Schedule as an institution at which internship may be undergone and amends the Schedule to the Rules accordingly.

Schedule

9. Forces Memorial Hospital, Nairobi.

THE MEDICAL PRACTITIONERS AND DENTISTS (REGISTRATION, LICENSING, ASSESSMENT AND INTERNSHIP) RULES -RECOGNITION OF INSTITUTIONS FOR INTERNSHIP TRAINING

[Legal Notice 159 of 1989]

IN EXERCISE of the powers conferred by rule 29(3) of the Medical Practitioners and Dentists (Registration, Licensing, Assessment and Internship) Rules, the Board recognizes the institutions in the Schedule as institutions at which internship may be undergone and amends the Schedule to the Rules accordingly.

SCHEDULE

10. Embu Provincial General Hospital, Embu

11. Eldoret District Hospital, Eldoret.

CAP. 253

[Subsidiary]

THE MEDICAL PRACTITIONERS AND DENTISTS (REGISTRATION, LICENSING, ASSESSMENT AND INTERNSHIP) RULES -APPROVED INSTITUTION

[Legal Notice 9 of 1992]

IN EXERCISE of the powers conferred by rule 29 (3) of the Medical Practitioners and Dentists (Registration, Licensing, Assessment and Internship) Rules, the Board recognizes the institution in the Schedule as an institution at which internship in the subject of obstetrics may be undergone and amends the Schedule to the Rules accordingly.

SCHEDULE

[r. 2]

13. The Mater Misericordiae Hospital (Maternity Department), Nairobi.

THE MEDICAL PRACTITIONERS AND DENTISTS (MEDICAL INSTITUTIONS) RULES

ARRANGEMENT OF RULES

Rule

- 1. Citation
- 2. Interpretation
- 3. Licensing of a private medical institution
- 4. Application for a registration
- 5. Application for a licence
- 6. Conditions for grant of licence
- 7. Categorization of private medical institutions
- 8. Services at institutions
- 9. Refusal to register or licence
- 10. Revocation of licence
- 11. Inspection of private medical institutions
- 12. Responsibility of owner, etc. of private medical institution
- 13. Responsibilities of administrators of approved private medical institutions
- 14. Revocation of Part IV

SCHEDULES

CATEGORIZATION OF APPROVED PRIVATE MEDICAL INSTITUTIONS

125

THE MEDICAL PRACTITIONERS AND DENTISTS (MEDICAL INSTITUTIONS) RULES

[Legal Notice 25 of 2000, Legal Notice 3 of 2017]

1. Citation

These Rules may be cited as the Medical Practitioners and Dentists (Medical Institutions) Rules and shall come into effect on the 1st April, 2000.

[L.N. 3/2017, r. 2.]

2. Interpretation

In these Rules, unless the context otherwise requires-

"institution" means a medical institution;

"licence" means a licence to operate a medical institution issued under these Rules;

"medical institution" means premises of a health facility which offers medical or dental services, and where persons suffering from any sickness, injury, or infirmity are given medical, surgical, dental treatment or nursing care, and includes a hospital, a maternity home, a mission hospital, an institutional clinic, a convalescent home, a nursing home, a medical centre, a dispensary, a health centre, a laboratory and other specialized medical institutions other than those licensed under Rule 9 of the Clinic Rules, but does not include hospitals or other medical establishments operated by the Government or by a local authority;

"register" means the register of medical institutions.

[L.N. 3/2017, r. 4.]

3. Licensing of a private medical institution

(1) The Board may, subject to these Rules, grant a licence for the use of any premises as a medical institution.

(2) No premises shall be used by any person as a medical institution unless they are registered and licensed for such use by the Board.

(3) No person shall use the term "hospital" or "nursing home" or any other name that suggests a medical institution in connection with the use of any premises unless the premises are licensed under these Rules.

[L.N. 3/2017, r. 5.]

4. Application for a registration

(1) A person or organization to operate a medical institution shall submit to the registrar an application in the prescribed form set out in the Medical Practitioners (Form and Fees) Rules, which shall be accompanied by the prescribed registration fee.

(2) Where the applicant satisfies the Board that the institution meets the requirement for registration, the registrar shall register the institution as an approved medical institution.

(3) The Board shall issue to every approved medical institution registered under these Rules a certificate of registration in the prescribed form set out in the Medical Practitioners and Dentists (Forms and Fees) Rules on payment of the prescribed fee.

(4) The registrar shall keep a register of all private medical institutions.

5. Application for a licence

(1) An application for a licence to operate a medical institution shall be in the prescribed form set out in the Medical Practitioners and Dentists (Forms and Fees) Rules, and shall be accompanied by the prescribed fee.

(2) An application for a license to be issued under these Rules shall be made to the Board on or before the 30th October of each year.

(3) An annual fees assessment form shall be in the prescribed form set out in the Medical Practitioners and Dentists (Forms and Fees) Rules.

(4) A licence to operate an approved medical institution shall be in the prescribed form set out in the Medical Practitioners and Dentists (Forms and Fees) Rules.

(5) A licence issued under these Rules shall be granted for a period of one year.

(6) A licence issued under these Rules shall expire on the 31st December of the year in which it was issued, and may thereafter be renewed annually on payment of the prescribed fee.

(7) No licence shall be transfered under these Rules.

(8) A licence issued under these Rules shall be displayed in a conspicuous place at the premises to which the licence relates.

(9) An application for renewal of licence shall be made under these Rules.

(10) An application for permission to change the premises to which the licence relates may be made at any time.

(11) The Board may, on application-

- (a) for renewal of the licence; or
- (b) for change of premises,

request such further relevant information from the applicant as it thinks fit.

(12) The Board may charge an additional late application fee in respect of applications submitted after the 30th October of any year as specified in sub-rule (2).

[L.N. 3/2017, r. 7.]

6. Conditions for grant of licence

(1) No licence shall be granted under these Rules unless the premises and its proposed facilities and equipment are approved by the Board as suitable for the purpose indicated in the application, and the Board is satisfied as to the character and ability of the applicant to run the medical institution.

(2) An institution shall be registered and licensed as medical institution where-

- the premises medical institution conforms to the description, infrastructure and personnel criteria for the respective category and facility set out in the Schedule;
- (b) the medical officer of health of the county where the premises are located submits a satisfactory report on the premises to the Board;
- (c) the medical practitioners or dentists providing services at the institution is the holder of a valid private practice licence issued under the Act to render medical or dental service at the institution;
- (d) all professional staff working or intending to work in the institution are qualified and are registered by the relevant registering authority as required;
- (e) the quality of health care to be provided at the institution shall be such as to comply with the minimum standards acceptable to the Board.

(3) For the purposes of this rule, the Board may issue guidelines which guidelines shall be subject to regular review.

[L.N. 3/2017, r. 8.]

7. Categorization of private medical institutions

For purposes of licensing, the Board shall categorize registered approved medical institutions as set out in the Schedule to these Rules, and shall determine the annual fees payable in respect of each category.

[L.N. 3/2017, r. 9.]

8. Services at institutions

(1) Every licence issued to a medical institution shall specify the nature of the services that may be provided by the institution.

(2) Sub-rule (1) shall not prevent the carrying out at a medical institution in case of an emergency of any other treatment as may in the opinion of a medical practitioner, be necessary.

(3) Every licence shall state the maximum number of patients who may be accommodated in the institution at any one time, and may be limited to any particular class or classes of patients.

[L.N. 3/2017, r. 10.]

9. Refusal to register or licence

(1) Where the owner or managing body of a medical institution does not comply with these Rules, the Board may refuse to register or licence the institution.

(2) The Board may refuse to renew the licence of a medical institution which is operated in a manner that contravenes any provision of the Act or these Rules.

10. Revocation of licence

(1) A licence may at any time be revoked by the Board-

- (a) if the licensee wilfuly neglects or refuses to comply with any provision of these Rules or obstructs, impedes, or hinders any person carrying out any duties or responsibilities under the Act and these Rules;
- (b) if in the opinion of the Board, the medical institution is managed in a manner contrary to these Rules or in such a manner that the revocation of the licence is required in the public interest.
- (c) if, after inquiry the Board finds that there has been professional misconduct.

(2) Where the Board refuses to grant registration, grant or review a licence, or cancels or revokes a licence, it shall inform the applicant or the licensee of its decision and the reasons therefor in writing.

(3) The proprietor of a medical institution may request the Board to reconsider its decision under sub-rule (2) and the Board may comply accordingly.

11. Inspection of private medical institutions

(1) All medical institutions shall be subject to inspection by the Board.

(2) The operator of a medical institution shall submit to the Board once in every six months list of—

- (a) all medical practitioners and dentists in their employment;
- (b) all medical practitioners and dentists who are authorized to use their premises, indicating in each case the authorized place for use as a private clinic.

[L.N. 3/2017, r. 13.]

12. Responsibility of owner, etc. of private medical institution

(1) It shall be the responsibility of the owner and the managing body of a medical institution to acquaint themselves fully with-

- the qualifications; and (a)
- the professional conduct (b)

of all medical practitioners and dentists working at the medical institution and they shall consult the Board in case of any doubt.

(2) The owner and the managing body of a medical institution, as well as the medical practitioner or dentist concerned, shall be responsible for any instance of professional misconduct occurring within the premises about which they know or ought reasonably to have known.

[L.N. 3/2017, r. 14.]

13. Responsibilities of administrators of approved private medical institutions

The administrators of medical institutions shall ensure that no medical practitioners or dentists working there engages in private practice outside the areas of specialization and competence for which they have been licensed except-

- (a) in cases of emergency; or
- in cases where practitioners with the requisite specializations are not (b) reasonably available.

[L.N. 3/2017, r. 15.]

14. Revocation of Part IV

Part IV of the Medical Practitioners and Dentists (Private Practice) Rules is revoked.

SCHEDULE

[r. 7]

CATEGORIZATION OF APPROVED PRIVATE MEDICAL INSTITUTIONS

[L.N. 3/2017, r. 16.]

| FacilityDescriptionInfrastructurePersonnei. CommunityHealth facility thatHealth facility thatPersonneHealth Facilityfocuses on- a) ensuring individuals, households andcommunities carry out appropriate healthy behaviours; and b) recognition of signs and symptoms of conditions that need to be managed at other levels of the system.Personne | Lever | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-----------|
| 5 | <i>Facility</i> i. Community | Health facility that focuses on- a) ensuring individuals, households andcommunities carry out appropriate healthy behaviours; and b) recognition of signs and symptoms of conditions that need to be managed at other levels of the | , | Personnel |
| Level 2 | | system. | | |
| | Level 2 | | | |

| | | | [Subsidiary] |
|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>Facility</i> i. Medical Clinic | Description A health facility for (a) treating | Infrastructure (a) At least three rooms being - (i) a reception; | Personnel (a) At least one health practitioner being— |
| | outpatients; and (b) intended for use for not more than 12 hours to provide services including but not limited to - (i) basic outpatient services; (ii) emergency maternity services; (iii) basic laboratory services; (iv) minor surgical procedures; and (v) outreach services | room; and (iii) a treatment room or observation; (b) a procedure room, if procedures are done at the facility; | (i) a medical specialist (ii) a general practitioner; (iii) a clinical officer; (iv) a registered nurse; or (v) one medical assistant; (b) one medical assistant; (c) staff trained in First Aid and basic life support |
| ii. Dental Clinic | An outpatient facility for the treatment of dental related problems. (i) a reception. (ii) a consulting room; and (iii) a treatment room or observation; | system; (f) proof of contract with a licensed waste disposal company (a) At least three rooms being— (b) Dental Assistant or Nurse or Community Oral Health Office. (i) the promotion of oral health; (ii) the prevention, diagnosis and treatment of oral diseases; (iii) the rehabilitation of oral structures; (c) a specialized dental chair with accessories, in the case of a comprehensive clinic-Unit; (d) basic normal | the prescribed equipment used by the dental practitioner for— |

| | ivieuical Practitio | oners and Dentists | |
|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| [Subsidiary] | | | |
| iii. Dispensary/ Faith-Based Dispensary | A health facility for — (a) outpatient services; (b) immunization; (c) child health; (d) screening for communicable conditions; (e) prevention mother to child HIV transmission; (f) institutional screening for NCDS; (g) integrated vecto management; (h) good hygiene practices; (i) HIV and STI prevention; (j) Port health; (k) control and prevention of neglected tropical diseases; (l) community | (v) outreach services; (v) outreach services | At least— (a) two general Clinical Officers; (b) four Kenya Enrolled Community Health Nurses; |
| | management of violence and injuries; (m) pre-hospital care; (n) emergency maternity services; (o) work place health and safety services; (p) food quality and safety services; (q) reproductive health services; (r) limited laboratory services; (s) health promotion; | | (k) one medical social worker; (l) two Clerks; (m) one health records information management officer; (n) two medical laboratory technologists; (o) two nutrition & deistic technologists; (p) one nutrition & dietic technician |

| | | [Subsidiary] |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| (t) safe water, sanitation and hygiene; (u) nutrition services; (v) pollution control services; (w) substance abuse services; (x) micronutrient deficiency control; (y) housing school health; (z) food fortification advocacy (aa) Population | | (q) one public health officer; (r) two Public Health Technicians; and (s) four support staff. |
| Management services; and Health facility that operates through migration of the clinics from one area to another, with each mobile clinic linked to a static health facility from where it operates beyond the reach of the static facility which provides staffing, administrative services and storage of | (a) Infrastructure and equipment to offer— (i) basic outpatient services; (ii) emergency maternity services; (iii) basic laboratory services; | • |
| supplies and other necessary needs and provides— (a) maternity services; (b) primary care services; (c) curative, MCH/ FP services; (d) emergency services; and (e) specific service for- (i) HIV, TB, Malaria CA screening services; (ii) referral services | services s | (d) Enrolled Nurses. |

| | | ners and Demisis | |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| [Subsidiary] | | | |
| v. Eye Clinic | (iii) defaulter tracing; and (iv) neglected tropical conditions. A health facility for the treatment of outpatient eye clients (including optical) for not more than twelve hours. | (a) At least three rooms being— (i) a reception; (ii) a consulting proom; and (iii) a treatment room or observation; (b) a procedure room, if procedures are done at the facility; (c) a health information management system; (d) a First Aid kit; (e) a waste management system; and (f) proof of contract with a licensed waste disposal company. | (a) an ophthalmic nurse; (b) an ophthalmic clinical officer; or (c) ophthalmologist who exclusively offers eye care services |
| Level 3 <i>Facility</i> i. Basic Health Centre/Faith-Based Basic Centre | Description A health facility that has been Gazetted as a health centre owned by the MOH or other governmental organization or licensed to a faith based organization, community or registered organization including a school, company, church, mosque, NGO, | Infrastructure At least - (a) on two acreas of land; (b) three consultation rooms; (c) one treatment room; (d) one minor | clinical officer in- charge; |
| | or humanitarian organization, that offers many ambulatory health services and generally offer | sixteen beds being four beds each for the male ward, female ward and maternity ward; (g) one drugs store; | (c) six generalclinical officers;(d) one graduateclinical officer; |

| | | [Oubsidialy] |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| preventive and curative services appropriate to local needs, including - (a) curative services; (b) outpatient services; (c) inpatient services; (d) referral services; (e) additional outpatient care, largely limited to minor surgery on outpatient basis; (f) limited emergency inpatient services for emergency inpatients including patients, awaiting referral and on twelve hours observation; (g) limited oral health services; (h) individual health education; | services unit with— (i) a kitchen; and (ii) laundry; Health Information Systems (n) staff housing for at least two members of staff; (o) one WC; (p) one simple incinerator; (q) a placenta pit; (r) one motorcycle; (s) communication equipment; (t) water storage for | (g) one clinical officer paediatrics; (h) one clinical officer reproductive health; (i) two dental nurses; (j) twelve Kenya Enrolled Community Health Nurses; (k) eight Kenya Registered Community Health Nurses; (l) two Kenya Registered Nurses; (m) four Enrolled Nurse; (n) six registered |
| (i) maternity services for normal deliveries; (j) antenatal care (ANC); (k) family planning (FP) services; (l) immunization services; and (m) routine and specific laboratory services, including malaria; smear test for TB; HIV testing. | | or technologists; (s) one orthopaedic Technologist; (t) three general physiotherapists; (u) three occupational therapists; (v) one dental officer; (w) two dental technologists; (x) four Community Oral Health Officers; (y) four health promotion office; |

(z) two Medical Social Workers; (aa) one health administrative officer: (bb) four clerks; (cc) one supply chain assistant; (dd) four health records information management officers: (ee) one ICT officer; (ff) two medical engineering technicians; (gg) ten medical laboratory technologists (hh) two nutrition and dietetic officers; (ii) one nutrition and dietetic technician; (jj) two public health officers; (kk) two public health technicians; (II) two cooks; (mm) four drivers; (nn) ten support staff; (oo) two mortuary attendants; and (pp) four security officers. ii. Comprehensive A health facility that At least-At least -Health Centre/ (a) on two acres of (a) two medical Faith-Based (a) focuses on land; officers; Comprehensive (b) three appropriate (b) six general consultation rooms; clinical officers; Centre preventive and promotive care as (c) one treatment (c) one graduate KEPH interventions;room; clinical officer; (b) provides -(d) one minor (d) one clinical (i) curative services; theatre at officer ENT: (ii) outpatient outpatients; (e) one clinical services; (e) one records officer Lung and (iii) inpatient room; Skin; services; (f) supply services (f) one clinical (iv) referral unit with officer paediatrics; (i) kitchen; services; (ii) laundry;

| (v) additional outpatient care, largely limited to minor surgery on outpatient basis; (vi) limited emergency inpatient services for emergency inpatients including patients, awaiting | (g) health information management systems; (h) inpatient bed capacity of not | (g) one clinical officer reproductive Health; (h) Two dental nurses; (i) twelve |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| referral and on | more than twenty | Kenya Enrolled |
| twelve hours | four beds being six | Community Health |
| observation; | beds each for the | Nurses; |
| (vii) limited oral health services; | male ward, female ward, paediatric | (j) eight Kenya Registered |
| (viii) individual | ward and maternity | Community Health |
| health education; | ward; | Nurses; |
| (ix) maternity | (i) one drug store; | (k) two Kenya |
| services for normal | (j) one general | Registered Nurses; |
| deliveries; (x) caesarian | store; | (I) four Enrolled Nurses; |
| section services, | (k) one laboratory room; | (m) six registered |
| (xi) antenatal care | (I) one labour ward | midwives; |
| (ANC); | with capacity of two | ., |
| (xii) family planning | | |
| (FB) services; | (n) a community | (o) One pharmacist; |
| (xiii) immunization services; | services room; (o) maternity | (p) four pharmaceutical |
| (xiv) routine and | theatre; | technologists; |
| specific laboratory | (p) blood | (q) two Plaster |
| services, including | transfusion | Technicians or |
| malaria; smear test | | Technologists; |
| for TB HIV testing; | (q) basic | (r) one orthopaedic |
| (xv) blood | radiological and | technologist; |
| transfusion | imaging facilities; | (s) three general |
| services: (xvi) radiologic and | (r) surgical procedures | physiotherapists; (t) three |
| imaging services; | facilities; | occupational |
| and | (s) school health | therapists; |
| (xvii) surgical | programs; | (u) one dental |
| procedures. | (t) Central | officer; |
| | Sterilization | (v) Two dental |
| | Services | technologists; |
| | Department; | (w) four Community |
| | (u) staff housing for | |
| | at least two; (v) one WC; | Officers; (x) four health |
| | (w) a simple | promotion officers; |
| | incinerator; | (y) two medical |
| | (x) one placenta pit; | |

(x) one placenta pit; social workers;

| iii. Medical or Dental Centre An outpatient facilityAt least four rooms including group with being - no inpatient beds that offer - (ii) two consulting (a) medical or (a) medical or (b) basic laboratory (c) Pharmacy services; (c) Pharmacy (c) Pharmacy (c) Pharmacy (c) Pharmacy (c) a least one (c) at least one (c) triage nurse or (c) triage nurse or | | (y) one motorcycle; (z) communication equipment; (aa) water storage for roof catchment; (bb) composite pit; (cc) and fence and gate. | administrative officer; (aa) four clerks; (bb) one supply chain assistant; (cc) four health records information management officers; (dd) one ICT officer; (ee) two medical engineering technicians; (ff) ten medical laboratory technologists; (gg) two nutrition and dietetic officer; (hh) one nutrition and dietetic technician; (ii) two public health officers; (jj) two public health technicians; (kk) two cooks; (ll) four drivers; (mm) ten support staff; (nn) two mortuary |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| services. information (d) pathologist | including group with no inpatient beds that offer - (a) medical or dental consultation services; (b) basic laboratory services; (c) Pharmacy services; (d) Medical or dental procedures; (e) radiological | being - (i) a reception; (ii) two consulting rooms; and (iii) treatment room or observation; (iv) a common waiting area with reception area; (b) triage room; (c) at least one procedure room; | attendants; and (oo) four security officers. (a) at least one resident specialist being - (i) doctor; (ii) medical officer; (iii) dentist; (iv) clinical officer; or (v) nursing practitioner in charge of patient care; (c) triage nurse or dental assistant; |

| | Wealcal Fractitio | | |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | [Subsidiary] |
| iv Euporal Homos | A facility where | (f) waste management system; (g) proof of contract with a licensed waste disposal company. | technologist in charge of the pharmacy; and (f) a receptionist |
| iv. Funeral Homes Stand-Alone | A facility where - (a) dead bodies are stored; and (b) undergo autopsy before cremation or burial; (c) additional services including - (i) the sale of coffins; (ii) cremation; (iii) burial; (iv) transportation of bodies, may be provided. | , | At least - (a) one pathologist; and (b) morgue attendant. |
| Facility i. Nursing Home or Cottage Hospital | Description A health facility that is licensed to a residentpractitioner to offer outpatient and inpatient services. | - | Personnel (a) the licensed resident practitioner being - (i) a nurse (ii) a clinical officer; (iii) a medical officer; or (iv) a specialist; (b) a visiting medical officer or specialist. |
| ii. Maternity Home | A health facility that is licensed to a resident practitioner to offer outpatient and inpatient services, exclusively, for maternity clients. i.e. ANC, delivery and newbord care, and postnatal services. | (a) wards with six to forty eight inpatient bed capacity; in multiples of six; (b) one labour ward; (c) one laboratory; (d) a kitchen; (e) a laundry; and (f) may have a theatre. | (a) the licensedresident practitionerbeing -(i) a nurse; |
| Level 4 <i>Facility</i> | Description | Infrastructure | Personnel |

| [Subsidiary] | | | |
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| 1. Hospital Level 4/ Internship Training Centre/County Hospital/Faith Based Hospital | A health facility that - (a) offers services for elimination of communicable diseases; | At least - (a) on five acres of land; or office space of approximately 2,500 sq. metres | officers; (b) two anesthesiologists; (c) two general |
| Based Hospital | diseases; (b) screening for animal transmitted conditions; (c) provides - (i) Highly Active Anti-Retroviral Therapy (HAART); (ii) Anti Restro-Viral (ARV) prophylaxis for children born of HIV+ve mothers; (d) male circumcision; (e) Pelvic Inflammatory Disease (PID) management; (f) screening for - (i) cervical cancer for all women in the reproductive age group; and (ii) breast cancer screening for women; (g) prostate examination for men; (h) evacuation services for injuries; (i) disaster risk reduction interventions; (j) facility disaster | (a) for every clinical department appropriate space for - (i) waiting bays; (ii) doctors' rooms; (iii) nursing station; (iv) Head of department office; (v) nurse in-charge office; (vi) intern's office; (vii) cloak rooms for staff and clients; (viii) staff lounge room; (ix) medical material store room; (x) sluice room; (xi) drug cabinet; (xii) changing rooms with locker; and (xiii) laminar flow air system for operating theatres; (b) general equipment including | (c) two general surgeon; (d) one orthopaedic surgeon; (e) one ENT surgeon; (f) two Obs/Gyne specialist; (g) one neonatologist; (h) one neurologist; (i) one neurologist; (i) one neurologist; (i) one optometrist; (l) one dermatologists; (m) two Paeditricians; (n) one pathologist; (o) two psychiatrists; (p) two radiologists; (q) two specialist physician (internist); (r) one public health; (t) fourteen graduate clinical officers; (u) two specialized clinical officers; (v) four clinical officer lung & skin; (w) four Ophthalmology or |
| | management; (I) provides essential services; (m) vaccination for yellow fever, | areas; (v) fire-fighting equipment; (vi) standby generators; and (vii) UPS back ups; | (x) two clinical officers paediatrics;(y) two clinical officers reproductive health; |

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| | | [Subsidiary] |
| emergencies | (c) catering | (aa) one clinical |
| including trauma | and laundry | officer orthopaedics; |
| care; | maintenance; | (bb) six |
| (o) advanced life | (d) biomedical | clinical officers |
| support; | engineering; | anaesthetists; |
| (p) management | (e) general cleaning | |
| of pregnancy | services; and | officer psychiatry/ |
| complications; | (f) infection control | mental health; |
| (q) management | infrastructure; | (dd) one clinical |
| of abnormal | (g) laboratory | officer oncology/ |
| pregnancies; | services for - | palliative Care; |
| (r) management of | (i) Hepatitis B and C | - |
| pre-term labour; | tests; | (ff) eight dental |
| (s) caesarean | (ii) ELISA tests; | nurses; |
| section; | (iii) Widal tests; | (gg) one hundred |
| (t) radiology | (iv) CD 4 count; | Kenya Enrolled |
| services; | (v) liver function | Community Health |
| (u) outpatient | tests: | nurses; |
| services of | (vi) renal function | (hh) fifty Kenya |
| outpatient turnover | tests; | Registered |
| of more than two | (vii) blood gases; | Community Health |
| hundred and fifty; | (viii) Cholesterol | nurses; |
| (v) emergency | tests (Total/ | (ii) twenty Kenya |
| operations; | Differential); | Registered nurses; |
| (w) general | (ix) semen analysis; | - |
| operations; | (x) tumor markers | Nurses; |
| (x) specialized | (PSA, CA 125); | (kk) two oncology |
| operations; | (xi) Bence Jones | Nurses; |
| (y) management of | protein; | (II) two ophthalmic |
| medical, surgical, | (xii) cytology; | nurses; |
| pediatric and | (xiii) biopsy | (mm) two paediatric |
| gynecological in- | examinations; | nurses; |
| patients; | (xiv) micro nutrient | (nn) four palliative |
| (z) laboratory | tests; | care nurses; |
| services; | (xv) cerebrospinal | (00) six |
| (aa) specialized | (xvi) stool testing | pscychiatrist |
| therapy services; | including for polio; | nurses; |
| (bb) HIV/AIDS | | (pp) twenty |
| management; | | registered |
| (cc) tuberculosis | | midwives; |
| management; | | |
| (dd) Palliative care; | (xvii) lung function | (qq) one Sign |
| (ee) rehabilitative | testing; | Language nurses; |
| services; | (xviii) lipid profiling; | (rr) ten theater |
| (ff) physiotherapy; | (xix) fecal occult | nurses; |
| and | blood testing for | (ss) six anaesthetist |
| (gg) speech and | bowel cancers; and | |
| hearing therapy. | (xx) screening for | (tt) ten Accidents & |
| | sickle cell anemia; | (pp) twenty |
| | (d) specialized | registered |
| | therapy services; | midwives; |
| | | |

| (ii) X-ray; (iii) endoscopy; (physiotherapists; (iv) laparoscopy; (aaa) one BSc (g) general surgical Physiotherapist; procedures theater; (bbb) two (h) mortuary specialized services; physiotherapists; (i) autopsy services; (ccc) ten (j) one operating occupational theatre; (k) radiology unit (ddd) one clinical with x-ray; psychologists; (l) specialist clinics; (eee) four dental (m) MRI Machine; (n) CT scan (fff) one machine; (o) dialysis surgeon; machine; (ggg) two paediatric (p) endoscopy & dentist; colonscopy unit; (hhh) six dental (q) mammography technologists; (iii) two community (r) ultra sound oral health officers; machine; (jjj) six general (s) one waiting radiographer; room; (kkk) one (t) four consultation ultrasonographer; rooms; (III) four health (u) one registration promotion officers; |
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| (u) one registration promotion officers; room; |

142

| | [Subsidiary] |
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| (v) one injection room; (w) one plaster room; (x) one minor theatre; (y) at least two dental unit rooms with a sterilization room; (z) one ENT services room; (aa) one laboratory room; (bb) MCH/FP unit with - (i) one | (mmm) six medical social workers; (nnn) one medical superintendent; (ooo) two health administrative officers; (ppp) ten clerks; (qqq) one secretaries; (rrr) two accountants; (sss) four supply chain assistants; (ttt) two supply chain officers; |
| immunization services room; (ii) one FP coordination room; (iii) one antenatal coordination room; (iv) one maternity ward for a three deliveries; and (v) one nursery room with cots; (cc) two operating theatre beds; (dd) administration unit with- (i) one pharmacy/ drug dispensing room; (ii) one cash office; (iii) two stores; (iv) two administration offices; and (v) one room for health records; (ee) a supply services unit with- (i) kitchen; and (ii) laundry; (ff) one community services room; (gg) radiology unit; (hh) one x-ray room; | drivers; |

| (v) one nu |
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| room with |
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| theatre be |
| (dd) admii |
| unit with- |
| (i) one pha |
| drug dispe |
| room; |
| (ii) one ca |

143

| [Subsidiary] | | | |
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| | | (ii) one USS room; (jj) one mortuary; (kk) staff quarters for at least four persons on duty; (II) ablution block; (mm) four stance pit latrine; (nn) source of running water; (oo) water reservoin (pp) one placenta pit; (qq) one generator house; (n) one incinerator; (ss) one motorcycle; (tt) two vehicles; (uu) one ambulance; (vv) one support vehicle; (ww)a composite pit; (xx) water storage for roof catchment; | examinable areas to quality as an internship centre. |
| Level 5 <i>Facility</i> Hospital Level 5/ County Referral Hospitals/ Secondary Care Hospitals/Faith Based | Description A health facility that - (a) offers services for elimination of communicable diseases; (b) screening for animal transmitted conditions; (c) provides - (i) Highly Active Anti-Retroviral Therapy (HAART); (ii) AntiRetro Viral(ARV) prophylaxis for children born of HIV +ve mothers; (d) male circumcision; | (yy) fence and gate. <i>Infrastructure</i> (a) on at least ten acres of land; or office space of approximately 10,000 sq. metres (b) at least three hundred beds; (c) internship centres of at least one hundred and fifty beds; (d) an operating theatre; (e) an Intensive Care Unit; (f) radiology unit with x-ray machine; (g) specialist clinics; (h) MRI Machine; | Personnel At least - (a) fifty medical officers; (b) anesthesiologists; (c) two cardiologists; (d) four general surgeons; (e) two orthopaedic surgeons; (f) one cardiothoracic surgeon; (g) one critical care physician; (h) two ENT surgeons; |
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| (e) Pelvic | (i) CT scan | (j) two palliative |
| Inflammatory | machine; | care specialists; |
| Disease (PID | (j) dialysis machine; | |
| management; | (k) endoscopy & | neonatologists; |
| (f) screening for- | colonoscopy unit; | (I) two |
| (i) cervical cancer | (I) mammography | nephrologists; |
| for all women in the | | (m) one neurologist; |
| reproductive age | (m) ultra sound | (n) one plastic |
| group; and | machine; | surgeon or |
| (ii) breast cancer | (n) one waiting | reconstructive |
| screening for | room; | surgeon; |
| women; | (o) six consultation | (o) one neuro- |
| (g) prostate | rooms; | surgeon; |
| examination for | (p) one registration | (p) four oncologists; |
| men; | room; | (q) two |
| (h) evacuation | (q) two injection | opthalmologists; |
| services for injuries | • • | (r) one optometrist; |
| (i) disaster | (r) one plaster | (s) one |
| risk reduction | room; | dermatologists; |
| interventions; | (s) one minor | (t) one paediatric |
| (h) facility disaster | theatre; | endocrinologist; |
| response planning; | (t) one dental unit | (u) one paediatric |
| (i) disaster | room; | nephrologist; |
| management; | (u) one ENT | (v) one paediatric |
| (j) provides | services room; | neurologist; |
| essential services; | (v) one laboratory | (w) one paediatric |
| (k) vaccination | room; | surgeon; |
| for yellow fever, | (w) MCH/FP unit | (x) four |
| tetanus and rabies; | with- | paeditricians; |
| (I) management | (i) one | (y) two pathologists; |
| of surgical | immunization | (z) four |
| emergencies | services room; | psychiatrists; |
| including trauma | (ii) one FP | (aa) four |
| care; | coordination room; | radiologists; |
| (m) advanced life | (iii) one antenata | (bb) one |
| support; | coordination room; | rheumatologist; |
| (n) management | (iv) one maternity | (cc) four specialist |
| of pregnancy | ward for six | physicians or |
| complications; | deliveries; and | Internist; |
| (o) management | (v) one high | (dd) one medical |
| of abnormal | dependency unit | endocrinologist; |
| pregnancies; | with six cots; | (ee) two public |
| (p) management of | (x) inpatient | health physicians; |
| pre-term labour; | services; | (ff) one urological |
| (q) caesarean | (y) two hundred | surgeon; |
| section; (r) radiology | beds for male | (gg) one child |
| (r) radiology | inpatients; | and adolescent |
| services; | (z) two hundred | psychiatrist; |
| (s) outpatient turnover of more | children inpatients; | l (hh) one community psychiatrist; |
| | ennoren inpatients, | payonanat, |

| [Subsidiary] |
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| than two hundred and fifty; (t) emergency operations; (u) general operations; (v) specialized operations; (w) management of medical, surgical, pediatric and gynecological in- patients; (x) laboratory services; (y) specialized therapy services; (z) HIV/AIDS management; (aa) tuberculosis management; (bb) Palliative care; (cc) rehabilitative services; (dd) physiotherapy; and (ee) speech and hearing therapy. | cases; (bb) one intensive care unit wit four beds; (cc) medical engineering unit; (dd) administration unit with- (i) one pharmacy dispensing room; (ii) one cash office; (iii) two stores;(iv) | (ii) one forensic psychiatrist; (jj) forty four general clinical officers; (kk) fourteen graduate clinical officers; (II) four specialized clinical officers; (mm) two clinical officer lung and skin; (nn) two clinical officers ophthalmology or cataract surgerys; (oo) two clinical officers paediatrics; (pp) two clinical officers reproductive health; (qq) two clinical officers dermatology or venereology; |
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| | latrine; (nn) source of running water; | (yy) eight dental |

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| | [Subsidiary] |
| (ss) one motorcycle; (tt) two vehicles; (uu) one ambulance; (vv) one support vehicle; (ww) a composite pit; (xx) water storage for roof catchment; and (yy) fence and gate. | (zz) two forensic nurses; (aaa) two hundred and Kenya Enrolled Community Health nurses; (bbb) two hundred and sixty Kenya Registered Community Health nurses; (ccc) eighty Kenya |
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147

(ttt) six plaster technicians or technologists; (uuu) six orthopaedic technologists; (vvv) general physiotherapists; (www) two BSc physiotherap; (xxx) three specialized physiotherapists; (yyy) occupational therapists; (zzz) two clinical psychologists; (aaaa) ten dental officers; (bbbb) two oromoxillofacifal surgeons; (ccc) six paediatric dentists; (ffff) two Orthodontists' (gggg) ten dental technologists; (hhhh) ten general radiographer; (iiii) two ultrasonographers; (jjjj) one mammographer; (kkkk) three CT scan or MRI radiographer; (IIII) two dental radiographer; (mmmm) two therapy radiographer; (nnnn) two nuclear medicine technologists; (0000) one radiation monitoring and safety officer; (pppp) medical social workers;

148

(qqqq) one Medical Superintendent; (rrrr) two health administrative officers; (ssss) two human resource management officers; (tttt) twenty clerks; (uuuu) two secretaries; (vvvv) six accountants; (wwww) six supply chain assistants; (xxxx) two supply chain offficers; (yyyy) twelve heal records information management officers; (zzzz) four ICT officers; (aaaaa) two medical engineers (bbbbb) medical engineering technologist; (cccccc) six medical engineering technicians; (ddddd) twenty nutrition and dietetic officer; (eeeee) twelve nutrition and dietetic technologists; (ffff) four nutrition and dietetic technicians; (ggggg) two cateress; (hhhhh) four public health officers; (iiiii) twenty cooks; (jjjj) drivers; (kkkkk) sixty support staff; (IIIII) mortuary attendants; and

| | | | (mmmmm) security officers. |
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| Level 6A Facility Specialized Tertiary Referral HospitalFaith Based Specialized Tertiary Referral Hospital | Description A health facility that offers specialized dservices exclusively or a group of specialized services, among others, radiological services, oncology services; ophthalmology services and renal. | (b) doctors' rooms; (c) nursing station; (d) Head of department's office; (e) nurse in- charge's office; (f) intern's office; (g) cloak rooms for staff and clients; (h) staff lounge | |

| Level 6B | | (o) laboratory equipment; (p) outpatient or inpatient beds; (q) radiological and imaging equipment including ultra sound scan, x- ray, endoscopy and laparoscopy equipment; (r) general Surgical procedures theater, where applicable; and (s) autopsy equipment. | |
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| Facility National Tertiary Referral and Teaching Hospitals and Hospitals/ | Description A health facility that- (a) offers services for elimination of communicable diseases; (b) screening for animal transmitted conditions; | Infrastructure (a) on at least ten acres of land; or office space of approximately 10,000 sq. metres. (b) at least three hundred beds; | Personnel At least- (a) fifty medical officers; (b) anesthesiologists; (c) one oromaxillofacial anesthesiologist; |
| National Tertiary Referral and Teaching Faith Based Hospital | (c) provides- (i) Highly Active Anti-Retroviral Therapy (HAART); (ii) AntiRetro Viral (ARV) prophylaxis for children born of HIV+ve mothers; (d) male circumcision; (e) Pelvic Inflammatory Disease (PID) management; (f) screening for - (i) cervical cancer for all women in the reproductive age group; and (ii) breast cancer screening for women; | (c) internship centres of at least one hundred and fifty beds; (d) an operating theatre; (e) an Intensive Care Unit; (f) radiology unit with x-ray machine; (g) specialist clinics; (h) MRI Machine; (i) CT scan machine; (j) dialysis machine; (k) endoscopy & colonoscopy unit; (l) mammography machine; (m) ultra sound machine; (n) one waiting room; | ;physician; (i) two ENT surgeons; (j) two |

| (g) prostrate | (o) six consultation | (o) one neurologist; |
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| examination for | rooms; | (p) one plastic |
| men; | (p) one registration | surgeon or |
| (h) evacuation | room; | reconstructive |
| services for injuries | | surgeon; |
| (i) disaster | rooms; | (q) one neuro- |
| risk reduction | (r) one plaster | surgeon; |
| interventions; | room; | (r) four oncologists; |
| (j) facility disaster | (s) one minor | (s) two |
| response planning; | theatre; | ophthalmogists; |
| (k) disaster | (t) one dental unit | (t) one optomerist; |
| management; | room; | (u) one |
| (I) provides | (u) one ENT | dermatologists; |
| essential services; | services room; | (v) one paediatric |
| (m) vaccination | (v) one laboratory | endocrinologist; |
| for yellow fever, | room; | (w) one paediatric |
| tetanus and rabies; | (w) MCH/FP unit | nephrologist; |
| (n) management | with - | (x) one paediatric |
| of surgical | (i) one | neurologist; |
| emergencies | immunization | (y) one paediatric |
| including trauma | services room; | surgeon; |
| care; | (ii) one FB | (z) four |
| (o) advanced life | coordination room; | paeditricians; |
| support; | (iii) one antenatal | (aa) two |
| (p) management | coordination room; | pathologists; |
| of pregnancy | (iv) one maternity | (bb) four |
| complications; | ward for six | psychiatrists; |
| (q) management | deliveries; and | (cc) four |
| of abnormal | (v) one high | radiologists; |
| pregnancies; | dependency unit | (dd) one |
| (r) management of | with six cots; | rheumatologist; |
| pre-term labour; | (x) inpatient | (ee) four specialist |
| (s) caesarean | services; | physicians or |
| section; | (y) two hundred | internist; |
| (t) radiology | beds for male | (ff) one medical |
| services; | inpatients; | endocrinologist; |
| (u) outpatient | (z) two hundred | (gg) two public |
| turnover of more | beds for female and | |
| than two hundred | children inpatients; | (hh) one urological |
| and fifty; (v) emergency | (aa) four operating theatre beds being | surgeon; (ii) one child |
| operations; | one each for - | and adolescent |
| (w) general | (i) Gynae | psychiatrist; |
| operations; | emergencies; | (jj) one community |
| (y) management of | (ii) cold case; | psychiatrist; |
| medical, surgical, | (iii) general | (kk) one forensic |
| pediatric and | emergencies; and | psychiatrist; |
| gynecological in- | (iv) ophthalmic | (II) forty four general |
| patients; | cases; | clinical officers; |
| (z) laboratory | , | , |
| services; | | |
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| (aa) specialized therapy services; (bb) HIV/AIDS management; (cc) tuberculosis management; (dd) Palliative care; (ee) rehabilitative services; (f) physiotherapy; and (gg) speech and hearing therapy. | (bb) one intensive care unit with four beds; (cc) medical engineering unit; (dd) administration unit with - (i) one pharmacy or drug dispensing room; (ii) one cash I office (iii) two stores; (iv) two administration offices; and (v) one room for health records; (ee) a supply services unit with- (i) kitchen; and | [Subsidiary] (mm) fourteen graduate clinical officers; (nn)four specialized clinical officers; (oo) two clinical officer lung and skins; (pp) two clinical officers ;ophthalmology or cataract surgerys; (qq) two clinical officers paediatrics; (rr) two clinical |
| | (ii) laundry; | officers reproductive |
| | (f) one | health; |
| | communityservices room; | (ss) two clinical officers dermatology |
| | (gg) radiology unit; (hh) one x-ray | ol venereology; (tt) two clinical |
| | room; | officers |
| | (iii) one USS room; (zz) one mortuary; | Orthopaedics; (uu) fifteen |
| | (aaa) staff quarters | clinical officers |
| | for at least eight | anaesthetists; |
| | persons on duty; | (vv) two clinical |
| | (bbb) ablution | officers copsychi |
| | block; (ccc) ten stance pit | atrylmentall health; (ww) two clinicall |
| | latrine; | officers oncologyl or |
| | (ddd) source of | palliative care; |
| | running water; | (xx) twelve BSN |
| | (eee) water | nurses; |
| | reservoir; (fff) one placenta | (yy) two cardiology nurses; |
| | pit; | (zz) twenty critical |
| | (ggg) one generator | · · · |
| | house; | nurses; |
| | (hhh) one | (aaa) eight dental |
| | incinerator; (iii) one motorcycle; | nurses; (bbb) two forensic |
| | (jjj) two vehicles; | nurses; |
| | (kkk) one | (ccc) two hundred |
| | ambulance; | and Kenyal Enrolled |
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153

| (III) one support Community Health nurses; (mmm) a composite (ddd) two hundred pit; and sixty Kenya (nnn) water storage Registered for roof catchment; Community Health (ooo) fence and nurses; (eee) eighty Kenya Registered Nurse nurses; (fff) Enrolled Nurses; (ggg) nephrology nurses; (hhh) oncology nurses; (iii) ophthalmic nurses; (ijjj) ten paediatric nurses; (ijjj) ten paediatric nurses; (kkk) six palliative care nurses; (IIII) twenty psychiatrist nurses; (mm)sixty Registered Midwives; (nnn) two Sign Language nurses; (ooo) sixty theatre nurses; (ppp) four anaesthetist nurses; (qqq) ten Accidents & Emergency nurses; (rrr) six pharmacists; (sss) four clinical pharmacists; (ttt) one oncology pharmacist; (uuu) ten pharmaceutical technologist; (vww) six orthopaedic technologists; | | |
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| (mmm) a composite (ddd) two hundred pit; (nnn) water storage for roof catchment; (ooo) fence and gate. (eee) eighty Kenya Registered Nurse nurses; (fff) Enrolled Nurses; (ggg) nephrology nurses; (hhh) oncology nurses; (hhh) oncology nurses; (iii) ophthalmic nurses; (ijj) ten paediatric nurses; (ill) twenty psychiatrist nurses; (mm)sixty Registered Midwives; (nnn) two Sign Language nurses; (ooo) sixty theatre nurses; (ooo) sixty theatre nurses; (ppp) four anaesthetist nurses; (qqq) ten Accidents & Emergency nurses; (rrr) six pharmacists; (sss) four clinical pharmacists; (uuu) ten pharmaceutical technologist; (vvv) six plaster technicians or technologists; (www) six orthopaedic | (III) one support | Community Health |
| pit; (nnn) water storage for roof catchment; (ooo) fence and gate. (eee) eighty Kenya Registered Nurse nurses; (ff) Enrolled Nurses; (ggg) nephrology nurses; (hhh) oncology nurses; (hhh) oncology nurses; (hhh) oncology nurses; (hhh) oncology nurses; (kk) six palliative care nurses; (lll) twenty psychiatrist nurses; (mm) sixty Registered Midwives; (nnn) two Sign Language nurses; (ooo) sixty theatre nurses; (ooo) sixty theatre nurses; (ooo) sixty theatre nurses; (ppp) four anaesthetist nurses; (qqq) ten Accidents & Emergency nurses; (rrr) six pharmacists; (sss) four clinical pharmacist; (uuu) ten pharmaceutical technologist; (vvv) six plaster technologists; (www) six orthopaedic | , | |
| <pre>(nnn) water storage Registered for roof catchment; (ooo) fence and gate. Community Health nurses; (eee) eighty Kenya Registered Nurse nurses; (fff) Enrolled Nurses; (ggg) nephrology nurses; (hhh) oncology nurses; (iii) ophthalmic nurses; (iii) ophthalmic nurses; (ijj) ten paediatric nurses; (ijj) ten paediatric nurses; (ill) twenty psychiatrist nurses; (mmm)sixty Registered Midwives; (nnn) two Sign Language nurses; (ooo) sixty theatre nurses; (qqq) ten Accidents & Emergency nurses; (rrr) six pharmacists; (sss) four clinical pharmacists; (ttt) one oncology pharmacist; (uuu) ten pharmaceutical technologist; (vvv) six plaster technicians or technologists; (www) six orthopaedic</pre> | | |
| for roof catchment; (ooo) fence and gate. Community Health nurses; (eee) eighty Kenya Registered Nurse nurses; (fff) Enrolled Nurses; (ggg) nephrology nurses; (hhh) oncology nurses; (lii) ophthalmic nurses; (jjj) ten paediatric nurses; (kkk) six palliative care nurses; (lll) twenty psychiatrist nurses; (mmm)sixty Registered Midwives; (nnn) two Sign Language nurses; (ooo) sixty theatre nurses; (ppp) four anaesthetist nurses; (qqq) ten Accidents & Emergency nurses; (rrr) six pharmacists; (sss) four clinical pharmacists; (ttt) one oncology pharmacist; (uuu) ten pharmaceutical technologist; (vvv) six plaster technicians or technologists; (www) six orthopaedic | | |
| (ooo) fence and nurses; (eee) eighty Kenya Registered Nurse nurses; (fff) Enrolled Nurses; (ggg) nephrology nurses; (hhh) oncology nurses; (hhh) oncology nurses; (iii) ophthalmic nurses; (ijj) ten paediatric nurses; (ill) twenty psychiatrist nurses; (mm)sixty Registered Midwives; (nnn) two Sign Language nurses; (ooo) sixty theatre nurses; (ppp) four anaesthetist nurses; (qqq) ten Accidents & Emergency nurses; (rrr) six pharmacists; (sss) four clinical pharmacists; (ttt) one oncology pharmacist; (uuu) ten pharmaceutical technologist; (vvv) six plaster technicians or technologists; (www) six orthopaedic | · / · | • |
| gate. (eee) eighty Kenya Registered Nurse nurses; (fff) Enrolled Nurses; (ggg) nephrology nurses; (hhh) oncology nurses; (iii) ophthalmic nurses; (ijj) ten paediatric nurses; (kkk) six palliative care nurses; (lll) twenty psychiatrist nurses; (mmm)sixty Registered Midwives; (nnn) two Sign Language nurses; (ooo) sixty theatre nurses; (pop) four anaesthetist nurses; (qqq) ten Accidents & Emergency nurses; (rrr) six pharmacists; (sss) four clinical pharmacists; (ttt) one oncology pharmacist; (uuu) ten pharmaceutical technologist; (vvv) six plaster technicians or technologists; (www) six orthopaedic | | • |
| Registered Nurse nurses; (fff) Enrolled Nurses; (ggg) nephrology nurses; (hhh) oncology nurses; (iii) ophthalmic nurses; (ijj) ten paediatric nurses; (kkk) six palliative care nurses; (lll) twenty psychiatrist nurses; (mm)sixty Registered Midwives; (nnn) two Sign Language nurses; (ooo) sixty theatre nurses; (ppp) four anaesthetist nurses; (qqq) ten Accidents & Emergency nurses; (rrr) six pharmacists; (sss) four clinical pharmacists; (ttt) one oncology pharmacist; (uuu) ten pharmaceutical technologist; (vvv) six plaster technicians or technologists; (www) six orthopaedic | · · · | |
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(xxx) general physiotherapist s; (yyy) two BSc physiotherapy; (zzz) three specialized physiotherapists; (ana) occupational therapists; (bbbb)two clinical psychologists; (cccc) ten dental officers; (dddd)two oromaxillofacia I surgeons; (eeee) six paediatric dentists; (ffff)two Orthodontists; (gggg)ten dental technologists; (hhhh)ten general radiographer; (iiii) two ultranosranhel (jjjj) one mammographe; (kkkk) three CT scan or MRI Iradiographer; (IIII) two dental radiographer; (mmmm) two I therapy radiographer; (nnnn) two nuclear medicine I technologists; (0000) one radiation monitoring and safety officer; (pppp) medical social workers; (qqqq) one Medical Superintendent; (rrrr) two health administrative officers; (ssss) two human resource

management officers; (tttt) twenty clerks; (uuuu) two secretaries (vvvv) six accountants; (wwww) six supply chain assistants; (xxxx) two supply chain officers; (yyyyy) twelve health records information management I officers; (zzzz) four ICT officers; (aaaaa) two medical engineers (bbbbb) medical engineering technologists; (cccccc) six medical engineering technicians; (ddddd) twenty nutrition and dietetic officer; (eeeee) twelve nutrition and dietetic technologists; (fffff) four nutrition anddietetic technicians; (ggggg) two cateress; (hhhhh) four public health officers; (iiiii) twenty cooks; (jjjj) drivers; (kkkkk) sixty support staff; (IIIII) mortuary attendants; and (mmmmm) security officers.

156

THE MEDICAL PRACTITIONERS AND DENTISTS (CONTINUING PROFESSIONAL DEVELOPMENT) REGULATIONS

ARRANGEMENT OF REGULATIONS

Regulation

- 1. Citation
- 2. Conduct of education programmes by the Board
- 3. Record of accredited programmes and participants
- 4. Requirements for continuing professional education programmes
- 5. Fees
- 6. Attendance and participation in programmes by practitioners
- 7. Proof of attendance in a professional development programme
- 8. Delegation of functions

THE MEDICAL PRACTITIONERS AND DENTISTS (CONTINUING PROFESSIONAL DEVELOPMENT) REGULATIONS

[Legal Notice 132 of 2005]

1. Citation

These Regulations may be cited as the Medical Practitioners and Dentists (Continuing Professional Development) Regulations, 2005, and shall come into force on such date as the Cabinet Secretary may, by notice in the *Gazette*, appoint.

2. Conduct of education programmes by the Board

(1) The Board shall conduct such continuing professional development or education programmes as may be deemed relevant from time to time, and may accredit any programme conducted by any institution, body or other organization where the said institution, body or organization has filed a return with the Board.

(2) The Board shall assign a unit or units to each continuing professional development or education programme to be used in awarding credits to members participating thereof, and may issue certificates of participation to the participants who have successfully completed a programme or programmes.

3. Record of accredited programmes and participants

(1) The Board shall keep a record of all accredited programmes showing the description of such programmes.

(2) The Board shall keep a record of the participants taking part in any programme, showing against any participant, whether he completed the programme or not.

4. Requirements for continuing professional education programmes

Every continuing professional development or education programme shall emphasize ethical, practical and professional aspects of clinical practice and/or strategic health planning, must be relevant to the practice of medicine, and shall be aimed at the improvement of the professional competence of the medical and dental practitioners.

5. Fees

The Board may prescribe a fee to be paid by participants taking part in any continuing professional development or education programme, and in the case of an accredited programme, the Board shall approve any fee levied.

6. Attendance and participation in programmes by practitioners

Every medical and dental practitioner must attend and participate in at least two programmes organized, or accredited, by the Board, and must obtain not less than five units consequent upon such attendance and participation in such programmes in any given year.

7. Proof of attendance in a professional development programme

Every application for an annual retention certificate shall be accompanied by proof that the applicant has secured five units upon attending and participating in the continuing professional development or education programmes during the preceding year.

8. Delegation of functions

The Board may delegate any or all of its functions under these Regulations to a committee.

159

CAP. 253

[Subsidiary]

THE MEDICAL PRACTITIONERS AND DENTISTS (TRAINING, ASSESSMENT AND REGISTRATION) RULES

[Legal Notice 97 of 2014]

IN EXERCISE of the powers conferred by rule 32 of the Medical Practitioners and Dentists (Training, Assessment and Registration) Rules, 2014, the Medical Practitioners and Dentists Board declares the institutions set out in the schedule as recognized institutions at which internship may be undertaken.

SCHEDULE

RECOGNIZED INSTITUTIONS

A Recognized institutions at which internship may be undertaken by a medical practitioner:

- **1.** Aga Khan Hospital Kisumu.
- 2. Aga Khan Hospital Mombasa.
- 3. Aga Khan University Hospital.
- 4. AIC Kijabe Hospital.
- 5. AIC Litein Hospital.
- 6. Bungoma District Hospital.
- 7. Busia District Hospital.
- 8. Chuka District Hospital.
- 9. Coast Provincial General Hospital.
- **10.** Consolata Hospital, Mathari.
- 11. Defence Forces Memorial Hospital.
- 12. Embu Provincial General Hospital.
- 13. Garissa District Hospital.
- 14. Gatundu District Hospital.
- 15. Homabay District Hospital.
- 16. Isiolo District Hospital.
- 17. Iten District Hospital.
- 18. Jaramogi Oginga Odinga Teaching & Referral Hospital.
- 19. Kabarnet District Hospital.
- **20.** Kajiado District Hospital.
- 21. Kakamega Provincial General Hospital.
- 22. Kangundo District Hospital.
- 23. Kapenguria District Hospital.
- 24. Kapkatet District Hospital.
- 25. Kapsabet District Hospital.
- 26. Karatina District Hospital.

- 27. Kendu Adventist Hospital.
- 28. Kenyatta National Hospital.
- 29. Kericho District Hospital.
- 30. Kerugoya District Hospital
- 31. Kiambu District Hospital.
- 32. Kilifi District Hospital.
- 33. Kisii Level 5 Hospital.
- 34. Kisumu District Hospital.
- 35. Kitale District Hospital.
- 36. Kitui District Hospital.
- 37. Machakos Level 5 Hospital.
- 38. Makueni District Hospital.
- 39. Malindi District Hospital.
- 40. Mama Lucy Kibaki Hospital.
- 41. Maragua District Hospital.
- 42. Maua Methodist Hospital.
- 43. Mbagathi District Hospital.
- 44. Meru District Hospital.
- 45. Migori District Hospital.
- 46. Moi Hospital Voi.
- 47. Moi Teaching & Referral Hospital.
- **48.** Mukurweini District Hospital.
- 49. Murang'a District Hospital.
- 50. Mwingi District Hospital.
- 51. Naivasha District Hospital.
- 52. Nakuru Provincial General Hospital.
- 53. Nanyuki District Hospital.
- 54. Narok District Hospital.
- 55. Nazareth Mission Hospital.
- 56. North Kinangop Catholic Hospital.
- 57. Nyahururu District Hospital.
- **58.** Nyamira District Hospital.
- 59. Nyeri Provincial General Hospital.
- 60. Our Lady of Lourdes Mwea Hospital.
- 61. PCEA Chogoria Hospital.
- 62. PCEA Kikuyu Hospital.
- 63. PCEA Tumutumu Hospital.
- 64. Siaya District Hospital.

- 65. Tenwek Mission Hospital.
- 66. The Karen Hospital.
- 67. The Mater Hospital.
- 68. Thika Level 5 Hospital.
- 69. Vihiga District Hospital.
- 70. Webuye District Hospital.
- 71. Msambweni District Hospital.

B Recognized institutions at which internship may be undertaken by a dental practitioner:

- 1. Kenyatta National Hospital.
- 2. University of Nairobi-School of Dental Sciences.
- 3. Coast Provincial General Hospital.
- 4. Defence Forces Memorial Hospital.
- 5. Jaramogi Oginga Odinga Teaching & Referral Hospital.
- 6. Machakos Level 5 Hospital.
- 7. Moi Teaching and Referral Hospital.
- 8. Nyeri Provincial General Hospital.
- 9. Rift Valley Provincial Hospital.
- 10. Kakamega Provincial General Hospital.

CAP. 253

[Subsidiary]

THE MEDICAL PRACTITIONERS AND DENTISTS (FITNESS TO PRACTISE) RULES

ARRANGEMENT OF RULES

Rule

- 1. Citation
- 2. Interpretation
- 3. Establishment of the Committee
- 4. Functions of the committee
- 5. Procedure relating to impairment
- 6. Appeal
- 7. Effects of failure to comply with the Rules
- 8. Application for restoration of license

SCHEDULES

SCHEDULE —

FITNESS TO PRACTISE REPORTING FORM

THE MEDICAL PRACTITIONERS AND DENTISTS (FITNESS TO PRACTISE) RULES

[Legal Notice 128 of 2016]

1. Citation

These Rules may be cited as the Medical Practitioners and Dentists (Fitness to Practise) Rules.

2. Interpretation

In these Rules, unless the context otherwise requires-

"Board" has the meaning assigned to it under section 2 of the Act;

"Committee" means the Fitness to Practice Committee established under rule 3;

"fitness to practise" in relation to a medical or dental practitioner or student, means a person having the necessary skills, knowledge and character to practise safely and effectively and includes acts that may affect public protection or confidence in the profession;

"impairment" means a mental, social, or physical condition which affects or has the potential to affect competence, attitude, judgement or performance of professional acts by a registered practitioner or a medical or dental student and may include—

- (a) serious or persistent failure to meet institutional or professional minimum standards of practise;
- (b) reckless or deliberate acts that potentially affect or harm self, colleagues and patients, relatives of patients and others;
- (c) concealing professional errors or impeding investigations into the same;
- (d) sexual misconduct or indecency;
- (e) improper relationships with service users or colleagues;
- (f) failure to respect the autonomy of service users;
- (g) violence or threatening behaviour;
- (h) dishonesty, fraud or an abuse of trust;
- (i) exploitation of a vulnerable person;
- (j) substance abuse or misuse;
- (k) health problems which the practitioner or student has not addressed, and which may affect safety or confidence of the service users;
- (I) any other equally serious activities, behaviours, utterances which undermine public confidence in the medical profession;

"intervention" means any medical, social or other process, procedure or activity conducted with a view to correcting an impairment in a medical or dental practitioner or student;

"practitioner" means a person registered under the Act as a medical practitioner or dentist; and

"student" means a person undergoing medical or dental training in an institution registered under the Act.

3. Establishment of the Committee

- (1) There is established a committee to be known as the Fitness to Practice Committee.
- (2) The Committee shall comprise of—
 - (a) the vice-Chairperson of the Board, who shall Chair the Committee;
 - (b) three members of the Board;

- (c) a representative appointed by the Kenya Medical Association;
- (d) a representative appointed by the Kenya Dental Association; and
- (e) the advocate of the Board who shall be the legal advisor;
- (f) four other members co-opted by the Committee and of whom-
 - (i) one shall be a preferred expert or professional representative of the practitioner or student appearing before the Committee;
 - (ii) one shall be a representative nominated by the relevant specialist association;
 - (iii) one shall be a professional expert as may be nominated by the Board, and
 - (iv) one shall be a person whose expertise is relevant to the matter as the Board may determine.

(3) In the absence of the vice-Chairperson of the Board the Committee shall appoint a Chairperson from amongst its members who are members of the Board.

- (4) The quorum at the meeting of the Committee shall be six members.
- (5) Subject to these Rules, the Committee may regulate its own procedures.

4. Functions of the committee

The Committee shall—

- receive reports of alleged impairment of practitioners and students from themselves, institutions, practitioners, patients, the Board, the general public or from any other source;
- (b) undertake an inquiry into reports of alleged impairment of practitioners and students;
- (c) recommend to the Board appropriate interventions, where applicable, and
- (d) recommend to the Board the conditions for fitness to practise from time to time.

5. Procedure relating to impairment

(1) Any person making a report regarding the fitness to practise of a practitioner or student shall complete the prescribed Form provided for in the Schedule and submit it to the Board.

(2) All reports received by the Committee shall be discussed in a sitting of the Committee.

(3) In the event the Committee finds that the report merits further inquiry it shall record as such and thereafter cause the concerned practitioner or student to be assessed.

(4) Upon assessment under paragraph (3), the Committee may make any of the following recommendations to the Board—

- (a) that the practitioner or student is fit to practise;
- (b) that the practitioner or student is unfit to practise independently and requires to practise under supervision while undergoing an intervention for a prescribed period of time;
- (c) that the practitioner or student is temporarily unfit to practise and should have their licence or privileges temporarily withdrawn for the duration of an intervention to facilitate their return to fitness; or
- (d) that the practitioner or student is permanently unfit to practise and should have their practise licence or privileges permanently withdrawn and undergo any other interventions as may be deemed necessary.

6. Appeal

Any person aggrieved by a decision of the Committee may, within 14 days of that decision, appeal against the decision to the Board.

7. Effects of failure to comply with the Rules

A practitioner or student who fails to comply with the requirements or any directive issued under these Rules shall have their license withdrawn by the Board until such a time as they shall be deemed to have complied.

8. Application for restoration of license

A practitioner or student whose license or privileges have been temporarily withdrawn shall upon satisfactory completion of the prescribed intervention, apply for restoration of their license or privileges and the application shall be considered alongside a confidential report submitted to the Board indicating fitness to practise or otherwise.

| | SCHEDULE | | |
|----|---------------------------------------------------------------|--|--|
| | FITNESS TO PRACTISE REPORTING FORM | | |
| | DRM (r. 5(1)) | | |
| | HE MEDICAL PRACTITIONERS AND DENTISTS ACT | | |
| • | ap. 253) | | |
| | EDICAL PRACTITIONERS AND DENTISTS, FITNESS TO PRACTISE | | |
| R | EPORTING FORM | | |
| 1. | Date | | |
| 2. | Name of practitioner/student subject to report | | |
| 3. | 3. Physical Address of practitioner/student subject to report | | |
| | | | |
| 4. | Nature of alleged impairment | | |
| | | | |
| | · | | |
| | Any Other Relevant Information | | |
| | (may attach additional documents if available) | | |
| 5. | Details of person reporting (optional) | | |
| | Name Signature | | |
| | P. O. Box Code City | | |
| | Tel. No email | | |
| | | | |

CAP. 253

THE MEDICAL PRACTITIONERS AND DENTISTS (MEDICAL CAMP) RULES

ARRANGEMENT OF RULES

Rule

- 1. Citation
- 2. Interpretation
- 3. Holding of a medical camp
- 4. Rejection of application
- 5. Conditions on a licence
- 6. Licence to apply on the site
- 7. Revocation of a licence
- 8. Duration of the medical camp
- 9. Responsibility of the Camp Director

SCHEDULES FORMS

SCHEDULE —

THE MEDICAL PRACTITIONERS AND DENTISTS (MEDICAL CAMP) RULES

[Legal Notice 129 of 2016]

1. Citation

These Rules may be cited as the Medical Practitioners and Dentists (Medical Camp) Rules.

2. Interpretation

In these Rules, unless the context otherwise requires-

"Camp Director" means a medical or dental practitioner of good standing who assumes overall responsibility for a medical camp;

"foreign practitioner" means a person licensed by the Board from recognized jurisdictions under section 13 of the Act and who appears in the register of temporary foreign medical or dental practitioners;

"medical camp" means a temporarily organized activity within a specified locality for purposes of providing free, subsidized or sponsored medical or dental services, surgical, educational and diagnostic services or treatment;

"practitioner" means a person for the time being registered or licensed as a medical or dental practitioner under the Act;

"site" means the location where the medical camp shall take place; and

"sponsoring entity" means a person who meets the full or part of the cost of a medical camp.

3. Holding of a medical camp

(1) A medical camp may be held anywhere within the country upon application to the Board for a licence and fulfillment of the requirements set out under these Rules.

(2) An application for licence to hold a medical camp shall be filled in the Form as set out in the Schedule and shall be accompanied by a prescribed fee and the following information

- (a) a detailed profile of the medical camp which shall include the dates, location and services to be provided;
- (b) a list of the practitioners and other health professionals who shall attend to patients during the medical camp;
- (c) a list of non-health professionals involved in the medical camp;
- (d) a list of medical equipment and supplies;
- (e) a referral policy as set out in the approved referral guidelines;
- (f) a professional indemnity cover from a recognized organization; and
- (g) a waste management policy.

(3) An application for a licence under this rule shall be made not less than four weeks before the commencement of the medical camp.

(4) The Board may, upon receipt of an application for a licence to hold a medical camp, request such further or relevant information from the applicant as it deems fit.

(5) The Board may in its discretion waive the prescribed fees or any part thereof for the general interest of the public.

(6) Despite the provisions of paragraphs (1) and (2), the Board may, if it is satisfied that it is in the public interest to do so, allow a medical camp to be held within such other terms as it may deem fit.

4. Rejection of application

(1) The Board may reject an application for a medical camp made under these Rules, but before rejecting the application it shall inform the applicant in writing, with a seven days' notice, giving reasons for the intended rejection.

(2) Any applicant issued with a notice under paragraph (1) may lodge an appeal with the Board within seven days of receipt of the notice.

5. Conditions on a licence

The Board may, upon issuance of a licence, impose any conditions on a licence as it considers fit and may cancel a licence if any of the conditions imposed on the licence are contravened.

6. Licence to apply on the site

A licence shall be issued only in respect to the site and duration named in the application and shall not apply to any other site or duration unless authorized by the Board.

7. Revocation of a licence

A licence issued under these Rules may at any time be revoked by the Board-

- (a) if the licensee does not comply with the provisions of these Rules or obstructs, any person carrying out any duties or the responsibilities under the Act or these Rules;
- (b) if the medical camp is conducted in a manner contrary to these Rules or contrary to public interest; or
- (c) where after inquiry or during the medical camp, the Board finds professional misconduct.

8. Duration of the medical camp

A medical camp shall not be held for more than seven days unless the Board otherwise permits.

9. Responsibility of the Camp Director

It shall be the responsibility of the Camp Director to-

- (a) notify and apply to the relevant authorities including county government in writing of the intention to hold a medical camp;
- (b) obtain authorization to hold the medical camp from the Board and other statutory bodies;
- (c) ensure that all health care professionals involved in the medical camp are duly licensed by the Board or other relevant regulatory authorities;
- (d) ensure supervision of medical or dental students involved in the medical camp;
- (e) have in place a referral mechanism for patients requiring further management; and
- (f) file a report with the Board within three months of completion of the medical camp.

SCHEDULE

FORMS

FORM I (r. 3(2)) THE MEDICAL PRACTITIONERS AND DENTISTS BOARD (Cap. 253) APPLICATION TO CONDUCT MEDICAL/DENTALCAMP(S)

[Subsidiary] Section 1: Details of the Applicant (a) Individual Application Name (as it appears on the National ID/Passport):..... ID Number/Passport No.Nationality:..... P.O. Box Code Town County Email address Telephone No.: Mobile No. (b) Institutional Application Name of the institution (as it appears on registration certificate/certificate of incorporation) Country of Registration..... P.O. Box Code Town County Physical Location: Email address Telephone No.: Mobile No. Section 2: Details of the Camp Name of Camp Director: ID Number/Passport No. Nationality: Duration of the medical camp: From:To: Location County Sub-County Further details of the medical camp site (include details of the specific location): Name of sponsoring entity Country of registration of sponsoring entity Estimated no. of patients to be seen Services to be offered during the camp: (i) (ii) (iii) (iv) (v) Section 3: Requirements Attach the following documents, to this application form, in the prescribed order: 1. Copies of up-to-date licences of ALL medical/dental practitioners involved in the camp;

- 2. Copies of up-to-date licences of ALL other health personnel involved in the camp;
- 3. List of ALL non-medical/dental personnel involved in the camp;

- 4. Letter of authorization from the County Government or relevant Authority;
- 5. List of ALL Medical Equipment;
- 6. Referral Policy;
- 7. Waste management and disposal policy; and
- 8. Medical Indemnity Cover;
- 9. Proof of payment of the application fees and credentialing fees
 - (a) Application fees KSh. 5,000.00
 - (b) Credentialing fees as per the following catergories
 - (i) Category A—KSh.100,000.00
 - (ii) Category B—KSh.50,000.00
 - (iii) Category C—KSh.20,000.00
 - (iv) Category D—KSh.10,000.00
 - (v) Category E Free

Section 4: Declaration

I solemnly declare that

- 1. The information given above is true to the best of my knowledge and belief.
- 2. The Medical/Dental camp is NOT FOR PROFIT

Signature of Applicant Date

FOR OFFICIAL USE

The process will take a maximum of two (2) weeks.

PREPARED

Name: Designation Signature Date RECOMMENDED Name Designation Signature Date

APPROVED/NOT

| Name |
|-------------|
| Designation |
| Signature |

FORM II

THE MEDICAL PRACTITIONERS AND DENTISTS BOARD (Cap. 253) LICENCE TO CONDUCT A MEDICAL CAMP

This is to certify that

(Applicant's Name or Sponsoring Institution/Facility)

P.O Box

Category

is hereby granted authority to conduct a Medical/Dental Camp Under the provisions of the Medical Practitioners and Dentists Act Cap. 253 at from to

(Location)

Dated this..... day of 20

.....

Chairman of

Medical Practitioners and Dentists Board

CONDITIONS OF THE LICENCE

1. This licence is issued on condition that the minimum requirements set by the Board for conducting a medical/dental camp are adhered to at all times and that the medical/dental camp is not for profit.

THE MEDICAL PRACTITIONERS AND DENTISTS (PRACTITIONERS AND HEALTH FACILITIES) (ADVERTISING) RULES

ARRANGEMENT OF RULES

Rule

- 1. Citation
- 2. Interpretation
- 3. General conduct
- 4. Information which may be advertised
- 5. Information which may not be included in advertisements
- 6. Signposts or notice boards
- 7. Prohibited means of attracting business
- 8. Effect of non-compliance
THE MEDICAL PRACTITIONERS AND DENTISTS (PRACTITIONERS AND HEALTH FACILITIES) (ADVERTISING) RULES

[Legal Notice 130 of 2016]

1. Citation

These Rules may be cited as the Medical Practitioners and Dentists (Practitioners and Health Facilities) (Advertising) Rules.

2. Interpretation

In these Rules, unless the context otherwise requires-

"advertisement" means the use of promotional information to increase sales which is transmitted through but not limited to any public communication using television, radio, motion pictures, newspapers, billboards, books, lists, pictorial representations, designs, mobile communications or other displays, the internet or directories, business cards, announcement cards, office signs, letterhead, telephone directory listings, professional lists, professional directory listings and similar professional notices;

"health institution" means an institution which, is registered by the Board under the Act for provision of medical and dental services;

"intermediary" means a person or party who provides a link between the practitioners or institutions and the patients;

"practitioner" means a person registered under the Act as a medical or dental practitioner.

3. General conduct

(1) A practitioner or health institution registered under the Act shall not directly or indirectly permit any promotion which may be reasonably regarded as calculated to attract patients, clients or business except as provided under these Rules.

(2) Advertisements under these Rules shall only contain information about services offered in Kenya.

(3) A practitioner or health institution shall not advertise their practice in any form other than in accordance with these Rules.

(4) An advertisement made under these Rules shall-

- (a) be objective, true and dignified;
- (b) be respectful of the professional ethics of the profession;
- (c) not attempt to denigrate other practitioners or health institutions or the profession; and
- (d) not infringe on patient confidentiality.

(5) Nothing in these Rules derogates from the power of the Board to rule on the desirability or otherwise of a practitioner, a health institution or of the proposed or actual advertisements.

4. Information which may be advertised

(1) A practitioner or a health institution may only provide the following information in an advertisement under these Rules—

- (a) the identity of the medical or dental practitioner;
- (b) the identity of the health institution or hospital;
- (c) the reference to the practitioner's specialization issued by the Board;
- (d) the address, physical location and other contact information of the practitioner, clinic, office or health institution including the email and web site;
- (e) the language of business used by the practitioner or the health institution;

- (f) the hours the clinic or facility or office is open for conducting business;
- (g) the statement of the position currently or previously held by the practitioner within the health institution;
- (h) the certification or accreditation of the practitioner with a professional body or agency including any affiliation with licensed hospitals or clinics;
- (i) the safety and quality accreditation of the practice or healthcare setting;
- (j) the year of registration and registration number of the practitioners or the health institution;
- (k) the professional and academic qualification(s) of the practitioner provided that any such professional qualifications should be recognized by the Board, and
- (I) any publication or cases or research work and provision of medical or dental education in which the practitioner or facility or other professional members of the health institution may have contributed to, provided such information does not infringe on patient confidentiality.

(2) Practitioners shall not participate in health related advertisements or endorse health related medical products and procedures unless provided for under these Rules.

5. Information which may not be included in advertisements

(1) A practitioner or health institution shall not provide the following information in an advertisement under these Rules—

- (a) the names or identities of patients;
- (b) a picture of the patient or client, which includes images, graphic or other visual representations or facsimiles;
- (c) information that creates or is likely to create unrealistic or unwarranted expectations about the effectiveness of the health services offered;
- (d) a promise by the practitioner or health institution to achieve a particular outcome for the patient or prospective patients or clients;
- (e) a promise to complete treatment of patients in any particular time or faster than other practitioners or Health Institutions;
- (f) a promise that failure to obtain the outcome promised shall constitute a waiver of the fees for the practitioner or Health Institutions, and
- (g) deceitful, erroneous or misleading information.

(2) Despite the provisions of paragraph (1), a patient or legal guardian shall retain autonomy to consent or decide whether their information or otherwise may be shared.

6. Signposts or notice boards

Any signage put up by a medical or dental practitioner or health institution shall contain information in accordance with these Rules and shall not—

- (a) use the Red Cross and Red Crescent or any other copyrighted signs; or
- (b) use names, photographs, images and diagrams which may be misleading to members of the public.

7. Prohibited means of attracting business

No medical or dental practitioner or health institution shall seek to advertise, solicit or attract business or patients through any of the following means—

- (a) an "intermediary" that would amount to professional touting;
- (b) unsolicited contact;
- (c) false or misleading statements, or where undue influence is used; and
- (d) arranged referrals where commission or otherwise is arranged or paid.

8. Effect of non-compliance

(1) In the event a medical or dental practitioner or a health institution is in breach of any of these Rules, the Board shall upon receipt of a complaint refer the complaint to the Preliminary Inquiry Committee for an appropriate inquiry or action.

(2) Where a practitioner or health institution fails to comply with these Rules that practitioner or health institution commits an act of professional misconduct.

CAP. 253

[Subsidiary]

THE MEDICAL PRACTITIONERS AND DENTISTS (PROFESSIONAL FEES) RULES

ARRANGEMENT OF RULES

Rule

- 1. Citation
- 2. Interpretation
- 3. Chargeable fees
- 4. Powers of the Board
- 5. Effect of failure to comply

SCHEDULES

FEES

THE MEDICAL PRACTITIONERS AND DENTISTS (PROFESSIONAL FEES) RULES

[Legal Notice 131 of 2016]

1. Citation

These Rules may be cited as the Medical Practitioners and Dentists (Professional Fees) Rules, 2016.

2. Interpretation

In these Rules, unless the context otherwise requires-

"Board" means the Medical Practitioners and Dentists Board established under section 4 of the Act;

"institution" means a facility or institution registered under the Act to offer medical or dental services or both; and

"practitioner" means a practitioner registered under the Act as a medical or dental practitioner.

3. Chargeable fees

(1) The fees specified under the Schedule to these Rules shall be the fees charged by practitioners offering medical or dental services, or both.

(2) The fees referred to under paragraph (1) shall be adhered to by all practitioners and institutions registered under the Act and no practitioner may agree or accept fees above that which is provided under these Rules.

(3) No practitioner shall charge fees for a consultation or services not rendered.

(4) The fees prescribed under the Schedule shall be subject to revision at the discretion of the Board.

4. Powers of the Board

The Board shall have powers to arbitrate any disputes on fees as shall arise between a practitioner and an institution or between a practitioner and a patient or a third party and the Board shall conduct the arbitration in such manner as it shall consider suitable for determination of the dispute.

5. Effect of failure to comply

Where a practitioner fails to comply with these Rules that practitioner commits an act of professional misconduct.

SCHEDULE [r. 3(1),(4)] FEES

FORM Annual Inflation Rate Year 2013 - 5.60 2014 - 6.50 2015 - 6.80 Compounded Inflation Rate - 0.20

NOTE: The Current figures have been adjusted using the inflation rate as from the year 2013 to

March 2015 as quoted by The Kenya National Bureau of Statistics attached as **ANNEX 1**.

| A: GENERAL PRAC | | |
|-----------------------------------|-----------------------|-----------------------|
| | New Minimum (KSh.) | New Maximum (KSh.) |
| Consultation | 1,800.00 | 5,000.00 |
| House Visits – NB | - | - |
| (Consultations only. | | |
| Incidentals to be | | |
| agreed upon by the parties) | | |
| Day Time | 3,600.00 | 7,500.00 |
| Night Time | 6,000.00 | 12,000.00 |
| Hospital Visits | | |
| Day Time | 3,600.00 | 7,500.00 |
| Night Time Institutional Locum | 6,000.00 2,000.00 | 12,000.00 5,000.00 |
| Fees per hour - | 2,000.00 | 3,000.00 |
| Daytime | | |
| Institutional Locum | 3,000.00 | 6,000.00 |
| Fees per hour - | | |
| Nighttime B: SPECIALISTS | | |
| Consultations | 3,600.00 | 7,500.00 |
| House Visits NB | - | - |
| (Consultations only. | | |
| Incidentals to be | | |
| agreed upon by the parties) | | |
| Day Time | 6,000.00 | 12,000.00 |
| Night Time | 12,000.00 | 18,000.00 |
| Hospital Visits | | |
| Day Time | 6,000.00 | 12,000.00 |
| Emergency Night visits | 12,000.00 | 18,000.00 |
| Emergency Day | 7,200.00 | 12,000.00 |
| visits | ., | _, |
| ICU Visit (Daily | 7,200.00 | 10,000.00 |
| charges) | C 000 00 | 7 500 00 |
| HDU Visit (Daily charges) | 6,000.00 | 7,500.00 |
| Witnessing a | 24,000.00 | 60,000.00 |
| postmortem | , | |
| Institutional Locum | 3,000.00 | 6,000.00 |
| Fees per hour - | | |
| Daytime Institutional Locum | 4 500 00 | 9,000.00 |
| Fees per hour - | 1,000.00 | 0,000.00 |
| Nighttime | | |
| | | |

| | Wealear Taelillo | | |
|------------|-------------------------------------------------------|---------------|-----------------|
| | | | [Subsidiary] |
| | C: GENERAL MEDI | CAL AND DENTA | L LEGAL REPORTS |
| GMDLR01 | General medical and dental reports | 6,000.00 | 12,000.00 |
| GMDLR02 | Medical and Dental Legal Reports | 6,000.00 | 60,000.00 |
| GMDLR03 | Court Appearances (per session) | 50,000.00 | 120,000.00 |
| | M001: GENERAL SURGERY | - | - |
| | A) Complex Major | Minimum | Maximum |
| GEN.SURG01 | Abdominoperineal resection (APR) | 90,000.00 | 180,000.00 |
| GEN.SURG02 | Anterior Resection of Rectum | 80.00.00 | 150,000.00 |
| GEN.SURG03 | Total Gastrectomy | 96,000.00 | 140,000.00 |
| GEN.SURG04 | Partial Gastrectomy | 60,000.00 | 100,000.00 |
| GEN.SURG05 | Total Oesophagectomy | 84,000.00 | 144,000.00 |
| GEN.SURG06 | Unilateral Adrenalectomy | 90,000.00 | 144,000.00 |
| GEN.SURG07 | Bilateral Adrenalectomy | 108,000.00 | 180,000.00 |
| GEN.SURG08 | Total Resection of Colon | 84,000.00 | 180,000.00 |
| GEN.SURG09 | Partial Pancreatectomy | 132,000.00 | 180,000.00 |
| GEN.SURG10 | Nephrectomy | 66,000.00 | 90,000.00 |
| GEN.SURG11 | Cholecystectomy + CBD exploration | 90,000.00 | 170,000.00 |
| GEN.SURG12 | Excision of Biliary stricture <i>B) Major I</i> | 132,000.00 | 180,000.00 |
| GEN.SURG14 | Ópen cholecystectomy | 72,000.00 | 168,000.00 |
| GEN.SURG15 | Laparoscopic cholecystectomy | 96,000.00 | 150,000.00 |
| GEN.SURG16 | Vagotomy + drainage | 72,000.00 | 132,000.00 |
| GEN.SURG17 | Repair of perforated duodenal ulcer | 172,000.00 | 96,000.00 |
| GEN.SURG18 | Repair of hiatus hernia | 54,000.00 | 96,000.00 |
| GEN.SURG19 | Splenectomy | 70,000.00 | 180,000.00 |
| GEN.SURG20 | Parathyroidectomy | 120,000.00 | 180,000.00 |
| GEN.SURG21 | Radical mastectomy | 100,000.00 | 180,000.00 |
| GEN.SURG22 | Simple mastectomy | 72.000.00 | 96,000.00 |
| GEN.SURG23 | Breast lumpectomy | | 72,000.00 |
| GEN.SURG24 | Drainage of breast abscess | | 60,000.00 |
| | | | |

| CAP. 253 | Medical Practitic | ners and Dentists | [Rev. 2022] |
|--------------|----------------------------------------------------------|-------------------|-------------|
| [Subsidiary] | | | |
| GEN.SURG25 | Segmental resection of breast | 60,000.00 | 96,000.00 |
| GEN.SURG26 | Total thyroidectomy | 72.000.00 | 170,000.00 |
| GEN.SURG27 | Intestinal resection + anastomosis | | 150,000.00 |
| GEN.SURG28 | Exploration of retroperitoneal mass | 72,000.00 | 180,000.00 |
| GEN.SURG29 | Exploratory laparatomy | 72,000.00 | 108,000.00 |
| GEN.SURG30 | Bowel resection and anastomosis | 72,000.00 | 108,000.00 |
| GEN.SURG31 | Laparatomy for pyloric stenosis | 48,000.00 | 72,000.00 |
| GEN.SURG32 | Hemicolectomy | 84,000.00 | 144,000.00 |
| GEN.SURG33 | Transverse colectomy | 84,000.00 | 144,000.00 |
| GEN.SURG34 | Exteriorization of caecum | 72,000.00 | 108,000.00 |
| GEN.SURG35 | Stripping of bilatera varicose veins | 172,000.00 | 108,000.00 |
| GEN.SURG36 | Bilateral inguinal herniorrapphy | 60,000.00 | 140,000.00 |
| GEN.SURG37 | Bilateral sympathectomy | 60,000.00 | 96,000.00 |
| GEN.SURG38 | Bilateral gynaecomastia correction | 48,000.00 | 110,000.00 |
| GEN.SURG39 | Excision of Liver hydatid cyst C) <i>Major II</i> | 66,000.00 | 160,000.00 |
| GEN.SURG40 | Repair of umbilical hernia | 50,000.00 | 100,000.00 |
| GEN.SURG41 | Repair of epigastric hernia | 60,000.00 | 110,000.00 |
| GEN.SURG42 | Repair of incisional hernia | 50,000.00 | 110,000.00 |
| GEN.SURG43 | Unilateral inguinal herniorrhaphy | 50,000.00 | 120,000.00 |
| GEN.SURG44 | Unilateral femoral herniorrhaphy | 60,000.00 | 100,000.00 |
| GEN.SURG45 | Repair of recurrent inguinal hernia | 80,000.00 | 150,000.00 |
| GEN.SURG46 | Repair of strangulated hernias | 54,000.00 | 120,000.00 |
| GEN.SURG47 | Repair of burst abdomen | 50,000.00 | 100,000.00 |
| GEN.SURG48 | Stripping of unilateral varicose veins | 40,000.00 | 80,000.00 |

| [Rev. 2022] | Madiaal Draatiti | neve and Dautista | CAP. 253 |
|-------------|-----------------------------------------------------------------------------|--------------------|--------------|
| | | oners and Dentists | [Subsidiary] |
| GEN.SURG49 | Unilateral sympathectomy | 30,000.00 | 66,000.00 |
| GEN.SURG50 | Unilateral gynaecomastia correction | 30,000.00 | 66,000.00 |
| GEN.SURG51 | Laparoscopic appendicectomy | 80,000.00 | 140,000.00 |
| GEN.SURG52 | Laparoscopic herniorraphy | 65,000.00 | 120,000.00 |
| GEN.SURG53 | Laparoscopic Niessens | 120,000.00 | 180,000.00 |
| GEN.SURG54 | Laparoscopic gastrojejunostomy | 70,000.00 | 140,000.00 |
| GEN.SURG55 | Laparoscopic repair of perforated duodenal ulcer D) Intermediate I | 80,000.00 | 120,000.00 |
| GEN.SURG56 | Unilateral orchidopexy | 60,000.00 | 120,000.00 |
| GEN.SURG57 | Bilateral | 90,000.00 | 140,000.00 |
| GEN.SURG58 | Appendicectomy | 60,000.00 | 120,000.00 |
| GEN.SURG59 | Diagnostic laparoscopy + biopsy | 60,000.00 | 100,000.00 |
| GEN.SURG60 | Unilateral herniotomy | 50,000.00 | 80,000.00 |
| GEN.SURG61 | Bilateral herniotomy | y 60,000.00 | 90,000.00 |
| GEN.SURG62 | Unilateral herniotomy + orchidopexy | 80,000.00 | 100,000.00 |
| GEN.SURG63 | Bilateral herniotomy + orchidopexy | | 180,000.00 |
| GEN.SURG64 | Haemorrhoidectom | | 150,000.00 |
| GEN.SURG65 | Colostomy | 70,000.00 | 90,000.00 |
| GEN.SURG66 | Closure of colostomy | 80,000.00 | 140,000.00 |
| GEN.SURG67 | EUA and anorectal stretch | | 66,000.00 |
| GEN.SURG68 | Lateral sphincterotomy | 50,000.00 | 60,000.00 |
| GEN.SURG69 | Excision of pilonida sinus | 1 36,000.00 | 72,000.00 |
| GEN.SURG70 | Fistulectomy for fistulae in ano | 36,000.00 | 80,000.00 |
| GEN.SURG71 | Orchidectomy | 36,000.00 | 60,000.00 |
| GEN.SURG72 | Tracheostomy E) Intermediate II | 30,000.00 | 60,000.00 |
| GEN.SURG73 | Minor skin graft | 30,000.00 | 48,000.00 |
| GEN.SURG74 | Minor release of contractures | 30,000.00 | 54,000.00 |

| CAP. 253 | Medical Practitic | oners and Dentists | [Rev. 2022] |
|------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------|
| [Subsidiary] | | | |
| GEN.SURG75 | Excision of sternomastoid tumour | 30,000.00 | 54,000.00 |
| GEN.SURG76 GEN.SURG77 | Repair of hydrocele Excision of thyroglossal cyst F) Minor (GA) | 36,000.00 30,000.00 | 80,000.00 60,000.00 |
| GEN.SURG78 GEN.SURG79 GEN.SURG80 GEN.SURG81 | Lymph node biopsy Surgical toilet Needle biopsy: liver Secondary suturing of wounds | 30,000.00 18,000.00 | 36,000.00 80,000.00 36,000.00 60,000.00 |
| GEN.SURG82 GEN.SURG83 GEN.SURG84 GEN.SURG85 | Excision of ganglior Excision of lipoma Skin biopsy Excision of warts / skin lesions | | 50,000.00 70,000.00 36,000.00 50,000.00 |
| GEN.SURG86 GEN.SURG87 | Adult circumcision Paediatric circumcision | 18,000.00 18,000.00 | 50,000.00 70,000.00 |
| GEN.SURG88 GEN.SURG89 | Incision & drainage Incision & drainage (perineal abscess) | | 60,000.00 60,000.00 |
| GEN.SURG90 | Ingrown toenail M002 : GENERAL SURGERY G) Minor (LA) | 20,000.00 | 40,000.00 |
| GEN.SURG91 GEN.SURG92 | Lymph node biopsy Excision of lipoma/ lump | | 50,000.00 50,000.00 |
| GEN.SURG93 | Excision of breast | 15,000.00 | 50,000.00 |
| GEN.SURG95 GEN.SURG96 | Ingrown toenail Excision of sebacious cyst | 20,000.00 25,000.00 | 50,000.00 50,000.00 |
| GEN.SURG97 GEN.SURG98 | Excision of ganglior Excision of warts/ skin lesions | 20,000.00 15,000.00 | 50,000.00 50,000.00 |
| GEN.SURG99 GEN.SURG100 GEN.SURG101 | Sigmoidoscopy Colonoscopy Proctoscopy (and | 18,000.00 30,000.00 15,000.00 | 40,000.00 54,000.00 24,000.00 |
| GEN.SURG102 | biopsy) Suprapubic cystostomy | 20,000.00 | 36,000.00 |
| GEN.SURG103 GEN.SURG104 GEN.SURG105 | Testicular biopsy Adult circumcision Paediatric circumcision | 20,000.00 20,000.00 25,000.00 | 24,000.00 40,000.00 30,000.00 |
| GEN.SURG106 GEN.SURG107 | Incision & drainage Vasectomy M003 : NEUROSUF | 12,000.00 | 40,000.00 18,000.00 |

| [Rev. 2022] | Medical Practitic | oners and Dentists | CAP. 253 |
|--------------------|-------------------------------------------------------------|--------------------|--------------|
| | | | [Subsidiary] |
| | A) Complex Major | _ | _ |
| NEURO01 | Craniotomy for aneurysm | 144,000.00 | 360,000.00 |
| NEURO02 | Craniotomy for AV malformation | 144,000.00 | 300,000.00 |
| NEURO03 | Cranitomy for brain tumour | 144,000.00 | 300,000.00 |
| NEURO04 | Posterior fossa surgery B) Major I | 180,000.00 | 360,000.00 |
| NEURO05 | Microdiscectomy | 96,000.00 | 180,000.00 |
| NEURO06 | Anterior cervical discectomy | 96,000.00 | 180,000.00 |
| NEURO07 | Anterior cervical fusion - AO plating | 108,000.00 | 180,000.00 |
| NEURO08 | Craniotomy for intracelebral haematoma | 96,000.00 | 180,000.00 |
| NEURO09 | Glioma | 96,000.00 | 192,000.00 |
| NEURO10 | Extradural haematoma | 96,000.00 | 144,000.00 |
| NEURO11 | Subdural haematoma | 96,000.00 | 144,000.00 |
| NEURO12 | Laminectomy for cervical / thoracic / or lumbar spine | 108,000.00 | 180,000.00 |
| NEURO13 | Spinal fusions with implants | 120,000.00 | 240,000.00 |
| NEURO14 | Lumbar fusion / spondylosis /disc procedure | 120,000.00 | 240,000.00 |
| NEURO15 | Excision of intracranial nerve lesions | 108,000.00 | 180,000.00 |
| NEURO16 | Repair of dura C) Major II | 72,000.00 | 132,000.00 |
| NEURO17 NEURO18 | Burr hole(s) for Subdural haematoma | | |
| NEURO19 | Brain abscess | 72,000.00 | 144,000.00 |
| NEURO20 | Biopsy procedure | 72,000.00 | 144,000.00 |
| NEURO21 | ICP monitoring/VP shunt | 72,000.00 | 144,000.00 |
| NEURO22 | Excision of spinal tumours | 108,000.00 | 216,000.00 |
| NEURO23 | Acrylic cranioplasty | | 180,000.00 |
| NEURO24 | Stereotactic intracranial procedure | 96,000.00 | 210,000.00 |
| NEURO25 | Clipping of cerebral artery | 48,000.00 | 144,000.00 |

| CAP. 253 | Medical Practitic | oners and Dentists | [Rev. 2022] |
|--------------|-------------------------------------------------------------------------------------------------------------------|--------------------|-------------|
| [Subsidiary] | | | |
| NEURO26 | Elevation of depressed skull fracture | 60,000.00 | 120,000.00 |
| NEURO27 | Application of skull callipers | 54,000.00 | 84,000.00 |
| NEURO28 | Spina bifida surgery D) Intermediate I | y 96,000.00 | 144,000.00 |
| NEURO29 | Microsurgical nerve graft / nerve repair/exploration/ microsurgical anastomosis E) Intermediate II | 48,000.00 | 108,000.00 |
| NEURO30 | Surgical toilet and repair of major scalp wounds / lacerations | 18,000.00 | 48,000.00 |
| NEURO31 | Surgical toilet for scalp tumour | 48,000.00 | 96,000.00 |
| NEURO32 | Ventricular / cisternal puncture F) Minor (LA) | 12,000.00 | 24,000.00 |
| NEURO33 | Repair minor scalp wounds /lacerations | | 30,000.00 |
| NEURO34 | Lumbar puncture M004 : UROLOGICAL SURGERY A) Complex Major | 12,000.00 | 24,000.00 |
| UROS01 | Percutaneous nephrostomy | 120,000.00 | 168,000.00 |
| UROS02 | Ureteroscopic extraction of calculus in ureter flexible | 144,000.00 | 216,000.00 |
| UROS03 | Ureteroscopic extraction of calculus in ureter - rigid | 144,000.00 | 216,000.00 |
| UROS04 | Bilateral orchidectomy | 120,000.00 | 210,000.00 |
| UROS05 | Laparoscopic orchidectomy | 120,000.00 | 180,000.00 |
| UROS06 | Primary repair of incisional hernia | 60,000.00 | 90,000.00 |
| UROS07 | Primary repair of incisional hernia laparoscopic | 80,000.00 | 120,000.00 |
| UROS08 | Repair of previous incision in abdominal wall | 60,000.00 | 100,000.00 |

| [Rev. 2022] | Medical Practitio | oners and Dentists | CAP. 253 |
|-------------|---------------------------------------------------------|--------------------|--------------|
| | | | [Subsidiary] |
| UROS09 | Repair of kidney wound | 120,000.00 | 180,000.00 |
| UROS10 | Repair of vesico- colic fistula | 180,000.00 | 360,000.00 |
| UROS11 | Repair of injury to penis | 180,000.00 | 240,000.00 |
| UROS12 | Transplantation of kidney | 240,000.00 | 360,000.00 |
| UROS13 | Radical nephrectomy | 240,000.00 | 360,000.00 |
| UROS14 | Radical nephrectomy laparoscopic | 240,000.00 | 360,000.00 |
| UROS15 | Nephro- ureterectomy | 240,000.00 | 360,000.00 |
| UROS16 | Open removal of calculus from kidney | 180,000.00 | 300,000.00 |
| UROS17 | Construction of ilea | l 240,000.00 | 360,000.00 |
| UROS18 | Bilateral re- implantation of ureter into bladder | 180,000.00 | 360,000.00 |
| UROS19 | Bilateral re- implantation of ureter into bowel | 144,000.00 | 300,000.00 |
| UROS20 | Orchidopexy bilateral | 144,000.00 | 240,000.00 |
| UROS21 | Repair of recurrent femoral hernia | 36,000.00 | 72,000.00 |
| UROS22 | Repair of recurrent femoral hernia laparoscopio | | 90,000.00 |
| UROS23 | Drainage of kidney | | 180,000.00 |
| UROS24 | Drainage of pyonesphrosis | 120,000.00 | 180,000.00 |
| UROS25 | Excision of segmer of ureter | nt120,000.00 | 180,000.00 |
| UROS26 | Cystoscopy turp | 144,000.00 | 216,000.00 |
| UROS27 | External meatotom | | 96,000.00 |
| UROS28 | Excision of lesion c testes | | 108,000.00 |
| UROS29 | Reconstruction of penis | 120,000.00 | 180,000.00 |
| UROS31 | Bilateral herniotom | | 108,000.00 |
| UROS32 | Laparotomy for post-operative | 36,000.00 | 72,000.00 |
| UROS33 | lleal or colonic replacement of ureter | 180,000.00 | 360,000.00 |

| CAP. 253 | | | [Rev. 20 |
|--------------|------------------------------------------------------------|------------------|------------|
| | Medical Practitio | oners and Dentis | ts |
| [Subsidiary] | | | |
| UROS34 | Repair of recurrent inguinal hernia - bilateral | 96,000.00 | 192,000.00 |
| UROS35 | Repair of recurrent inguinal hernia - bilateral lap | 90,000.00 | 180,000.00 |
| UROS36 | PCNL per track | 144,000.00 | 204,000.00 |
| UROS37 | Emergency laparotomy | 90,000.00 | 120,000.00 |
| UROS38 | Radical prostatectomy | 180,000.00 | 360,000.00 |
| UROS39 | Radical prostatectomy lapaoscopic | 180,000.00 | 360,000.00 |
| UROS40 | Operations on ureteric orifice | 36,000.00 | 60,000.00 |
| UROS41 | Cystostomy and insertion of SP catheter | 60,000.00 | 84,000.00 |
| UROS42 | Panendoscopy laser urethrotomy | 48,000.00 | 72,000.00 |
| UROS43 | Orchidectomy & excision of spermatic cord | 60,000.00 | 96,000.00 |
| UROS44 | Hydrocele repair | 36,000.00 | 72,000.00 |
| UROS45 | Adult circumcision | 18,000.00 | 36,000.00 |
| UROS46 | Paediatric circumcision | 18,000.00 | 36,000.00 |
| UROS47 | Ureteroscopy (diagnostic) | 60,000.00 | 84,000.00 |
| UROS48 | Ureteroscopy (diagnostic) flexible | | 84,000.00 |
| UROS49 | Repair of ruptured urethra | 96,000.00 | 132,000.00 |
| UROS50 | Excision of epididymal cyst | 48,000.00 | 84,000.00 |
| UROS51 | Operation on varicocele laparoscopic | 72,000.00 | 96,000.00 |
| UROS52 | Endoscopic insertion of prosthesis in ureter | 48,000.00 | 72,000.00 |
| UROS53 | Endoscopic extraction of bladder calculus | 96,000.00 | 132,000.00 |
| UROS54 | Excision of lesion of skin or subcutaneous tissue | 12,000.00 | 24,000.00 |
| UROS55 | Unilateral herniotomy | 24,000.00 | 54,000.00 |

| [Rev. 2022] | Medical Practitic | oners and Dentists | CAP. 253 |
|-------------|--------------------------------------------------------------|--------------------|--------------|
| | | | [Subsidiary] |
| UROS57 | Primary repair of femoral hernia | 24,000.00 | 60,000.00 |
| UROS58 | Primary repair of femoral hernia laparoscopic | 30,000.00 | 72,000.00 |
| UROS59 | Repair of peri- umbilical hernia - reducible | 48,000.00 | 84,000.00 |
| UROS60 | Repair of peri- umbilical hernia - irreducible | 60,000.00 | 108,000.00 |
| UROS61 | Operation for peyronies disease | 90,000.00 | 120,000.00 |
| UROS62 | Injection intracavernosal | 12,000.00 | 30,000.00 |
| UROS63 | Catheterisation | 10,000.00 | 24,000.00 |
| UROS64 | Dressing | 4,000.00 | 6,000.00 |
| UROS65 | Aspiration of subcutaneous haematoma | 12,000.00 | 18,000.00 |
| UROS66 | Injection into subcutaneous tissue/painful Trig. | 12,000.00 | 24,000.00 |
| UROS67 | Introduction of substance into skin | 6,000.00 | 12,000.00 |
| UROS68 | Incision & drainage | 12,000.00 | 18,000.00 |
| UROS69 | Endoscopic hydrodisention of bladder | 12,000.00 | 30,000.00 |
| UROS70 | Biopsy of lesion of penis | 24,000.00 | 48,000.00 |
| UROS71 | Diathermic excision of warts or subcutaneous tissue | 36,000.00 | 72,000.00 |
| UROS72 | Removal of D J Stent | 12,000.00 | 36,000.00 |
| UROS73 | Ureteric meatotomy | 60,000.00 | 120,000.00 |
| UROS74 | Cystoscopy (Incl biopsy) | 36,000.00 | 72,000.00 |
| UROS75 | Excision of urethral caruncle | 36,000.00 | 72,000.00 |
| UROS76 | Meatoplasty | 48,000.00 | 96,000.00 |
| UROS77 | Orchidopexy abdominal | 120,000.00 | 180,000.00 |
| UROS78 | Open pyeloplasty | 180,000.00 | 300,000.00 |
| UROS79 | Dilatation of female bladder outlet | | 72,000.00 |
| UROS80 | Urethoplasty simple | | 180,000.00 |
| UROS81 | Urethoplasty complex | 180,000.00 | 240,000.00 |

| CAP. 253 | Medical Practitic | oners and Dentists | [Rev. 2022] |
|------------------|-------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| [Subsidiary] | | | |
| UROS82 UROS83 | Repair of bladder Cystoscopy rigid uretero, nephroscopy, laser lithotripsy | 120,000.00 120,000.00 | 300,000.00 300,000.00 |
| UROS84 | Cystoscopy flexible uretero, nephroscopy, laser lithotripsy | 120,000.00 | 300,000.00 |
| UROS85 | Combined abdominal and vaginal operations on bladder | 180,000.00 | 300,000.00 |
| UROS86 | Endoscopic resection of lesion in | 96,000.00 | 192,000.00 |
| UROS87 | bladder Retropubic suspension of bladder neck M005 : PLASTIC AND RECONSTRUCTIV SURGERY | 84,000.00 E | 144,000.00 |
| PRS01 | Cleaning and dressing of burn wounds under G.A. | 60,000.00 | 120,000.00 |
| PRS02 | Excision of a single lump or uncomplicated keloid growth under L.A | 40,000.00 | 50,000.00 |
| PRS03 | Single partial thickness graft under L.A. | 50,000.00 | 60,000.00 |
| PRS04 | Revision of a single scar under L.A. | 50,000.00 | 60,000.00 |
| PRS05 | Major pressure sores debridement | 50,000.00 | 70,000.00 |
| PRS06 | Excision of multiple growths or complicated keloid growth and reconstruction under G.A. | 80,000.00 | 100,000.00 |
| PRS07 | Single partial thickness graft under G.A. | 90,000.00 | 100,000.00 |
| PRS08 | Single partial thickness graft following excision | 80,000.00 | 100,000.00 |

| | Medical Flacilio | ners and Demisis | |
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| | | | [Subsidiary] |
| | of ulcer or growth | | |
| | under G.A. | | |
| PRS09 | Full thickness | 80,000.00 | 100,000.00 |
| | grafting under G.A. | | |
| PRS10 | Revision of multiple | 120,000.00 | 160,000.00 |
| | scars under G.A. | | |
| PRS11 | Syndactyly/ | 80,000.00 | 120,000.00 |
| | polydactyly | | |
| 00040 | correction (single) | 4 4 9 9 9 9 9 9 9 | 400.000.00 |
| PRS12 | Syndactyly/ | 140,000.00 | 180,000.00 |
| | polydactyly | | |
| 00012 | correction (multiple) | | 90,000,00 |
| PRS13 | Lipoma (less than 5cm) under LA | 60,00.00 | 80,000.00 |
| PRS14 | Lipoma (more than | 100,000.00 | 120,000.00 |
| FK314 | 5cm) under GA | 100,000.00 | 120,000.00 |
| PRS15 | Gynaecomastia | 150,000.00 | 180,000.00 |
| PRS16 | Ganglion under GA | | 90,000.00 |
| PRS17 | Sebaceous cyst | 50,000.00 | 70,000.00 |
| PRS18 | Surgical toilet | 50,000.00 | 70,000.00 |
| | (minor) under GA | | , |
| PRS19 | Excision of lesions | 60,000.00 | 80,000.00 |
| | (single site & | | |
| | reconstruction) | | |
| | under LA | | |
| PRS20 | Excision of lesions | 100,000.00 | 150,000.00 |
| | (multiple sites & | | |
| | reconstruction) | | |
| | under GA | | |
| PRS21 | Blepharoplasty | 150,000.00 | 180,000.00 |
| PRS22 | Anterior canthotomy | /120,000.00 | 140,000.00 |
| | & Z-plasty under | | |
| 00000 | GA Norvo release and | 90,000,00 | 100,000.00 |
| PRS23 | Nerve release and decompression | 80,000.00 | 100,000.00 |
| | under GA | | |
| PRS24 | Tissue expander | 120,000.00 | 150,000.00 |
| 11(024 | insertion | 120,000.00 | 100,000.00 |
| PRS25 | Tissue expander | 150,000.00 | 200,000.00 |
| 11(020 | removal and | 100,000.00 | 200,000.00 |
| | advancement | | |
| PRS26 | Lip reconstruction | 100,000.00 | 150,000.00 |
| PRS27 | Digit reconstruction | | 150,000.00 |
| | under GA | | |
| PRS28 | Multiple contracture | 150,000.00 | 180,000.00 |
| | release or major | | |
| PRS29 | Neck contracture & | | |
| | skin grafting under | | |
| | GA | | |
| | | | |

| CAP. 253 | Medical Practitic | oners and Dentists | [Rev. 2022] |
|--------------|------------------------------------------------------------------------|--------------------|-------------|
| [Subsidiary] | | | |
| PRS30 | Dermabrasion/ Chemical peel/ Laser | 100,000.00 | 180,000.00 |
| PRS31 | Fat injection for scar repair | 150,000.00 | 200,000.00 |
| PRS32 | Tendon/muscle repair extensor - single under GA | 80,000.00 | 100,000.00 |
| PRS33 | Tendon/muscle repair flexor - single under GA | 80,000.00 9 | 100,000.00 |
| PRS34 | Tendon repair - multiple under GA | 120,000.00 | 150,000.00 |
| PRS35 | Tendon repair - Achilles tendon under GA | 160,000.00 | 180,000.00 |
| PRS36 | Tendon transfer | 150,000.00 | 180,000.00 |
| PRS37 | Brow lift | 100,000.00 | 120,000.00 |
| PRS38 | Re-plantation (team charges) | 0600,000.00 | 800,000.00 |
| PRS39 | Ectropion/entropion correction - single under GA | 120,000.00 | 150,000.00 |
| PRS40 | Ectropion/entropion correction - bilatera under GA | | 200,000.00 |
| PRS41 | Buttock lift | 150,000.00 | 200,000.00 |
| PRS42 | Thigh lift | 150,000.00 | 200,000.00 |
| PRS43 | Release of minor contractures under GA | 100,000.00 | 120,000.00 |
| PRS44 | Advancement flaps reconstruction under G.A. | 120,000.00 | 180,000.00 |
| PRS45 | Unilateral cleft lip repair under G.A. | 80,000.00 | 100,000.00 |
| PRS46 | Bilateral cleft lip repair under G.A. | 100,000.00 | 150,000.00 |
| PRS47 | Cleft palate repair under G.A. | 150,000.00 | 200,000.00 |
| PRS48 | Bilateral cleft lip & palate repair under GA | 150,000.00 | 300,000.00 |
| PRS49 | Rotational myocutaneous flap reconstruction of pressure sores | 200,000.00 | 250,000.00 |
| PRS50 | Fingertip injuries – advancement flaps or cross finger flaps | 120,000.00 | 150,000.00 |

| [Rev. 2022] | Medical Practitic | oners and Dentists | CAP. 253 |
|-------------|------------------------------------------------------------------------|--------------------|--------------|
| | | | [Subsidiary] |
| PRS51 | Liposuction (Single site) | 90,000.00 | 220,000.00 |
| PRS52 | Augmentation Mammoplasty (Bilateral) | 150,000.00 | 200,000.00 |
| PRS53 | Reduction Mammoplasty (Bilateral) | 200,000.00 | 400,000.00 |
| PRS54 | Face-lift (limited) | 216,000.00 | 300,000.00 |
| PRS55 | Face-lift (extended) | | 420,000.00 |
| PRS56 | Reconstruction of breast (using latissmuss dorsi flap) | 220,000.00 | 300,000.00 |
| PRS57 | Reconstruction of breast (using TRAM flap) | 250,000.00 1 | 350,000.00 |
| PRS58 | Major flap reconstruction of head and neck | 250,000.00 | 300,000 |
| PRS59 | Free-flap reconstruction (Team charges) | 600,000.00 | 800,000.00 |
| PRS60 | Reconstruction of the hand (groin flap – reversed radial etc) | 150,000.00 | 180,000.00 |
| PRS61 | Rhinoplasty | 300,000.00 | 400,000.00 |
| PRS62 | Auriculoplasty (per stage) | | 300,000.00 |
| PRS63 | Abdominoplasty (mini) | 150,000.00 | 200,000.00 |
| PRS64 | Abdominoplasty (full) | 300,000.00 | 360,000.00 |
| PRS65 | Rotational flap for compound fracture | 160,000.00 | 190,000.00 |
| PRS66 | Rotational flap for pressure sores | 200,000.00 | 220,000.00 |
| PRS67 | Pedicle flap | 120,000.00 | 180,000.00 |
| PRS68 | Hair transplant | 300,000.00 | 400,000.00 |
| PRS69 | Lipoplasty including autologus fat grafting | 200,000.00 | 300,000.00 |
| PRS70 | Brachioplasty - bilateral | 150,000.00 | 200,000.00 |
| PRS71 | Inverted nipple correction | 100,000.00 | 120,000.00 |
| PRS72 | Labioplasty | 150,000.00 | 200,000.00 |
| PRS73 | Vaginoplasty | 150,000.00 | 200,000.00 |
| PRS74 | Augmentoplasty | 200,000.00 | 300,000.00 |

| CAF. 233 | Medical Practitio | oners and Dentists | |
|--------------|----------------------------------------------------------------------------------------------------------|--------------------|------------|
| [Subsidiary] | | | |
| PRS75 | Excision of malignant tumours (BCC, SCC, MM) & reconstruction | 100,000.00 | 120,000.00 |
| PRS76 | under GA Excision of malignant tumours (BCC, SCC, MM) & reconstruction under GA | 150,000.00 | 200,000.00 |
| PRS77 | Corrective procedures for female genital anomalies | 200,000.00 | 300,000.00 |
| PRS78 | Surgical treatment of vulvovaginal tumours | 300,000.00 | 400,000.00 |
| PRS79 | Surgical treatment of penile tumours | 200,000.00 | 300,000.00 |
| PRS80 | Correction of asymmetric breast (including Poland syndrome) | 200,000.00 | 300,000.00 |
| PRS81 | Correction of tuberous breast | 200,000.00 | 300,000.00 |
| PRS82 | Surgical treatment of Fournier gangrene | 120,000.00 | 140,000.00 |
| PRS83 | Surgical treatment of amputations (ear, nose, lids, lip, eyebrow, scalp) with reconstruction | 200,000.00 | 250,000.00 |
| PRS84 | Static support in facial palsy | 100,000.00 | 120,000.00 |
| PRS85 | Dynamic support in facial palsy including free muscle flap | 150,000.00 | 200,000 |
| PRS86 | Nerve grafting in facial palsy | 200,000.00 | 220,000.00 |
| PRS87 | Brachial Plexus repair | 300,000.00 | 600,00 |
| PRS88 | Otoplasty (surgery for bat ear)-bilatera | | 100,000.00 |
| PRS89 | Wound dressings - clinic | 15,000.00 | 20,000.00 |
| PRS90 | Wound dressings - ward | 25,000.00 | 50,000.00 |

[Rev. 2022]

CAP. 253

202

Medical Practitioners and Dentists

CAP. 253

| | Medical Flacilit | oners and Demisis | |
|----------------------|---------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------|
| | | | [Subsidiary] |
| | M006: ORTHOPAEDIC SURGERY A. Complex Major | | |
| | PROCEDURE | | |
| | ARTHROPLASTY | | |
| ORTHOS01 | 1.1. Hemiarthroplasty | 72,000.00 | 96,000.00 |
| ORTHOS02 | 1.2 Primary Joint Replacement | 120,000.00 | 216,000.00 |
| ORTHOS03 | 1.3 Revision Joint Replacement 2. SPINE PROCEDURES | 240,000.00 | 420,000.00 |
| ORTHOS04 | 2.1. Discectomies (open & endoscopic) | 144,000.00 | 240,000.00 |
| ORTHOS05 | 2.1.1. Cervical | 144,000.00 | 240,000.00 |
| ORTHOS06 | 2.1.2. Thoracolumbar | 108,000.00 | 180,000.00 |
| ORTHOS07 | | | |
| ORTHOS08 | 2.2. Laminectomy (without instrumentation) | 72,000.00 | 144,000.00 |
| ORTHOS09 | 2.3. Laminectomy (without instrumentation) | 144,000.00 | 240,000.00 |
| ORTHOS10 2.4. | Kyphoplasty/ vertebroplasty | 144,000.00 | 216,000.00 |
| ORTHOS11 | 2.5. Complex deformity corrections including Scoliosis, High cervical stabilization 3. LIMB | 240,000.00 | 420,000.00 |
| ORTHOS12 | RECONSTRUCTIC 3.1 Microsurgical | 0N 180,000.00 | 300,000.00 |
| OKTHOSIZ | (digit reattachment & transfers) | 180,000.00 | 300,000.00 |
| ORTHOS13 | 3.2 Prosthesis - fitting surgery 4. COMPLEX FRACTURE FIXATION | 180,000.00 | 300,000.00 |
| ORTHOS14 ORTHOS15 | 4.1 Pelvis 4.2 Elbow B: MAJOR I | 144,000.00 96,000.00 | 180,000.00 144,000.00 |

| CAP. 253 | | | [Rev. 2022 |
|--------------|-----------------------------|--------------------|------------|
| | Medical Practitio | oners and Dentists | |
| [Subsidiary] | | | |
| | 1.0 | | |
| | ARTHROSCOPIC | | |
| | SURGERY | | |
| ORTHOS016 | 1.1 Diagnostic | 48,000.00 | 96,000.00 |
| ORTHOS017 | 1.2 Corrective/ | 90,000.00 | 180,000.00 |
| | Reconstruction | , | , |
| | 2.0. OPEN | | |
| | REDUCTION | | |
| | & INTERNAL | | |
| | FIXATION | | |
| ORTHOS018 | 2.1. Long bones | 72,000.00 | 144,000.00 |
| ORTHOS020 | 2.3. Ankle and foot | | 144,000.00 |
| ORTHOS021 | 3.0. OPEN | 48,000.00 | 96,000.00 |
| | REDUCTION | | |
| | & EXTERNAL | | |
| | FIXATION 4.0. CLOSED | | |
| | REDUCTION & | | |
| | FIXATION | | |
| ORTHOS022 | 4.1. Minimal | 72,000.00 | 144,000.00 |
| | Invasive | , | , |
| | percutaneous | | |
| | osteosynthesis | | |
| ORTHOS023 | 4.2. Imaging guided | 172,000.00 | 144,000.00 |
| | wire/ screw fixation | | |
| | 5.0. JOINT NON- | | |
| | PROSTHETIC | | |
| | STABILIZATION | | |
| ORTHOS024 | 5.1. Open | 72,000.00 | 144,000.00 |
| | stabilization | | |
| | procedures | | |
| | 6.0. TENDON SURGERY | | |
| ORTHOS025 | 6.1 Tendon repair | | |
| ORTHOS025 | 6.1.1. Multiple | 108,000.00 | 180,000.00 |
| ORTHOS020 | 6.1.2. Single | 72,000.00 | 108,000.00 |
| ORTHOS028 | 6.2 Tendon transfer | | 180,000.00 |
| 0 | ARTHROTOMY | , | , |
| | (Interventional) | | |
| ORTHOS029 | 7.1. Small joint | 36,000.00 | 72,000.00 |
| ORTHOS030 | 7.2. Large joint | 84,000.00 | 120,000.00 |
| | C: MAJOR II | | |
| | 1. AMPUTATIONS | | |
| ORTHOS031 | 1.1 Major | 36,000.00 | 120,000.00 |
| | amputation | | |
| ORTHOS032 | 1.2. Minor (finger, | 18,000.00 | 48,000.00 |
| | toe) | | |
| | 3. CORRECTIVE | | |
| | SURGERY 3.1. HAND & FOOT | - | |
| | DEFORMITIES | | |
| | | | |
| | | | |

[Rev. 2022]

| [Rev. 2022] | Medical Practitic | ners and Dentists | CAP. 253 |
|-------------|----------------------------------------------------------------------------------------------------|-------------------|--------------|
| | | | [Subsidiary] |
| ORTHOS035 | 3.1.1.Moderate/ severe deformity | 60,000.00 | 108,000.00 |
| ORTHOS036 | 3.1.2.Minor deformity | 36,000.00 | 48,000.00 |
| | 3.2. OSTEOTOMIES (Excluding spine) | _ | _ |
| ORTHOS037 | 3.2.1. With casting | 60,000.00 | 84,000.00 |
| ORTHOS038 | 3.2.2. With ORIF | 72,000.00 | 144,000.00 |
| ORTHOS039 | 3.2.3. With External fixation (Ilizarov) | | 144,000.00 |
| ORTHOS040 | 4. NERVE EXPLORATION & REPAIR | 72,000.00 | 120,000.00 |
| ORTHOS041 | 5. BONE GRAFT (without additional procedure) | 48,000.00 | 96,000.00 |
| ORTHOS042 | 6. SOFT TISSUE RELEASE | 48,000.00 | 84,000.00 |
| ORTHOS043 | 7. Open Ligament repair | 60,000.00 | 84,000.00 |
| ORTHOS044 | 8. Major tumour excision D. INTERMEDIATE EXCISION SURGERY | 72,000.00 | 144,000.00 |
| ORTHOS045 | 1.0 Sequestrectomy (excluding spine) | 48,000.00 | 96,000.00 |
| ORTHOS046 | 2.0 Excisional arthroplasty - isolated | 60,000.00 | 84,000.00 |
| ORTHOS047 | Excisional arthroplasty - with replacement (Replacement fees apply) | | |
| ORTHOS048 | 3.0 Fasciectomy | 36,000.00 | 60,000.00 |
| ORTHOS049 | 4.0 Major surgical debridement E. MINOR | 60,000.00 | 96,000.00 |
| ORTHOS050 | 1.0 Closed fracture/ joint reduction under GA & casting 2.0 MINOR EXCISIONS/ BIOPSY | | 60,000.00 |
| ORTHOS051 | 2.1 Small lesions under GA | 24,000.00 | 42,000.00 |
| ORTHOS052 | 2.2 Surgical debridement | 36,000.00 | 48,000.00 |

| CAP. 253 | Medical Practitic | oners and Dentists | [Rev. 2022] |
|--------------------|--------------------------------------------------------------------------------|--------------------------|--------------------------|
| [Subsidiary] | | | |
| ORTHOS053 | 3.0 REMOVAL OF A FOREIGN BODY FROM A JOINT 4.0 REMOVAL OF IMPLANTS | , | 48,000.00 |
| ORTHOS054 | 4.1 Spine & complex pelvis | 48,000.00 | 84,000.00 |
| ORTHOS055 | 4.2 Long and short bones | 24,000.00 | 60,000.00 |
| ORTHOS056 | 5.0 Application of cast without anaesthesia/ traction systems | 6,000.00 | 24,000.00 |
| | M007 : CARDIOTHORACIO AND VASCULAR SURGERY | C | _ |
| CARVS01 | A) Complex Major Pleurectomy / decortication | 108,000.00 | 168,000.00 |
| CARVS02 CARVS03 | Pericardectomy Vessel bypass | 108,000.00 138,000.00 | 168,000.00 180,000.00 |
| CARVS04 | surgery Coronary angioplasty / stent | 216,000.00 | 270,000.00 |
| CARVS05 | Oesophagectomy | 144,000.00 | 270,000.00 |
| CARVS06 | Splenorenal shunt | 84,000.00 | 132,000.00 |
| CARVS07 | Portocaval shunt | 84,000.00 | 132,000.00 |
| CARVS08 | Excision of carotid body tumour | 90,000.00 | 180,000.00 |
| CARVS09 | Closed valvotomy | 72,000.00 | 108,000.00 |
| CARVS10 | Mitral valvotomy / baloon | 72,000.00 | 108,000.00 |
| CARVS11 | Open heart surgery | 180,000.00 | 360,000.00 |
| CARVS12 | Pneumonectomy / lobectomy | 126,000.00 | 240,000.00 |
| CARVS13 | Surgery for achalasia of cardia | 72,000.00 | 108,000.00 |
| CARVS14 | Vascular amputation | 90,000.00 | 180,000.00 |
| CARVS15 | Aneurysm repair | 132,000.00 | 216,000.00 |
| CARVS16 | Repair of traumatic arterial transection | 90,000.00 | 144,000.00 |
| CARVS17 | Thoracotomy | 54,000.00 | 156,000.00 |
| CARVS18 | Resection of complex AV fistula | 90,000.00 | 144,000.00 |
| CARVS19 | Subfascial DVT ligation + skin graft | 72,000.00 | 126,000.00 |
| CARVS20 | Thromboembolecto | n 7 2.000.00 | 132,000.00 |
| CARVS21 | Carotid arterectomy | | 108,000.00 |
| CARVS22 | PDA ligation | 90,000.00 | 138,000.00 |

| [Rev. 2022] | Medical Practitioners and Dentists | | |
|----------------------|----------------------------------------|------------------------|-------------------------|
| | | | [Subsidiary] |
| | B) Major | | |
| CARVS023 | Insertion of MB tube | e72.000.00 | 144,000.00 |
| CARVS024 | Mediastinoscopy | 90,000.00 | 144,000.00 |
| CARVS025 | Thoracoscopy | 72,000.00 | 120,000.00 |
| CARVS026 | Minithoracotomy for | | 12,000.00 |
| | open lung biopsy | | |
| | Pacemaker | | |
| | implantation | | |
| CARVS027 | Single | 108,000.00 | 126,000.00 |
| CARVS028 | Dual | 180,000.00 | 216,000.00 |
| CARVS029 | Excision of | 108,000.00 | 144,000.00 |
| | mediastinal tumour | 5 4 000 00 | ~~~~~ |
| CARVS030 | Ligation / stripping | 54,000.00 | 90,000.00 |
| CARVS031 | of varicose veins Myocardial biopsy | 26,000,00 | 60.000.00 |
| CARVS031 CARVS032 | Thymectomy | 36,000.00 72,000.00 | 60,000.00 108,000.00 |
| CARVS032 CARVS033 | Pericardial window | | 96,000.00 |
| CARVS034 | Resection of simple | | 108,000.00 |
| 0, 1, 1, 0, 0, 0, 1 | AV fistula | ,01,000.00 | 100,000.00 |
| CARVS035 | Rib resection for | 90,000.00 | 132,000.00 |
| | thoracic outlet | | |
| | syndrome | | |
| | C) Intermediate | | |
| CARVS036 | Bronchoscopy and | | |
| | removal of FB | 40.000.00 | ~~~~~ |
| CARVS037 | Oesophagoscopy | 48,000.00 | 96,000.00 |
| | biopsy / dilatation / removal of FB | | |
| CARVS038 | Feeding | 48,000.00 | 108,000.00 |
| 041100000 | gastrostomy / | +0,000.00 | 100,000.00 |
| | jejunostomy | | |
| CARVS039 | Other rib resection | 18,000.00 | 36,000.00 |
| CARVS040 | Pericardial | 24,000.00 | 60,000.00 |
| | catheterisation | | |
| CARVS041 | Repair of ruptured | 48,000.00 | 96,000.00 |
| | diaphram | | |
| | D) Minor | | |
| CARVS042 | Insertion of chest | 8,400.00 | 18,000.00 |
| | tube / chest | | |
| CARVS043 | aspiration | 8 400 00 | 19 000 00 |
| CARVS043 CARVS044 | Pericardiocentesis Pulmonary artery | 8,400.00 6,000.00 | 18,000.00 12,000.00 |
| CARV3044 | catherisation | 0,000.00 | 12,000.00 |
| | M008: | | |
| | CARDIOLOGY | | |
| CARD01 | 2 D | 14,400.00 | 18,000.00 |
| | echocardiogram | , | |
| CARD02 | 12 Lead ECG | 3,600.00 | 4,800.00 |
| CARD03 | 24 hour holter | 12,000.00 | 14,400.00 |
| CARD04 | Pericardiocentesis | 36,000.00 | 48,000.00 |
| | | | |

| CAF. 233 | | | |
|------------------|-------------------------------------|-------------------|-----------------------|
| | Medical Practitio | ners and Dentists | |
| [Subsidiary] | | | |
| CARD05 | Pacemaker | 60,000.00 | 72,000.00 |
| | insertion | | |
| | Out patient | 6 000 00 | 0.000.00 |
| CARD06 CARD07 | Consultation Urgent consultation | 6,000.00 | 9,000.00 12,000.00 |
| | | 3,000.00 | 4,800.00 |
| CARD08 | ECG (with interpretation) | 3,000.00 | 4,800.00 |
| CARD09 | Echocardiogram | 14,400.00 | 18,000.00 |
| CARD010 | Echocardiogram - | 18,000.00 | 21,600.00 |
| | portable | -, | , |
| CARD011 | Exercise stress test | 14,400.00 | 21,600.00 |
| CARD012 | 24 hour holter | 14,400.00 | 18,000.00 |
| CARD013 | 24 hour ambulatory | 18,000.00 | 30,000.00 |
| | BP | | |
| CARD014 | Pacemaker check | 9,000.00 | 12,000.00 |
| CARD015 | ICD /CRTD check | 12,000.00 | 18,000.00 |
| CARD016 | Pulmonary function | 9,600.00 | 12,000.00 |
| | tests | | |
| CARD017 | Transoesophaegeal | 24,000.00 | 48,000.00 |
| | echo | | |
| | Inpatient | | |
| CARD018 | Emergency A&E | 14,400.00 | 18,000.00 |
| CARD019 | ICU/HDU care | 12,000.00 | 21,600.00 |
| CARD020 | Ward (per day) | 9,000.00 | 12,000.00 |
| CARD021 | Resuscitation | 18,000.00 | 24,000.00 |
| CARD022 | Right heart catheter | 48,000.00 | 84,000.00 |
| CARD023 | Coronary | 60,000.00 | 96,000.00 |
| | angiogram | | |
| CARD024 | Coronary PCI - per | 144,000.00 | 210,000.00 |
| | vessel (50% for | | |
| | additional vessel) | | |
| CARD025 | Coronary | 36,000.00 | 48,000.00 |
| | thrombectomy | | |
| | (aspiration) | | |
| CARD026 | Coronary FFR/IVU | 36,000.00 | 48,000.00 |
| CARD027 | Loop recorder | 36,000.00 | 48,000.00 |
| | implantation | | |
| CARD028 | ICD implantation | 240,000.00 | 300,000.00 |
| CARD029 | CRTD implantation | 240,000.00 | 300,000.00 |
| CARD030 | IVC filter | 36,000.00 | 48,000.00 |
| CARD031 | DC cardioversion | 24,000.00 | 48,000.00 |
| CARD032 | CVP insertion | 30,000.00 | 42,000.00 |
| CARD033 | Intra-aortic ballon | 48,000.00 | 90,000.00 |
| | pump insertion | | |
| CARD034 | Intra-aortic ballon | 30,000.00 | 54,000.00 |
| | pump per day | | |
| | Cardiac | | |
| | catheterization | | |
| CARD035 | Right heart | 30,000.00 | 48,000.00 |
| | catheterization | | |
| | including | | |
| | - | | |

CAP. 253

| [Rev. 2022] | | | CAP. 253 |
|-------------|-------------------------------------------|-----------------|--------------------|
| | Medical Practitic | ners and Dentis | SIS [Subsidiary |
| | | | [) |
| | measurement of | | |
| | oxygen saturation | | |
| | pulmonary | | |
| | pressures and | | |
| CARD036 | cardiac output Left heart | 36,000.00 | 60,000.00 |
| CARDUJU | catheterization | 30,000.00 | 00,000.00 |
| CARD037 | Diagnostic right | 72,000.00 | 84,000.00 |
| CANDODI | and left heart | 72,000.00 | 84,000.00 |
| | catheterization | | |
| CARD038 | Catheter placement | 48 000 00 | 72,000.00 |
| 0/11/2000 | & coronary | 10,000.00 | 12,000.00 |
| | angiography, | | |
| | imaging supervisior | 1 | |
| | and interpretation | | |
| CARD039 | Coronary | 72,000.00 | 96,000.00 |
| | angiography | , | |
| | with catheter | | |
| | placement(s) in | | |
| | bypass graft(s) | | |
| | internal mammary, | | |
| | arterial, venous | | |
| | graft) including | | |
| | intraprocedural | | |
| | injections for | | |
| | bypass graft | | |
| | angiography | | |
| CARD040 | Coronary | 84,000.00 | 108,000.00 |
| | angiography | | |
| | with right heart | | |
| | catheterization | | |
| CARD041 | Coronary | 96,000.00 | 120,000.00 |
| | angiography | | |
| | with bypass graft | | |
| | angiography | | |
| | and right heart | | |
| | catheterization | | |
| CARD042 | Trans septal | 30,000.00 | 48,000.00 |
| 0400040 | puncture | 0 000 00 | 10,000,00 |
| CARD043 | Pharmacological | 9,000.00 | 12,000.00 |
| CARD044 | study | 20,000,00 | 48,000.00 |
| CARD044 | Injection right ventricle or right | 30,000.00 | 48,000.00 |
| | | | |
| | atrial angiography, imaging and | | |
| | supervision | | |
| CARD045 | Injection | 18,000.00 | 30,000.00 |
| 07110040 | supravalvular | 10,000.00 | 30,000.00 |
| | | | |
| | aortography | | |
| | imaging supervisior and interpretation | I | |
| | and interpretation | | |
| | | | |

CAP. 253

[Rev. 2022]

| CAP. 253 | Medical Practitio | ners and Dentists | [Rev. 2022] |
|--------------|---------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------|
| [Subsidiary] | | | |
| CARD046 | Injection for pulmonary angiography, imaging supervision and interpretation | 30,000.00 | 48,000.00 |
| CARD047 | Insertion of arterial closure device (eg angioseal, starclose, per close Non-invasive cardiopulmonary testing | 3,000.00 | 9,000.00 |
| CARD048 | Performing and interpretation of the resting 12 lead ECG | 1,800.00 | 3,600.00 |
| CARD049 | Performing and interpretation of the cardiovascular stress ECG, supervision and report | 14,400.00 | 21,600.00 |
| CARD050 | 24 hour ambulatory ECG/holter with monitoring and interpretation and report | 12,000.00 | 18,000.00 |
| CARD051 | 24 hour ambulatory BP measurement, analysis and interpretation and report | 12,000.00 | 18,000.00 |
| CARD052 | Spirometry including graphic report | 6,000.00 | 9,000.00 |
| CARD053 | Spirometry, for bronchospasm evaluation: before and after bronchodilator | 7,200.00 | 9,600.00 |
| CARD054 | Tilt-table testing for syncope evaluation Percutaneous coronary intervention | 6,000.00 | 9,000.00 |
| CARD055 | Percutaneous transluminal coronary angioplasty, single vessel | 120,000.00 | 180,000.00 |

| [Rev. 2022] Medical Practitioners and Dentists | | oners and Dentists | CAP. 253 | |
|---------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------|--------------|--|
| | | | [Subsidiary] | |
| CARD056 | Percutaneous transluminal coronary, each additional vessel | 60,000.00 | 96,000.00 | |
| CARD057 | Transcatheter placement of intracoronary stent, percutaneous initial vessel | | 210,000.00 | |
| CARD058 | Transcatheter placement of intracoronary stent, each additional vessel | 72,000.00 | 108,000.00 | |
| CARD059 | Aspiration thrombectomy of intracoronary thrombus | 30,000.00 | 48,000.00 | |
| CARD060 | Intracoronary physiology studies, fractional flow reserve | 30,000.00 | 48,000.00 | |
| CARD061 | Intracoronary ultrasound studies, IVUS Pacemakers | 30,000.00 | 48,000.00 | |
| CARD062 | Permanent single chamber insertion | 84,000.00 | 120,000.00 | |
| CARD063 | Permanent - dual chamber insertion | 120,000.00 | 180,000.00 | |
| CARD064 | Insertion of implantable cardiac defibrillator (ICD) | 180,000.00 | 240,000.00 | |
| CARD065 | Insertion of biventricular cardiad resynchronization device | 300,000.00 c | 42,000.00 | |
| CARD066 | Defibrillation threshold testing during or after implantation of ICD device | 30,000.00 | 4,800.00 | |
| CARD067 | Insertion of temporary transvenous pacemaker | 36,000.00 | 60,000.00 | |
| CARD068 | Programming of atrio-ventibular sequential pacemaker or single chamber | 9,000.00 | 12,000.00 | |

| CAP. 253 | Medical Practitioners and Dentists | | [Rev. |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------------|
| [Subsidiary] | | | |
| CARD069 | pacemaker (eg DDD,VVI) Programming of ICD (implantable cardiac | 12,000.00 | 15,000.00 |
| CARD070 | defibrillator) Renewal of pacemaker generator (battery change) | 42,000.00 | 72,000.00 |
| CARD071 | Insertion of implantable loop recorder | 36,000.00 | 60,000.00 |
| CARD072 | Syncrhonized DC cardioversion for unstable technyarrhythmia Structural heart disease interventional procedures | 18,000.00 | 30,000.00 |
| CARD073 CARD074 | Atrial septostomy Pulmonary valve | 96,000.00 96,000.00 | 120,000.00 144,000.00 |
| CARD075 | valvuloplasty Aortic valve valvuloplasty | 96,000.00 | 144,000.00 |
| CARD076 | Mitral valve valvuloplasty, percutaeous balloon | 96,000.00 | 144,000.00 |
| CARD077 | Coarctation of the aorta, percutaneous balloon dilatation | 108,000.00 s | 72,000.00 |
| CARD078 | Closure of atrial septal defect | 96,000.00 | 144,000.00 |
| CARD079 | Closure of patent ductus arteriosus | 90,000.00 | 144,000.00 |
| CARD080 | Pericardiocentesis without drainage, diagnostic | 9,000.00 | 18,000.00 |
| CARD081 | Pericardiocentesis with catheter draining, therapeutic Specialist consultations and inpatient visits | | 42,000.00 |
| CARD082 | Cardiology specialist office consultation initial | 4,800.00 | 9,600.00 |

[Rev. 2022]

| [Rev. 2022] | Medical Practitic | oners and Dentists | CAP. 253 |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------------|
| | | | [Subsidiary] |
| CARD083 | visit during normal office hours Cardiology specialist casualty/ emergency room consultation, initial visit | 9,000.00 | 12,000.00 |
| CARD084 | Cardiology specialist hospital consultation, intensive care unit initial visit | 12,000.00 | 18,000.00 |
| CARD085 | Cardiology specialist hospital consultation, medical or surgical ward, initial visit | 6,000.00 | 10,800.00 |
| CARD086 | Cardiology specialist hospital, ICU follow up visit | 9,000.00 | 10,800.00 |
| CARD087 | Cardiology specialist hospital, high dependency unit, follow up visit | 6,000.00 | 10,800.00 |
| CARD088 | Cardiology specialist hospital, medical or surgical ward, follow up visit | 4,800.00 | 9,600.00 |
| CARD089 | Emergency cardiac resuscitation | | 30,000.00 |
| CARD090 | Microlaryngeal surgery | 144,000.00 | 180,000.00 |
| CARD091 CARD092 | Microlaryngoscopy Intranasal ethmoidectomy | 72,000.00 90,000.00 | 120,000.00 120,000.00 |
| CARD093 CARD094 | Cochlea operations Middle ear tumour excision M009 : EAR, NOSE AND THROAT SURGERY A) Major I | 144,000.00 | 144,000.00 180,000.00 |
| ENT01 | Excision of thyroglossal cyst / duct | 90,000.00 | 132,000.00 |
| ENT02 | Excision of submandibular salivary gland | 72,000.00 | 108,000.00 |
| ENT03 | Excision of branchial cyst / sinus / fistula | 90,000.00 | 144,000.00 |

| CAP. 253 | Medical Practitic | oners and Dentists | [Rev. 2022] |
|--------------|------------------------------------------------------|--------------------|-------------|
| [Subsidiary] | | | |
| ENT04 | Caldwell-Luc | 72,000.00 | 120,000.00 |
| ENT05 | procedure T.I.T. and turbiopploaty | 54,000.00 | 84,000.00 |
| ENT06 | turbinoplasty T.I.T. and intranasal antrostomy | 72,000.00 | 108,000.00 |
| ENT07 | Tonsillectomy (adult) | 54,000.00 | 108,000.00 |
| ENT08 | Submucous resection of nasal septum | 72,000.00 | 144,000.00 |
| ENT09 | Urulopalatopharyng Bat Ears reduction: | ctp4;0000.00 | 144,000.00 |
| ENT010 | Unilateral | 72,000.00 | 108,000.00 |
| ENT011 | Bilateral | 90,000.00 | 144,000.00 |
| ENT012 | Lateral rhinotomy | 108,000.00 | 144,000.00 |
| ENT013 | Laryngocele excision | 108,000.00 | 144,000.00 |
| ENT014 | Maxillary artery ligation | 108,000.00 | 156,000.00 |
| ENT015 | Meatoplasty | 90,000.00 | 132,000.00 |
| ENT016 | Transplatatal excision of choanal atresia | 126,000.00 | 168,000.00 |
| ENT017 | Vocal cord lateralisation B) Intermediate I | 90,000.00 | 126,000.00 |
| ENT018 | Bronchoscopy and removal of FB | 72,000.00 | 108,000.00 |
| ENT019 | Excision of head and neck lipoma | 72,000.00 | 132,000.00 |
| ENT020 | Tracheostomy | 48,000.00 | 72,000.00 |
| ENT021 | Adenoidectomy | 36,000.00 | 72,000.00 |
| ENT022 | Adenotonsillectomy (Ts 7 As) | 60,000.00 | 96,000.00 |
| ENT023 | Tonsillectomy (paediatric) | 60,000.00 | 120,000.00 |
| ENT024 | Direct laryngoscopy and biopsy | 0,000.00 | 84,000.00 |
| ENT025 | Myringotomy | 18,000.00 | 36,000.00 |
| ENT026 | Myringoplasty | 18,000.00 | 48,000.00 |
| ENT027 | Nasal polypectomy | 36,000.00 | 72,000.00 |
| ENT028 | Oesophagoscopy and removal of FB | 60,000.00 | 96,000.00 |
| ENT029 | EUA and biopsy of nasopharynx, eas, nose | 48,000.00 | 96,000.00 |
| ENT030 | Intranasal antrostomy C) Intermediate II | 36,000.00 | 96,000.00 |

| [Rev. 2022] | Medical Practitic | oners and Dentists | | CAP. 253 |
|-------------|----------------------------------------------------------------------------------------------------|--------------------|-----------|--------------|
| | | | | [Subsidiary] |
| ENT031 | Incision + drainage head and neck abscess (I&D) | 30,000.00 | 48,000.00 | |
| ENT032 | Pharyngeal abscess drainage | 36,000.00 | 72,000.00 | |
| ENT033 | Preauricular sinus excision | 36,000.00 | 72,000.00 | |
| ENT034 | Bilateral antronasal washout (BAWO) D) Minor | 36,000.00 | 60,000.00 | |
| ENT035 | MUA # nose | 12,000.00 | 30,000.00 | |
| ENT036 | Antral and nasal packing | 12,000.00 | 30,000.00 | |
| ENT037 | Release of tongue tie | 12,000.00 | 30,000.00 | |
| ENT038 | Chemical cauterisation of the nose | 12,000.00 | 30,000.00 | |
| ENT039 | Diathermy and reduction of septum | 8,400.00 N | 24,000.00 | |
| ENT040 | Nasal / tonsillar cautery | 18,000.00 | 36,000.00 | |
| ENT041 | Cervical lymph node biopsy | 30,000.00 | 30,000.00 | |
| ENT042 | Removal of FB in ear or nose | 8,400.00 | 18,000.00 | |
| ENT043 | Removal of wax from external ears (syringing) M010 OPHTHALMOLOG` Diagnostic Tests | 6,000.00 Y | 12,000.00 | |
| OPHT01 | Tonometery per eye | 1.200.00 | 1,800.00 | |
| OPHT02 | Pachymetery per eye | | 2,400.00 | |
| OPHT03 | Gonioscopy per eye | e1,800.00 | 2,400.00 | |
| OPHT04 | Retinal photography per eye | | 2,400.00 | |
| OPHT05 | Flourescein Angiography | 12,000.00 | 18,000.00 | |
| OPHT06 | Visual Fields per eye | 2,400.00 | 3,000.00 | |
| OPHT07 | Ocular Coherent Tomography Scan per eye | 6,000.00 | 6,600.00 | |
| OPHT08 | Corneal Topography per eye | 2,400.00 e | 3,000.00 | |
| OPHT09 | Ultrasound per eye | 6,000.00 | 7,200.00 | |
| OPHT10 | Visual Fields per eye | 2,400.00 | 3,600.00 | |
| OPHT11 | Biometry per eye | 3,600.00 | 4,800.00 | |

| CAP. 253 | Medical Practitic | oners and Dentists | [Rev. 2022] |
|--------------|----------------------------------|--------------------|-------------|
| [Subsidiary] | | | |
| OPHT12 | Oculyzer per eye | 3,600.00 | 4,800.00 |
| OPHT13 | Retinoscopy | 1,800.00 | 3,600.00 |
| OPHT14 | Endothelia Cell | 2,400.00 | 3,600.00 |
| - | count per eye | , | -, |
| OPHT15 | Dressing | 3,600.00 | 4,800.00 |
| OPHT16 | Optical coherence | 5,000.00 | 8,000.00 |
| | tomography (OCT) | -, | -, |
| OPHT17 | Topography | 5,000.00 | 8,000.00 |
| OPHT18 | Tomography | 5,000.00 | 8,000.00 |
| | ORBIT AND | -, | -, |
| | ACCULOPLASTICS | 6 | |
| | Lids | | |
| OPHT19 | Entropion repair | 48,000.00 | 80,000.00 |
| | Moderate | | |
| OPHT20 | Epiblepharon repair | 24,000.00 | 60,000.00 |
| OPHT21 | Ectropion repair | 48,000.00 | 70,000.00 |
| | Moderate | , | , |
| OPHT22 | Ptosis repair | 60,000.00 | 80,000.00 |
| OPHT23 | Brow lift | 36,000.00 | 100,000.00 |
| OPHT24 | Lid +/- canaliculi | 48,000.00 | 60,000.00 |
| | laceration repair | | |
| OPHT25 | Lid tumour excision | /72,000.00 | 80,000.00 |
| | incisional biopsy | | |
| OPHT26 | Lid tumour excision | 96,000.00 | 150,000.00 |
| | + reconstruction | | |
| OPHT27 | Tarsorrhaphy | 24,000.00 | 30,000.00 |
| OPHT28 | Upper lid | 48,000.00 | 80,000.00 |
| | blepharoplasty | | |
| OPHT29 | Lower lid | 48,000.00 | 80,000.00 |
| | blepharoplasty | | |
| OPHT30 | Lid abscess I&D | 24,000.00 | 100,000.00 |
| OPHT31 | Chalazion I&D | 24,000.00 | 30,000.00 |
| OPHT32 | Epilation | 6,000.00 | 10,000.00 |
| OPHT33 | Lash Electrolysis | 24,000.00 | 30,000.00 |
| | Sockets | 10 000 00 | ~ ~ ~ ~ ~ |
| OPHT034 | Evisceration | 48,000.00 | 60,000.00 |
| OPHT035 | Evisceration + | 60,000.00 | 72,000.00 |
| | orbital implant | 49,000,00 | 60.000.00 |
| OPHT036 | Enucleation | 48,000.00 | 60,000.00 |
| OPHT037 | Enucleation + | 48,000.00 | 80,000.00 |
| OPHT038 | orbital implant Socket/Fornix | 96,000.00 | 150,000.00 |
| 0601030 | reconstruction | 90,000.00 | 150,000.00 |
| | Orbit | | |
| OPHT039 | Dermoid excision | 72,000.00 | 96,000.00 |
| OPHT040 | Anterior orbitotomy | 12,000.00 | 180,000.00 |
| OPHT040 | Lateral orbitotomy | 12,000.00 | 180,000.00 |
| OPHT041 | Lateral orbitotomy | 12,000.00 | 180,000.00 |
| OPHT042 A | Orbital wall | 120,000.00 | 200,000.00 |
| | decompression | 120,000.00 | 200,000.00 |
| | accompression | | |
| [Rev. 2022] | Madical Practiti | oners and Dentists | CAP. 253 |
|-------------|-------------------------------------------------------------------------------------------------|--------------------|--------------|
| | | | [Subsidiary] |
| OPHT044 | Mucocele incision and drainage | 60,000.00 | 80,000.00 |
| OPHT045 | Exenteration | 96,000.00 | 120,000.00 |
| OPHT046 | Punctoplasty | 36,000.00 | 60,000.00 |
| OPHT047 | Syringing and probing (S&P) | 24,000.00 | 40,000.00 |
| OPHT048 | Syringing, Probing & intubation | 48,000.00 | 80,000.00 |
| OPHT049 | DCR | 96,000.00 | 120,000.00 |
| OPHT050 | DCR + Jones tube RETINA AND POSTERIOR SEGMENT SURGERY Retina Photocoagulation | 120,000.00 | 200,000.00 |
| OPHT051 | Central laser per session | 15,000.00 | 40,000.00 |
| OPHT052 | PRP on slit lamp per session | 20,000.00 | 40,000.00 |
| OPHT053 | PRP Laser indirect with parabulbar per eye per session | | 60,000.00 |
| OPHT054 | Laser retinopexy | 48,000.00 | 72,000.00 |
| OPHT055 | Cyclo-Cryo per eye | | 36,000.00 |
| OPHT056 | Cyclo-photo per ey | | 36,000.00 |
| OPHT057 | Intra-vitreal injections | 15,000.00 | 35,000.00 |
| OPHT058 | Posterior segment trauma surgery/ repair Surgical Procedures | 150,000.00 | 300,000.00 |
| OPHT059 | Silicon Oil Remova | | 180,000.00 |
| OPHT060 | Cataract surgery with Silicon Oil removal | 180,000.00 | 240,000.00 |
| OPHT061 | Posterior Vitrectom with dropped intra ocular lens or vitreous foreign body | y240,000.00 | 300,000.00 |
| OPHT062 | Posterior vitrectomy | y 240,000.00 | 300,000.00 |
| OPHT063 | Posterior vitrectom | y 240,000.00 | 300,000.00 |
| OPHT064 | Posterior vitrectomy, Delamination and gas or oil | 240,000.00 | 300,000.00 |

| CAP. 253 | Medical Practitio | oners and Dentists | [Rev. 20 |
|--------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|
| [Subsidiary] | | | |
| OPHT065 | Combined Procedures (Vitrectomy, band of buckle, gas or oil) | 300,000.00 r | 360,000.00 |
| OPHT066 | Combine procedure (Posterior vitrectomy and cataract surgery and intraocular lens implant) | | 360,000.00 |
| OPHT067 | Combine procedure (Posterior vitrectomy, buckle or band and cataract surgery and intraocular lens implant) | | 360,000.00 |
| OPHT068 | Posterior Vitrectomy and Macula hole surgery | y240,000.00 | 300,000.00 |
| OPHT069 | Retina Detachment surgery - Scleral buckle/Scleral Explant and Cryotherapy | 240,000.00 | 300,000.00 |
| OPHT070 | Posterior Segment Trauma surgery/ Repair | 24,000.00 | 360,000.00 |
| OPHT071 | Scieral Buckle/ Explant removal PEDIATRIC OPHTHALMOLOG ^Y AND SQUINTS | 84,000.00 Y | 120,000.00 |
| OPHT072 | AC Reformation | 12,000.00 | 18,000.00 |
| OPHT073 | AC wash out | 18,000.00 | 24,000.00 |
| OPHT074 | Corneal FB remova | | 18,000.00 |
| OPHT075 | Corneal repair | 60,000.00 | 120,000.00 |
| OPHT076 OPHT077 | EUA | 18,000.00 60,000.00 | 24,000.00 72,000.00 |
| OPHT077 OPHT078 | Goniotomy IOL exchange | 72,000.00 | 960,000.00 |
| OPHT079 | Lensectomy and | 72,000.00 | 96,000.00 |
| OPHT080 | AC Membrane Removal | 18,000.00 | 24,000.00 |
| OPHT081 | Pars Plana Posterior Capsulutomoy | 36,000.00 | 48,000.00 |
| OPHT082 | Iridectomy/ Iridotomy | 24,000.00 | 36,000.00 |
| OPHT083 | Pupilloplasty | 24,000.00 | 36,000.00 |

ID. 2022]

| [Rev. 2022] | Medical Practitic | oners and Dentists | CAP. 253 |
|-------------|---------------------------------------------------------|--------------------|--------------|
| | | | [Subsidiary] |
| OPHT084 | Squint Repair Per Muscle | 48,000.00 | 60,000.00 |
| OPHT085 | Every extra muscle | 30.000.00 | 48,000.00 |
| OPHT086 | Optical Iridectomy GLAUCOMA SURGERY | 36,000.00 | 60,000.00 |
| OPHT087 | Trabeculectomy | 60,000.00 | 96,000.00 |
| OPHT088 | Goniotomy | 60,000.00 | 84,000.00 |
| OPHT089 | Combined Phaco/ trab | 120,000.00 | 144,000.00 |
| OPHT090 | Combined ECCE/ Trab | 120,000.00 | 144,000.00 |
| OPHT091 | Glaucoma Drainage Implants [GDI] | | 96,000.00 |
| OPHT092 | Combined Phaco/ GDI | , | 144,000.00 |
| OPHT093 | Surgical Iridectomy | | 36,000.00 |
| OPHT094 | EUA for congenital glaucoma | | 40,000.00 |
| OPHT095 | Bleb Revision | 24,000.00 | 36,000.00 |
| OPHT096 | Cyclocryotherapy | 24,000.00 | 36,000.00 |
| OPHT097 | Retrobulbar Alcoho Lasers | | 12,000.00 |
| OPHT098 | Trabeculoplasty | 24,000.00 | 36,000.00 |
| OPHT099 | Laser Peripheral Iridotomy | 24,000.00 | 36,000.00 |
| OPHT100 | Trans-Scleral cyclophotocoagulat | 24,000.00 ion | 36,000.00 |
| OPHT101 | Laser suturelysis CORNEA AND ANTERIOR SEGMENT | 12,000.00 | 18,000.00 |
| OPHT102 | Small Incision Cataract surgery with Implant | 60,000.00 | 84,000.00 |
| OPHT103 | Phacoemulsification Cataract surgery with Implant | 184,000.00 | 108,000.00 |
| OPHT104 | Combined Phacoemulsfication with Trab | 120,000.00 | 144,000.00 |
| OPHT105 | Intraocular lens implant with vitrectomy | 84,000.00 | 108,000.00 |
| OPHT106 | Perforating eye injury repair | 84,000.00 | 108,000.00 |
| OPHT107 | Conjuctival lesion excision | 24,000.00 | 36,000.00 |
| OPHT108 | Conjuctival lesion excision with graft | 36,000.00 | 48,000.00 |

| CAP. 253 | Medical Practitic | oners and Dentists | [Rev. 2022] |
|--------------|----------------------------------------------------------------------------------------------------------|--------------------|-------------|
| [Subsidiary] | | | |
| OPHT109 | Corneal transplant (PKP) | 180,000.00 | 24,000.00 |
| OPHT110 | Corneal Transplant (Lamellar Keratoplasty) | 180,000.00 | 240,000.00 |
| OPHT111 | Triple Procedure (Corneal transplant +cataract surgery+ intraocular lens) | 240,000.00 | 300,000.00 |
| OPHT112 | Elective Removal o Corneal Sutures - Theatre | f 12,000.00 | 24,000.00 |
| OPHT113 | Removal of Cornea Sutures - Slit Lamp | | 12,000.00 |
| OPHT114 | Corneal Ulcer Scrapping | 6,000.00 | 12,000.00 |
| OPHT115 | Removal of Cornea Foreign Body | 16,000.00 | 12,000.00 |
| OPHT116 | Cross Linking per eye | 48,000.00 | 84,000.00 |
| OPHT117 | YAG posterior Capsulotomy per eye | 6,000.00 | 12,000.00 |
| OPHT118 | Anterior Chamber Tap / injection | 8,400.00 | 12,000.00 |
| OPHT119 | Subconjuctival/ Subtenon Injection REFRACTIVE SURGERIES | 8,400.00 | 12,000.00 |
| OPHT120 | Pre-LASIK assesment | 8,400.00 | 12,000.00 |
| OPHT121 | LASIK procedure per eye | 84,000.00 | 108,000.00 |
| OPHT122 | Surface Ablation per eye | 84,000.00 | 108,000.00 |
| OPHT123 | Intraocular Contact Lens per eye | 84,000.00 | 108,000.00 |
| OPHT124 | Photokeratectomy (removal of corneal scar) M011 : OBSTETRICS ANE GYNAECOLOGICA SURGERY |) | 108,000.00 |
| OBGYN01 | A) Complex Major Wertheim's | 180,000.00 | 420,000.00 |
| OBGYN02 | hysterectomy Ovarian cancer resection (pelvic clearance) | 180,000.00 | 420,000.00 |

| [Rev. 2022] | v. 2022] CAP. | | |
|-------------|---------------------------------------------------------|--------------------|--------------|
| | Medical Practitic | oners and Dentists | [Suboidion/ |
| | | | [Subsidiary] |
| OBGYN03 | Repair of vesicovaginal | 180,000.00 | 420,000.00 |
| OBGYN04 | Repair of rectovaginal fistula | 180,000.00 | 420,000.00 |
| OBGYN04 | Repair of rectovaginal fistula | 180,000.00 | 420,000.00 |
| OBGYN05 | AP colpoperineorrhaph | 180,000.00 v | 360,000.00 |
| OBGYN06 | Repair of ruptured uterus /caesarian hysterectomy | 180,000.00 | 420,000.00 |
| OBGYN07 | Radical vulvectomy | 180,000.00 | 420,000.00 |
| OBGYN08 | Manchester repair | 180,000.00 | 420,000.00 |
| OBGYN09 | Repair of pelvic floor B) Major I Laparotomy: | 180,000.00 | 420,000.00 |
| OBGYN010 | Tuboplasty | 144,000.00 | 300,000.00 |
| OBGYN011 | Hysterectomy (abdominal) | 144,000.00 | 300,000.00 |
| OBGYN012 | Myomectomy | 144,000.00 | 300,000.00 |
| OBGYN013 | Ovarian cystectomy | 120,000.00 | 240,000.00 |
| OBGYN014 | Ruptured ectopic pregnancy | 100,000.00 | 200,000.00 |
| OBGYN015 | Pelvic abscess | 120,000.00 | 240,000.00 |
| OBGYN016 | Exploratory / adhesiolysis | 120,000.00 | 240,000.00 |
| OBGYN017 | Ventrosuspension | 120,000.00 | 240,000.00 |
| OBGYN018 | Salpingo – oopherectomy | 120,000.00 | 240,000.00 |
| OBGYN019 | Endometriosis surgery | 180,000.00 | 300,000.00 |
| OBGYN020 | Metroplasty / uteroplasty | 144,000.00 | 300,000.00 |
| OBGYN021 | Simple vulvectomy | 180,000.00 | 300,000.00 |
| OBGYN022 | Vaginal hysterectomy Operative Laparoscopy: | 180,000.00 | 300,000.00 |
| OBGYN023 | Ovarian cystectomy / drilling | 144,000.00 | 300,000.00 |
| OBGYN024 | Ectopic pregnancy | 144,000.00 | 300,000.00 |
| OBGYN025 | Tuboplasty | 144,000.00 | 300,000.00 |
| OBGYN026 | Adhesiolysis | 144,000.00 | 300,000.00 |
| OBGYN027 | Endometriosis surgery | 144,000.00 | 300,000.00 |
| OBGYN028 | Myomectomy | 144,000.00 | 300,000.00 |
| OBGYN029 | Hysterectomy C) Major II | 144,000.00 | 300,000.00 |
| OBGYN030 | Caesarian section | 96,000.00 | 180,000.00 |

| CAP. 253 | Medical Practitic | oners and Dentists | [Rev. 2022] |
|--------------|--------------------------------------------------------------------|--------------------|-------------|
| [Subsidiary] | | | |
| OBGYN031 | Colposuspension + D&C | 84,000.00 | 120,000.00 |
| OBGYN032 | Hysterotomy | 84,000.00 | 120,000.00 |
| OBGYN033 | Laparoscopic bilateral tubal ligation | 60,000.00 | 96,000.00 |
| OBGYN034 | Diagnostic / dye laparoscopy + D&C Operative Hysteroscopy | 72,000.00 | 108,000.00 |
| OBGYN035 | Biopsy | 48,000.00 | 72,000.00 |
| OBGYN036 | Retrieval of lost / fragmented IUCD | 48,000.00 | 84,000.00 |
| OBGYN037 | Synechiolysis / septolysis | 84,000.00 | 180,000.00 |
| OBGYN038 | Resection of submucous fibroid | 84,000.00 | 180,000.00 |
| OBGYN039 | Avulsion of endometrial polyps | 84,000.00 | 180,000.00 |
| OBGYN040 | Endometrial ablation D) Intermediate I | 84,000.00 | 120,000.00 |
| OBGYN041 | Resuturing of burst abdomen Termination of pregnancy | 24,000.00 | 60,000.00 |
| OBGYN042 | Medical Surgical | 12,000.00 | 36,000.00 |
| OBGYN043 | Before 12 weeks | 36,000.00 | 96,000.00 |
| OBGYN044 | After 12 weeks | 60,000.00 | 120,000.00 |
| OBGYN045 | D & C hysterosalpingograr | 36,000.00 m | 60,000.00 |
| OBGYN046 | D & C + cone biopsy | 48,000.00 | 96,000.00 |
| OBGYN047 | Manual removal of retained placenta | 36,000.00 | 60,000.00 |
| OBGYN048 | Postnatal tubal ligation | 36,000.00 | 72,000.00 |
| OBGYN049 | Cerclage | 36,000.00 | 48,000.00 |
| OBGYN050 | Mini-laparotomy for tubal ligation | 36,000.00 | 72,000.00 |
| OBGYN051 | Vasectomy | 12,000.00 | 24,000.00 |
| OBGYN052 | Marsupialisation of Batholins Cyst / abscess | 24,000.00 | 36,000.00 |
| OBGYN053 | Menstrual regulation / MVA E) Intermediate II | 12,000.00 | 24,000.00 |
| OBGYN054 | Cervical cauterisation | 24,000.00 | 36,000.00 |

| [Rev. 2022] | Medical Practitic | oners and Dentists | CAP. 253 |
|-------------|------------------------------------------------------|--------------------|--------------|
| | | | [Subsidiary] |
| OBGYN055 | Fanton's operation + D & C | 36,000.00 | 60,000.00 |
| OBGYN056 | Diagnostic D & C | 36,000.00 | 60,000.00 |
| OBGYN057 | Diagnostic hysteroscopy | 36,000.00 | 60,000.00 |
| OBGYN058 | Repair of cervical tears | 36,000.00 | 60,000.00 |
| OBGYN059 | Cauterisation / excision of vulval warts | 24,000.00 | 36,000.00 |
| OBGYN060 | Cryotherapy | 18,000.00 | 30,000.00 |
| OBGYN061 | Repair of broken episiotomy /third degree tear | 36,000.00 | 60,000.00 |
| OBGYN062 | Cone biospy of cervix | 36,000.00 | 60,000.00 |
| OBGYN063 | LLETZ (loop excision) | 36,000.00 | 60,000.00 |
| OBGYN064 | Normal delivery | 36,000.00 | 72,000.00 |
| OBGYN065 | Augmented delivery | | 72,000.00 |
| OBGYN066 | Breech vaginal delivery | 36,000.00 | 96,000.00 |
| OBGYN067 | Assisted vaginal delivery (vacuum/ forceps) | 48,000.00 | 96,000.00 |
| OBGYN068 | Twin vaginal delivery | 72,000.00 | 120,000.00 |
| OBGYN069 | Resuscitation of new born F) Minor (GA) | 12,000.00 | 24,000.00 |
| OBGYN070 | Évacuation of uterus (RPOC's) | 60,000.00 | 96,000.00 |
| OBGYN071 | Examination under GA (EUA) / biopsy | 36,000.00 | 96,000.00 |
| OBGYN072 | Colposcopy G) Minor office based procedures) | 30,000.00 | 60,000.00 |
| OBGYN073 | HVS collection | 6,000.00 | 12,000.00 |
| OBGYN074 | Pap smear collection | 3,600.00 | 7,200.00 |
| OBGYN075 | Norplant insertion / removals | 6,000.00 | 12,000.00 |
| OBGYN076 I | UCD insertion / removals | 6,000.00 | 12,000.00 |
| OBGYN077 | IUCD retrieval (lost IUCD's) | 6,000.00 | 12,000.00 |
| OBGYN078 | Endometrial biopsy | 12,000.00 | 24,000.00 |
| OBGYN079 | External cephalic version | 12,000.00 | 24,000.00 |

| UAI . 233 | | | |
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| | Medical Practitie | oners and Dentists | |
| [Subsidiary] | | | |
| | M012 : | | |
| | PAEDIATRIC | | |
| | SURGERY | | |
| | A) Complex Major | | / |
| PAEDS01 | Small bowel atresia | | 180,000.00 |
| PAEDS02 | Thoracotomy | 60,000.00 | 240,000.00 |
| | (oesophageal | | |
| PAEDS03 | atresia) Biliary atresia | 90,000.00 | 240,000.00 |
| I ALDOUD | (Kasai Kimura | 30,000.00 | 240,000.00 |
| | procedures, porto - | _ | |
| | enterostomy) | | |
| PAEDS04 | Nissen's | 60,000.00 | 144,000.00 |
| | fundoplication | | |
| PAEDS05 | Gut duplications | 36,000.00 | 108,000.00 |
| | procedure | | |
| | Hirschsprung's | — | — |
| | disease procedure: | | |
| PAEDS06 | a) Laparotomy, | 48,000.00 | 96,000.00 |
| | biopsy, colostomy | 72 000 00 | 190 000 00 |
| PAEDS07 | b) Abdominoperineal | 72,000.00 | 180,000.00 |
| | pull through (Soave | 2 | |
| | Swenson) | , | |
| PAEDS08 | c) Closure of | 36,000.00 | 60,000.00 |
| | colostomy | , | , |
| PAEDS09 | d) Rectal biopsies | 24,000.00 | 48,000.00 |
| PAEDS10 | Hellers | 60,000.00 | 120,000.00 |
| | cadiomyotomy | | |
| PAEDS11 | Bladder neck | 96,000.00 | 240,000.00 |
| | reconstruction | | |
| PAEDS12 | Urinary diversion | 48,000.00 | 96,000.00 |
| PAEDS13 PAEDS14 | Rectosigmoidoston | - | 108,000.00 180,000.00 |
| FAEDS 14 | Posterior sagittal anorectoplasty | 72,000.00 | 100,000.00 |
| | (PSARP) | | |
| | for anorectal | | |
| | malformation | | |
| | B) Major I | | |
| PAEDS015 | Omphalocele | 36,000.00 | 96,000.00 |
| PAEDS016 | Splenectomy | 60,000.00 | 108,000.00 |
| | Laparotomy: | | |
| PAEDS017 | Intussusception | 48,000.00 | 96,000.00 |
| PAEDS018 | Volvulus | 48,000.00 | 96,000.00 |
| PAEDS019 | Malrotation & | 60,000.00 | 120,000.00 |
| DAEDG000 | plication | 72 000 00 | 144 000 00 |
| PAEDS020 PAEDS021 | Tumours Intestinal resection | 72,000.00 60,000.00 | 144,000.00 144,000.00 |
| | + anastomasis | 00,000.00 | ידדי,000.00 |
| | | | |

| [Rev. 2022] | ev. 2022] CAP. 253 | | |
|-------------|----------------------------------------------------|--------------------|--------------|
| | Medical Practitic | oners and Dentists | |
| | | | [Subsidiary] |
| PAEDS022 | Exploration of retroperitoneal mass | 72,000.00 | 108,000.00 |
| PAEDS023 | Hemicolectomy | 48,000.00 | 96,000.00 |
| PAEDS024 | Excision of liver hydatid cyst | 60,000.00 | 144,000.00 |
| PAEDS025 | Nephrectomy | 72,000.00 | 120,000.00 |
| PAEDS026 | Reflux hydrorephrosis (re - implantation) | 36,000.00 | 60,000.00 |
| PAEDS027 | Urethroplasty for hypospadies and epispadies | 60,000.00 | 144,000.00 |
| PAEDS028 | Repair of fistula after urethroplasty | 24,000.00 | 48,000.00 |
| PAEDS029 | Thyroidectomy | 24,000.00 | 60,000.00 |
| PAEDS030 | Pyloric stenosis | 60,000.00 | 120,000.00 |
| PAEDS031 | Pelvic ureteric junction obstruction (PUJO) | 60,000.00 | 144,000.00 |
| PAEDS032 | Bladder calculi | 24,000.00 | 48,000.00 |
| PAEDS033 | Umbilicoplasty | 36,000.00 | 72,000.00 |
| PAEDS034 | Mastectomy C) Major II | 36,000.00 | 84,000.00 |
| PAEDS035 | Colostomy | 48,000.00 | 96,000.00 |
| PAEDS036 | Gastrostomy | 36,000.00 | 72,000.00 |
| PAEDS037 | Diagnostic Iaparotomy | 48,000.00 | 96,000.00 |
| PAEDS038 | Repair of inguinal hernia / hydrocele | 24,000.00 | 60,000.00 |
| PAEDS038 | Repair of inguinal hernia / hydrocele | 24,000.00 | 60,000.00 |
| PAEDS039 | Bilateral inguinal hernia | 36,000.00 | 72,000.00 |
| PAEDS040 | Repair of diaphragmatic hernia | 60,000.00 | 90,000.00 |
| PAEDS041 | Orchidopexy | 24,000.00 | 60,000.00 |
| PAEDS042 | Bilateral orchidopexy D) Intermediate I | 36,000.00 | 96,000.00 |
| PAEDS043 | Appendicectomy | 36,000.00 | 84,000.00 |
| PAEDS044 | Resuturing of burst abdomen | 24,000.00 | 48,000.00 |
| PAEDS045 | Herniotomy + unilateral orchidectomy | 54,000.00 | 90,000.00 |
| PAEDS046 | Herniotomy + unilateral orchidopexy | 54,000.00 | 90,000.00 |

| CAP. 253 | Medical Practitio | oners and Dentists | [Rev. 2022] |
|----------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------|
| [Subsidiary] | | | |
| PAEDS047 PAEDS048 | Fistula in ano Excision of pilonidal sinus | 48,000.00 30,000.00 | 96,000.00 84,000.00 |
| PAEDS049 PAEDS050 | Fissure in ano Resection of posterior / anterior urethral valves | 18,000.00 48,000.00 | 48,000.00 96,000.00 |
| PAEDS051 PAEDS052 | Torsion of testis Extrophy of bladder (repair) | 48,000.00 96,000.00 | 96,000.00 240,000.00 |
| PAEDS053 PAEDS054 | Cystic hygroma Excision of ganglion / lipoma E) Intermediate II (GA) | 48,000.00 18,000.00 | 96,000.00 36,000.00 |
| PAEDS055 PAEDS056 | Tracheostomy Skin grafting (burns) | 48,000.00 24,000.00 | 72,000.00 48,000.00 |
| PAEDS057 | Release of contractures | 18,000.00 | 60,000.00 |
| PAEDS058 PAEDS059 PAEDS060 PAEDS061 | Surgical toilet Polypectomy Testicular biopsy Cystoscopy + | 12,000.00 18,000.00 18,000.00 12,000.00 | 24,000.00 48,000.00 48,000.00 36,000.00 |
| PAEDS062 | insertion of DJ stent Cystoscopy + insertion of DJ stent | 30,000.00 | 60,000.00 |
| PAEDS063 | Insertion of CAPD catheter | 24,000.00 | 48,000.00 |
| PAEDS064 | Suprapubic cystotomy | 18,000.00 | 36,000.00 |
| PAEDS065 | Exploration of foreign body | 24,000.00 | 48,000.00 |
| PAEDS066 | Excision of haemorrhoids F) Minor (GA) | 24,000.00 | 48,000.00 |
| PAEDS067 PAEDS068 PAEDS069 | Lymph node biopsy Needle biopsy liver Secondary suturing of wounds - LA | 18,000.00 | 36,000.00 36,000.00 24,000.00 |
| PAEDS070 | Secondary suturing of wounds - GA | 24,000.00 | 48,000.00 |
| PAEDS071 PAEDS072 PAEDS073 | Skin biopsy Excision of warts Rigid sigmoidoscopy + rectal snip | 12,000.00 8,400.00 8,400.00 | 24,000.00 24,000.00 30,000.00 |
| PAEDS074 | Excision of fingernail / toenail | 18,000.00 | 30,000.00 |
| PAEDS075 | Circumcision | 12,000.00 | 30,000.00 |

| [Rev. 2022] | Medical Practitic | oners and Dentists | | CAP. 253 |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------|--------------|
| | | | | [Subsidiary] |
| PAEDS076 | Release of tongue tie | 18,000.00 | 30,000.00 | |
| PAEDS077 | Incision and drainage of abscess | 18,000.00 s | 30,000.00 | |
| PAEDS078 | Insertion of underwater seal drainage M013: ANAESTHESIA ANAESTHESIA | 18,000.00 | 36,000.00 | |
| ANAES01 | Transfers Inter hospital (From one unit to another) Per Hour | | Maximum 15,000.00 | |
| ANAES02 | Inter hospital (Same town) - Per hour | e10,000.00 | 20,000.00 | |
| ANAES03 | Inter hospital (Different town) - Per hour | 10,000.00 | 50,000.00 | |
| ANAES04 | Inter hospital (International) - Per hour excluding air fare, accomodation and travel insurance Procedures outside the operating room | | 25,000.00 | |
| ANAES05 | Tracheal intubation | 7,500.00 | 15,000.00 | |
| ANAES06 | Tracheal extubation | | 15,000.00 | |
| ANAES07 | CVP Catheterization | 15,000.00 | 20,000.00 | |
| ANAES08 | Lumbar puncture (LP) | 10,000.00 | 15,000.00 | |
| ANAES09 | Bladder Cathetirization | 5,000.00 | 20,000.00 | |
| ANAES10 | NG tube insertion | 10,000.00 | 20,000.00 | |
| ANAES11 | ICU Admission protocol | 25,000.00 | 40,000.00 | |
| ANAES12 | Insertion of IV line | 5000.00 (+visit 3000.00) | | |
| ANAES13 | Arterial line | 10,000.00 | 10,000.00 | |
| ANAES14 ANAES15 | Epidurals for labour Pain procedures (including nerve blocks) Visits and Reviews | | | |
| ANAES016 | Pre-operative visit | 5,000.00 | 8,000.00 | |
| ANAES017 | Post operative visit | | 8,000.00 | |
| ANAES018 ANAES019 | ICU visit HDU visit | 10,000.00 7,500.00 | 10,000.00 7,500.00 | |

| | | Difers and Demisis | |
|--------------|-----------------------------|--------------------|-----------|
| [Subsidiary] | | | |
| | Monitored | | |
| | Monitored | | |
| | anaesthetic care, | | |
| | anaesthesia for | | |
| | other procedures, | | |
| | investigations i.e. | | |
| | CT scans/MRI as | | |
| | per category A and | | |
| | B | | |
| | The anaesthetic | | |
| | charges for group A | 7 | |
| | and B apply | | |
| | The anaesthetic | | |
| | charges for group A | N | |
| | • • • | 1 | |
| | and B apply | | |
| | ANAESTHESIA | | |
| | SPECIALTY FEES | | |
| | (invoicing begins at | | |
| | induction to accept | | |
| | recovery, handover | | |
| | at PACU) | | |
| | Group A: ASA I,II | | |
| | Patient | | |
| ANAES020 | Minimum charge | 15,000.00 | 20,000.00 |
| | (1st half hour) | | |
| ANAES021 | Second half hour + | 15,000.00 | 20,000.00 |
| ANAES022 | Second and third | 20,000.00 | 25,000.00 |
| | hours | | |
| ANAES023 | Fourth and | 25,000.00 | 27,500.00 |
| | subsequent hours | | , |
| | Group B: ASA | | |
| | III,IV,V neonates | | |
| | and specialized | | |
| | | | |
| ANAES024 | surgery Minimum charge + | 30,000,00 | 35 000 00 |
| ANAE3024 | Minimum charge + | 30,000.00 | 35,000.00 |
| | 1st half hour | 20,000,00 | |
| ANAES025 | Second half hour | 30,000.00 | 35,000.00 |
| ANAES026 | Second and third | 35,000.00 | 40,000.00 |
| | hours | | |
| ANAES027 | Second and third | 35,000.00 | 40,000.00 |
| | hours | | |
| | EMERGENCIES: | | |
| | 40% additional | | |
| | charge | | |
| | NB: In group B it | | |
| | may be mandatory | | |
| | to involve a second | | |
| | anaesthesiologist. | | |
| | In such cases, | | |
| | the second | | |
| | | | |
| | anaesthesiologist | | |
| | will invoice 50% of | | |
| | | | |

| [Rev. 2022] | Medical Practitic | oners and Dentists | CAP. 253 |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------|
| | | | [Subsidiary] |
| | the charges raised by the primary. This is an additional cost of 50% on the anaesthetic fee. Diagnostic and Therapeutic Regional Anesthetic & Chronic pain | | |
| | Procedure Fees | | |
| ANAES028 ANAES029 | 1st Consultations Follow up Consultation | 4,000.00 2,500.00 | 10,000.00 5,000.00 |
| | Procedure Nerve & Plexus blocks | Minimum cost | Maximum cost |
| ANAES030 | Nerve plexus | 14,000.00 | 24,500.00 |
| ANAES031 | Peripheral nerve block - single | 10,500.00 | 18,400.00 |
| ANAES032 | Peripheral nerve block - multiple | 14,000.00 | 24,500.00 |
| ANAES033 | Peripheral Nerve block - continous | 17,500.00 | 30,700.00 |
| ANAES034 | Greater occipital nerve block: | 21,000.00 | 36,800.00 |
| ANAES035 | Lesser occipital nerve block: | 21,000.00 | 36,800.00 |
| ANAES036 | Suprascapular nerve: | 14,000.00 | 24,500.00 |
| ANAES037 | Intercostal nerve (single) | 10,500.00 | 18,400.00 |
| ANAES038 | Intercostal nerve (multiple) | 14,000.00 | 24,500.00 |
| ANAES039 | llioinguinal and lliohypogastric nerve: | 10,500.00 | 18,400.00 |
| ANAES040 | Trigeminal nerve (any branch): | 56,000.00 | 98,000.00 |
| ANAES041 | Sphenopalatine ganglion: | 28,000.00 | 49,000.00 |
| ANAES042 | Stellate ganglion (cervical sympathetic): | 14,000.00 | 24,500.00 |
| ANAES043 | Superior hypogastric plexus | 28,000.00 | 49,000.00 |
| ANAES044 | Thoracic or lumbar paravertebral sympathetic or ganglion impar block | 28,000.00 | 49,000.00 |
| ANAES045 | Celiac plexus: | 28,000.00 | 49,000.00 |

| CAP. 253 | Medical Practitic | oners and Dentists | [Rev. 2022] |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------|
| [Subsidiary] | | | |
| ANAES046 ANAES047 | Gasserian ganglion Lateral femoral cutaneous nerve of the thigh | 10,500.00 | 49,000.00 18,400.00 |
| ANAES048 | Paravertebral catheter JOINT / BURSA INJECTION OR ASPIRATION | 17,500.00 | 30,700.00 |
| ANAES049 | Major joint/ bursa (knee, hip, shoulder, trochanteric bursa, subacromial bursa, pes anserine bursa | 7,000.00 | 12,300.00 |
| ANAES050 | Intermediate joint/ bursa: (temporomandibula acromioclavicular, wrist, elbow, ankle, olecranon bursa) | 10,500.00 | 18,400.00 |
| ANAES051 | Minor joint / bursa: (fingers [PIP, DIP], toes) | 3,500.00 | 6,200.00 |
| ANAES052 | Sacroiliac joint (SIJ with fluoroscopy/ ultrasound |)21,000.00 | 36,800.00 |
| ANAES053 | Sacroiliac joint (SIJ without fluoroscopy ultrasound (billed like trigger point injection) | | 12,300.00 |
| ANAES054 | Fluoroscopic needle guidance (non- spinal): | e21,000.00 | 36,800.00 |
| ANAES055 | Shoulder arthrogram injection: | 17,500.00 | 30,700.00 |
| ANAES056 | Hip arthrogram injection: Tendons, Ligaments, and Muscle Injections | 17,500.00 | 30,700.00 |
| ANAES057 | Tendon sheath or Ligament: (iliolumbar ligament trigger finger, De Quervain's tenosynovitis, plantar fascia) | 7,000.00 t, | 12,300.00 |

| [Rev. 2022] | Medical Practitioners and Dentists | | | CAP. 253 |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|--------------|
| | | | | [Subsidiary] |
| ANAES058 | Tendon origin/ insertion: | 7,000.00 | 12,300.00 | |
| ANAES059 | Trigger point injection (1 or 2 muscles) | 7,000.00 | 12,300.00 | |
| ANAES060 | Trigger point injection (3 or more muscles): Epidural Steroid Injections (ESI) Interlaminar | 10,500.00 | 18,400.00 | |
| ANAES061 | Interlaminar – cervical or thoracic | 28,000.00 | 49,000.00 | |
| ANAES062 | Interlaminar – lumbar or sacral: | 14,000.00 | 24,500.00 | |
| ANAES063 | Fluoroscopic needle guidance (Spinal) Transforaminal Remember: Fluoro can NOT be billed separately for these. | e14,000.00 | 24,500.00 | |
| ANAES064 | Transforaminal – cervical or thoracic (first level) | 28,000.00 | 49,000.00 | |
| ANAES065 | Transforaminal – cervical or thoracic (each additional level): | 31,500.00 | 55,200.00 | |
| ANAES066 | Transforaminal – lumbar or sacral (first level): | 21,000.00 | 36,800.00 | |
| ANAES067 | Transforaminal – lumbar or sacral (each additional level): Facet Joint Procedures Intraarticular Joint or Medial Branch Block-Remember: Fluoro can NOT be billed separately for these. | | 42,900.00 | |
| ANAES068 | Intraarticular joint o medial branch blocl (MBB) – cervical or thoracic (1st level) | k | 49,000.00 | |
| ANAES069 | Intraarticular joint o medial branch bloc | | 49,000.00 | |

| CAP. 253 | Medical Practitioners and Dentists | [Rev. 2022] |
|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| [Subsidiary] | | |
| ANAES070 | (MBB) – cervical or thoracic (2nd level): Intraarticular joint or 28,000.00 medial branch block (MBB) – cervical or thoracia (2nd level); | 49,000.00 |
| ANAES071 | thoracic (3rd level): Intraarticular joint or 21,000.00 medial branch block (MBB) – lumbar or sacral (1st level): | 36,800.00 |
| ANAES072 | Intraarticular joint or 21,000.00 medial branch block (MBB) – lumbar or sacral (2nd level): | 36,800.00 |
| ANAES073 | Intraarticular joint or 21,000.00 medial branch block (MBB) – lumbar or sacral (3rd level): Radiofrequency Ablation (RFA)/ —DestructionII of Facet Joint Remember: Fluoro can NOT be billed separately for these. | 36,800.00 |
| ANAES074 | Radiofrequency 35,000.00 ablation (RFA) – cervical or thoracic (1st joint): | 61,300.00 |
| ANAES075 | Radiofrequency 35,000.00 ablation (RFA) – cervical or thoracic (each additional joint): | 61,300.00 |
| ANAES076 | Radiofrequency 28,000.00 ablation (RFA) – lumbar or sacral (1st joint): | 49,000.00 |
| ANAES077 | Radiofrequency 28,000.00 ablation (RFA) – lumbar or sacral (each additional joint): Sacroiliac Joint | 49,000.00 |
| ANAES078 | Sacroiliac joint (SIJ) 10,500.00 without fluoroscopy: (billed as a trigger point injection) | 18,400.00 |
| ANAES079 | Sacroiliac joint (SIJ) 21,000.00 with fluoroscopy: | 36,800.00 |

| [Rev. 2022] | Medical Practitic | ners and Dentists | | CAP. 253 |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------|--------------|
| | | | | [Subsidiary] |
| ANAES080 | Sacral lateral branch blocks: | 24,500.00 | 42,900.00 |) |
| | Radiofrequency Ablation (RFA) of the Sacroiliac Joint | 24,500.00 | 42,900.00 |) |
| ANAES081 | RF of L5 dorsal primary ramus: | 24,500.00 | 42,900.00 |) |
| ANAES082 | RF of S1 lateral branches: | 24,500.00 | 42,900.00 |) |
| ANAES083 | RF of S2 lateral branches: | 24,500.00 | 42,900.00 |) |
| ANAES084 | RF of S3 lateral branches: | 24,500.00 | 42,900.00 |) |
| ANAES085 | Fluoroscopic needle guidance (Spinal): (for the S1-S3 nerve lateral branches, not the L5) | 28,000.00 | 49,000.00 |) |
| | Vertebroplasty / Kyphoplasty Vertebroplasty | Same as Orthopedic surgery | | |
| ANAES086 | Vertebroplasty – Thoracic (1st level): | | | |
| ANAES087 | Vertebroplasty – Thoracic (each additional level): | | | |
| ANAES088 | Vertebroplasty – Lumbar (1st level): | | | |
| ANAES089 | Vertebroplasty – Lumbar (each additional level): Kyphoplasty | | | |
| ANAES090 | Kyphoplasty – Thoracic (1st level): | | | |
| ANAES091 | Kyphoplasty – Thoracic (each additional level): 22525 | | | |
| ANAES092 | Kyphoplasty – Lumbar (1st level): | | | |
| ANAES093 | Kyphoplasty – Lumbar (each additional level): Discogram / Discography- Remember: Fluoroscopy is bundled here and can NOT be billed separately for these | | | |

| CAP. 253 | Medical Practitic | ners and Dentists | [Rev. 2022] |
|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------|
| [Subsidiary] | | | |
| ANAES094 | Discogram / Discography – Cervical/Thoracic (each disc): | 10,500.00 | 18,400.00 |
| ANAES095 | Supervision & interpretation of fluoroscopy – Cervical/Thoracic (each disc): | 87,500.00 | 153,200.00 |
| ANAES096 | Discogram / Discography – Lumbar (each disc): | 94,500.00 | 165,400.00 |
| ANAES097 | Supervision & interpretation of fluoroscopy – Lumbar (each disc): Botulinum Toxin Injections | 70,000.00 | 122,500.00 |
| ANAES098 | Botulinum toxin type A – Botox, Permanent Chemical / Cryosection and/or Neurolysis: | 17,500.00 | 30,700.00 |
| ANAES099 | Chemodenervation of muscles in the neck (spasmodic torticollis): | 35,000.00 | 61,300.00 |
| ANAES100 | Chemodenervation of muscles of the trunk and/or extremity (cerebral palsy, dystonia, multiple sclerosis): | 28,000.00 | 49,000.00 |
| ANAES101 | Chemodenervation of muscles innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (chronic migraine): Neurostimulation (Spinal Cord Stimulator) Trial Procedure | 35,000.00 | 61,300.00 |
| ANAES102 | Percutaneous implant of electrode array: | 189,000.00 | 330,800.00 |

| [Rev. 2022] | Medical Practitioners and Dentists | | CAP. 253 | |
|-------------|--------------------------------------|------------|--------------|--|
| | | | [Subsidiary] | |
| | Implantation | | | |
| | of Spinal Cord | | | |
| | Stimulator | | | |
| | Percutaneous | | | |
| | Leads and | | | |
| | Generato | | | |
| ANAES103 | Percutaneous | 280,000.00 | 490,000.00 | |
| | implant of electrode | ! | | |
| | array | | | |
| ANAES104 | Insertion or | 280,000.00 | 490,000.00 | |
| | replacement of | | | |
| | pulse generator | | | |
| | Removal of Leads/ | | | |
| ANAES105 | Generator (Explant) | | | |
| ANAES 105 | Removal of spinal neurostimulator | | | |
| | percutaneous | | | |
| | array(s) | | | |
| ANAES106 | Removal of pulse | 189,000.00 | 330,800.00 | |
| / | generator: | 100,000.00 | 000,000.00 | |
| ANAES107 | Replacement of | 94,500.00 | 165,400.00 | |
| | Battery | | , | |
| | Intrathecal Pump | | | |
| ANAES108 | Trial Procedure | 94,500.00 | 165,400.00 | |
| ANAES109 | Implantation | 280,000.00 | 490,000.00 | |
| ANAES110 | Testing | 94,500.00 | 165,400.00 | |
| ANAES111 | Removal of | 189,000.00 | 330,800.00 | |
| | Intrathecal pump | | | |
| ANAES112 | Replacement of | 94,500.00 | 165,400.00 | |
| | battery | 40 500 00 | 40,400,00 | |
| ANAES113 | Assessing the | 10,500.00 | 18,400.00 | |
| | pump and making changes to pump | | | |
| | delivery | | | |
| ANAES114 | Refill of pump | 18,900.00 | 33,100.00 | |
| ANALOTIA | medications | 10,000.00 | 55,100.00 | |
| | Others Procedures | | | |
| ANAES115 | Carpal tunnel | 14,000.00 | 24,500.00 | |
| | injection | , | , | |
| ANAES116 | Epidural blood | 21,000.00 | 36,800.00 | |
| | patch | | | |
| ANAES118 | Fluoroscopic needle | e21,000.00 | 36,800.00 | |
| | guidance (non- | | | |
| | spinal): | | | |
| ANAES119 | CT needle | 21,000.00 | 36,800.00 | |
| | guidance: | | | |
| ANAES120 | Labor Epidural | 35,000.00 | 61,300.00 | |
| ANAES121 | Tunnelled/Long | 49,000.00 | 85,800.00 | |
| | term Epidural for Chronic Cancer | | | |
| | pain | | | |
| | pan | | | |
| | | | | |

CAP. 253

[Rev. 2022]

| CAP. 2 | 253 |
|--------|-----|
|--------|-----|

| CAP. 253 | Medical Practitioners and Dentists | | [Rev. 2022] | |
|--------------|-------------------------------------------|-----------|-------------|--|
| [Subsidiary] | | | | |
| | Prolotherany | | | |
| ANAES122 | Prolotherapy single region | 7,000.00 | 12,300.00 | |
| ANAES122 | multiple | 10,500.00 | 18,400.00 | |
| | Lidocaine/ | 35,000.00 | 61,300.00 | |
| | Ketamine infusions | , | | |
| ANAES124 | IV | 28,000.00 | 49,000.00 | |
| ANAES125 | S/C | | | |
| ANAES126 P | CEA & PCA | 17,500.00 | 30,700.00 | |
| | Protocol | | | |
| | Modifiers | | | |
| | Incomplete | | | |
| | procedure (reduced | | | |
| | service) [Stopping a | 1 | | |
| | part of a procedure because of reasons | | | |
| | other than the | | | |
| | patient's wellbeing] | | | |
| | Incomplete | | | |
| | procedure | | | |
| | (physicianelected to |) | | |
| | terminate a surgical | | | |
| | or diagnostic | | | |
| | procedure due to | | | |
| | the patient's well- | | | |
| | being) – reduced | | | |
| | service Procedures | | | |
| | done under | | | |
| | some sedation | | | |
| | or monitored | | | |
| | anaesthesia | | | |
| | care will be billed | | | |
| | separately | | | |
| | Procedures done | | | |
| | under general | | | |
| | anaesthesia for | | | |
| | postoperative pain | | | |
| | management will be | 9 | | |
| | billed separately. | | | |
| | Procedures done | | | |
| | under general | | | |
| | anaesthesia | | | |
| | for anaesthesia | | | |
| | purposes will not be | 9 | | |
| | billed separately. | | | |
| | M014 : | _ | — | |
| | DIAGNOSTIC | | | |
| | RADIOLOGY | | | |
| | A) X- Ray of | | | |
| | Extremities | | | |

| [Rev. 2022] | | | CAP. 253 |
|------------------------------------|------------------------------------------------|------------|--------------|
| Medical Practitioners and Dentists | | | |
| | | | [Subsidiary] |
| DGRAD01 | Hand | 1,200.00 | 1,800.00 |
| DGRAD02 | Both Hands | 1,800.00 | 2,160.00 |
| DGRAD03 | Digits | 1,200.00 | 1,800.00 |
| DGRAD04 | Wrist | 9,600.00 | 18,000.00 |
| DGRAD05 | Scaphoid views | 1,800.00 | 2,160.00 |
| DGRAD06 | Forearm | 1,800.00 | 2,160.00 |
| DGRAD07 | Both forearms | 3,000.00 | 3,360.00 |
| DGRAD08 | Elbow | 2,400.00 | 3,360.00 |
| DGRAD09 | Both elbows | 3,600.00 | 4,200.00 |
| DGRAD010 | Humerus | 1,800.00 | 3,000.00 |
| DGRAD011 | Both humeri | 3,000.00 | 3,360.00 |
| DGRAD012 | Shoulder | 2,400.00 | 3,600.00 |
| DGRAD013 | Both shoulders | 4,800.00 | 6,000.00 |
| DGRAD014 | Clavicle | 1,200.00 | 1,800.00 |
| DGRAD015 | Both clavicles | 1,800.00 | 30,000.00 |
| DGRAD016 | Sternoclavicular | 2,400.00 | 3,600.00 |
| | joint | 2,100.00 | 0,000.00 |
| DGRAD017 | Foot | 1,200.00 | 2,400.00 |
| DGRAD018 | Both feet | 1,800.00 | 3,000.00 |
| DGRAD019 | Ankle | 1,200.00 | 2,400.00 |
| DGRAD020 | Both ankles | 1,800.00 | 3,000.00 |
| DGRAD021 | Leg | 1,440.00 | 3,360.00 |
| DGRAD022 | Both legs | 2,400.00 | 3,600.00 |
| DGRAD023 | Knee | 1,440.00 | 3,360.00 |
| DGRAD024 | Both knees | 2,160.00 | 3,600.00 |
| DGRAD025 | Knee skyline view | 1,800.00 | 3,600.00 |
| DGRAD026 | Both knees akyline | | 4,200.00 |
| | view | | |
| DGRAD027 | Femur | 1,800.00 | 3,600.00 |
| DGRAD028 | Both femora | 3,360.00 | 4,200.00 |
| DGRAD029 | Portable X – rays | 600.00 | 1,440.00 |
| DGRAD030 | Heels | 120.00 | 3,600.00 |
| DGRAD031 | Hip | 3,360.00 | 4,200.00 |
| DGRAD032 | Both hips | 1,440.00 | 2,160.00 |
| DGRAD033 | Pelvis | 1,440.00 | 2,160.00 |
| | B) Myelogram | 12,000.00 | 24,000.00 |
| DGRAD034 | Regional | 18,000.00 | 30,000.00 |
| | C) Angiogram / Venogram | | |
| DGRAD035 | Unilateral venogran | n12,000.00 | 12,000.00 |
| DGRAD036 | Bilateral venogram | | 18,000.00 |
| DGRAD037 | Unilateral femora arteriogram | 24,000.00 | 36,000.00 |
| DGRAD038 | Bilateral femora arteriogram | 42,000.00 | 48,000.00 |
| DGRAD039 | Regional selective arteriogram | 36,000.00 | 48,000.00 |
| DGRAD040 | Bilateral flush | 36,000.00 | 48,000.00 |
| DGRAD041 | aortography Unilateral carotid angiogram | 36,000.00 | 48,000.00 |
| | | | |

| CAP. 253 | | | [Rev. 2022] |
|--------------|---------------------------------------------------------------|-----------------------|-------------|
| | Medical Practitio | oners and Dentists | |
| [Subsidiary] | | | |
| DGRAD042 | Bilateral carotid angiogram | 42,000.00 | 42,000.00 |
| DGRAD043 | Vessel angiogram D) Image Intensifier | 48,000.00 | 60,000.00 |
| DGRAD044 | Theatre 0.5 hours | 7,200.00 | 9,600.00 |
| DGRAD045 | Theatre 1 hour | 12,000.00 | 21,600.00 |
| DGRAD046 | Theatre 1.5 hours | 12,000.00 | 21,600.00 |
| DGRAD047 | Theatre 2 hours | 18,000.00 | 21,600.00 |
| DGRAD048 | Theatre 3 hours E) Other X – Rays | 18,000.00 | 21,600.00 |
| DGRAD049 | AP or PA chest | 1,200.00 | 2,400.00 |
| DGRAD050 | Thoracic inlet | 1,440.00 | 2,400.00 |
| DGRAD051 | Chest PA & lateral / oblique | / 2,160.00 | 4,200.00 |
| DGRAD052 | Skull 2 views | 2,400.00 | 3,360.00 |
| DGRAD053 | Skull 3 views | 3,000.00 | 3,600.00 |
| DGRAD054 | Skull 4 views | 1,200.00 | 2,400.00 |
| DGRAD055 | Pituatary fossa | 3,000.00 | 4,200.00 |
| DGRAD056 | Mandible | 3,360.00 | 4,200.00 |
| DGRAD057 | Facial bones 4 Views E) Other X – Rays (continued) | | |
| DGRAD058 | Optic foramina | 2,400.00 | 6,000.00 |
| DGRAD059 | T.M. joints | 3,000.00 | 6,000.00 |
| DGRAD060 | Mastoids | 3,000.00 | 6,000.00 |
| DGRAD061 | Paranasal sinuses | 3,000.00 | 6,000.00 |
| DGRAD062 | Maxillary antrum / orbit antrum | 2,640.00 | 6,000.00 |
| DGRAD063 | Nasal bone | 1,200.00 | 2,400.00 |
| DGRAD064 | Cervical spine AP & lateral | & 1,800.00 | 3,600.00 |
| DGRAD065 | Cervical spine 5 views, flexion, extention | 3,000.00 | 6,000.00 |
| DGRAD067 | Lumbar spine AP & lateral | 3,000.00 | 6,000.00 |
| DGRAD068 | Sacro – iliac joints | 3,000.00 | 6,000.00 |
| DGRAD069 | Sacrum & coccyx | 3,000.00 | 6,000.00 |
| DGRAD070 | Skeletal survey | 12,000.00 | 24,000.00 |
| DGRAD071 | Supine abdomen | 1,200.00 | 2,400.00 |
| DGRAD072 | Supine & erect abdomen | 1,800.00 | 3,000.00 |
| DGRAD073 | Pelvimetry | 1,800.00 | 3,000.00 |
| DGRAD074 | Barium swallow | 3,000.00 | 4,200.00 |
| DGRAD075 | Barium meal | 6,000.00 | 9,600.00 |
| DGRAD076 | Barium meal & follow through | 7,200.00 | 9,600.00 |
| DGRAD077 | Gastrograffin examination | 6,000.00 | 9,600.00 |

| [Rev. 2022] | Medical Practitio | oners and Dentists | CAP. 253 |
|-------------|-----------------------------------------------|--------------------|--------------|
| | | | [Subsidiary] |
| DGRAD078 | Barium enema | 7,200.00 | 9,600.00 |
| DGRAD079 | Double contrast barium enema | 12,000.00 | 24,000.00 |
| DGRAD080 | IVU | 8,400.00 | 14,400.00 |
| DGRAD081 | High dose IVU | 12,000.00 | 18,000.00 |
| DGRAD082 | Retrograde pyelogram | 9,600.00 | 14,400.00 |
| DGRAD083 M | CU | 6,000.00 | 12,000.00 |
| DGRAD084 | Ascending cystourethrogram | 6,000.00 | 12,000.00 |
| DGRAD085 | T – Tube cholangiogram | 7,200.00 | 12,000.00 |
| DGRAD086 | Cholangiogram in theatre F) Ultrasound | 12,000.00 | 24,000.00 |
| DGRARD087 | Liver, gallbladder, pancreas, spleen | 6,000.00 | 9,600.00 |
| DGRARD088 | Pelvic, gynae, bladder, prostate | 6,000.00 | 9,600.00 |
| DGRARD089 | Ultrasound guided biopsies | 12,000.00 | 24,000.00 |
| DGRARD090 | Bilateral doppler | 12,000.00 | 24,000.00 |
| DGRARD091 | Unilateral doppler | 6,000.00 | 9,600.00 |
| DGRARD092 | Transrectal | 6,000.00 | 9,600.00 |
| DGRARD093 | Thyroid | 6,000.00 | 9,600.00 |
| DGRARD094 | Testes | 6,000.00 | 9,600.00 |
| DGRARD095 | Breast | 6,000.00 | 9,600.00 |
| DGRARD096 | Lumbar spine | 6,000.00 | 9,600.00 |
| DGRARD097 | Chest | 6,000.00 | 9,600.00 |
| DGRARD098 | Transvaginal G) CT Scan | 6,000.00 | 9,600.00 |
| DGRARD99 | Emergency | 18,000.00 | 30,000.00 |
| DGRARD100 | Regional | 18,000.00 | 30,000.00 |
| DGRARD101 | Abdominal | 18,000.00 | 30,000.00 |
| DGRARD102 | Head / Skull | 14,400.00 | 26,400.00 |
| DGRARD103 | Orbits / Sinuses H) Others | 12,000.00 | 24,000.00 |
| DGRARD104 | Cardiac Sc (pacemaker) | 14,400.00 | 21,600.00 |
| DGRARD105 | Cardiac Sc (perm port) | 18,000.00 | 24,000.00 |
| DGRARD106 | HSG | 6,000.00 | 120,000.00 |
| DGRARD107 | Sialogram | 6,000.00 | 12,000.00 |
| DGRARD108 | Sinogram | 6,000.00 | 12,000.00 |
| DGRARD109 | Athrogram | 6,000.00 | |
| DGRARD110 | M015: DERMATOLOGY | 12,000.00 | 24,000.00 |
| DERM01 | Laser | 15,000.00 | 60,000.00 |
| DERM02 | Electrocaurtery | 30,000.00 | 60,000.00 |
| DERM03 | Basal Cell Excision | | 60,000.00 |

| CAP. 253 | Medical Practitic | oners and Dentists | [Rev. 2022] |
|--------------|------------------------------------------------------------------|--------------------|-------------|
| [Subsidiary] | | | |
| DERM04 | Squamous Cell Excision | 36,000.00 | 72,000.00 |
| DERM05 | Cryotherapy | 25,000.00 | 50,000.00 |
| DERM06 | Cautery | 36,000.00 | 72,000.00 |
| DERM07 | KOH Preparation | 2,500.00 | 5,000.00 |
| DERM08 | Skin Biopsy (small to large) | 12,000.00 | 50,000.00 |
| DERM09 | Chemical Cautery (phenol) | 6,000.00 | 15,000.00 |
| DERM10 | lontophoresis (per session minimum 5 sessions) | 4,800.00 | 7,200.00 |
| DERM11 | Botox injection per session | 60,000.00 | 120,000.00 |
| DERM12 | Intra lesional injection | 30,000.00 | 50,000.00 |
| DERM13 | Phototherapy per session minumum 7 sessions | 20,000.00 7 | 60,000.00 |
| DERM14 | Ingrown toe nail | 24,000.00 | 48,000.00 |
| DERM15 | A typical mole excision | 36,000.00 | 72,000.00 |
| DERM16 | Culletage | 12,000.00 | 36,000.00 |
| DERM17 | Microdemabration / microneddling | 24,000.00 | 48,000.00 |
| DERM18 | Chemical peels | 6,000.00 | 12,000.00 |
| DERM19 | Dermal feelers | 60,000.00 | 120,000.00 |
| DERM20 | Electrolysis/ epilation / Electrofulguration | 48,000.00 | 72,000.00 |
| DERM21 | Skin punch biopsy | 15,000.00 | 60,000.00 |
| DERM22 | Incision and drainage of abscess | 12,000.00 s | 24,000.00 |
| DERM23 | excision of skin lesions /wart, ganglion, lipoma M016 : | 20,000.00 | 50,000.00 |
| | GASTROENTEROL AND ENDOSCOPY OGD | | |
| GASTROEND01 | Diagnostic | 18,000.00 | 48,000.00 |
| GASTROEND02 | Sclerotherapy | 36,000.00 | 72,000.00 |
| GASTROEND03 | Diathermy (haemostatic procedure) | 36,000.00 | 72,000.00 |
| GASTROEND04 | Pyloric balloon dilatation | 36,000.00 | 72,000.00 |
| GASTROEND05 | PEG tube insertion | 36,000.00 | 72,000.00 |
| GASTROEND06 | Stricture dilatation (savary gilliard) | 36,000.00 | 72,000.00 |

| [Rev. 2022] | | | | CAP. 253 |
|-------------|---------------------------------------------------|--------------------|----------------|--------------|
| | Medical Practitio | oners and Dentists | | [Subsidiary] |
| | | | | |
| GASTROEND07 | Upper GI polypectomy | 36,000.00 | 72,000.00 |) |
| GASTROEND08 | Stent insertion | 36,000.00 | 72,000.00 | 1 |
| GASTROEND09 | Stricture dilatation (TTC) | 36,000.00 | 72,000.00 | 1 |
| GASTROEND10 | Pneumatic dilatation | 36,000.00 | 72,000.00 | 1 |
| GASTROEND11 | Band ligation Colonoscopy | 36,000.00 | 72,000.00 | 1 |
| GASTROEND12 | Diagnostic | 18,000.00 | 36,000.00 |) |
| GASTROEND13 | Stricture dilatation | 36,000.00 | 72,000.00 |) |
| GASTROEND14 | Lower GI polypectomy ERCP | 36,000.00 | 72,000.00 | |
| GASTROEND15 | Diagnostic | 36,000.00 | 60,000.00 | |
| GASTROEND16 | Sphicterotomy | 36,000.00 | 72,000.00 | |
| GASTROEND17 | Stent insertion | 36,000.00 | 84,000.00 | |
| GASTROEND18 | Sphincterotomy + stone removal Others | 36,000.00 | 60,000.00 |) |
| GASTROEND19 | Bronchoscopy | 18,000.00 | 36,000.00 |) |
| GASTROEND20 | Laryngoscopy | 12,000.00 | 36,000.00 | |
| GASTROEND21 | Sigmoidoscopy | 12,000.00 | 36,000.00 | |
| GASTROEND22 | Rectal snip | 6,000.00 | 12,000.00 | |
| GASTROEND23 | Liver biopsy | 18,000.00 | 36,000.00 | |
| GASTROEND24 | Peritoneal biopsy M017 : OTHER | 6,000.00 | 36,000.00 — | 1 |
| | PROCEDURES A) Neurology | | | |
| | EEG | 6,000.00 | 18,000.00 | 1 |
| | Nerve conduction atudies | 12,000.00 | 36,000.00 |) |
| | Evoked potential | 12,000.00 | 36,000.00 |) |
| | Diagnostic lumbar puncture | 6,000.00 | 18,000.00 | |
| | Therapeutic lumbar puncture | | 36,000.00 | |
| | B) Respiratory | #VALUE! | #VALUE! | |
| | Peak flowmetry | 6,000.00 | 18,000.00 | 1 |
| | Spirometry | 6,000.00 | 18,000.00 | 1 |
| | Chest aspiration | 6,000.00 | 18,000.00 | 1 |
| | Chest aspiration | 6,000.00 | 18,000.00 |) |
| | Chest aspiration with biopsy C) Dermatology | 6,000.00 | 18,000.00 | |
| | Basal cell excision | 18,000.00 | 36,000.00 | 1 |
| | Squamous cell excision | 18,000.00 | 36,000.00 | |
| | Cryotherapy | 6,000.00 | 18,000.00 |) |
| | Cautery | 18,000.00 | 36,000.00 |) |
| | KOH preparation | 6,000.00 | 12,000.00 | 1 |

| CAP. 253 | | | [Rev. 2 | |
|--------------|------------------------------------|-----------|-----------|--|
| | Medical Practitioners and Dentists | | | |
| [Subsidiary] | | | | |
| | Skin biospy | 6,000.00 | 12,000.00 | |
| | D) Nephrology | -, | , | |
| | Vascular access | _ | _ | |
| | A – V shunt / | 24,000.00 | 60,000.00 | |
| | fistulae | | | |
| | Renal biopsy | 18,000.00 | 36,000.00 | |
| | Insertion of | 24,000.00 | 60,000.00 | |
| | peritoneal catheter | | | |
| | Haemodialysis | 6,000.00 | 18,000.00 | |
| | Pertineal dialysis | 6,000.00 | 18,000.00 | |
| | Renal transplant | 36,000.00 | 72,000.00 | |
| | CVVHD | 6,000.00 | 18,000.00 | |
| | E) Psychiatry | 12 000 00 | 24 000 00 | |
| | Electroconvulsive Therapy (per | 12,000.00 | 24,000.00 | |
| | session) | | | |
| | Psychotherapy (per | 8 000 00 | 15,000.00 | |
| | hour) | 0,000.00 | 10,000.00 | |
| | M017 : OTHER | | | |
| | PROCEDURES - | | | |
| | F) Paediatrics | | | |
| | Exchange | 24,000.00 | 48,000.00 | |
| | transfusion | | | |
| | Cannulae fixation - | 1,200.00 | 6,000.00 | |
| | anaes | | | |
| | Venepuncture | 1,200.00 | 1,800.00 | |
| | Chemotherapy - IV | | 12,000.00 | |
| | Chemotherapy | 9,600.00 | 18,000.00 | |
| | intrathecal | 40.000.00 | 04.000.00 | |
| | Intraosseous | 12,000.00 | 24,000.00 | |
| | cannulation Central line | 12,000.00 | 18,000.00 | |
| | insertion | 12,000.00 | 10,000.00 | |
| | Venous cutdown | 12,000.00 | 24,000.00 | |
| | Femoral vein | 12,000.00 | 24,000.00 | |
| | cannulation | , | , | |
| | Umbilical | 6,000.00 | 12,000.00 | |
| | catheterization | | | |
| | Lumbar puncture | 6,000.00 | 12,000.00 | |
| | Resuscitation | 12,000.00 | 24,000.00 | |
| | Pleural tap | 12,000.00 | 24,000.00 | |
| | Pleural biopsy | 18,000.00 | 30,000.00 | |
| | Intubation | 6,000.00 | 12,000.00 | |
| | Surprapubic | 6,000.00 | 9,600.00 | |
| | bladder tap | | 7 000 00 | |
| | Urinary catheter insertion | 3,600.00 | 7,200.00 | |
| | N.G. tube insertion | 3,600.00 | 7,200.00 | |
| | Flatus tube | 3,600.00 | 7,200.00 | |
| | insertion | 4 000 00 | | |
| | Proctoscopy | 1,200.00 | 6,000.00 | |
| | | | | |

| | | | | CAP. 253 |
|--------|----------------------------------------------------------------------------|--------------------|-----------|--------------|
| | Medical Practitic | oners and Dentists | | <u></u> |
| | | | | [Subsidiary] |
| | Enema | 6,000.00 | 12,000.00 | |
| | Manual removal of impacted stool | 9,000.00 | 18,000.00 | |
| | Removal of Foreign Bodies: | ı — | — | |
| | Eye | 6,000.00 | 12,000.00 | |
| | Nose | 6,000.00 | 12,000.00 | |
| | Ear | 6,000.00 | 12,000.00 | |
| | Vagina | 6,000.00 | 12,000.00 | |
| | Rectum | 6,000.00 | 12,000.00 | |
| | Bone marrow | 6,000.00 | 12,000.00 | |
| | aspirate - path | | | |
| | Splenic aspirate - gastro | 6,000.00 | 12,000.00 | |
| | Pericardial tap / aspirate | 12,000.00 | 24,000.00 | |
| | Insertion of PD catheter | 18,000.00 | 36,000.00 | |
| | Permcath M018: | 18,000.00 | 36,000.00 | |
| | ANATOMICAL PATHOLOGY: HISTOLOGY/ | | | |
| PATH01 | CYTOLOGY/PM Cytology Pap smears/Gynae | 2,040.00 | 3,360.00 | |
| | Cytology Vaginal or cervical smears, each | | | |
| PATH02 | Cytology Sputum, all body fluids and tumour aspirates: First unit | 2,040.00 | 2,880.00 | |
| PATH03 | Cytology: Performance | 2,760.00 | 5,040.00 | |
| | of fineneedle | | | |
| | aspiration (FNA) | | | |
| PATH04 | Histology Additonal | 1,920.00 | 2,880.00 | |
| | Blocks (per block) | | | |
| PATH05 | Histology and frozen section in | 3,600.00 | 5,760.00 | |
| PATH06 | laboratory Histology and frozen section in | 7,200.00 | 21,600.00 | |
| PATH07 | theatre Histology consultation per slide | 2,160.00 | 4,320.00 | |
| PATH08 | Histology Medium sized biopsies (3 to | 5,760.00 | 8,640.00 | |

| CAP. 253 | Medical Practitioners and Dentists | [Rev. 2022] |
|--------------|--------------------------------------------------------------------------------------------------------------------------|-------------|
| [Subsidiary] | | |
| PATH09 | Histology Small 3,600.00 Sized Biopsies (1-2 blocks) | 5,760.00 |
| PATH10 | Histology Large 8,000.00 Sized Biopsies (more than 5 slides) | 15,000.00 |
| PATH11 | Immunofluorescenc@,360.00 studies | 5,520.00 |
| PATH12 | Immunoperoxidase 5,040.00 studies | 8,280.00 |
| PATH13 | Intraop Examination 12,960.00 of fine needle | 19,440.00 |
| PATH14 | aspiration in theatre Postmortem: Foetal 30,000.00 autopsy excluding histology & ancillary tests | 60,000.00 |
| PATH15 | Postmortem: 36,000.00 Forensic autopsy excluding histology & ancillary tests/ procedures/court appearance | 66,000.00 |
| PATH16 | Postmoterm: 30,000.00 Clinical autopsy excluding histology & ancillary tests/ procedures | 60,000.00 |
| PATH17 | Second and 6,240.00 subsequent frozen sections, each | 4,200.00 |
| PATH18 | Serial step sections 3,240.00 | 4,800.00 |
| PATH19 | Special stains 1,080.00 | 1,440.00 |
| PATH20 | Transmission 10,680.00 electron microscopy | 21,600.00 |
| PATH21 | Forensic toxicology 150,000.00 | 250,000.00 |
| PATH22 | Exhumantion 100,000.00 CLINICAL CHEMISTRY, SEROLOGY, ENDOCRINOLOGY | 150,000.00 |
| PATH23 | Abnormal pigments: 600.00 Qualitative | 960.00 |
| PATH24 | Abnormal pigments: 1,200.00 Quantitative | 1,800.00 |
| PATH25 | Acid phosphate 720.00 | |
| PATH26 | Amino acids 9,840.00 Quantitative (Post derivatisation HPLC) | 14,760.00 |
| PATH27 | Albumin 720.00 | 1,080.00 |

| [Rev. 2022] | Medical Practitic | oners and Dentists | | CAP. 253 |
|-------------|-----------------------------------------------------------|--------------------|----------|--------------|
| | | | | [Subsidiary] |
| PATH28 | Alcohol | 2,040.00 | 3,480.00 | |
| PATH29 | Alkaline | 720.00 | 1,080.00 | |
| PATH30 | phosphatase Alkaline phosphatase- | 2,040.00 | 2,400.00 | |
| PATH31 | isoenzymes Ammonia: Enzymatic | 1,080.00 | 1,440.00 | |
| PATH32 | Ammonia: Monitor | 600.00 | 960.00 | |
| PATH33 | Alpha-1-antitrypsin: Total | 1,080.00 | 1,440.00 | |
| PATH34 | Amylase | 720.00 | 1,080.00 | |
| PATH35 | Arsenic in blood, hair or nails | 4,680.00 | 6,840.00 | |
| PATH36 | Bilirubin - Reflectance | 720.00 | 1,080.00 | |
| PATH37 | Bilirubin: Total | 720.00 | 1,080.00 | |
| PATH38 | Bilirubin: Conjugated | 600.00 | 720.00 | |
| PATH39 | Breath Hydrogen Test | 2,760.00 | 4,080.00 | |
| PATH40 | CSF Nicotinic Acid | 2,040.00 | 3,480.00 | |
| PATH41 | CSF Glutamine | 1,440.00 | 2,160.00 | |
| PATH42 | Cadmium: Atomic absorption | 2,400.00 | 3,480.00 | |
| PATH43 | Calcium: Ionized | 960.00 | 1,320.00 | |
| PATH44 | Calcium: Spectrophotometric | | 720.00 | |
| PATH45 | Calcium: Atomic absorption | 1,080.00 | 1,440.00 | |
| PATH46 | Carotene | 360.00 | 480.00 | |
| PATH47 | Carnitine (Total or free) in biological fluid: Each | 2,040.00 | 2,400.00 | |
| PATH48 | Carnitine (Total or free) in muscle: Each | 3,120.00 | 4,560.00 | |
| PATH49 | Acyl Carnitine | 3,120.00 | 4,560.00 | |
| PATH50 | Chloride | 480.00 | 600.00 | |
| PATH51 | Chol/HDL/LDL/Trig | 1,920.00 | 3,840.00 | |
| PATH52 | LDL cholesterol (chemical determination) | 960.00 | 1,320.00 | |
| PATH53 | Cholesterol total | 720.00 | 1,080.00 | |
| PATH54 | HDL cholesterol | 720.00 | 1,080.00 | |
| PATH55 | Cholinesterase: Serum or erythrocyte: Each | 1,080.00 | 1,440.00 | |
| PATH56 | Cholinesterase phenotype | 1,200.00 | 1,800.00 | |

| | Medical Tractition | | |
|--------------|---------------------|------------|----------|
| [Subsidiary] | | | |
| | (Dibucaine or | | |
| | fluoride each) | | |
| PATH57 | Total CO2 | 720.00 | 1,080.00 |
| PATH58 | Creatinine | 600.00 | 720.00 |
| PATH59 | CSF- | 1,320.00 | 1,920.00 |
| TAIL 100 | Immunoglobulin G | 1,020.00 | 1,020.00 |
| PATH60 | C1-Esterase | 1,320.00 | 1,920.00 |
| TATIO | Inhibitor | 1,520.00 | 1,920.00 |
| PATH61 | CSF-Albumin | 1,320.00 | 1,920.00 |
| PATH62 | CSF-IgG Index | 2,760.00 | 4,200.00 |
| PATH63 | Glutamic acid | 3,840.00 | 5,520.00 |
| PATH64 | Homocysteine | 2,040.00 | 2,880.00 |
| | (random) | 2,040.00 | 2,000.00 |
| PATH65 | Homocysteine (afte | ar2 400 00 | 3,480.00 |
| TATIO | Methionine load) | 12,400.00 | 3,400.00 |
| PATH66 | D-Xylose | 1,800.00 | 3,480.00 |
| TATIO | absorption test: Tw | | 3,400.00 |
| | hours | 0 | |
| PATH67 | Fibrinogen: | 600.00 | 720.00 |
| | Quantitative | 000.00 | 720.00 |
| PATH68 | Glucose tolerance | 1,200.00 | 1,800.00 |
| TATIO | test (2 specimens) | 1,200.00 | 1,000.00 |
| PATH69 | Glucose strip-test | 360.00 | 480.00 |
| TAILlos | with photometric | 000.00 | 400.00 |
| | reading | | |
| PATH70 | Galactose | 1,440.00 | 2,160.00 |
| PATH71 | Glucose tolerance | 1,800.00 | 3,480.00 |
| | test (3 specimens) | 1,000.00 | 0,400.00 |
| PATH72 | Glucose tolerance | 2,160.00 | 3,360.00 |
| 17(11)/2 | test (4 specimens) | 2,100.00 | 0,000.00 |
| PATH73 | Glucose: | 600.00 | 720.00 |
| 17(11)0 | Quantitative | 000.00 | 120.00 |
| PATH74 | Glucose tolerance | 2,760.00 | 4,080.00 |
| | test (5 specimens) | 2,700.00 | 4,000.00 |
| PATH75 | Galactose-1- | 2,040.00 | 3,120.00 |
| 17(11)0 | phosphate uridyl | 2,040.00 | 0,120.00 |
| | transferase | | |
| PATH76 | Fructosamine | 1,080.00 | 1,440.00 |
| PATH77 | HbA1C | 2,160.00 | 3,600.00 |
| PATH78 | Immunofixation: | 6,000.00 | 8,880.00 |
| 1741110 | Total protein, IgG, | 0,000.00 | 0,000.00 |
| | IgA, IgM, Kappa, | | |
| | Lambda | | |
| PATH79 | Lithium: Flame | 720.00 | 1,080.00 |
| 1741110 | ionisation | 120.00 | 1,000.00 |
| PATH80 | Lithium: Atomic | 1,080.00 | 1,440.00 |
| ., | absorption | ., | ., |
| PATH81 | Iron | 960.00 | 1,320.00 |
| PATH82 | Iron-binding | 1,080.00 | 1,440.00 |
| | capacity | ., | ., |
| | capacity | | |

| [Rev. 2022] | | | | CAP. 253 |
|-------------|---------------------------------------------------------------------------------------------------------------------------------|--------------------|----------|--------------|
| | Medical Practitio | oners and Dentists | | [Subsidiary] |
| | | | | [Subsidialy] |
| PATH83 | Blood gases: Astrup/pO2 and ancillary tests - can only be charged to a maximum of 6 times per patient per day | 2,520.00 | 3,600.00 | |
| PATH84 | Oximetry analysis: MetHb, COHb, O2Hb, RHb, SulfHb | | 1,320.00 | |
| PATH85 | Ketones in plasma: Qualitative | | 480.00 | |
| PATH86 | Drug level- biological fluid: Quantitative per drug (others) | 2,880.00 | 5,760.00 | |
| PATH87 | Anti-Mullerian Hormone | 7,080.00 | 9,840.00 | |
| PATH88 | Cyclosporin assay | 2,880.00 | 4,440.00 | |
| PATH89 | Tacrolimus assay | 2,880.00 | 4,440.00 | |
| PATH90 | Lysosomal enzyme assay | 4,680.00 | 6,960.00 | |
| PATH91 | Thymidine kinase | 2,640.00 | 3,840.00 | |
| PATH92 | Lipase | 720.00 | 1,440.00 | |
| PATH93 | Lactate | 2,040.00 | 3,120.00 | |
| PATH94 | Lipoprotein electrophoresis | 1,200.00 | 1,800.00 | |
| PATH95 | Orosmucoid | 1,320.00 | 1,920.00 | |
| PATH96 | Osmolality: Serum or urine | 960.00 | 1,320.00 | |
| PATH97 | Magnesium: Spectrophotometric | 600.00 ; | 720.00 | |
| PATH98 | Magnesium: Atomic absorption | : 1,080.00 | 1,440.00 | |
| PATH99 | Mercury: Atomic absorption | 2,400.00 | 3,480.00 | |
| PATH100 | Copper: Atomic absorption | 2,400.00 | 3,480.00 | |
| PATH101 | Protein electrophoresis | 1,200.00 | 1,800.00 | |
| PATH102 | lgG sub-class 1, 2, 3 or 4: Per sub- class | 2,640.00 | 3,840.00 | |
| PATH103 | Serological antibody (tests per antibody) | 2,640.00 | 4,560.00 | |
| PATH104 | Phosphate | 600.00 | 720.00 | |
| PATH105 | Potassium | 600.00 | 720.00 | |
| PATH106 | Sodium | 600.00 | 720.00 | |
| PATH107 | Protein: Total | 480.00 | 720.00 | |

| CAP. 253 | Medical Practitio | oners and Dentists | [Rev. 2022] |
|--------------|------------------------------------------------------------------|--------------------|-------------|
| [Subsidiary] | | | |
| PATH108 | pH, pCO2 or pO2: Each | 960.00 | 1,320.00 |
| PATH109 | Pyruvic acid | 600.00 | 960.00 |
| PATH110 | Salicylates | 600.00 | 960.00 |
| PATH111 | Caeruloplasmin | 600.00 | 960.00 |
| PATH112 | Phenylalanine: Quantitative | 1,440.00 | 2,160.00 |
| PATH113 | Aspartate aminotransferase (AST) | 720.00 | 1,080.00 |
| PATH114 | Alanine aminotransferase (ALT) | 720.00 | 1,080.00 |
| PATH115 | Creatine kinase (CK) | 720.00 | 1,080.00 |
| PATH116 | Lactate dehidrogenase (LD | 720.00) | 1,080.00 |
| PATH117 | Gamma glutamyl transferase (GGT) | 720.00 | 1,080.00 |
| PATH118 | Aldolase | 720.00 | 1,080.00 |
| PATH119 | Angiotensin converting enzyme (ACE) | 1,200.00 | 1,800.00 |
| PATH120 | Lactate dehydrogenase isoenzyme | 1,440.00 | 2,040.00 |
| PATH121 | CK-MB: Immunoinhibition/ precipitation | 1,440.00 | 2,040.00 |
| PATH122 | Adenosine deaminase | 720.00 | 1,080.00 |
| PATH123 | Serum/plasma enzymes | 720.00 | 1,080.00 |
| PATH124 | Transferring | 2,040.00 | 2,400.00 |
| PATH125 | Lead: Atomic absorption | 1,920.00 | 2,880.00 |
| PATH126 | Triglyceride | 1,080.00 | 1,680.00 |
| PATH127 | Tay - Sachs Study | 4,680.00 | 6,960.00 |
| PATH128 | Red cell magnesium | 2,040.00 | 2,400.00 |
| PATH129 | Urea | 600.00 | 720.00 |
| PATH130 | CK-MB: Mass determination: Quantitative (Automated) | 2,040.00 | 3,480.00 |
| PATH131 | CK-MB: Mass determination: Quantitative (Not automated) | 2,400.00 | 4,200.00 |
| PATH132 | Myoglobin quantitative: | 2,040.00 | 3,480.00 |

| [Rev. 2022] | Medical Practitio | Medical Practitioners and Dentists | | |
|-------------|------------------------------------------------------------------------------------|------------------------------------|-----------|------------|
| | | | [9 | ubsidiary] |
| | Monoclonal | | | |
| | immunological | | | |
| PATH133 | Uric acid | 600.00 | 720.00 | |
| PATH134 | Vitamin D3 | 2,880.00 | 5,760.00 | |
| PATH135 | Vitamin A-saturation test | n2,880.00 | 5,760.00 | |
| PATH136 | Vitamin E (tocopherol) | 2,880.00 | 5,760.00 | |
| PATH137 | Vitamin A | 2,880.00 | 5,760.00 | |
| PATH138 | Troponin isoforms: Each | 3,000.00 | 4,800.00 | |
| PATH139 | Apoprotein AI: Turbidometric method | 1,200.00 | 1,680.00 | |
| PATH140 | Apoprotein AII: Turbidometric method | 1,200.00 | 1,680.00 | |
| PATH141 | Apoprotein B: Turbidometric method | 1,200.00 | 1,680.00 | |
| PATH142 | Lipoprotein (a) (Lp(a)) assay | 2,040.00 | 3,480.00 | |
| PATH143 | Sodium + potassium + chloride + CO2 + urea | 2,040.00 | 3,120.00 | |
| PATH144 | ELISA technique (other test) per antibody | 2,520.00 | 4,320.00 | |
| PATH145 | Sirolimus Assay | 9,840.00 | 14,640.00 | |
| PATH146 | Quantitative protein estimation: Mancini method | 1,080.00 | 1,680.00 | |
| PATH147 | Quantitative protein estimation: Nephelometer or Turbidometeric method | 1,200.00 | 1,680.00 | |
| PATH148 | Quantitative protein estimation: Labelled antibody | | 3,480.00 | |
| PATH149 | C-reactive protein (Ultra sensitive) | 1,920.00 | 2,880.00 | |
| PATH150 | Lactose | 1,440.00 | 2,040.00 | |
| PATH151 | Vitamin B6 | 2,040.00 | 2,880.00 | |
| PATH152 | Zinc: Atomic absorption | 2,400.00 | 3,480.00 | |
| PATH153 | Urine dipstick, per stick (irrespective of the number of tests on stick) | | 360.00 | |

[Rev. 2022]

| CAP. 253 | Medical Practitic | oners and Dentists | [Rev. 2022] |
|--------------|-----------------------------------------------------------------|--------------------|-------------|
| [Subsidiary] | | | |
| PATH154 | Abnormal pigments | 600 00 | 960.00 |
| PATH155 | Alkapton test: Homogentisic acid | 600.00 | 960.00 |
| PATH156 | Amino acids: Quantitative (Post derivatisation HPLC) | 9,840.00 | 14,760.00 |
| PATH157 | Amino laevulinic acid | 2,400.00 | 3,480.00 |
| PATH158 | Amylase | 720.00 | 1,080.00 |
| PATH159 | Arsenic | 2,400.00 | 3,480.00 |
| PATH160 | Ascorbic acid | 360.00 | 480.00 |
| PATH161 | Bence-Jones protein | 480.00 | 600.00 |
| PATH162 | Calcium: Atomic absorption | 1,080.00 | 1,440.00 |
| PATH163 | Calcium: Spectrophotometric | 600.00 | 720.00 |
| PATH164 | Lead: Atomic absorption | 1,920.00 | 2,880.00 |
| PATH165 | Urine collagen telopeptides | 4,680.00 | 6,960.00 |
| PATH166 | Bile pigments: Qualitative | 360.00 | 480.00 |
| PATH167 | Protein: Quantitative | 360.00 | 480.00 |
| PATH168 | Mucopolysaccharid Qualitative | e s 00.00 | 720.00 |
| PATH169 | Oxalate | 1,320.00 | 1,920.00 |
| PATH170 | Glucose: Quantitative | 360.00 | 480.00 |
| PATH171 | Steroids: Chromatography (each) | 1,080.00 | 1,440.00 |
| PATH172 | Creatinine | 600.00 | 720.00 |
| PATH173 | Creatinine clearance | 1,080.00 | 1,440.00 |
| PATH174 | Electrophoresis: Qualitative | 600.00 | 960.00 |
| PATH175 | Fetal Lung Maturity | 4,680.00 | 6,960.00 |
| PATH176 | Urine/Fluid - Specific Gravity | 240.00 | 360.00 |
| PATH177 | Metabolites HPLC (High Pressure Liquid Chromatography) | 4,800.00 | 7,080.00 |
| PATH178 | Metabolites (Gaschromatograph Mass spectrophotometry) | | 8,880.00 |

| [Rev. 2022] | Medical Practitioners and Dentists | | CAP. 253 | |
|-------------|--------------------------------------------------------------------------------------------------------|-----------|--------------|--|
| | | | [Subsidiary] | |
| PATH179 | Pharmacological/ Drugs of abuse: Metabolites HPLC (High Pressure Liquid Chromatography) | 4,800.00 | 7,080.00 | |
| PATH180 | Pharmacological/ Drugs of abuse: Metabolites (Gaschromatograph Mass | - | 8,880.00 | |
| PATH181 | spectrophotometry) 5-Hydroxy-indole- acetic acid: Screen test | | 600.00 | |
| PATH182 | 5HIAA (Hplc) | 9,840.00 | 14,760.00 | |
| PATH183 | Ketones: Excluding dip-stick method | , | 480.00 | |
| PATH184 | Reducing substances | 360.00 | 480.00 | |
| PATH185 | Metanephrines: Column chromatography | 2,760.00 | 4,200.00 | |
| PATH186 | Metanephrine (Hplc) | 9,840.00 | 14,760.00 | |
| PATH187 | Aromatic amines (gas chromatography/ mass spectrophotometry) | 3,480.00 | 5,040.00 | |
| PATH188 | Nitrosonaphtol test for tyrosine | | 480.00 | |
| PATH189 | Orotic Acid - Urine | 1.320.00 | 1,920.00 | |
| PATH190 | Very long Chain Fatty Acids | 16,200.00 | 24,240.00 | |
| PATH191 | Micro Albumin: Quantitative | 2,040.00 | 3,480.00 | |
| PATH192 | Micro Albumin: Qualitative | 600.00 | 960.00 | |
| PATH193 | pH: Excluding dip- stick method | 240.00 | 360.00 | |
| PATH194 | Thin layer chromatography: One way | 960.00 | 1,320.00 | |
| PATH195 | Thin layer chromatography: Two way | 1,440.00 | 2,160.00 | |
| PATH196 | Organic acids: Quantitative: GCMS | 13,680.00 | 20,520.00 | |
| PATH197 | Phenylpyruvic acid: Ferric chloride | | 480.00 | |

| CAP. 253 | Medical Practitio | oners and Dentists | [Rev. 2022] |
|--------------|----------------------------------------------------------------------|--------------------|-------------|
| [Subsidiary] | | | |
| PATH198 | Chromium Total Urine | 2,400.00 | 3,480.00 |
| PATH199 | Phosphate excretion index | 2,760.00 | 4,200.00 |
| PATH200 | Porphobilinogen qualitative screen: Urine | 720.00 | 1,080.00 |
| PATH201 | Porphobilinogen/ ALA: Quantitative each | 1,920.00 | 2,880.00 |
| PATH202 | Magnesium: Spectrophotometric | 600.00 ; | 720.00 |
| PATH203 | Magnesium: Atomic absorption | | 1,440.00 |
| PATH204 | Identification of carbohydrate | 1,080.00 | 1,440.00 |
| PATH205 | Identification of drug: Qualitative | 600.00 | 960.00 |
| PATH206 | Identification of drug: Quantitative | 1,440.00 | 4,080.00 |
| PATH207 | Urea clearance | 720.00 | 1,080.00 |
| PATH208 | Copper: Spectrophotometric | 600.00 ; | 720.00 |
| PATH209 | Copper: Atomic absorption | 2,400.00 | 3,480.00 |
| PATH210 | Chloride | 480.00 | 600.00 |
| PATH211 | Urobilinogen: Quantitative | 960.00 | 1,320.00 |
| PATH212 | Phosphates | 600.00 | 720.00 |
| PATH213 | Potassium | 600.00 | 720.00 |
| PATH214 | Sodium | 600.00 | 720.00 |
| PATH215 | Urea | 600.00 | 720.00 |
| PATH216 | Uric acid | 600.00 | 720.00 |
| PATH217 | Total protein and protein electrophoresis | 1,440.00 | 2,160.00 |
| PATH218 | VMA: Quantitative | 7,800.00 | 13,440.00 |
| PATH219 | Catecholamines (HPLC) | 7,800.00 | 13,440.00 |
| PATH220 | Immunofixation: Total protein, IgG, IgA, IgM, Kappa, Lambda | 6,000.00 | 8,880.00 |
| PATH221 | Immunoglobulin D | 1,320.00 | 1,920.00 |
| PATH222 | Cystine: Quantitative | 2,040.00 | 3,480.00 |
| PATH223 | Dinitrophenol hydrazine test: Ketoacids | 360.00 | 480.00 |
| PATH224 | Chloride | 480.00 | 600.00 |
| PATH225 | Fat: Qualitative | 480.00 | 720.00 |
| [Rev. 2022] | Madiaal Braatitic | oners and Dentists | | CAP. 253 |
|--------------------|-------------------------------------|--------------------|----------|--------------|
| | | oners and Dentists | | [Subsidiary] |
| PATH226 | Fat: Quantitative | 2,760.00 | 4,200.00 | |
| PATH227 | Ph | 240.00 | 360.00 | |
| PATH228 | Occult blood: | 360.00 | 480.00 | |
| | Chemical test | 000.00 | 400.00 | |
| PATH229 | Occult blood: | 1,200.00 | 1,800.00 | |
| 17(11)220 | Monoclonal | 1,200.00 | 1,000.00 | |
| | antibodies | | | |
| PATH230 | Potassium | 600.00 | 720.00 | |
| PATH231 | Sodium | 600.00 | 720.00 | |
| PATH232 | Secretory IgA | 1,320.00 | 1,920.00 | |
| PATH233 | Elastase | 6,000.00 | 8,880.00 | |
| | quantitative ELISA | -, | -, | |
| PATH234 | Stercobilinogen: | 960.00 | 1,320.00 | |
| | Quantitative | | | |
| PATH235 | Porphyrin screen | 720.00 | 1,080.00 | |
| | qualitative: Urine, | | | |
| | stool, red blood | | | |
| | cells: Each | | | |
| PATH236 | Porphyrin | 2,640.00 | 3,840.00 | |
| | qualitative analysis | | | |
| | by TLC: Urine, | | | |
| | stool, red blood | | | |
| PATH237 | cells: Each Porphyrin: Total | 2,640.00 | 3,840.00 | |
| FAITIZJI | quantisation: Urine, | | 3,040.00 | |
| | stool, red blood | | | |
| | cells: Each | | | |
| PATH238 | Porphyrin | 3,840.00 | 5,640.00 | |
| | quantitative | | | |
| | analysis by TLC/ | | | |
| | HPLC: Urine, stool, | | | |
| | red blood cells: | | | |
| | Each | | | |
| PATH239 | Drug level in | 2,040.00 | 3,480.00 | |
| | biological fluid: | | | |
| | Monoclonal | | | |
| PATH240 | immunological Amylase in exudate | 720.00 | 1,080.00 | |
| PATH240 PATH241 | Fluoride in | 2,040.00 | 3,120.00 | |
| | biological fluids and | | 0,120.00 | |
| | water | | | |
| PATH242 | Trace metals in | 2,400.00 | 3,480.00 | |
| | biological fluid: | , | · | |
| | Atomic absorption | | | |
| PATH243 | Calcium in fluid: | 600.00 | 720.00 | |
| | Spectrophotometric | | | |
| PATH244 | Calcium in fluid: | 1,080.00 | 1,440.00 | |
| | Atomic absorption | 0.700.00 | 4 000 00 | |
| PATH245 | Gallstone analysis: | 2,760.00 | 4,200.00 | |
| | (Bilirubin, Ca, | | | |

| CAP. 253 | Medical Practitic | oners and Dentists | [Rev. 2022] |
|--------------------|----------------------------------------------------------------------------|--------------------|-----------------------|
| [Subsidiary] | | | |
| PATH246 PATH247 | P, Oxalate, Cholesterol) Urea breath test Lecithin in amniotic | 7,440.00 | 11,040.00 5,040.00 |
| PATH247 PATH248 | fluid: L/S ratio | 1,320.00 | 1,920.00 |
| PATH249 | count in amniotic fluid Foam test: Amniotic | - 480.00 | 720.00 |
| | fluid | | |
| PATH250 | Renal calculus: Chemistry | 720.00 | 1,080.00 |
| PATH251 | Renal calculus: Crystallography | 2,040.00 | 3,120.00 |
| PATH252 | Sweat: Sodium | 600.00 | 720.00 |
| PATH253 | Sweat: Potassium | 600.00 | 720.00 |
| PATH254 | Sweat: Chloride | 480.00 | 600.00 |
| PATH255 | Sweat collection by iontophoresis (excluding collection material) | 600.00 | 960.00 |
| PATH256 | Tryptophane loading test | 2,760.00 | 4,200.00 |
| PATH257 | Cell count | 480.00 | 720.00 |
| PATH258 | Cell count, protein, glucose and chloride | 1,080.00 | 1,440.00 |
| PATH259 | Chloride | 480.00 | 600.00 |
| PATH260 | Sodium | 600.00 | 720.00 |
| PATH261 | Protein: Qualitative | 240.00 | 360.00 |
| PATH262 | Protein: Quantitative | 480.00 | 720.00 |
| PATH263 | Glucose | 600.00 | 720.00 |
| PATH264 | Urea | 600.00 | 720.00 |
| PATH265 | Protein electrophoresis | 2,040.00 | 3,480.00 |
| PATH266 | HCG: Latex agglutination: Qualitative (side room) | 600.00 | 960.00 |
| PATH267 | HCG: Latex agglutination: Semiquantitative (side room) | 1,200.00 | 1,800.00 |
| PATH268 | HCG: Monoclonal immunological: Qualitative | 1,320.00 | 1,920.00 |
| PATH269 | HCG: Monoclonal immunological: | 2,040.00 | 3,480.00 |

Quantitative

| [Rev. 2022] | Medical Practitio | oners and Dentists | CAP. 253 |
|-------------|--------------------------------------------------------------------|--------------------|--------------|
| | | | [Subsidiary] |
| PATH270 | Bone Specific Alk Phosphatase | 2,640.00 | 3,840.00 |
| PATH271 | Anti IgE receptor antibody test (10 samples and dilution) | 20,160.00 | 30,240.00 |
| PATH272 | Eosinophil cationic protein | 3,480.00 | 5,280.00 |
| PATH273 | Micro-albuminuria: Radioisotope method | 2,040.00 | 3,480.00 |
| PATH274 | Acetyl choline receptor antibody | 19,800.00 | 29,520.00 |
| PATH275 | CA-199 tumour marker | 2,640.00 | 3,840.00 |
| PATH276 | Nuclear Matrix Protein 22 | 4,560.00 | 6,720.00 |
| PATH277 | CA-125 tumour marker | 2,640.00 | 3,840.00 |
| PATH278 | C6 complement functional essay | 5,640.00 | 8,520.00 |
| PATH279 | Beta-2- microglobulin | 2,040.00 | 3,480.00 |
| PATH280 | Chromograqnin A | 6,000.00 | 8,880.00 |
| PATH281 | CA-549 | 2,640.00 | 3,840.00 |
| PATH282 | Tumour markers: Monoclonal immunological (each) | 2,640.00 | 3,840.00 |
| PATH283 | CA-195 tumour marker | 2,640.00 | 3,840.00 |
| PATH284 | Carcino-embryonic antigen | 2,640.00 | 3,840.00 |
| PATH285 | TSH Receptor Ab | 2,400.00 | 4,680.00 |
| PATH286 | Cast Per Allergen | 3,480.00 | 5,280.00 |
| PATH287 | CA-724 | 2,640.00 | 3,840.00 |
| PATH288 | Neuron specific enolase | 2,640.00 | 3,840.00 |
| PATH289 | Osteocalcin | 4,080.00 | 6,000.00 |
| PATH290 | Vitamin B12- absorption: Shilling test | 2,040.00 | 2,400.00 |
| PATH291 | Serotonin | 2,520.00 | 3,600.00 |
| PATH292 | T4 Free thyroxine (FT4) | 2,040.00 | 3,360.00 |
| PATH293 | TSH/T4 Thyrotropir (TSH) + Free Thyroxine (FT4) | n 3,240.00 | 6,360.00 |
| PATH294 | Insulin | 2,040.00 | 3,480.00 |
| PATH295 | C-Peptide | 2,040.00 | 3,480.00 |
| PATH296 | Calcitonin | 2,520.00 | 3,600.00 |

| CAP. 253 | Medical Practitic | oners and Dentists | [Rev |
|--------------|--------------------------------------------------------|--------------------|----------|
| [Subsidiary] | | | |
| PATH297 | B-Type Natriuretic Peptide | 5,040.00 | 8,880.00 |
| PATH298 | Releasing hormone response | 6,360.00 | 9,360.00 |
| PATH299 | Vitamin B12 | 1,920.00 | 3,600.00 |
| PATH300 | Vitamin D3: Calcitroil (RIA) | 9,360.00 | 9,360.00 |
| PATH301 | Drug concentration: Quantitative | 2,040.00 | 3,480.00 |
| PATH302 | Free hormone assay | 2,400.00 | 3,360.00 |
| PATH303 | Growth hormone | 2,040.00 | 3,480.00 |
| PATH304 | Hormone concentration: Quantitative | 2,040.00 | 3,480.00 |
| PATH305 | Carbohydrate deficient transferrin | 3,840.00 | 5,520.00 |
| PATH306 | Cortisol | 2,040.00 | 3,480.00 |
| PATH307 | DHEA sulphate | 2,040.00 | 3,480.00 |
| PATH308 | Testosterone | 2,040.00 | 3,480.00 |
| PATH309 | Free testosterone | 2,400.00 | 3,360.00 |
| PATH310 | Oestradiol | 2,040.00 | 3,480.00 |
| PATH311 | Oestriol | 1,440.00 | 2,040.00 |
| PATH312 | Multiple antigen specific IgE screening test for | 4,800.00 | 7,080.00 |
| PATH313 | Atopy TSH - Thyrotropin (TSH) | 2,520.00 | 3,840.00 |
| PATH314 | Combined antigen specific IgE | 3,240.00 | 4,680.00 |
| PATH315 | TFT - Thyroid function test (T3+T4+TSH) | 4,320.00 | 7,200.00 |
| PATH316 | T3 Free tri- iodothyronine (FT3) | 2,040.00 | 3,360.00 |
| PATH317 | Renin activity | 2,520.00 | 3,600.00 |
| PATH318 | Parathormone | 2,160.00 | 3,360.00 |
| PATH319 | Aldosterone | 2,040.00 | 3,480.00 |
| PATH320 | Follitropin (FSH) | 2,040.00 | 3,480.00 |
| PATH321 | Lutropin (LH) | 2,040.00 | 3,480.00 |
| PATH322 | Soluble transferrin receptor | 1,440.00 | 2,160.00 |
| PATH323 | Prostate specific antigen | 1,920.00 | 2,760.00 |
| PATH324 | 17 Hydroxy progesterone | 2,040.00 | 3,480.00 |
| PATH325 | Progesterone | 2,040.00 | 3,480.00 |
| PATH326 | Alpha-feto protein | 2,040.00 | 3,480.00 |
| PATH327 | ACTH | 3,240.00 | 5,400.00 |
| PATH328 | Free PSA | 2,760.00 | 3,840.00 |

| [Rev. 2022] | Medical Practitio | oners and Dentists | CAP. 253 |
|--------------------|------------------------------|--------------------|--------------|
| | | | [Subsidiary] |
| PATH329 | Sex hormone binding globulin | 2,040.00 | 3,480.00 |
| PATH330 | Gastrin | 2,040.00 | 3,480.00 |
| PATH331 | Ferritin | 2,040.00 | 3,480.00 |
| PATH332 | Anti-DNA | 2,040.00 | 3,480.00 |
| 17(11002 | antibodies | 2,040.00 | 0,400.00 |
| PATH333 | Antiplatelet | 2,040.00 | 2,880.00 |
| FAI II J J J | | 2,040.00 | 2,000.00 |
| | antibodies | 4 000 00 | 0 700 00 |
| PATH334 | Hepatitis: Per | 1,920.00 | 2,760.00 |
| | antigen or antibody | | |
| PATH335 | Transcobalamine | 2,040.00 | 3,480.00 |
| PATH336 | Folic acid | 2,040.00 | 3,480.00 |
| PATH337 | Prostatic acid | 2,040.00 | 3,480.00 |
| | phosphatase | | |
| PATH338 | Erythrocyte folate | 2,400.00 | 3,360.00 |
| PATH339 | Prolactin | 2,040.00 | 3,480.00 |
| PATH340 | Procalcitonin: Semi | | 6,120.00 |
| 17(1110-40 | quantitative | 4,000.00 | 0,120.00 |
| PATH341 | Procalcitonin: | 5,760.00 | 8,640.00 |
| FAIL1541 | | 5,700.00 | 8,040.00 |
| | Quantitative | 4 000 00 | 0 000 00 |
| PATH342 | HCG: Quantitative | 1,920.00 | 2,880.00 |
| | as used for Down's | | |
| | screen | | |
| PATH343 | First trimester | 6,840.00 | 10,080.00 |
| | Downs screen | | |
| PATH344 | Second Trimester | 4,200.00 | 6,360.00 |
| - | Down's screen | , | -, |
| PATH345 | Anti-CCP | 2,160.00 | 3,360.00 |
| PATH346 | Erythropoietin | 2,640.00 | 3,840.00 |
| PATH340 PATH347 | HTLV I/II | 2,640.00 | 3,840.00 |
| - | | | |
| PATH348 | Anti-Gm1 Antibody | 9,360.00 | 14,160.00 |
| | Assay | | |
| PATH349 | HIV Ab - Rapid Tes | | 2,400.00 |
| PATH350 | Thyroglubulin | 2,640.00 | 2,400.00 |
| PATH351 | SCC marker | 2,640.00 | 2,400.00 |
| | CYTOGENETIC | _ | _ |
| | STUDIES | | |
| PATH352 | First trimester | 6,840.00 | 10,080.00 |
| | Downs screen | -, | |
| PATH353 | Second Trimester | 4,200.00 | 6,360.00 |
| TATIOUS | Down's screen | 4,200.00 | 0,000.00 |
| | | 2 0 4 0 0 0 | 2 880 00 |
| PATH354 | Cell culture: | 2,040.00 | 2,880.00 |
| | Lymphocytes, cord | | |
| | blood | | |
| PATH355 | Cell culture: | 5,760.00 | 8,640.00 |
| | Amniotic fluid, | | |
| | fibroblasts, | | |
| | leukaemia bloods, | | |
| | bone marrow, other | | |
| | specialised cultures | | |
| | | | |
| | | | |

| CAP. 253 | Medical Practitio | oners and Dentists | [Rev. 2022] |
|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------|
| [Subsidiary] | | | |
| PATH356 | Cell culture: Chorionic villi | 7,680.00 | 11,520.00 |
| PATH357 | Cytogenetic analysis: Lymphocytes: Idiograms, karyotyping, one staining technique | 17,280.00 | 25,800.00 |
| PATH358 | Cytogenetic analysis: Amniotic fluid, fibroblasts, chorionic villi, products of conception, bone marrow, leukamia bloods: Idiograms, karyotyping, one straining technique HAEMATOLOGY AND COAGULATION | 34,440.00 | 51,720.00 |
| PATH359 | Alkali resistant haemoglobin | 600.00 | 960.00 |
| PATH360 | Antiglobulin test (Coombs' or trypsinzied red cells) | 600.00 | 720.00 |
| PATH361 | Antibody titration | 1,080.00 | 1,440.00 |
| PATH362 | Antibody identification | 1,200.00 | 1,680.00 |
| PATH363 | Bleeding time (does not include the cost of the simplate device) | | 1,320.00 |
| PATH364 | Blood volume, dye method | 1,080.00 | 1,440.00 |
| PATH365 | Buffy layer examination | 2,640.00 | 3,840.00 |
| PATH366 | Bone marrow cytological examination only | 2,640.00 | 3,840.00 |
| PATH367 | Bone marrow Aspiration Procedure (excl consumables and histology) | 3,000.00 | 5,280.00 |
| PATH368 | Bone marrow trephine biopsy (excl consumables and histology) | 4,200.00 | 6,240.00 |

| [Rev. 2022] | Medical Practitic | oners and Dentists | CAP. 253 |
|-------------|------------------------------------------------------------------------------------------------------|--------------------|--------------|
| | | | [Subsidiary] |
| PATH369 | Bone marrow aspiration and trephine biopsy procedure (excl consumables and histology) | 4,680.00 | 6,960.00 |
| PATH370 | Capillary fragility: Hess | 360.00 | 480.00 |
| PATH371 | Circulating anticoagulants | 720.00 | 1,200.00 |
| PATH372 | Coagulation factor inhibitor assay | 7,200.00 | 10,800.00 |
| PATH373 | Activated protein C resistance | 3,360.00 | 4,920.00 |
| PATH374 | Coagulation time | 480.00 | 720.00 |
| PATH375 | Anti-factor Xa Activity | 6,840.00 | 10,080.00 |
| PATH376 | Cold agglutinins | 600.00 | 720.00 |
| PATH377 | Protein S: Functional | 3,960.00 | 5,760.00 |
| PATH378 | Compatibility for blood transfusion | 600.00 | 720.00 |
| PATH379 | Cryoglobulin | 600.00 | 720.00 |
| PATH380 | Protein C (chromogenic) | 3,960.00 | 5,760.00 |
| PATH381 | Anti-thrombin III (chromogenic) | 2,760.00 | 4,200.00 |
| PATH382 | Plasminogen (chromogenic) | 7,800.00 | 11,520.00 |
| PATH383 | Lupus Russel Viper method | 2,160.00 | 3,240.00 |
| PATH384 | Lupus Kaolin Exner method | 3,240.00 | 4,800.00 |
| PATH385 | Erythrocyte count | 360.00 | 480.00 |
| PATH386 | Factors V and VII: Qualitative | 1,080.00 | 1,440.00 |
| PATH387 | Erythrocyte sedimentation rate | 480.00 | 600.00 |
| PATH388 | Fibrin stabilizing factor (urea test) | 960.00 | 960.00 |
| PATH389 | Fibrin monomers | 480.00 | 600.00 |
| PATH390 | Plasminogen activator inhibitor (PAI-I) | 8,280.00 | 12,480.00 |
| PATH391 | Tissue plasminoger Activator (tPA) | 18,520.00 | 12,720.00 |
| PATH392 | Osmotic fragility (before and after incubation) | 2,400.00 | 3,480.00 |
| PATH393 | ABO Reverse Group | 600.00 | 720.00 |

| CAP. 253 | Medical Practitic | oners and Dentists | [Rev. 2022] |
|--------------|----------------------------------------------------------|--------------------|-------------|
| [Subsidiary] | | | |
| PATH394 | Full blood count | 1,080.00 | 2,040.00 |
| PATH395 | Full cross match | 1,080.00 | 2,160.00 |
| PATH396 | Coagulation factors Quantitative | :4,080.00 | 6,120.00 |
| PATH397 | Factor VIII related antigen | 7,680.00 | 11,400.00 |
| PATH398 | Coagulation factor correction study | 2,040.00 | 2,400.00 |
| PATH399 | Factor XIII related antigen | 7,680.00 | 11,520.00 |
| PATH400 | Haemoglobin estimation | 360.00 | 480.00 |
| PATH401 | Contact activated product assay | 2,040.00 | 3,120.00 |
| PATH402 | Grouping: A B and O antigens | 600.00 | 720.00 |
| PATH403 | Grouping: Rh antigen | 600.00 | 720.00 |
| PATH404 | PIVKA | 5,520.00 | 8,280.00 |
| PATH405 | Euglobulin Lysis time | 3,360.00 | 4,920.00 |
| PATH406 | Haemoglobin A2 (column chromatography) | 1,920.00 | 2,880.00 |
| PATH407 | Haemoglobin electrophoresis | 3,480.00 | 5,040.00 |
| PATH408 | Haemoglobin electrophoresis HPLC | 9,720.00 | 13,080.00 |
| PATH409 | Haemoglobin-S (solubility test) | 600.00 | 720.00 |
| PATH410 | Haptoglobin: Quantitative | 3,480.00 | 4,320.00 |
| PATH411 | Ham's acidified serum test | 1,080.00 | 1,680.00 |
| PATH412 | Heinz bodies 3 | 60.00 | 480.00 |
| PATH413 | Haemosiderin in urinary sediment | 360.00 | 480.00 |
| PATH414 | Leucocyte differential count | 960.00 | 1,200.00 |
| PATH415 | Leucocytes: Total count | 360.00 | 480.00 |
| PATH416 | QBC malaria concentration and fluorescent staining | 720.00 | 1,440.00 |
| PATH417 | LE-cells | 1,200.00 | 1,680.00 |
| PATH418 | Neutrophil alkaline phosphatase | 3,600.00 | 5,400.00 |
| PATH419 | Packed cell volume Haematocrit | :360.00 | 480.00 |

| [Rev. 2022] | Medical Practitio | oners and Dentists | | CAP. 253 |
|--------------------|----------------------------------------------------------------------------------|---------------------|----------------------|--------------|
| | | | | [Subsidiary] |
| PATH420 | Plasmodium falciparum: Monoclonal immunological identification | 1,200.00 | 1,800.00 | |
| PATH421 | Plasma haemoglobin | 960.00 | 1,320.00 | |
| PATH422 PATH423 | Platelet sensitivities | | 3,600.00 2,400.00 | |
| FAT 11423 | Platelet aggregation per aggregant | 112,040.00 | 2,400.00 | |
| PATH424 | Platelet count | 360.00 | 480.00 | |
| PATH425 | Platelet adhesiveness | 600.00 | 960.00 | |
| PATH426 | Prothrombin consumption | 720.00 | 1,200.00 | |
| PATH427 | Prothrombin determination (two stages | 720.00 | 1,200.00 | |
| PATH428 | Prothrombin index (INR) | 960.00 | 1,200.00 | |
| PATH429 | Therapeutic drug level: Dosage | 600.00 | 960.00 | |
| PATH430 | Reticulocyte count | 480.00 | 600.00 | |
| PATH431 | Schumm's test | 600.00 | 720.00 | |
| PATH432 | Sickling test | 360.00 | 480.00 | |
| PATH433 | Sucrose lysis test for PNH | 600.00 | 720.00 | |
| PATH434 | T and B-cells EAC markers (limited to ONE marker only for CD4/8 counts) | 2,760.00 | 4,080.00 | |
| PATH435 | Thrombo - Elastogram | 3,360.00 | 4,920.00 | |
| PATH436 | Fibrinogen titre | 600.00 | 720.00 | |
| PATH437 | Glucose 6- phosphatedehydrog Qualitative | 1,080.00 genase: | 1,680.00 | |
| PATH438 | Glucose 6- phosphatedehydrog Quantitative | 2,040.00 genase: | 3,120.00 | |
| PATH439 | Red cell pyruvate kinase: Quantitative | 2,040.00 e | 3,120.00 | |
| PATH440 | Red cell Rhesus phenotype | 1,320.00 | 1,920.00 | |
| PATH441 | Haemoglobin F in blood smear | 720.00 | 1,200.00 | |
| PATH442 | Partial thromboplastin time | 720.00 | 1,200.00 | |
| PATH443 | Thrombin time (screen) | 1,080.00 | 1,440.00 | |

| CAP. 253 | Medical Practitic | oners and Dentists | [Rev. 2022] |
|--------------|---------------------------------------------------------------------|--------------------|-------------|
| [Subsidiary] | | | |
| PATH444 | Thrombin time (serial) | 1,080.00 | 1,440.00 |
| PATH445 | Haemoglobin H | 360.00 | 480.00 |
| PATH446 | Fibrin degeneration products (diffusion plate) | 1,320.00 | 2,040.00 |
| PATH447 | Fibrin degeneration products (latex slide) | 600.00 | 960.00 |
| PATH448 | XDP (Dimer test or equivalent latex slide test) | 1,200.00 | 1,680.00 |
| PATH449 | Haemagglutination inhibition | | 1,920.00 |
| PATH450 | D-Dimer (quantitative) | 2,760.00 | 5,280.00 |
| PATH451 | Ristocetin Cofactor | | 6,840.00 |
| PATH452 | Heparin removal | 3,600.00 | 5,520.00 |
| PATH453 | Autogenous vaccine | 2,040.00 | 3,480.00 |
| PATH454 | Entomological examination | 2,640.00 | 3,960.00 |
| PATH455 | Parasites in blood smear | 720.00 | 1,200.00 |
| PATH456 | CD4/CD8 | 1,440.00 | 4,320.00 |
| PATH457 | Flow Cytometry per marker IMMUNOLOGY & TISSUE TYPING | 4,800.00 | 6,240.00 |
| PATH458 | HLA test for specific allele DNA-PCR | 24,680.00 | 6,840.00 |
| PATH459 | HLA typing low resolution Class I DNA-PCR per locus | 12,600.00 | 18,720.00 |
| PATH460 | HLA typing low resolution Class II DNA-PCR per locus | 9,240.00 | 13,920.00 |
| PATH461 | HLA typing high resolution Class I or II DNA-PCR per locus | 8,280.00 | 12,480.00 |
| PATH462 | Anti IgE receptor antibody test (10 samples and dilution) | 20,160.00 | 30,240.00 |
| PATH463 | Mast cell tryptase | 12,120.00 | 18,240.00 |
| PATH464 | Acetyl choline receptor antibody | 19,800.00 | 29,520.00 |
| PATH465 | IgE: Total | 2,040.00 | 3,480.00 |
| PATH466 | Antigen specific IgE | 2,040.00 | 3,480.00 |

| [Rev. 2022] | Medical Practitic | ners and Dentists | | CAP. 253 |
|--------------------|---------------------------------------------------------------------------------------|-------------------|------------------|--------------|
| | | | | [Subsidiary] |
| PATH467 | Panel typing: Antibody detection: Class I | 4,680.00 | 6,840.00 | |
| PATH468 | Panel typing: Antibody detection: Class II | 5,520.00 | 8,280.00 | |
| PATH469 | HLA test for specific locus/antigen - serology | :3,480.00 | 5,040.00 | |
| PATH470 | HLA typing: Class I - serology | 6,480.00 | 9,840.00 | |
| PATH471 | HLA typing: Class II - serology | 6,480.00 | 9,840.00 | |
| PATH472 | HLA typing: Class I & II - serology | 11,280.00 | 16,920.00 | |
| PATH473 | Cross matching T- cells (per tray) | 2,400.00 | 3,480.00 | |
| PATH474 | Cross matching B- cells | 4,800.00 | 7,200.00 | |
| PATH475 | Cross matching T- & B-cells MICROBIOLOGY | 6,120.00 | 9,120.00 | |
| PATH476 | Miscellaneous (body fluids, urine, exudate, fungi, puss, scrapings, etc.) | 720.00 | 1,080.00 | |
| PATH477 | Fungus identification | 1,200.00 | 1,680.00 | |
| PATH478 | Faeces (including parasites) | 720.00 | 1,080.00 | |
| PATH479 PATH480 | Inclusion bodies Crystal identificatior polarized light microscopy | 600.00 1600.00 | 960.00 960.00 | |
| PATH481 | Campylobacter in stool: Fastidious culture | 1,320.00 | 1,920.00 | |
| PATH482 | Antigen detection with polyclonal antibodies | 600 | 960.00 | |
| PATH483 | Mycobacteria microscopy | 480.00 | 600.00 | |
| PATH484 | Antigen detection with monoclonal antibodies | 1,440.00 | 2,040.00 | |
| PATH485 | Concentration techniques for parasites | 480.00 | 600.00 | |
| PATH486 | Dark field, phase or interference | 960.00 | 1,320.00 | |

Medical Practitioners and Dentists

| | Medical Tractilie | | |
|--------------|----------------------------------------|-----------|----------|
| [Subsidiary] | | | |
| | contrast microscopy, Nomarski or | | |
| | Fontana | | |
| PATH487 | Cytochemical stain | 720.00 | 1,200.00 |
| PATH488 | Antibiotic | 1,080.00 | 1,680.00 |
| | susceptibility test: | | |
| | Per organism | | |
| PATH489 | Adhesive tape | 480.00 | 600.00 |
| PATH490 | preparation Clostridium difficile | | 2 490 00 |
| FA1 1490 | toxin: Monoclonal | | 3,480.00 |
| | immunological | | |
| PATH491 | Antibiotic assay of | 1,800.00 | 2,640.00 |
| - | tissues and fluids | , | , |
| PATH492 | Blood culture: | 1,440.00 | 2,640.00 |
| | Aerobic | | |
| PATH493 | Blood culture: | 1,440.00 | 2,640.00 |
| | Anaerobic | 1 220 00 | 3,000.00 |
| PATH494 | Bacteriological culture: | 1,320.00 | 3,000.00 |
| | Miscellaneous | | |
| PATH495 | Radiometric blood | 1,440.00 | 2,520.00 |
| | culture | | , |
| PATH496 | Bacteriological | 1,800.00 | 3,120.00 |
| | culture: Fastidious | | |
| | organisms | 0.040.00 | 0.400.00 |
| PATH497 | In vivo culture: Bacteria | 2,040.00 | 3,120.00 |
| PATH498 | In vivo culture: Virus | s2 040 00 | 2,040.00 |
| PATH499 | Bacterial exotoxin | 2,640.00 | 3,960.00 |
| | production (in vivo | _, | -, |
| | assay) | | |
| PATH500 | Fungal culture | 1,440.00 | 2,640.00 |
| PATH501 | Clostridium difficile | 3,840.00 | 5,640.00 |
| | (cytotoxicity | | |
| PATH502 | neutralisation) Antibiotic level: | 2,040.00 | 2,400.00 |
| FAIL1502 | Biological fluids | 2,040.00 | 2,400.00 |
| PATH503 | Rotavirus latex slide | e720.00 | 1,200.00 |
| | test | | , |
| PATH504 | Identification of | 2,640.00 | 3,960.00 |
| | virus or rickettsia | | |
| PATH505 | Identification: | 2,040.00 | 3,120.00 |
| | Chlamydia | 260.00 | 490.00 |
| PATH506 | Culture for staphylococcus | 360.00 | 480.00 |
| | aureus | | |
| PATH507 | Anaerobe culture: | 3,480.00 | 5,280.00 |
| | Comprehensive | | |
| | | | |

| [Rev. 2022] | Medical Practitic | oners and Dentists | | CAP. 253 |
|-------------|-----------------------------------------------------------------------------------|--------------------|----------|--------------|
| | | | | [Subsidiary] |
| PATH508 | Anaerobe culture: Limited procedure | 1,320.00 | 1,920.00 | |
| PATH509 | Beta-lactamase assay | 600.00 | 960.00 | |
| PATH510 | Sterility control test Biological method | : 600.00 | 960.00 | |
| PATH511 | Mycobacterium culture | 3,240.00 | 5,520.00 | |
| PATH512 | Radiometric tuberculosis culture | 1,440.00 | 2,040.00 | |
| PATH513 | Mycoplasma culture: Comprehensive | 1,320.00 | 1,920.00 | |
| PATH514 | Identification of mycobacterium | 1,320.00 | 1,920.00 | |
| PATH515 | Mycobacterium: Antibiotic sensitivity | 1,320.00 | 1,920.00 | |
| PATH516 | Antibiotic synergistic study | 2,640.00 | 3,960.00 | |
| PATH517 | Viable cell count | 360.00 | 360.00 | |
| PATH518 | Biochemical identification of bacterium: Abridge | 480.00 | 720.00 | |
| PATH519 | Biochemical identification of bacterium: Extended | 2,040.00 | 3,480.00 | |
| PATH520 | Serological identification of | 480.00 | 720.00 | |
| PATH521 | bacterium: Abridged Serological identification of bacterium: Extended | a 1,320.00 | 2,040.00 | |
| PATH522 | Grouping for streptococci | 1,080.00 | 1,440.00 | |
| PATH523 | Antimicrobic substances | 600.00 | 720.00 | |
| PATH524 | Radiometric mycobacterium identification | 1,920.00 | 2,760.00 | |
| PATH525 | Radiometric mycobacterium antibiotic sensitivity | 3,240.00 | 4,800.00 | |
| PATH526 | Helicobacter: Monoclonal immunological | 2,040.00 | 3,480.00 | |
| PATH527 | HIV ELISĂ - Antibodies to human | 2,040.00 | 2,760.00 | |

| [Subsidiary] | | | |
|--------------|-----------------------------------------------------------|----------|-----------|
| | immunodeficiency virus (HIV) | | |
| PATH528 | IgE: Total: EMIT or ELISA | 2,040.00 | 2,400.00 |
| PATH529 | Auto antibodies by labelled antibodies | 2,040.00 | 3,120.00 |
| PATH530 | Sperm antibodies | 2,040.00 | 3,120.00 |
| PATH531 | Virus neutralisation test: First antibody | | 14,160.00 |
| PATH532 | Virus neutralisation test: Each additional antibody | 1,920.00 | 2,880.00 |
| PATH533 | Precipitation test per antigen | 600.00 | 960.00 |
| PATH534 | Agglutination test per antigen | 720.00 | 1,200.00 |
| PATH535 | Cryptococcal Antigen | 1,440.00 | 3,000.00 |
| PATH536 | Haemagglutination test: Per antigen | 1,320.00 | 1,920.00 |
| PATH537 | Modified Coombs' test for brucellosis | 600.00 | 960.00 |
| PATH538 | Hepatitis Rapid Viral Ab | 2,040.00 | 2,400.00 |
| PATH539 | Antibody titer to bacterial exotoxin | 600.00 | 720.00 |
| PATH540 | IgE: Specific antibody titer: ELISA/EMIT: Per Ag | 2,040.00 | 3,480.00 |
| PATH541 | Complement fixation test | 720.00 | 1,200.00 |
| PATH542 | IgM: Specific antibody titer:ELISA/EMIT: Per Ag | 1,920.00 | 2,760.00 |
| PATH543 | C-reactive protein (CRP) | 1,800.00 | 2,640.00 |
| PATH544 | lgG: Specific antibody titer: ELISA/EMIT: Per Ag | 2,040.00 | 3,480.00 |
| PATH545 | Qualitative Kahn, VDRL or other flocculation | 360.00 | 480.00 |
| PATH546 | Neutrophil phagocytosis | 3,240.00 | 4,800.00 |
| PATH547 | Quantitative Kahn, VDRL or other flocculation | 600.00 | 720.00 |

| [Rev. 2022] | Medical Practitio | oners and Dentists | CAP. 253 |
|-------------|--------------------------------------------------------------------------------|--------------------|--------------|
| | | | [Subsidiary] |
| PATH548 | Neutrophil chemotaxis | 8,520.00 | 12,720.00 |
| PATH549 | Tube agglutination test (others) | 600.00 | 960.00 |
| PATH550 | Paul Bunnell: Presumptive | 360.00 | 480.00 |
| PATH551 | Infectious mononucleosis latex slide test (Monospot or equivalent) | 1,200.00 | 1,680.00 |
| PATH552 | Anti Gad/la2 Ab | 8,520.00 | 12,720.00 |
| PATH553 | Rose Waaler agglutination test | 600.00 | 960.00 |
| PATH554 | Gonococcal, listeria or echinococcus agglutination | a 1,320.00 | 1,920.00 |
| PATH555 | Slide agglutination test | 480.00 | 600.00 |
| PATH556 | Serum complement level: Each component | t 480.00 | 720.00 |
| PATH557 | Anti la2 Antibodies | 4,680.00 | 6,840.00 |
| PATH558 | Anti Gad Antibodies | | 6,840.00 |
| PATH559 | Auto-antibody: Sensitized erythrocytes | 600.00 | 960.00 |
| PATH560 | Herpes virus typing: Monoclonal immunological | 2,640.00 | 3,960.00 |
| PATH561 | Western blot technique | 9,240.00 | 13,920.00 |
| PATH562 | Epstein-Barr virus antibody titer | 960.00 | 1,320.00 |
| PATH563 | Immuno-diffusion test: Per antigen | 480.00 | 720.00 |
| PATH564 | Respiratory syncytial virus (ELISA technique) | 4,560.00 | 6,720.00 |
| PATH565 | Immuno electrophoresis: Pe immune serum | 1,320.00 r | 1,920.00 |
| PATH566 | Polymerase chain reaction | 9,360.00 | 14,160.00 |
| PATH567 | Indirect immuno- fluorescence test (bacterial, viral, parasitic) | 2,040.00 | 2,400.00 |
| PATH568 | Lymphocyte transformation | 6,480.00 | 9,720.00 |

| CAP. 253 | Medical Practitio | ners and Dentists | [Rev. 2022] |
|--------------------|-------------------------------------------------------------------------------------------|---------------------|----------------------|
| [Subsidiary] | | | |
| PATH569 | Bilharzia Ag Serum/ Urine | 1,920.00 | 2,760.00 |
| PATH570 | Histone Ab | 2,040.00 | 3,120.00 |
| PATH571 | Quantitative PCR (DNA/RNA) others | 10,800.00 | 21,600.00 |
| PATH572 | Recombinant DNA technique per probe | | 4,800.00 |
| PATH573 | Ribosomal RNA targeting for bacteriological identification | 4,560.00 | 6,720.00 |
| PATH574 | Ribosomal RNA amplification for bacteriological identification | 9,360.00 | 14,160.00 |
| PATH575 | Bacteriological DNA identification (LCR) per probe | 3,240.00 | 4,800.00 |
| PATH576 | Bacteriological DNA identification (PCR) per test | 7,680.00 | 14,040.00 |
| PATH577 | Mixed antiglobulin reaction: Semen | 960.00 | 1,320.00 |
| PATH578 | Friberg test: Semen | 1,920.00 | 2,760.00 |
| PATH579 | Kremer test: Semer | | 720.00 |
| PATH580 | Quantitative PCR - viral load (not HIV) - hepatitis C, hepatitis B, CMV, etc. | 17,400.00 | 25,200.00 |
| PATH581 | Semen analysis: Cell count | 1,080.00 | 1,440.00 |
| PATH582 | Semen analysis: Cytology | 1,080.00 | 1,440.00 |
| PATH583 | Semen analysis: Viability + motility - 6 hours | 960.00 | 1,200.00 |
| PATH584 | Semen analysis: Supravital stain | 720.00 | 1,200.00 |
| PATH585 | Seminal fluid: Alpha glucosidase | 2,640.00 | 3,840.00 |
| PATH586 | Seminal fluid fructose | 480.00 | 720.00 |
| PATH587 | Seminal fluid: Acid phosphatase | 720.00 | 1,080.00 |
| PATH588 | Helicobacter: Pylori antigen test | 1,920.00 | 4,080.00 |
| PATH589 PATH590 | HIV Ab - Rapid Test Antibiotic MIC per organism per antibiotic | :360.00 1,080.00 | 1,080.00 1,680.00 |

| [Rev. 2022] | Medical Practitic | oners and Dentists | CAP. 253 |
|-------------|--------------------------------------------------------------------------------------------------------------------|--------------------|----------------|
| | | | [Subsidiary] |
| PATH591 | Non-radiometric automated blood cultures | 1,800.00 | 2,640.00 |
| PATH592 | Rapid automated bacterial identification per organism | 1,920.00 | 2,880.00 |
| PATH593 | Rapid automated antibiotic susceptibility per organism | 2,160.00 | 3,240.00 |
| PATH594 | Rapid automated MIC per organism per antibiotic | 2,160.00 | 3,240.00 |
| PATH595 | Mycobacteria: MIC determination - E Test | 2,160.00 | 3,240.00 |
| PATH596 | Mycobacteria: Identification HPLC | 4,560.00 | 6,720.00 |
| PATH597 | Mycobacteria: Liquefied, consentrated, fluorochrome stain | 1,320.00 | 1,920.00 |
| PATH598 | Transmission electron microscopy | 10,680.00 v | 15,840.00 |
| PATH599 | HIV Drug Resistance Testing | 42,000.00 | 72,000.00 |
| PATH600 | HIV Viral Load | 6,000.00 | 11,520.00 |
| PATH601 | HIV Qualitative DNA test | 6,000.00 | 11,520.00 |
| PATH602 | Scanning electron microscopy MOLECULAR STUDIES/PCR | 12,600.00 — | 18,720.00 — |
| PATH603 | Specified additional analysis e.g. mosaicism, Fancon anaemia, Fra X, additional staining techniques | | 13,440.00 |
| PATH604 | FISH procedure, including cell culture | 14,760.00 | 22,080.00 |
| PATH605 | FISH analysis per probe system | 4,560.00 | 6,840.00 |
| PATH606 | Blood: DNA extraction | 5,760.00 | 8,640.00 |
| PATH607 | Blood: Genotype per person: Southern blotting | 11,400.00 | 17,160.00 |

| CAP. 253 | Medical Practitio | oners and Dentists | [Rev. 2022] |
|--------------|---------------------------------------------------------------------------------------------------------------|----------------------|----------------------|
| [Subsidiary] | | | |
| PATH608 | Blood: Genotype per person: PCR | 7,680.00 | 11,520.00 |
| PATH609 | Prenatal diagnosis: Amniotic fluid or chorionic tissue: DNA extraction | 11,520.00 | 17,280.00 |
| PATH610 | Prenatal diagnosis: Amniotic fluid or chorionic tissue: Genotype per person: Southern blotting | 24,120.00 | 36,000.00 |
| PATH611 | Prenatal diagnosis: Amniotic fluid or chorionic tissue: Genotype per person: PCR | 15,480.00 | 23,040.00 |
| PATH612 | PCR - generic tests per marker | 11,520.00 | 23,040.00 |
| PATH613 | DNA paternity test profile per individua | | 28,800.00 |
| PATH614 | Quantitative PCR (DNA/RNA) others | 10,800.00 | 21,600.00 |
| PATH615 | Qualitative PCR (DNA/RNA) others OTHER | 8,400.00 | 18,000.00 |
| | CONSULTATION | | |
| PATH616 | Attendance in theatre | 7,200.00 | 21,600.00 |
| PATH617 | Sit-in consultancy per hour session | 7,200.00 | 21,600.00 |
| PATH618 | Teaching consultancy per hour session | 7,200.00 | 21,600.00 |
| CODE | D001: FEES GUIDELINES FOR DENTAL PRACTITIONERS | | |
| A | Consultation Fees IMPORTANT NOTE: Valid for 3 | Minimum (KES) | Maximum (KES) |
| C001 C002 | months General dentist Dental specialist HOSPITAL VISIT CONSULTATION FEES Per visit | 1,500.00 3,000.00 | 4,000.00 6,000.00 |

| [Rev. 2022] | | | CAP. 253 |
|-------------|-------------------------------------|--------------------|--------------|
| | Medical Practitio | oners and Dentists | [Subsidiary] |
| C002 | Lloopitol visit day | E 000 00 | |
| C003 | Hospital visit-day | 5,000.00 | 10,000.00 |
| C004 | Hospital visit-night | 10,000.00 | 20,000.00 |
| | B Radiology | Minimum (KES) | Maximum |
| DA D004 | O set a station | 4 000 00 | (KES) |
| RAD001 | Occlusal views | 1,000.00 | 1,500.00 |
| RAD002 | Left / Right Bitewing (LBW /RBW) | - | 1,500.00 |
| RAD003 | Bilateral Bitewings (BBW) | 1,500.00 | 2,000.00 |
| RAD004 | Intraoral Periapical (IOPA) | 1,000.00 | 1,500.00 |
| RAD005 | Orthopantomogram (OPG) | 2,000.00 | 3,000.00 |
| RAD006 | Cephalometric | 3,500.00 | 5,000.00 |
| | radiograph (Lateral Cephalogram) | , | , |
| RAD007 | Sialogram | 6,000.00 | 10,000.00 |
| RAD008 | TMJ Tomograms | 2,000.00 | 4,000.00 |
| RAD009 | CBCT Single tooth | | 2,000.00 |
| RAD010 | CBCT Maxilla | 8,000.00 | 12,000.00 |
| RAD011 | CBCT Right/Left | 4,000.00 | 7,000.00 |
| | Maxilla | 1,000.00 | 1,000.00 |
| RAD012 | CBCT Mandible | 8,000.00 | 12,000.00 |
| RAD013 | CBCT Right/Left | 4,000.00 | 7,000.00 |
| | Mandible | , | , |
| RAD014 | Radiology Report | 2,000.00 | 5,000.00 |
| С | ORAL SURGERY | Minimum (KES) | Maximum |
| - | BY GENERAL | - (-) | (KES) |
| | DENTIST | | (-) |
| | IMPORTANT | | |
| | NOTE: Oral | | |
| | Surgery cases | | |
| | that are diagnosed | | |
| | as complex will | | |
| | be reffered to | | |
| | Specialist Oral & | | |
| | Maxillofacial | | |
| | Surgeons | | |
| MOS001 | Extraction - | 3,000.00 | 7,000.00 |
| MOODOT | Uncomplicated | 0,000.00 | 7,000.00 |
| MOS002 | Extraction - | 5,000.00 | 10,000.00 |
| MOODE | Complicated/ | 0,000.00 | 10,000.00 |
| | Surgical | | |
| MOS003 | Dismpaction | 20,000.00 | 25,000.00 |
| mooooo | (Surgical | 20,000.00 | 20,000.00 |
| | Odontectomy) | | |
| MOS004 | Management of | 6,000.00 | 8,000.00 |
| | Alveolar Osteitis | 0,000.00 | 0,000.00 |
| | (Dry Socket) | | |
| MOS005 | Dentoalveolar | 10,000.00 | 15,000.00 |
| | Debridement | 10,000.00 | 10,000.00 |
| | Debridement | | |
| | | | |

| CAP. 253 | Medical Practitic | oners and Dentists | [Rev. 2 |
|--------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------|
| [Subsidiary] | | | |
| MOS006 MOS007 MOS008 | Incision & Drainage Apicectomy Dentoalveolar | 6,000.00 15,000.00 14,000.00 | 10,000.00 30,000.00 18,000.00 |
| MOS009 | Splinting Soft Tissue Management | 10,000.00 | 15,000.00 |
| MOS010 | Removal of Sutures & Post Operative Review | s 1,500.00 | 2,000.00 |
| MOS011 | Maxillo - Mandibula Fixation D RESTORATIVE | r20,000.00 Minimum (KES) | 40,000.00 //Maximum |
| | DRESTORATIVE DENTISTRY Restorations/ Fillings | Minimum (KES) | (KES)// |
| RES001 | Amalgam – one surface | 4,000.00 | 6,000.00 |
| RES002 | Amalgam – two surfaces | 5,000.00 | 8,000.00 |
| RES003 | Amalgam three surfaces | 6,000.00 | 8,000.00 |
| RES004 | Complex multisurface Amalgam Filling (More than 3 surfaces) | 7,000.00 | 9,000.00 |
| RES005 | Composite / Tooth coloured Filling (one surface) | 5,000.00 | 6,000.00 |
| RES006 | Composite / Tooth coloured Filling (two surfaces) | | 7,000.00 |
| RES007 | Composite / Tooth coloured Filling (three surfaces) | 7,000.00 | 9,000.00 |
| RES008 | Complex multisurface Tooth coloured Filling (More than 3 surfaces) | 8,000.00 | 9,000.00 |
| RES009 | Temporary / Provisional filling | 3,000.00 | 5,000.00 |
| RES010 | Fissure sealant - per tooth | 4,000.00 | 5,000.00 |
| RES011 | Preventive Resin Restorations (PRR) | 4,000.00 | 5,000.00 |
| RES012 RES013 RES014 RES015 | Pins (each) Metalic Post (each) Fibre Post Cast Post | 2,000.00 3,500.00 12,000.00 15,000.00 | 5,000.00 6,000.00 15,000.00 25,000.00 |

[Rev. 2022]

| [Rev. 2022] | | | CAP. 253 |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|
| [[((0), 2022] | Medical Practition | oners and Dentists | |
| | | | [Subsidiary] |
| Ε | ENDODONTICS (ROOT CANAL TREATMENT) Charges Do not include Cost of Filling (Restoration) or Crown post Endodontic | Minimum (KES) | //Maximum (KES)// |
| END001 | Treatment Pulputomy Root Canal Treatment | 10,000.00 | 15,000.00 |
| END002 | a) Anterior tooth | 15,000.00 | 20,000.00 |
| END003 | b) Premolars | 20,000.00 | 25,000.00 |
| END004 | c) Molars | 25,000.00 | 40,000.00 |
| END005 | d) Accessory or | 10,000.00 | 15,000.00 |
| | Extra Canals (each |) | |
| END006 | e) Retreatment of a previoulsy root treated tooth (Additional charge to the basic cost of Root Canal | 10,000.00 | 20,000.00 |
| END007 | Treatment) f) Access through crowns (Additional Charge) | 6,000.00 | 10,000.00 |
| END008 | Bleaching Non- vital (per tooth/Per session) | 5,000.00 | 7,000.00 |
| END009 | Apico-ectomy (anterior teeth - (using MTA) | 20,000.00 | 30,000.00 |
| END010 | Apico-ectomy (Posterior teeth - (using MTA) | 40,000.00 | 50,000.00 |
| END011 | Hemisection/ Root amputation (Exclude cost of RCC) | 20,000.00 | 30,000.00 |
| END012 END013 | Root submersion Repair of Perforation (using MTA) non-surgical | 15,000.00 20,000.00 | 20,000.00 30,000.00 |
| END014 | Repair of Perforation (using MTA) Surgical | 30,000.00 | 40,000.00 |
| END015 | Pulp | 40,000.00 | 50,000.00 |
| END016 | Revascularization Removal of separated/ | 30,000.00 | 50,000.00 |

| CAP. 255 | | | [Rev. |
|--------------|--------------------------------------|--------------------|-----------|
| | Medical Practitic | oners and Dentists | |
| [Subsidiary] | | | |
| | Fractured | | |
| | Instruments plus | | |
| | RCC | | |
| END017 | Endodontics | 20,000.00 | 35,000.00 |
| | Transplantation/Re- | | |
| | Implantation | | |
| END018 | Apexification (using | 30,000.00 | 40,000.00 |
| | MTA) | | |
| END019 | Apexification (using | | 25,000.00 |
| | Calcium Hydroxide) | | 20,000,00 |
| END020 | Apexogenesis Endodontic | 20,000.00 | 30,000.00 |
| END021 | Implants | 50,000.00 | 80,000.00 |
| END022 | Vital Pulp Therapy | 5,000.00 | 7,000.00 |
| LINDUZZ | (using Calcim | 0,000.00 | 7,000.00 |
| | Hydroxide) | | |
| F | PERIODONTICS | Minimum (KES) | Maximum |
| | | | (KES) |
| | General | | |
| | Periodontics | | |
| PERI001 | Scaling and | 6,000.00 | 15,000.00 |
| | polishing | | |
| PERI002 | Prophylaxis | 4,500.00 | 7,000.00 |
| PERI003 | Polishing and stain removal | 3,600.00 | 8,000.00 |
| PERI004 | Management | 3,600.00 | 10,000.00 |
| | of Dentine | 3,000.00 | 10,000.00 |
| | Hypersensitivity Per | r | |
| | appointment | | |
| PERI005 | Full Mouth Flouride | 3,000.00 | 5,000.00 |
| | application | | |
| | (Flouridation) | | |
| PERI006 | Root planing (per | 6,000.00 | 10,000.00 |
| | quadrant) | | |
| | Periodontal | | |
| | Splinting | 10 000 00 | 20,000,00 |
| PERI007 | Resin composite/ wire splint (per | 10,000.00 | 20,000.00 |
| | sextant) | | |
| PERI008 | Reinforced fiber | 15,000.00 | 25,000.00 |
| | splint (per sextant | 10,000.00 | 20,000.00 |
| | excluding cost of | | |
| | splint) | | |
| | Perioldontal | | |
| | Surgery | | |
| PERI009 | Open flap | 25,000.00 | 40,000.00 |
| | debridement (1 to 3 | | |
| | contiguous teeth or | | |
| | edentulous spans) | 20,000,00 | 40,000,00 |
| PERI010 | Root coverage surgery using | 30,000.00 | 40,000.00 |
| | Surgery using | | |
| | | | |

CAP. 253

274

[Rev. 2022]

| | | | [Subsidiary] |
|--------------------|-------------------------------------------|------------------------|------------------------|
| | xenografts/ | | |
| | allografts (exclude | | |
| | cost of graft) | | |
| PERI011 | Root coverage | 40,000.00 | 60,000.00 |
| | surgery using | | |
| | autograft | 40.000.00 | 45 000 00 |
| PERI012 PERI013 | Frenectomy Crown lengthening | 10,000.00 | 15,000.00 |
| PERIOTS | (1 to 3 contiguous | 15,000.00 | 30,000.00 |
| | teeth) | | |
| PERI014 | Gingivectomy (1 to | 15,000.00 | 25,000.00 |
| | 3 contiguous teeth) | | |
| PERI015 | Gingivoplasty (1 to | 15,000.00 | 25,000.00 |
| | 3 contiguous teeth) | ~ ~ ~ ~ ~ | 40.000.00 |
| PERI016 PERI017 | Vestibuloplasty Root resection | 20,000.00 25,000.00 | 40,000.00 40,000.00 |
| | (excluding cost of | 25,000.00 | 40,000.00 |
| | endodontic therapy | | |
| | and | | |
| | subsequent crown) | | |
| PERI018 | Hemisection | 20,000.00 | 30,000.00 |
| | (excluding cost of | | |
| | endodontic therapy and | | |
| | subsequent crown) | | |
| PERI019 | Guided tissue | 25,000.00 | 35,000.00 |
| | regeneration per | , | , |
| | site (excluding cost | | |
| | of graft | | |
| PERI020 | material) Guided bone | 25 000 00 | 35,000.00 |
| FERIUZU | regeneration per | 25,000.00 | 35,000.00 |
| | site (excluding cost | | |
| | of graft | | |
| | material) | | |
| PERI021 | Block grafts | 100,000.00 | 120,000.00 |
| | (excluding cost of | | |
| PERI022 | graft) Alveoloplasty | 20,000.00 | 30,000.00 |
| PERI023 | Socket preservatior | | 15,000.00 |
| | per extraction site | 110,000.00 | 10,000.00 |
| | excluding cost of | | |
| | graft material) | | |
| | Surgical Phase of | | |
| | Oral Implantology | | |
| | Exlusive of Costs of Implant Fixtures, | | |
| | Healing Abutments | | |
| | & Provisional | | |
| | prothesis / | | |
| | | | |

Medical Practitioners and Dentists

CAP. 253

| CAP. 253 | Medical Practitic | oners and Dentists | [Rev. 2022] |
|--------------|--------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------|
| [Subsidiary] | | | |
| | restorations. Cost of implant fixtures will vary depnending on the choice of implant selected | of | |
| PERI024 | Development of implant therapy treatment plan (excluding cost of radiological examination) | As per the consultation charges | As per the consultation charges |
| PERI025 | Single implant placement (excluding cost of implant fixture) | 60,000.00 | 80,000.00 |
| PERI027 | Subsequent non contiguous implant placement in the same quadrant (excluding cost of fixture) | 35,000.00 | 50,000.00 |
| PERI028 | (excluding cost of healing abutment) | 15,000.00 | 20,000.00 |
| PERI029 | Removal of failed implant | 35,000.00 | 50,000.00 |
| PERI030 | Scaling of implant fixture (excluding cost of general scaling) | 5,000.00 | 8,000.00 |
| PERI031 | Sinus lift (Closed Sinus Lift) (excluding cost of graft material) | 45,000.00 | 60,000.00 |
| PERI032 | Lateralisation of mandibular canal | 120,000.00 | 150,000.00 |
| PERI033 | Application of locally delivered antimicrobials per site (excluding cost of antimicrobials) | 3,000.00 | 5,000.00 |
| PERI034 | Supportive periodontal therapy | 5,000.00 | 10,000.00 |
| PERI035 | Collecting and processing blood for platelet rich plasma | 8,000.00 | 12,000.00 |
| G | PROSTHODONTIC | S \$ /linimum (KES) | Maximum (KES) |

| [Rev. 2022] | | | CAP. 253 |
|--------------------|---------------------------------------|-----------------------|--------------|
| | Medical Practitio | oners and Dentists | |
| | | | [Subsidiary] |
| | Fixed | | |
| | prosthodontics | | |
| PROS001 | Diagnostic cast / | 3,600.00 | 4,800.00 |
| | Study Models | 2 000 00 | 4 000 00 |
| PROS002 PROS003 | Wax up per unit Prefabricated post | 2,000.00 15,000.00 | 4,000.00 |
| FRU3003 | & core | 15,000.00 | 20,000.00 |
| PROS004 | Cast post and core | 20.000.00 | 30,000.00 |
| | (excluding cost of | -, | , |
| | gold) | | |
| | Crowns | | |
| PROS005 | Temporary crown | 10,000.00 | 15,000.00 |
| | per unit | | == |
| PROS006 | Metal ceramic | 40,000.00 | 55,000.00 |
| PROS007 | Crown Ceramic / Zirconia / | 45 000 00 | 60,000.00 |
| FROSUUT | Emax Crown | 43,000.00 | 00,000.00 |
| PROS008 | Full gold crown | 60,000.00 | 80,000.00 |
| PROS009 | Implant retained | 40,000.00 | 55,000.00 |
| | crown per unit | | |
| | (excluding cost of | | |
| | components) | | |
| PROS010 | Fixed Definitive | 40,000.00 | 55,000.00 |
| | Bridge (Charges | | |
| | are per Unit) Provisional | | |
| | Maryland Bridge | | |
| PROS011 | Composite (per | 15,000.00 | 20,000.00 |
| | unit) | -, | -, |
| PROS012 | Porcelain/Ceramic | 40,000.00 | 55,000.00 |
| | Fused to Metal (per | | |
| 5500040 | unit) | E 000 00 | 40.000.00 |
| PROS013 | Recementation of | 5,000.00 | 10,000.00 |
| | crown or bridge per unit | | |
| PROS014 | Removal of crown / | 8 000 00 | 12,000.00 |
| 1100014 | bridge per unit | 0,000.00 | 12,000.00 |
| | Veneers per unit: | | |
| PROS015 | Direct composite | 10,000.00 | 15,000.00 |
| | Venneers | | |
| PROS016 | Indirect Composite | 25,000.00 | 30,000.00 |
| | Venners | 20,000,00 | 40,000,00 |
| PROS017 | Ceramic / Porcelain Venners | 30,000.00 | 40,000.00 |
| PROS018 | Inlays /onlays | 30,000.00 | 45,000.00 |
| | (excluding cost of | | , |
| | alloy) | | |
| PROS019 | Repair of fractured | 10,000.00 | 15,000.00 |
| | procelain | | |

277

| CAP. 253 | | | [Rev. |
|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------|
| [Subsidiary] | Medical Practitio | ners and Dentists | |
| [oubsidialy] | Prosthodontic Phase of Oral Implantology | | |
| PROS020 | Temporary implant restoration (excluding cost of components) | 15,000.00 | 30,000.00 |
| PROS021 | Permanent / Definitive implant retained restoration - crown or bridge (excluding cost of components) Removable prosthodontics | 40,000.00 | 60,000.00 |
| PROS022 | Complete upper and lower denture | 40,000.00 | 60,000.00 |
| PROS023 | Single complete denture Acrylic Removable Partial Dentures | 25,000.00 | 35,000.00 |
| PROS024 | Acrylic Removable Partial Denture 1 -3 teeth | | 15,000.00 |
| PROS025 | Acrylic Removable Partial Denture 4-6 teeth | 15,000.00 | 25,000.00 |
| PROS026 | Acrylic Removable Partial Denture 7 or more | | 40,000.00 |
| PROS027 | Repair of broken acrylic denture: Without impression | 4,000.00 | 7,000.00 |
| PROS028 | Repair of broken acrylic denture: With Impression | 8,000.00 | 10,000.00 |
| PROS029 | Cobalt chrome Removable Partial Denture (excluding lab fee) | 40,000.00 | 70,000.00 |
| PROS030 | Repair of cobalt chrome RPD | 8,000.00 | 10,000.00 |
| PROS031 | Addition of a tooth on denture | 5,000.00 | 10,000.00 |
| PROS032 | Soft/Hard reline | 8,000.00 | 10,000.00 |
| PROS033 | Michigan splint | 40,000.00 | 60,000.00 |
| PROS034 | Mouth guard Maxillofacial prosthodontics | 10,000.00 | 15,000.00 |
| PROS036 | Obturator with acrylic base | 40,000.00 | 60,000.0 |

| [Rev. 2022] | Medical Practitioners and Dentists | | |
|--------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------------------------------|
| | | | [Subsidiary] |
| PROS037 | Obturator with cobalt chrome base | 80,000.00 | 100,000.00 |
| PROS038 | Facial prothesis H PAEDIATRIC DENTISTRY | Case Dependent Minimum (KES) | Case Dependent Maximum (KES) |
| PAED001 PAED002 | Fissure sealant Fluoride varnish application | 4,000.00 5,000.00 | 6,000.00 7,000.00 |
| PAED003 | Preventive resin restoration | 6,000.00 | 8,000.00 |
| PAED004 | Pulpotomy | 10,000.00 | 15,000.00 |
| PAED005 | Pulpectomy | 15,000.00 | 20,000.00 |
| PAED006 | Uncomplicated extraction | 3,000.00 | 6,000.00 |
| PAED007 | Stainless steel Crown | 10,000.00 | 15,000.00 |
| PAED008 | Restorative dentistry | Refer to charges in restorative section | |
| PAED009 | Prophylaxis, Scaling, Root planning, Gingivoplasty, Gingivectomy, Frenectomy | Refer to charges in Periodontics section | |
| PAED010 | Dentures | Refer to charges prosthodontics section | |
| PAED011 | Minor oral surgery | Refer to charges in surgery section | |
| PAED012 | Root canal treatment, apexification, apexogenesis and other endodontic treatment procedures | Refer to charges in endodontics section | |
| PAED013 | Study models and orthodontic treatment procedures | Refer to charges in orthodontics section | |
| I | ORTHODONTICS | Minimum (KES) | Maximum (KES) |
| ORTH001 | Diagnosis + treatment planning Orthodontic Study | 3,000.00 | 8,000.00 |
| | models Photographs | 1,000.00 | 5,000.00 |

| CAP. 253 | Medical Practitic | oners and Dentists | [Rev. 2022] |
|--------------------|--------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| [Subsidiary] | | | |
| ORTH003 | Diagnosis + treatment planning | Charge as per consultation | Charge as per consultation |
| ORTH004 | Orthodontic diagnostic setup | Charge as per consultation | Charge as per consultation |
| ORTH005 | Treatment planning orthognathic Surgery Comprehensive Fixed Orthodontic Treatment | Charge as per consultation | Charge as per consultation |
| ORTH006 | Single arch Orthodontics - Mild & Moderate Malocclusion | 75,000.00 | 150,000.00 |
| ORTH007 | Class I Malocclusion - Mild & Moderate | 150,000.00 | 250,000.00 |
| ORTH008 | Class I Malocclusion - Severe | 187,500.00 | 350,000.00 |
| ORTH009 | Class I Malocclusion - Severe + Complications | 262,500.00 | 400,000.00 |
| ORTH010 | Class II + III - Mild | 112,500.00 | 250,000.00 |
| ORTH011 | Class II + III - Moderate | 187,500.00 | 300,000.00 |
| ORTH012 | Class II + III - Severe | 225,000.00 | 480,000.00 |
| ORTH013 | Class II + III - Severe + Complications | 375,000.00 | 600,000.00 |
| ORTH014 | Re-bonding of brackets/ attachments/bands | 2,250.00 | 5,000.00 |
| ORTH015 | Implant- aided orthodontics (TADs Temporary Achorage Devices) - per implant | 30,000.00 | 60,000.00 |
| ORTH016 | Sectional Fixed Appliance per arch Lingual Orthodontics | 37,500.00 | 100,000.00 |
| ORTH017 | Single arch - Mild & Moderate | 150,000.00 | 300,000.00 |
| ORTH018 ORTH019 | Single arch - severe Class I Malocclusion - Mild & Moderate | 240,000.00 315,000.00 | 400,000.00 500,000.00 |

| [Rev. 2022] | Medical Practitio | ners and Dentists | CAP. 253 |
|--------------------|-------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| | | | [Subsidiary] |
| ORTH020 | Class I Malocclusion - Severe | 390,000.00 | 600,000.00 |
| ORTH021 | Class I Maloccl. - Severe + Complications | 465,000.00 | 700,000.00 |
| ORTH022 ORTH023 | Class II + III - mild Class II + III - | 375,000.00 412,500.00 | 600,000.00 650,000.00 |
| ORTH024 | moderate Class II + III - | 510,000.00 | 720,000.00 |
| ORTH025 | severe Class II + III - severe + complications Interceptive Orthodontics | 562,500.00 | 1,000,000.00 |
| ORTH026 | First Removable appliance per arch | 22,500.00 | 50,000.00 |
| ORTH027 | Fixed Interceptive Orthodontics Appliance | 37,500.00 | 75,000.00 |
| ORTH028 | Subsequent Removable appliance | 11,250.00 | 30,000.00 |
| ORTH029 | Removable Habit Breaker | 15,000.00 | 40,000.00 |
| ORTH030 ORTH031 | Fixed Habit breaker Fixed Space Maintainer per arch Retentive Phase of Orthodontics | 26,250.00 15,000.00 | 60,000.00 40,000.00 |
| ORTH032 | Removable retainer | 15,000.00 | 35,000.00 |
| ORTH033 | Fixed retainer per arch Correction of Dentofacial Anomalies | 18,750.00 | 40,000.00 |
| ORTH034 | Functional appliance | 37,500.00 | 100,000.00 |
| ORTH035 | Bite plate for TMJ | 15,000.00 | 40,000.00 |
| ORTH036 | Major occlusal adjustment | 15,000.00 | 25,000.00 |
| ORTH037 | Minor occlusal adjustment | 7,500.00 | 15,000.00 |
| ORTH038 | Cleft palate: Consultation Out of surgery | As per Consultation | As per Consultation |

| CAP. 253 | Medical Practitio | ners and Dentists | [Rev. 2022] |
|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|
| [Subsidiary] | | | |
| ORTH039 | Cleft palate: Subsequent consultations | As per Consultation | As per Consultation |
| ORTH040 | Passive presurgical protheses | 15,000.00 | 45,000.00 |
| ORTH041 | Active Presurgical Orthopaedic Appliance | 33,750.00 | 90,000.00 |
| J | AESTHETIC DENTISTRY | Minimum (KES) | (KES) Maximum |
| ORTH043 | Tooth Whitening / Bleaching per Arch (Take Home Bleach including the gel) | 24,000.00 | 36,000.00 |
| ORTH044 | Chairside Tooth Whitening (Power Bleaching / Zoom Bleaching) | 35,000.00 | 50,000.00 |
| ORTH045 | Microabrasion (per tooth) | 5,000.00 | 7,000.00 |
| К | DENTAL TREATMENT UNDER GENERAL ANAESTHESIA Fees outlined are Dental Surgeon's fees only : Excluding theatre/hospital fees, materials and anaesthetists fees | Minimum (KES) | Maximum (KES) |
| DGA001 | Children : Multiple fillings (Full Mouth Restorations - FMR) & or Extractions | 60,000.00 | 100,000.00 |
| DGA002 | Adults : Multiple fillings /extractions | 60,000.00 | 100,000.00 |
| L | DENTAL TREATMENT UNDER CONSCIOUS SEDATION Fees outlined are for conscious sedation 1-2 hours in a dental surgery with these facilities: (Excluding anaesthetists fess & | | Maximum (KES) |

[Subsidiary]

| | cost of dental procedures. An Anaesthetist is required for this conscious sedation) |) | |
|------------------------|-------------------------------------------------------------------------------------------------|---------------------------------|----------------------------|
| DCONSED01 | Children | , Charge as per procedure | Charge as per procedure |
| DCONSED02 | Adults OMFS001: FEE | Charge as per procedure | Charge as per procedure |
| | GUIDELINES FOR ORAL AND MAXILLOFACIAL SURGERY Specialists Consultation Fees | | |
| | Consultations | Minimum (KES) | Maximum (KES) |
| OMFS001 OMFS002 | First visit Follow up Consulation for the Same Condition | 3,600.00 3,600.00 | 7,500.00 7,200.00 |
| | House Visits NB (Consultations only. Incidentals to be agreed upon by the parties) | | Maximum (KES) |
| OMFS003 | Day Time | 6,000.00 | 12,000.00 |
| OMFS004 | Night Time Hospital Visits | 12,000.00 | 18,000.00 |
| OMFS005 OMFS006 | Day Time Emergency Night visits | 6,000.00 12,000.00 | 12,000.00 18,000.00 |
| OMFS007 | Emergency Day visits | 7,200.00 | 12,000.00 |
| OMFS008 ICU OMFS009 | Visit (Daily charges) HDU Visit (Daily charges) |)7,200.00 6,000.00 | 10,000.00 7,500.00 |
| OMFS010 | Witnessing a postmortem | 24,000.00 | 60,000.00 |
| OMFS011 | A) Minor Surgery Incision & Drainage dentoalveolar abscess (I&D) | Minimum (KES) 7,800.00 | Maximum (KES) 15,600.00 |
| OMFS012 | Cervical lymph node biopsy | 15,600.00 | 31,200.00 |
| OMFS013 OMFS014 | MUA # nose Intranasal antrostomy | 39,000.00 39,000.00 | 46,800.00 46,800.00 |
| | B) Intermediate I | Minimum (KES) | //Maximum (KES)// |

| CAP. 253 | Medical Practitic | oners and Dentists | [Rev. 2022] |
|--------------|--------------------------------------------------------|----------------------------|------------------------------------|
| [Subsidiary] | | | |
| OMFS015 | Surgical removal supernumerary/ other teeth | 15,600.00 | 39,000.00 |
| OMFS016 | Transplantation/ reimplantation of teeth | 31,200.00 | 54,600.00 |
| OMFS017 | EUA | 39,000.00 | 54,600.00 |
| OMFS018 | Removal of bone | 31,200.00 | 54,600.00 |
| OMFS019 | plates Reduction of alveolar fracture | 39,000.00 | 54,600.00 |
| OMFS020 | Sequestrectomy/ Decortication | 39,000.00 | 54,600.00 |
| OMFS021 | Mandible/Maxilla Tracheostomy: routine | 23,400.00 | 39,000.00 |
| OMFS022 | Intermediate facaial soft tissue repair | 23,400.00 | 46,800.00 |
| OMFS023 | Exploration/remova facial foreign bodies | | 46,800.00 |
| OMFS024 | TMJ athroscopy | 39,000.00 | 54,600.00 |
| OMFS025 | Endoscopic EUA/ biopsy | 39,000.00 | 54,600.00 |
| OMFS026 | Incision & Drainage head and neck abscess | 23,400.00 | 39,000.00 |
| OMFS027 | Posterior apicectomy | 23,400.00 | 39,000.00 |
| OMFS028 | Septoplasty – simple | 31,200.00 | 70,200.00 |
| OMFS029 | Sinus Lift C) Intermediate II | 80,000.00 Minimum (KES) | 140,000.00 //Maximum (KES)// |
| OMFS030 | Surgical removal of impacted third molars | 62,400.00 | 93,600.00 |
| OMFS031 | Surgical exposure/ removal of impacted canines | 62,400.00 | 93,600.00 |
| OMFS032 | Closure of oro – antral fistula | 62,400.00 | 109,200.00 |
| OMFS033 | Caldwell-Luc procedure | 62,400.00 | 109,200.00 |
| OMFS034 | Elevation # zygoma: closed | 62,400.00 | 109,200.00 |
| OMFS035 | Exploration of submandibular/ parotid gland duct | 62,400.00 | 109,200.00 |
| OMFS036 | Ennucleation of mandibular/ maxillary mass | 2,400.00 | 93,600.00 |

| [Rev. 2022] | Medical Practitioners and Dentists | | CAP. 253 |
|--------------------|--------------------------------------------------------------------------|------------------------------------------------|---------------------------------------|
| | | | [Subsidiary] |
| OMFS037 | Excision of head and neck lipoma | 62,400.00 | 93,600.00 |
| OMFS038 | Submandibular gland Sialadenectomy | 62,400.00 | 93,600.00 |
| OMFS039 | Sublingual gland Sialadenectomy | 62,400.00 | 93,600.00 |
| OMFS040 | Vestibuloplasty & skin graft | 62,400.00 | 109,200.00 |
| OMFS041 | Excision of oral/ facial fibroosseous lesion | 62,400.00 | 109,200.00 |
| OMFS042 OMFS043 | Coronoidectomy Temporalis/ Masseter Myotomy | 62,400.00 62,400.00 | 109,200.00 109,200.00 |
| OMFS044 | Cryotherapy to V Nerve branches/Minor Haemangioma | 62,400.00 | 109,200.00 |
| OMFS045 OMFS046 | Cheiloplasty Minor oral/facial bone/cartilage onlag graft | 62,400.00 62,400.00 y | 109,200.00 93,600.00 |
| OMFS047 | Torticollis/ Fibromatosis Colli correction | 2,400.00 | 93,600.00 |
| OMFS048 | Lip shave & Mucosal Advancement Flap | 62,400.00 | 117,000.00 |
| OMFS049 | Wedge excision & primary closure lip | 62,400.00 | 117,000.00 |
| OMFS050 | Excision facial BCC & local flap reconstruction | 62,400.00 | 117,000.00 |
| OMFS051 | Excision/revision of facial scar | 62,400.00 | 117,000.00 |
| OMFS052 | Primary repair bilateral cleft lip | 62,400.00 | 124,800.00 |
| OMFS053 | Primary repair bilateral/complete cleft palate | 62,400.00 | 124,800.00 |
| OMFS054 OMFS055 | Pharyngoplasty Revision cleft lip/ nose/palatoplasty D) Major I | 62,400.00 62,400.00 <i>Minimum (KES)</i> | 124,800.00 124,800.00 //Maximum |
| OMFS056 | Closed reduction # | 93,600.00 | (KES)// 124,800.00 |
| OMFS057 | mandible/maxilla Segmental | 93,600.00 | 124,800.00 |
| 5 0001 | osteotomy mandible/maxilla | | , |

| CAP. 253 | Medical Practitio | oners and Dentists | [Rev. 2022] |
|--------------|-----------------------------------------------------------|-----------------------|----------------------|
| [Subsidiary] | | | |
| OMFS058 | Excision of thyroglossal cyst | 93,600.00 | 124,800.00 |
| OMFS059 | Removal of branchial/ thyroglossal neck cyst | 93,600.00 | 124,800.00 |
| OMFS060 | Superficaial parotidectomy | 93,600.00 | 124,800.00 |
| OMFS061 | Extraoral/intraoral implants | 93,600.00 | 124,800.00 |
| OMFS062 | Ridge augmentation/sinus lift | 93,600.00 ; | 124,800.00 |
| OMFS063 | Genioplasty:augme reduction | n 931,100 0.00 | 124,800.00 |
| OMFS064 | Tongue reduction | 93,600.00 | 124,800.00 |
| OMFS065 | Open joint procedure TMJ | 93,600.00 | 124,800.00 |
| OMFS066 | Closure cleft oronasal fistula & bone graft | 93,600.00 | 124,800.00 |
| OMFS067 | Excision of scalp lesion & Wolfe graft | 93,600.00 | 124,800.00 |
| OMFS068 | Open rhinoplastry & auricular cartilage grafts | | 124,800.00 |
| OMFS069 | Partial thickness skin graft to oral defect – minor | 93,600.00 | 124,800.00 |
| OMFS070 | Full thickness skin/ composite graft ora defect | , | 124,800.00 |
| | E) Major II | Minimum (KES) | //Maximum (KES)// |
| OMFS071 | ORIF # Zygoma | 140,400.00 | 187,200.00 |
| OMFS072 | Exploration/graft orbital # | 140,400.00 | 187,200.00 |
| OMFS073 | ORIF Nasoethmoid frontal # | / 140,400.00 | 187,200.00 |
| OMFS074 | ORIF # Maxilla (Le Fort I) | 140,400.00 | 187,200.00 |
| OMFS075 | ORIF # Mandible | 140,400.00 | 187,200.00 |
| OMFS076 | Major facial soft tissue repair | 140,400.00 | 187,200.00 |
| OMFS077 | Mandibular ostectomy (Le Fort I/cleft) (SS/VS/EO) | 140,400.00 | 187,200.00 |
| OMFS078 | Maxillary Osteotomy (Le Fort I/cleft) | 140,400.00 | 187,200.00 |

| [Rev. 2022] | Medical Practitic | CAP. 253 | |
|--------------------|---------------------------------------------------------------------|--------------------------|--------------------------|
| | | | [Subsidiary] |
| OMFS079 | Postcondylar cartilage graft | 140,400.00 | 187,200.00 |
| OMFS080 | Salivary duct redirection (Wilkie procedure) | 140,400.00 | 187,200.00 |
| OMFS081 | Cleft alveolar bone graft | 140,400.00 | 187,200.00 |
| OMFS082 | Excision facial hemangioma/ lymphangioma | 140,400.00 | 187,200.00 |
| OMFS083 | Nerve exploration & microsurgical repair | | 187,200.00 |
| OMFS084 | Primary repair unilateral cleft lip | 140,400.00 | 187,200.00 |
| OMFS085 | Primary repair unilateral/ incomplete cleft palate | 140,400.00 | 187,200.00 |
| OMFS086 OMFS087 | Closed Rhinoplasty Radical/modified neck dissection (RMND) | 140,400.00 140,400.00 | 187,200.00 187,200.00 |
| OMFS088 | Radical Parotidectomy | 140,400.00 | 187,200.00 |
| | F) Complex Major | Minimum (KES) | //Maximum (KES)// |
| OMFS089 | ORIF # zygoma & orbit – complex comminuted | 156,000.00 | 312,000.00 |
| OMFS090 | ORIF # nasoethmoid | 156,000.00 | 312,000.00 |
| OMFS091 | Frontal & Canthopexy | 156,000.00 | 312,000.00 |
| OMFS092 | ORIF # maxilla (Le Fort II/III) – unilateral | 156,000.00 | 312,000.00 |
| OMFS093 | ORIF # maxilla (Le Fort II/III) – bilateral | | 312,000.00 |
| OMFS094 | ORIF # mandible — complex comminuted | 156,000.00 | 312,000.00 |
| OMFS095 | Complex facial soft tissue repair (STR) | 156,000.00 | 312,000.00 |
| OMFS096 | Complex facial STR & VIIn/parotid duct repair | 156,000.00 | 312,000.00 |
| OMFS097 | Radical Parotidectomy & VIIn graft | 156,000.00 | 312,000.00 |
| OMFS098 | Le Fort II/Kufener midfacial osteotomy | 156,000.00 , | 312,000.00 |

| CAP. 253 | | | [Rev. 2022] |
|--------------|----------------------------------------------------|--------------|-------------|
| | Medical Practitioners and Dentists | | |
| [Subsidiary] | | | |
| OMFS099 | Bimaxillary osteotomy | 156,000.00 | 312,000.00 |
| OMFS100 | Costochondral graf to mandible | t 156,000.00 | 312,000.00 |
| OMFS101 | Hypertelorism correction | 156,000.00 | 312,000.00 |
| OMFS102 | Secondary craniofacial reconstruction | 156,000.00 | 312,000.00 |
| OMFS103 | Closed rhinoplasty | | 312,000.00 |
| OMFS104 | RMND & Mandibulectomy/ Maxillectomy | 156,000.00 | 312,000.00 |
| OMFS105 | RMND & reconstruction | 156,000.00 | 312,000.00 |
| OMFS106 | RMND & glossectomy/oral cancer resection | 156,000.00 | 312,000.00 |
| OMFS107 | RMND & pedicled flap/microvascualr free flap | 156,000.00 | 312,000.00 |
CAP. 253

[Subsidiary]

THE MEDICAL PRACTITIONERS AND DENTISTS (REFERRAL OF PATIENTS ABROAD) RULES

ARRANGEMENT OF RULES

Rule

- 1. Citation
- 2. Interpetation
- 3. Referral of patients abroad
- 4. Qualification and Responsibility of the referring practitioner
- 5. Category and accreditation abroad
- 6. Referral process
- 7. Professional misconduct

SCHEDULES

REFERRAL FORM

THE MEDICAL PRACTITIONERS AND DENTISTS (REFERRAL OF PATIENTS ABROAD) RULES

[Legal Notice 2 of 2017]

1. Citation

These Rules may be cited as the Medical Practitioners and Dentists (Referral of Patients Abroad) Rules.

2. Interpetation

In these Rules, unless the context otherwise requires-

"abroad" means outside the borders of Kenya;

"medical management" means medical interventions including diagnosis, treatment and follow up;

"receiving facility" means an institution or hospital outside Kenya where a patient has been referred to; and

"referral" means the transfer of a patient from one hospital or practitioner to another for purposes of consultation, treatment, review or further action.

3. Referral of patients abroad

(1) A medical or dental practitioner may refer a patient for medical or dental management abroad where—

- (a) there is evidence that there is inadequate expertise or medical facilities to handle the condition locally;
- (b) there is evidence that the referral would be the most cost effective option for the patient, or
- (c) the patient has opted to seek medical intervention or management abroad where public resources are not used.

(2) Save wherein a patient consents, a medical or dental practitioner shall not be compelled to give information regarding a patient to third parties for purposes of referral.

4. Qualification and Responsibility of the referring practitioner

The referring medical or dental practitioner shall—

- (a) be duly registered and licensed by the Board and of good standing;
- (b) be a specialist or sub-specialist in the area in which the patient is being referred for;
- (c) act in the best interest of the patient;
- (d) ensure that there shall be significant health benefits to the patient in seeking treatment abroad;
- (e) ensure that the referral is for curative, specialized diagnostic purposes or rehabilitative services;
- (f) provide the patient or guardian with relevant information on the expected treatment; and
- (g) ensure an appropriate review and follow up mechanism is established upon the patient's return.

5. Category and accreditation abroad

A medical or dental practitioner shall refer a patient for treatment abroad to-

(a) a medical or dental practitioner who has the requisite recognized credentials to offer the level of the required specialized service;

- (b) a receiving institution that has recognition from the regulatory authority of the receiving country to offer the required service;
- (c) a receiving institution that is above or the equivalent to a Level 5 or Level 6 category facility in Kenya; or
- (d) a receiving institution that has recognized international accreditation.

6. Referral process

(1) A medical or dental practitioner shall refer a patient abroad in the Referral Form set out in the Schedule.

- (2) The Referral Form shall be accompanied by-
 - (a) a comprehensive medical report by the referring practitioner;
 - (b) a letter of confirmation from the receiving facility;
 - (c) a letter of no objection from the Office of the Director of Medical Services; and
 - (d) proof of adequate funding.

7. Professional misconduct

A practitioner shall be culpable of professional misconduct if such practitioner-

- (a) refers a patient where the health outcome will not improve;
- (b) discloses information acquired in the course of professional engagement to an unauthorized third party without the consent of the patient, or otherwise than required by law; and
- (c) refers or agrees to refer a patient for personal and/or financial gain.

SCHEDULE

[r. 6(1)]

| RE | EFERRAL FORM |
|--------------------------------------|------------------|
| THE MEDICAL PRACTITIONERS | AND DENTISTS ACT |
| (Cap. 253) | |
| REFERRAL FORM FOR MEDICA | |
| PART A-To be filled by the patie | nt |
| i. BIO DATA OF THE PATIENT | |
| Surname: | First name |
| Other name(s) | |
| ID/Passport No: | Date of Birth: |
| Age: Gender: € Fem | ale € Male |
| | ode Town |
| County | |
| Email address | |
| Telephone No | Mobile No |
| Source of funding (Tick ($$) where | appropriate) |
| Self-funded | |
| National Hospital Insurance Fund | |
| Private Insurance | |
| Government sponsored | |
| Other, specify | |
| | |
| ii. DETAILS OF THE NEXT OF KI | Ν |
| Surname: | First name |
| Other name(s) | |

[Subsidiary] ID/Passport No: Date of Birth: Relationship P.O. Box Town County Email address Telephone No Mobile No iii. DETAILS OF THE ACCOMPANYING CARE-GIVER (If different from B above-Surname: First name...... Other name(s)..... ID/Passport No: Date of Birth: P.O. Box Town County Email address Telephone No Mobile No iv. DETAILS OF THE DONOR(Where Appropriate) Surname: First name...... Other name(s)..... ID/Passport No: Date of Birth: Relationship P.O. Box Town County Email address Telephone No Mobile No v. DECLARATION I hereby declare that the information given above is true to the best of my knowledge and belief. Signature: Date PART B - To be filled in by the Referring Practitioner (a) MEDICAL DETAILS OF THE PATIENT (1) Provisional diagnosis (2) Reason for referral: (3) Expected Treatment (4) Expected Outcome (5) Plan for review and follow-up upon return of the patient to the country **(b) DETAILS OF THE RECEIVING FACILITY/PRACTITIONER1. Receiving Facility** Name of facility: City: Country: Physical address:

| Postal address: E-mail: Telephone/Mobile No 2. Practitioner/Contact Person: Name: Qualification: E-mail address Telephone/Mobile No (c) CERTIFICATION BY THE REFERRING PRACTITIONER Details of refering practitioner: Sumame: Other name(s): Qualification Specialty Sub-specialty Sub-specialty Sub-specialty Reg. No: License No: P.O. Box Code County Email address Telephone No Mobile No I certify that the information given in Part A and B regarding Mr/Mrs/Ms/ Mst is true to the best of my knowledge and belief. Signature: Date PART C - To be filled in by the Kenya Medical Practitioners and Dentists Board I wish to confirm that Dr. is registered under Registration Number yalidity licensed under current License No: and is of good standing. Name Signature Date Chief Executive Officer | |
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| E-mail: | |
| E-mail: | |
| Telephone/Mobile No 2. Practitioner/Contact Person: Name: Qualification: E-mail address Telephone/Mobile No (c) CERTIFICATION BY THE REFERRING PRACTITIONER Details of referring practitioner: Surname: Qualification Sub-specialty Qualification Specialty Sub-specialty Reg. No: License No: P.O. Box Code County Email address Telephone No County Email address Telephone No Mobile No I certify that the information given in Part A and B regarding Mr/Mrs/Ms/ Mst Signature: Date Date PART C - To be filled in by the Kenya Medical Practitioners and Dentists Board I wish to confirm that Dr. is registered under Registration Number yality licensed under current License No: Mame Signature Date Chief Executive Officer Kenya Medical Practitioners and Dentists Boar <t< td=""><td></td></t<> | |
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| Qualification: E-mail address Telephone/Mobile No | |
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MEDICAL PRACTITIONERS AND DENTISTS (INQUIRY AND DISCIPLINARY PROCEEDINGS) (PROCEDURE) RULES

ARRANGEMENT OF RULES

PART I – PRELIMINARY

Rule

- 1. Citation
- 2. Interpretation

PART II - DISCIPLINARY AND ETHICS COMMITTEE

- 3. The Disciplinary and Ethics Committee
- 4. Functions of the Disciplinary and Ethics Committee

PART III - LODGING OF COMPLAINT

- 5. Application
- 6. Institution of inquiry
- 7. Complaints
- 8. Interim orders
- 9. Assessment of the complaint
- 10. Service of complaint
- 11. Response to a complaint
- 12. Failure to respond
- 13. Reference of complaint
- 14. Appearance before the Committee
- 15. Power to determine complaint without hearing

PART IV - HEARING PROCEDURE

- 16. Guiding principles
- 17. Right to appear before the Committee
- 18. Hearing Notice
- 19. Summons and orders
- 20. Pre-hearing directions
- 21. Failure to comply with directions
- 22. Language of proceedings
- 23. Non-appearance by the Respondent
- 24. Hearing procedure
- 25. Hearing and determination of matters in the absence of parties
- 26. Consolidation of proceedings
- 27. Exclusion of persons disrupting the proceedings
- 28. Adjournment of proceedings
- 29. Evidence
- 30. Information
- 31. Amendment of pleadings
- 32. Extension of time
- 33. Judicial notice

PART V – DECISIONS OF THE COMMITTEE

- 34. Decisions of the Committee
- 35. Reasons of decisions
- 36. Taking proceedings

- 37. Review
- 38. Appeal
- 39. Application for restoration to the register
- 40. Revocation LN 157 of 1979

MEDICAL PRACTITIONERS AND DENTISTS (INQUIRY AND DISCIPLINARY PROCEEDINGS) (PROCEDURE) RULES

[Legal Notice 171 of 2022]

PART I - PRELIMINARY

1. Citation

These Rules may be cited as the Medical Practitioners and Dentists (Inquiry and Disciplinary Proceedings) (Procedure) Rules.

2. Interpretation

In these Rules, unless the context otherwise requires-

"complainant" means a body or person that makes a complaint of professional misconduct, malpractice or any breach of standards to the Council;

"inquiry" means a disciplinary inquiry held by the Council to determine the complaint made under subsection 20(2) of the Act;

"notice of inquiry" means a written and signed notice from the Council which is sent to medical practitioner or dentist against whom a complaint has been made specifying matters upon which the inquiry is to be held, and stating the date;

"small claim matter" means a complaint of alleged professional misconduct that does not involve clinical management;

"unprofessional conduct" means conduct that falls short of what is reasonably expected of a professional in the course of their practice.

PART II – DISCIPLINARY AND ETHICS COMMITTEE

3. The Disciplinary and Ethics Committee

(1) Pursuant to section 4A(1)(b), the Council shall constitute the Disciplinary and Ethics Committee consisting of–

- (a) three members of the Council, one of whom shall be the chairperson;
- (b) two other persons whose knowledge and skills are necessary for the proper determination of any matter before it co-opted to the Committee by the Council.

(2) The chairperson of the Committee shall preside over all meetings of the Committee and in the absence of the chairperson, the members of the Council present at the meeting shall elect one of their number to chair the meeting.

(3) A person co-opted under paragraph (1)(b) shall attend the meetings of the Committee and participate in its deliberations.

- (4) The decisions of the Committee shall be by consensus.
- (5) The Committee shall present its reports to the Council for approval and ratification.

4. Functions of the Disciplinary and Ethics Committee

(1) The Committee, shall have all the powers necessary for the execution of its functions under section 4A(b) of the Act.

(2) Without prejudice to the generality of subsection (1), the Commission shall have powers to—

- (a) conduct inquiries into and hearings over complaints submitted to it at such times and places as the Council shall determine;
- (b) ensure that the necessary administrative and evidential arrangements have been met;

- (c) develop and regularly review the code of professional conduct for ethical and good practice for persons registered under the Act;
- (d) constitute as required sub-committees to inquire into and determine the fitness to practice and operate of persons registered under the Act;
- (e) administer oaths;
- (f) summon persons to attend and give evidence; and
- (g) order for the production of relevant documents.

PART III - LODGING OF COMPLAINT

5. Application

The provisions of this Part shall apply to proceedings conducted by the Disciplinary and Ethics Committee or with necessary modifications, to an inquiry or hearing held by the Council.

6. Institution of inquiry

The Council may institute an inquiry into the conduct of a registered or licensed person on the Council's own initiative, on matters of public interest that have been brought to the attention of the Council, or upon the receipt of a complaint to the Council, in writing made by or on behalf of a person who is dissatisfied with any professional service offered by a registered or licensed person.

7. Complaints

(1) Any person who is dissatisfied with any professional service offered, or alleges a breach of standards by a registered or licensed person under this Act, may lodge a complaint in the prescribed form.

- (2) The complaint shall be accompanied by-
 - (a) a statement clearly setting out the particulars of the medical practitioner dentist, community oral health officer or health institution and service complained being complained about and the nature of the complaint; and
 - (b) any supporting documentation or evidence.

(3) Upon receipt of a complaint, the officer receiving the complaint shall assign it a reference number, and create a record of the complaint indicating the particulars of the complaint including-

- (a) the particulars of the complainant;
- (b) the particulars of the medical practitioner, dentist, community oral health officer or health institution, complained against;
- (c) the nature of the complaint;
- (d) a record of the accompanying documents; and
- (e) such other particulars as the Council may specify.

8. Interim orders

The Council may, where it considers it expedient, make such interim orders as may be necessary for the preservation of patient safety.

9. Assessment of the complaint

The Council shall review a complaint to determine whether they are within the mandate of the Council.

10. Service of complaint

The Council shall within seven days of receipt of a complaint serve the complaint upon the medical practitioner or dentist against whom a complaint has been made by post or by any other means approved by the Council.

11. Response to a complaint

A medical practitioner or dentist upon whom a complaint was served under paragraph 10 shall within fourteen days of service, of a complaint file a response.

12. Failure to respond

Where a medical practitioner or a dentist served with summons fails to file a response within the time specified in regulation 8,-

- (a) the inquiry may proceed in his or her absence; and
- (b) the medical practitioner or a dentist commits an act of professional misconduct or an offence under the Act.

13. Reference of complaint

(1) Where it is determined that a complaint is within the mandate of the Council, the complaint shall be referred to the Committee to inquire into the complaint, to verify the facts and other details of the complaint in order to determine the action to be taken.

- (2) The Committee may after the review of a complaint
 - (a) hear and determine the complaint; or
 - (b) refer the complaint to the Council or other Committee together with its findings and recommendations; or
 - (c) refer the complaint for alternative dispute resolution.

14. Appearance before the Committee

The Committee shall summon before it every person against whom a complaint is made to appear before a the Committee for the purpose of inquiry and may require such person to produce any document in his possession or under his control that in any way relate to the complaint or inquiry and may hear any evidence and inspect any document which the complainant or the party complained against may desire to adduce.

15. Power to determine complaint without hearing

The Committee may determine a complaint or issues arising therefrom without an oral hearing.

PART IV - HEARING PROCEDURE

16. Guiding principles

In the determination of complaints under these Rules, the Committee shall be guided by the principles of natural justice and shall not be bound by any legal or technical rules of evidence applicable to proceedings before a court of law.

17. Right to appear before the Committee

A person against whom the complaint is made shall have the right to appear before the Committee to be heard either personally or through his advocate and may call such evidence and produce such documents as may be relevant to the inquiry.

18. Hearing Notice

(1) The Committee shall, after the respondent has filed a response to the complaint, fix a time, date and place for the hearing the of the complaint and notify the parties.

(2) Unless the parties to the complaint otherwise agree, each party shall be entitled to not less than seven days' notice of the time, date and place fixed for the hearing.

19. Summons and orders

(1) The Committee may issue summons, to any person to attend as a witness or to produce any documents.

(2) A person summoned to give evidence before the Committee shall be given at least seven days' notice of the hearing unless the person has informed the Committee that he or she accepts a shorter notice if given.

20. Pre-hearing directions

(1) The Committee may on its own motion or on application by a party to the proceedings give directions, including directions for the furnishing of further particulars or supplementary statements, as may be necessary to enable the parties prepare for the hearing or assist the Committee determine the issues related to the hearing before it.

(2) The Committee may take into account the need to protect any matter that relates to the intimate, personal or financial circumstance of any party, consists of information communicated or obtained in confidence, or concerns national security and may order that all or part of the evidence of a person be heard in private or prohibit or restrict the publication of that evidence.

(3) An application for directions shall be made to the Committee, in writing, and shall, unless accompanied by the written consent of all parties, be served on all other parties to the proceedings by the party seeking directions.

(4) The Committee shall consider an objection to the application for directions, if any party objects the application, and give the parties an opportunity to appear and the objection heard where the Committee considers it necessary.

21. Failure to comply with directions

(1) Where a person fails to comply with directions given under these rule 20, the Committee may, before or at the hearing of the complaint-

- (a) dismiss the whole or part of the complaint, where the failure to comply is by the complainant;
- (b) strike out the whole or part of a respondent's reply where the respondent; or
- (c) direct that the person who has failed to comply be excluded from participating in the hearing.

(2) The Committee shall not dismiss, strike out or give any directions under subrule (1) unless it has served a notice on the party who has failed to comply with the directions and has given the party an opportunity to be heard.

22. Language of proceedings

(1) The Committee shall conduct its proceedings in English or Kiswahili.

(2) The Committee may allow an application lodged in any other language by persons or a group of persons directly affected by the subject matter of the application, and require such persons or group of persons to provide a translation within a reasonable time.

(3) The Committee shall, taking into account all the circumstances, provide a competent interpreter to a party or witness who does not speak or understand English or Kiswahili at the hearing.

(4) The rulings of the Committee shall be prepared in the English language but may be translated, on request by a party, into the Kiswahili.

23. Non-appearance by the Respondent

(1) Where a person without reasonable excuse, fails to appear either personally or by his or her representative at the time and place fixed in the notice of hearing served on him—

- (a) the inquiry may proceed in his or her absence; and
- (b) the person commits an act of professional misconduct or offence under the Act.
- (2) If a person appearing at the inquiry or hearing, without reasonable excuse-
 - (a) refuses or fails to be sworn or affirmed;

- (b) refuses or fails to answer a question that he or she is required, by the Chair of the Committee, to answer; or
- (c) refuses or fails to produce a document that he or she was required to produce by a summons served, on him or her, the Committee may make such directions as it may consider necessary and appropriate under the circumstances of the case.

24. Hearing procedure

(1) The chairperson shall, at the commencement of the hearing, explain the order of proceedings which the Committee proposes to adopt.

(2) The Committee shall conduct the hearing in such manner as it considers suitable for the determination of the application or the clarification of issues before it and generally for the just handling of the proceedings and shall, in so far as it may be appropriate, avoid legal technicality and formality in its proceedings.

(3) The parties shall be heard in such order as the Committee shall determine, and shall be entitled to give evidence, call a witness, and address the Committee on both evidence and generally on the subject matter of the application or matter before the Committee.

(4) The parties and their witnesses may give evidence before the Committee orally, on oath or after affirmation or, if the Committee so orders, by affidavit or written statement, but the Committee may at any stage of the proceedings require the personal attendance of any deponent or author of a written statement.

(5) The Committee may receive evidence of any fact, which appears to it to be relevant to the matter or an application before the Committee.

(6) The Committee may, during the hearing and if it satisfied that it is just and reasonable to do so, permit a party to rely on grounds not stated in the party's notice of application or, as the case may be, the party's reply and to adduce any evidence not earlier presented to the Committee.

- (7) The Committee shall grant to any party a reasonable opportunity—
 - (a) to be heard, submit evidence and make representations; and
 - (b) to cross-examine witnesses to the extent necessary to ensure fair hearing.

(8) The Committee may, at the request of any party and upon payment of charges, provide visual demonstration facilities for the display of any maps, charts, diagrams, illustrations or texts and documents, which that party intends to exhibit during the hearing.

(9) If a person appearing at the inquiry or hearing, without reasonable excuse-

- (a) refuses or fails to take the oath or affirmation;
- (b) refuses or fails to answer a question that he or she is required, by the chairperson of the Committee, to answer; or
- (c) refuses or fails to produce a document that he or she was required to produce by a summons served, on him or her, the Committee may make such directions as it may consider necessary and appropriate under the circumstances of the case.

25. Hearing and determination of matters in the absence of parties

(1) Where a party fails to attend or be represented at a hearing of which he has been duly notified, the Committee may—

- unless it is satisfied that there is sufficient reason for the absence of the party, hear and determine the application or matter before it in the absence of that party; or
- (b) adjourn the hearing, and may make such orders as to costs as it considers fit.

(2) Before determining an application or matter under sub-rule (1)(a), the Committee shall consider any representations submitted by that party, in writing, in response to the hearing notice for the matter or an application.

(3) Where a person against whom a complaint has been made fails to appear either personally or by his or her representative at the time and place fixed in the notice of hearing served on upon the medical practitioner or dentist without reasonable excuse —

- (a) the inquiry may proceed in his or her absence; and
- (b) the person commits an act of professional misconduct or offence under the Act.

26. Consolidation of proceedings

The Committee may, upon giving the parties concerned an opportunity to be heard, order the consolidation of any proceedings before it where complaints have been filed in respect of the same matter or in respect of several interests in the same subject of complaint.

27. Exclusion of persons disrupting the proceedings

Without prejudice to any other powers it may have, the Committee may exclude from the hearing or part of it, any person whose conduct has disrupted or is likely, in the opinion of the Committee, to disrupt the hearing.

28. Adjournment of proceedings

(1) The Committee may of its own motion, or upon the application of any party, adjourn the inquiry or hearing upon such terms as it thinks fit.

(2) Notice of an adjournment of the inquiry shall be given to the persons involved in the proceedings in writing by the Committee.

29. Evidence

(1) For the purpose of these Rules, the Committee may receive oral, documentary or other evidence of any fact or matter which appears to it to be relevant to the inquiry into any matter before it.

(2) The Committee may, if satisfied that the interests of justice will not be prejudiced, admit in evidence without strict proof, copies of documents which are themselves admissible, maps, plans, recorded tapes, photographs, certificates of conviction and sentence, certificates of birth and marriage and death, the records including records of the Ministry of Health and other Government Ministries, records of private practitioners, health institutions and any other relevant sources, the notes and minutes of proceedings before the Council and before other tribunals and courts.

(3) The Committee may take note without strict proof thereof of the professional qualifications, the address and the identity of the medical practitioner or dentist or community oral health practitioner.

(4) The Committee may accept and act on admissions made by any party and may in such cases dispense with proof of the matters admitted.

30. Information

The Committee may receive or obtain information from such other persons who possess knowledge, information or experience in matters relating to the complaint before it as it may consider necessary for the purposes of determining an inquiry.

31. Amendment of pleadings

The Committee may allow any amendments to the statements of complaint or response at any stage of the proceedings, provided that such amendment shall be for the interest of justice and is aimed at aiding the determination of the proceedings upon fair notice to the other party.

32. Extension of time

The Committee may extend the time for doing anything under this Part on such terms as the Committee thinks fit.

33. Judicial notice

- (1) The Committee may take judicial notice of—
 - (a) facts that are publicly known; and
 - (b) generally recognized facts and any information, policy or rule that is within its specialized knowledge.

(2) Before the Committee takes notice of any fact, information, opinion, policy or unwritten rule under subrule (1), it shall notify the parties of its intention and afford them a reasonable opportunity to make representations with respect thereto.

PART V – DECISIONS OF THE COMMITTEE

34. Decisions of the Committee

(1) After the hearing the complaint, the Committee may-

- (a) dismiss the complaint;
- (b) if the person is found guilty the Committee may order one or more of the sanctions specified under section 20 of the Act; or
- (c) recommend to the Director of Public Prosecutions to initiate criminal proceedings against the person found guilty where necessary;
- (d) make such order as the Committee considers fit; or
- (e) make such recommendations to the Council as the Committee considers fit.
- (2) The decision of the Committee shall as far as possible be by consensus.

(3) The decision of the Committee may be given orally at the end of the hearing or may be reserved and shall—

- (a) be reduced to writing whether there has been a hearing or not; and
- (b) shall be signed and dated by the chairperson.

(4) A dissenting opinion may be pronounced separately by the member who wrote it and shall be dated and signed by that member.

(5) Except where a decision is announced at the end of the hearing, it shall be treated as having been made on the date on which a copy of the document recording it is sent to the applicant.

(6) Every order or determination of the Committee shall be made under the hand of chairperson or in his or her absence by the person chairing the meeting at which the order or determination is made.

(7) Every order or determination of the Committee bearing the signature of the person chairing shall be *prima facie* evidence that the order or determination is that of the Committee.

35. Reasons of decisions

The Committee shall give reasons for reaching its decision, and each decision shall include—

- (a) a statement of the findings of fact made from the evidence adduced, including, where applicable, any relevant government policy, international best practice or published scientific research; and
- (b) a statement of the laws and rules of law applied, and the interpretation thereof.

36. Taking proceedings

Any party to the proceedings shall, on application and upon payment of the prescribed fee, be furnished with a certified copy of the proceedings or determination or finding of the Council or other documents.

37. Review

A person dissatisfied with the decision of the Committee, which no appeal has been preferred, and who from the discovery of new and important matter or evidence which after the exercise of due diligence was not within the knowledge of that person or could not be produced by the time the decision was made, or on account of an error apparent on the face of the record, or for any other sufficient reason desires a review may apply to the Council for review, without unreasonable delay.

38. Appeal

A person aggrieved by a decision of the Committee may appeal to the High Court as provided under section 20(9) of the Act.

39. Application for restoration to the register

(1) An application for restoration of the name of a person or the restoration of a license after removal or cancellation pursuant to sections 20 of the Act shall be in the prescribed form and accompanied by the prescribed fee.

(2) All applications for restoration of the name on the register shall be accompanied by a certificate of identity and good character and signed by a medical practitioner or dentist or community oral health officer, as the case may be, of at least ten years' standing.

(3) A person making an application under subrule (1) shall give the names of three referees, two of whom shall be medical practitioners or dentists of consultant status or of at least ten years' experience or a senior community oral health officer of at least ten years' experience and of good repute and standing and one of whom shall be a non-medical person of good repute and social status, to whom the Council can send a request for information about the character, habits and conduct of the applicant during the period of suspension.

- (4) At the hearing of the application the following procedure shall be followed-
 - (a) the Registrar shall state to the Council the circumstances in which the applicant's name was removed or erased from the register or the license cancelled and shall adduce evidence as to the conduct of the medical practitioner or dentist or community oral health officer since that time;
 - (b) the chairperson shall then invite the applicant to address the Council if he so wishes, and adduce evidence as to his conduct since his name was erased from the register or the license was cancelled;
 - (c) the Council may, if it thinks fit, receive oral or written observation on the applicant from anybody or person whose complaint resulted in the applicant's name being erased from the register or license being cancelled.

(5) At the close of the proceedings under this rule the Council shall record and the Chair shall pronounce the finding or determination of the Council.

(6) Subject to the provision of this rule, the proceedings of the Council in connection with applications for restoration of the name of a medical practitioner or dentist or community oral health officer on the register or restoration of a licence after cancellation, as the case may be, shall be such as the Council may determine.

40. Revocation LN 157 of 1979

The Medical Practitioners and Dentists (Disciplinary Proceedings) (Procedure) Rules, 1979 (L.N. 157/1979) are revoked.

THE MEDICAL PRACTITIONERS AND DENTISTS (INSPECTIONS AND LICENSING) RULES

ARRANGEMENT OF RULES

Rule

- 1. Citation
- 2. Interpretation

PART II – INSPECTIONS, LICENSING, FINANCE AND GENERAL PURPOSES COMMITTEE

- 3. Committee
- 4. The Committee shall— Functions of the Committee.

PART III – LICENSING

- 5. Licences
- 6. Forms
- 7. Fees
- 8. Internship licence
- 9. Temporary licences
- 10. Medical practitioners and dentists licence
- 11. Licensing of registrars
- 12. Temporary foreign medical and dental registrar licence
- 13. Specialist licence
- 14. Temporary foreign medical and dental specialist licence
- 15. Community oral health officer licence
- 16. Health institution licence
- 17. Medical camp licence
- 18. Non-clinical licences
- 19. Additional information
- 20. Conditions in licences
- 21. Rejection of application
- 22. Renewal of a licence
- 23. Refusal to renew, or suspend, withdraw or cancel any practising licence

PART IV - INSPECTIONS

- 24. Inspection of health institutions
- 25. Appointment of inspectors
- 26. Powers of inspectors
- 27. Conduct of inspections
- 28. Responsibilities of owners, etc., health institutions
- 29. Practice within scope

PART V - MISCELLANEOUS

- 30. Practice outside jurisdiction
- 31. Objections against practitioners
- 32. Offences
- 33. Legal proceedings
- 34. Mode of service
- 35. Revocation

THE MEDICAL PRACTITIONERS AND DENTISTS (INSPECTIONS AND LICENSING) RULES

[Legal Notice 170 of 2022]

1. Citation

These Rules may be cited as the Medical Practitioners and Dentists (Inspections and Licensing) Rules.

2. Interpretation

In these Rules, unless the context otherwise requires-

"Committee" means the Inspections, Licensing, Finance and General Purposes Committee constituted in accordance section 4A of the Act;

"inspector" means an officer who is authorized to inspect health institutions licensed under the Act;

"internship training institution" means a facility that the Council has recognized and approved for purposes of internship-training including level 5 and level 6 private and public hospitals;

"medical director" means the healthcare professional who is in charge of clinical care in the health institution;

"registrar" means a registered medical or dental practitioner undertaking post graduate training;

"senior registrar" means a registered medical or dental practitioner who has completed post graduate training and is undertaking two years supervised practice.

PART II – INSPECTIONS, LICENSING, FINANCE AND GENERAL PURPOSES COMMITTEE

3. Committee

(1) Pursuant to section 4A(1)(c), the Council shall constitute the Inspections, Licensing, Finance And General Purposes Committee consisting of—

- (a) the Chairperson who shall be a member of the Council who is a registered medical or dental practitioner;
- (b) two members of the Council; and
- (c) two other persons who have the knowledge and skills co- opted to the Committee by the Council.
- (2) The quorum at meetings of the Committee shall be a simple majority.

(3) The chairperson of the Committee shall preside over all meetings of the Committee and in the absence of the chairperson, the members of the Council present at the meeting shall elect one of their number to chair the meeting.

(4) A person co-opted under paragraph (1)(b) shall attend the meetings of the Committee and participate in its deliberations.

- (5) The decisions of the Committee shall be by consensus.
- (6) The Committee shall present its decisions to the Council for approval and ratification.
- (7) Subject to these Rules, the Committee may regulate its own procedure.

4. The Committee shall— Functions of the Committee.

- (a) inspect all health institutions registered under the Act and give such recommendations as may be appropriate;
- (b) undertake inspections of health institutions registered under the Act;

- (c) make recommendations for renewal of licences for health institutions;
- (d) make recommendations to the Council on budgets and procurement plans; and
- (e) undertake any other activity that may be necessary for the fulfillment of its functions under the Act and these Rules.
 - PART III LICENSING

5. Licences

Pursuant to sections 12, 13 and 15 of the Act, Council shall issue the following licences—

- (a) medical and dental practitioners internship licence;
- (b) community oral health officer internship licence;
- (c) medical and dental practitioners general practice licence;
- (d) community oral health officer practice licence;
- (e) medical and dental practitioners registrar licence;
- (f) medical and dental practitioners senior registrar licence;
- (g) medical and dental practitioners specialist practice licence;
- (h) temporary foreign medical and dental student licence;
- (i) temporary foreign medical and dental general practitioners licence;
- (j) temporary foreign medical and dental registrar licence;
- (k) temporary foreign medical and dental senior registrar licence;
- (I) temporary foreign medical and dental specialist licence;
- (m) health institution licence; and
- (n) medical camp licence.

6. Forms

A person or an institution shall apply to the Council for a registration or licence in the prescribed under the Medical Practitioners and Dentists (Forms and Fees) Rules (sub. leg).

7. Fees

(1) The fees payable in all matters connected with these Rules wherever applicable shall be those prescribed under the Medical Practitioners and Dentists (Forms and Fees) Rules.

(2) The Council shall not approve an application for a licence or temporary registration under these Rules before the prescribed fees is paid.

8. Internship licence

(1) A medical or dental graduate, or community oral health graduate who intends to undertake internship training shall make apply to the Council for an internship licence.

(2) An application under subrule (1) shall be accompanied by—

- (a) in the case of a medical or dental graduate-
 - (i) a national identity card or passport;
 - certified copy of Kenya Certificate of Secondary Education certificate or its equivalent;
 - (iii) certified copy of degree or letter of completion from the training institution;
 - (iv) copy of Council internship qualifying examination certificate;
 - (v) copy of posting letter from the Ministry of Health or offer letter from other internship training institutions;
 - (vi) evidence of signed Hippocratic or Physician oath; and
 - (vii) a current passport size photograph.

- (b) in the case of a community oral health graduate—
 - (i) a national identity card or passport;
 - certified copy of Kenya Certificate of Secondary Education certificate or its equivalent;
 - (iii) letter of completion from the training institution;
 - (iv) certified copy of Diploma or Degree certificate from a recognized institution;
 - (v) copy of posting letter from the Ministry of Health or other internship training institutions;
 - (vi) signed copy of oath; and
 - (vii) a current passport size photograph.

(3) The Council shall issue an internship licence to an applicant who meets the requirements set by the Council.

9. Temporary licences

(1) A foreign medical or dental student who wishes to perform specific work or works in specific institutions in Kenya shall apply to the Council for a temporary licence.

(2) An application under subrule (1) shall be accompanied by-

- (a) certified copy of passport;
- (b) proof of registration as a medical or dental student;
- (c) a letter from the foreign medical school or dental school confirming that the applicant is a student;
- (d) an admission letter from the receiving institution;
- (e) proof of indemnity cover for the students; and
- (f) a current passport size photograph.

(3) The Council shall issue an internship licence to an applicant who meets the requirements set by the Council.

10. Medical practitioners and dentists licence

(1) A medical or dental practitioner who intends to engage in general practice in the country shall apply to the Council for a licence.

(2) An application under subrule (1) shall be accompanied by—

- (a) proof that the applicant has attained fifty continuous development points; and
- (b) proof that the practitioner has professional indemnity.

(3) The Council shall issue a general practice licence to a medical or dental practitioner who satisfies the Council that they have attained fifty continuous development points and have in their possession a professional indemnity.

11. Licensing of registrars

(1) A medical or dental practitioner, undergoing a post graduate training programme shall apply to the Council for a medical and dental practitioner registrar licence or a medical and dental practitioners senior registrar licence, respectively.

(2) An application under subrule (1) shall be accompanied by-

- (a) in the case of an application for a medical and dental practitioners registrar licence—
 - (i) copy of admission letter into post graduate training programme;
 - (ii) letter from the training institution indicating the programme in which they are registered and the status of the registrar; and
 - (iii) proof of professional indemnity cover.

- oners and Dentists
- (b) in the case of an application for a medical and dental practitioners senior registrar licence—
 - (i) certified copy of degree certificate or its equivalent or letter of completion from the training institution;
 - (ii) letter from the supervisor;
 - (iii) proof of professional indemnity cover; and
 - (iv) proof that the applicant has attained fifty continuous professional development points.

(3) Notwithstanding subrule (2) medical practitioner who is making an application for a medical and dental practitioners senior registrar licence for the first time shall not be required to have attained continuous professional development points.

(4) A registrar who does not intend to proceed as a senior registrar after completing post graduate training the registrar may upon application be licensed as a general practitioner.

12. Temporary foreign medical and dental registrar licence

(1) A foreign medical or dental practitioner, undergoing a post graduate training programme shall apply to the Council for a temporary foreign medical and dental practitioner registrar licence or a temporary foreign medical and dental practitioner senior registrar licence, respectively.

- (2) An application under subrule (1) shall be accompanied by-
 - (a) in the case of an application for a temporary foreign medical and dental practitioner registrar licence—
 - (i) certified copy of passport;
 - (ii) copy of registration certificate from the Council;
 - (iii) copy of admission letter into post graduate training programme;
 - (iv) letter from the training institution indicating the programme in which they are registered and the status of the registrar; and
 - (v) proof of professional indemnity cover.
 - (b) in the case of an application for a medical and dental practitioners senior registrar licence—
 - (i) certified copy of passport;
 - (ii) copy of registration certificate from the Council;
 - (iii) certified copy of degree certificate or its equivalent or letter of completion from the training institution;
 - (iv) letter from the supervisor;
 - (v) proof of professional indemnity cover; and
 - (vi) proof that the applicant has attained fifty continuous professional development points.

(3) A temporary foreign medical and dental practitioner registrar who does not intend to proceed as a senior registrar after completing post graduate training the registrar may upon application be licensed as a general practitioner.

13. Specialist licence

(1) A medical or dental practitioner recognized as a specialist under section 11B of the Act who intends to practice in the country shall apply to the Council for a specialist licence.

(2) An application under subrule (1) shall be accompanied by-

- (a) proof that the applicant has attained fifty continuous professional development points; and
- (b) proof that the specialist has a professional indemnity.

14. Temporary foreign medical and dental specialist licence

(1) A foreign medical or dental practitioner recognized as a specialist under section 11B of the Act who intends to practice in the country shall apply to the Council for a temporary foreign medical and dental specialist licence.

(2) An application under subrule (1) shall be accompanied by-

- (a) certified copy of passport;
- (b) letter of offer from employing institution;
- (c) proof that the applicant has attained fifty continuous professional development points; and
- (d) proof that the specialist has a professional indemnity.

15. Community oral health officer licence

(1) A person who intends to practice as a community oral health officer shall apply to the Council for a community oral health officer practice licence.

(2) An application under subrule (1) shall be accompanied by-

- (a) proof that the applicant has attained fifty continuous professional development points; and
- (b) proof that the community oral health officer has a professional indemnity cover.

16. Health institution licence

(1) A person who intends to operate a health institution shall apply to the Council for a health institution licence–

- (2) An application under subrule (1) shall be accompanied by-
 - (a) proof of the institution indemnity cover;
 - (b) current list and licensure of health professionals;
 - (c) name of medical director; and
 - (d) evidence of a submitted inspections checklist.

17. Medical camp licence

(1) A person or an organization who intends to hold a medical camp shall upon application submit the following to be eligible for a licence—

(2) An application under subrule (1) shall be accompanied by-

- (a) name of medical director of the medical camp;
- (b) list and licensure of all health professionals ; and
- (c) a follow up plan for patients served.

18. Non-clinical licences

(1) The Council may issue non-clinical licences to applicants who are eligible and have met requirements set out in their respective categories.

(2) An applicant for a non-clinical licence shall not be required to produce proof of continuous professional development points and proof of professional indemnity.

19. Additional information

The Council may, at any time, before issuing a licence request from an applicant such additional information as may be necessary for the determination of an application for a licence under these Rules.

20. Conditions in licences

(1) The Council may issue any licence subject to such conditions as the Council may consider necessary.

(2) A health institution licence issued under rule 15 shall be only in respect of the premises named therein and shall not apply to any other premises.

(3) A licensee who fails to display a licence in a conspicuous place at the premises and any licensee who fails to do so shall be guilty of an offence.

21. Rejection of application

The Council shall reject the application of an applicant who does not meet the requirements of the Act and inform the applicant in writing stating the reasons for the rejection.

22. Renewal of a licence

(1) An application for renewal of a licence by—

- (a) a general medical or dental practitioner under section 14(1) of the Act shall be made at least thirty days before the date of expiry of the licence;
- (b) a health institutions under section 15(5) of the Act;
- (c) a recognized specialist shall be made at least thirty days before the date of expiry of the licence.

(2) The Council may, on application-

- (a) for renewal of a licence; or
- (b) upgrading of a health institution, request for such additional information as may be relevant from an applicant as the Council considers necessary.

(3) A person who includes, or causes to be included, in the application, or in response to a request for additional information by the Council, information which that person knows or has cause to believe is incorrect, commits an offence.

23. Refusal to renew, or suspend, withdraw or cancel any practising licence

(1) Pursuant to section 14 of the Act, the Council may refuse to renew, or suspend, withdraw or cancel any practising licence, if satisfied that any person under the Act is guilty of professional misconduct or is in breach of any provisions of this Act or any regulations made thereunder, within a period of twelve months immediately preceding the date of the application for renewal.

(2) The Council shall, before refusing to grant or renew, or suspend, withdraw or cancel a licence, give to the applicant or licensee not less than twenty-eight days' notice in writing stating its intention to so act.

(3) The notice under subrule (2) shall inform the applicant or licensee of their right to be heard and request the applicant or licensee to confirm the Council in writing whether applicant or licensee wishes to be heard on the question of the proposed refusal or cancellation within twenty-one days of receipt of the notice.

(4) Where the applicant or licensee informs the Council in writing under subrule (3) that he or she wishes to be heard, the Council shall give the applicant or licensee an opportunity to show cause why the Council should not refuse to renew, or suspend, withdraw or cancel the licence.

(5) Where the Council after hearing the applicant or licensee refuses to grant or renew a licence, or suspends, withdraws or cancels a licence, the Council shall inform the applicant or licensee of its decision, in writing, within fourteen days of the decision stating the reasons for the decision.

(6) An appeal to the High Court under section 14 (4) of the Act against the decision of the Council under this rule shall be made within thirty days of the receipt of the decision.

PART IV – INSPECTIONS

24. Inspection of health institutions

(1) Pursuant to section 15(10) of the Act, the Council shall inspect all health institutions registered and licensed under the Act.

(2) The Council shall after an inspection, grade a health institution on the basis of criteria determined by the Council from time to time.

(3) The medical director of a health institution shall provide evidence of engagement of all health professionals practicing in the health institution during an inspection.

(4) The Council shall, in the event that the licence of a health institution is suspended, withdrawn or cancelled a health institution for failing to meet the licensing criteria determined by the Council, and display a notice in a conspicuous place at the entrance, for public information.

(5) A person who interferes or tampers with the notice displayed under subsection (4) commits an offence and upon conviction liable to a fine not exceeding twenty thousand or imprisonment for a term not exceeding six months or both.

25. Appointment of inspectors

(1) The Council shall appoint inspectors for the purposes of verifying compliance with the provisions of the Act and Regulations.

(2) The Council shall issue all inspectors appointed under these Rules with identity cards which shall be produced by the inspectors at the request of any person in charge of any place that is to be inspected.

26. Powers of inspectors

The inspectors shall have the following powers-

- (a) power to enter any premises where a medical and dental practitioner practices or is registered as a health institution;
- (b) power to order production of documents;
- (c) power to take possession of documents, take measurements, photographs and samples; and
- (d) power to issue sanctions or order closure of noncompliant facility.

27. Conduct of inspections

(1) The inspectors shall at all times during inspections clearly identify themselves to the person in charge, by presenting the notice of inspection, identification card and an entry and search warrant issued, where applicable.

(2) The health institutions shall, during the inspection, facilitate access, make available the necessary staff, resources to allow inspectors to complete the inspection in a timely, orderly and expeditious manner.

(3) An inspector may question any user, occupant, health care personnel or any other person on the premises of a health institution about any information that is relevant to the inspection, or require the person in charge to produce any document, record or material for inspection.

(4) The person in charge may provide the inspectors with any relevant information, documents, records, objects or materials for the inspector's consideration during the inspection.

28. Responsibilities of owners, etc., health institutions

(1) The proprietor and the medical director of a health institution shall acquaint themselves fully with—

- (a) the qualifications;
- (b) licensing requirements; and
- (c) the professional conduct standards, of all health professionals working at the health institution and shall consult the Council or relevant professional body in case of any doubt.

(2) The proprietor and the medical director of health institution, as well as the medical or dental practitioners concerned, shall be held responsible for any instance of professional

negligence occurring within the premises about which they know or ought reasonably to have known.

29. Practice within scope

The medical director of a health institution shall ensure that no medical or dental practitioners working in the health institution engages in practice outside the area of the scope of practice for which they have been licensed.

PART V – MISCELLANEOUS

30. Practice outside jurisdiction

(1) Any practitioner registered under the Act who moves to practice outside the country shall notify the Council.

(2) The Council shall maintain a register of medical and dental practitioners practicing outside the country.

(3) Upon return to the country a medical or dental practitioner who had been practicing outside the country may apply for a licence in the prescribed form.

(4) The Council may exempt a medical or dental practitioner from the payment of annual fees for the period the practitioner was practicing outside the country upon being provided with proof of practice for the duration the practitioner was outside the country.

(5) Where a medical or dental practitioner has been out of practice for a period of more than five years, the Council shall consider an application from a practitioner who has and make appropriate recommendations.

31. Objections against practitioners

The Council may consider any objection on licensure raised against a practitioner by a professional association or any other person and determine it in such manner as it deems fit.

32. Offences

Any person who hinders or obstructs an authorized officer of the Council from carrying out inspections commits an offence.

33. Legal proceedings

The Council may, whether or not proceedings are brought against any person for an offence under these rules, where it is satisfied that there has been a contravention of any of these rules or of the conditions of any licence granted thereunder, and notwithstanding that such contravention is not an offence, cancel or refuse to renew any licence granted thereunder.

34. Mode of service

Wherever under these rules, notice is to be served on an applicant or information is to be supplied to him, the notice or letter containing the information shall be sent to him either by registered post or by hand delivery, or any other means as approved by the Council.

35. Revocation

The Medical Practitioners and Dentists (Inspections and Licensing) Rules (L.N. 154/2014) are revoked.

THE MEDICAL PRACTITIONERS AND DENTISTS (MENTAL HEALTH TREATMENT AND REHABILITATION INSTITUTIONS) RULES

ARRANGEMENT OF RULES

PART I – PRELIMINARY

Rule

- 1. Citation
- 2. Application
- 3. Interpretation

PART II - REGISTRATION AND LICENSING

- 4. Registration
- 5. Application for registration
- 6. Application for licence
- 7. Failure to submit documents or information
- 8. Inspection Committee
- 9. Pre-registration and routine inspections
- 10. Grant of licence
- 11. Conditions of licence
- 12. Validity of licence
- 13. Renewal of licence
- 14. Change of particulars
- 15. Refusal to renew licence
- 16. Appeals to Court
- 17. Revocation of licence
- 18. Display of licence

PART III - STANDARDS

- 19. Standards or code of practice
- 20. Compliance with standards

PART IV - ENFORCEMENT

- 21. Authorized officers
- 22. Inspections and investigations
- 23. Handling of complaints
- 24. Offences
- 25. Reports

SCHEDULES

THE MEDICAL PRACTITIONERS AND DENTISTS (MENTAL HEALTH TREATMENT AND REHABILITATION INSTITUTIONS) RULES

[Legal Notice 173 of 2022]

PART I - PRELIMINARY

1. Citation

These Rules may be cited as the Medical Practitioners and Dentists (Mental Health Treatment and Rehabilitation Institutions) Rules.

2. Application

These Rules shall apply to mental health and rehabilitation institutions.

3. Interpretation

In these Rules, unless the context otherwise requires-

"access" means that the service or personnel is available or can be outsourced at a different facility to which linkage is provided and documentary evidence of this is available including memorandum of understanding or service contract;

"drug" as defined under the Pharmacy and Poisons Act (Cap. 244);

"halfway house" means a home where people recovering from mental health conditions including substance use and behavioral disorders can stay for a limited period of time with a view of transitioning to healthy living;

"harm reduction services" means a set of practical strategies that reduce negative consequences of drug use, incorporating a spectrum of strategies from safer use to managed use to abstinence;

"mental health" means a state of wellbeing in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community;

"mental illness" means a wide range of conditions that affect mood, thinking and behaviour;

"substance use disorder" means a maladaptive pattern of substance use leading to clinically significant impairment or distress;

"substance use disorder treatment" means a service or set of services that may include medication, counselling, and other supportive services designed to enable an individual to reduce or eliminate alcohol or other drug use, address associated physical or mental health problems, and restore the patient to maximum functional ability;

"support group" means a group of people with common experiences or concerns who provide each other with encouragement comfort or advice;

"rehabilitation" means a process of medical and non-medical therapeutic treatment of substance use and behavioural disorders, the general intent being to enable the client confront or manage substance use disorders alongside other co-occurring conditions or disorders to achieve their optimal level of functioning;

"treatment" means-

- the provision of one or more structured interventions designed to manage health and other problems as a consequence of drug abuse and to improve or maximize personal and social functioning; or
- (b) the process that begins when a person with substance use disorder comes into contact with a health or any other community service provider including counselling and drug testing, and may continue through a succession of

specific interventions until the highest attainable level of health and well-being is reached.

PART II - REGISTRATION AND LICENSING

4. Registration

A person who intends to operate a mental health or rehabilitation institution shall be licensed by the Council in accordance with requirements prescribed under these Rules.

5. Application for registration

(1) A person who intends to register a mental health institution shall upon application to the Council in the prescribed form, submit the following requirements—

- (a) company or business certificate registration;
- (b) certified copies of professional certificate of healthcare personnel;
- (c) certified copies of valid practicing licenses of the healthcare personnel issued by the relevant regulatory body;
- (d) proof of payment of the prescribed fee; and
- (e) any other requirements the Council shall consider necessary.

(2) An institution maybe registered as a mental health and rehabilitation institution where

- (a) the institution conforms to the description, infrastructure and personnel criteria for the respective category and facility set out in the Schedule;
- (b) the Council has carried out a pre-registration inspection and the premises and facilities have been found to be satisfactory;
- (c) the healthcare personnel providing services at the institution are holders of valid practice licenses; and
- (d) the quality of care to be provided at the institution meets the minimum standards acceptable by the Council.

(3) Where the applicant satisfies the Council that the institution meets the requirements for registration, the registrar shall register the institution as an approved mental health and rehabilitation institution.

(4) The Council shall issue every approved mental health and rehabilitation institution registered under these Rules a certificate of registration in the prescribed form.

(5) The Registrar shall keep a register of all mental health and rehabilitation institutions.

6. Application for licence

(1) A person who wishes to operate a mental health treatment or rehabilitation institution, shall apply to the Council for a licence.

(2) An application for the grant or renewal of a licence to operate a facility shall be in the prescribed form.

(3) Any application for a license under this rule shall be accompanied with the documents set out in rule 5(1).

7. Failure to submit documents or information

(1) Where an applicant fails to submit all documents or information required under these Rules, the Council shall reject the application and inform the applicant, in writing, of the rejection and the reason for the rejection.

(2) Where the Council rejects an application due to incomplete or insufficient information, the rejection shall not, bar the applicant from resubmitting the application.

(3) The Council shall consider the re-submitted application as a new application.

8. Inspection Committee

(1) The Council shall, within seven days after receipt of the application for registration, constitute an Inspection Committee comprising representatives of the relevant agencies to undertake an inspection of the proposed facility.

(2) The Inspection Committee shall, when undertaking an inspection, ensure that the applicant meets all the requirements set out in the Schedule.

(3) The Inspection Committee shall, prior to its sittings-

- (a) notify the Public Health Officer in charge of the County where the applicant's facility is situated, in writing; and
- (b) invite the public to make any presentations on the suitability of the applicant or facility.

(4) The Inspection Committee shall determine its own calendar and procedure for its proceedings.

9. Pre-registration and routine inspections

(1) The Council shall, within thirty days of receipt of the application under rule 5, inspect and assess the institution, make a determination and submit to the Council an Inspection Report with its findings.

(2) The report under subrule (1) and criteria set out under these rules or any applicable written law and shall indicate whether—

- (a) the facility is suitable for the provision of services under these Rules;
- (b) the facility conforms to the prescribed occupational health and safety requirements;
- (c) the facility has the physical infrastructure, treatment and rehabilitation systems and equipment necessary to carry out the services; and
- (d) the facility has the sufficient number of competent staff for the provision of treatment and rehabilitation services and management as the Council may from time to time determine.

10. Grant of licence

(1) The Council shall, after considering the Inspection Report, make a determination on whether or not to grant the licence.

(2) Where the Council has no objection to the application under rule 5, the Council shall grant a licence to the applicant upon payment of the prescribed fees.

(3) The licence shall be in the prescribed form and subject to such conditions as the Council may consider necessary.

(4) Where the Council is not satisfied with the application under subrule (1), the Council may—

- (a) reject the application and within twenty-one days of the decision notify the applicant of the rejection in writing stating the reasons for the rejection; or
- (b) within twenty-one days of the decision notify the applicant of the decision, in writing and return the application to the applicant with comments and recommendations.

(5) The applicant to whom the application is returned under subrule (4)(b) may re-submit a revised application within three months of the date of notification.

(6) Upon receipt of a revised application under subrule (5), the Council shall, within thirty days determine the application in accordance with this Act.

(7) Where the Council grants a licence under these rules, it shall ensure that the information related to the license is accessible to the public and shall publish the grant of licence in its website.

11. Conditions of licence

(1) The Council may specify the terms and conditions of a licence consistent with the provisions of the Act, Rules and other relevant circumstances.

(2) A licensee shall comply with all terms and conditions of the licence.

(3) The Council shall issue licences in accordance with the categories and levels of care as prescribed in the Schedule.

12. Validity of licence

(1) The licences which may be granted under these Rules shall be those specified in the Schedule, and the provisions of that Schedule shall have effect in relation to the respective licences therein specified.

(2) A licence shall not be granted to apply to more than one facility at a time.

13. Renewal of licence

(1) Every licence and every renewal, or revocation thereof shall be sufficiently authenticated by the Council.

(2) Every grant of a licence and every renewal shall-

- (a) be subject to the payment of the fee as stipulated in Schedule; and
- (b) expire on the 31st day of December each year.

(3) Where an application for the renewal of a licence has been made and the Council has not by the date of expiration of the licence reached a decision thereon, such licence shall remain in force until the decision of the Council is made known:

Provided that a licensee shall apply for renewal of a licence at least three months before the day of the expiry of the licence.

14. Change of particulars

A licensee shall—

- (a) notify the Council of its intention to change the name or contact address it filed with the Council at least thirty days before effecting such change; and
- (b) notify the Council and the public of any trade or brand name it intends to use at least thirty days prior to using the trade or brand name.

15. Refusal to renew licence

The Council may refuse to renew a license if the licensee-

- (a) has breached any of the conditions of the licence;
- (b) has failed to comply with the standards and code of practice specified;
- being a professional regulated under any written law, has ceased being in good standing with the relevant professional body;
- (d) has failed to maintain or operate the facility in accordance with these Rules or any written laws.

16. Appeals to Court

An applicant whose application for a new license or, renewal of a license has been refused may within twenty-one days appeal against such refusal to the High Court.

17. Revocation of licence

(1) The Council may revoke a licence in accordance with these Rules.

(2) The Council may revoke the licence after conducting its own inspection of the facility or after considering the inspection report of the Inspection Committee.

(3) The Council may revoke a Practitioner's Licence upon an inquiry into the conduct of the holder of a Practitioner's Licence.

(4) Upon considering the report, the Council shall issue a written notice to the licensee, a copy of the inspection report and the reasons for the intended revocation and an invitation of the licensee to appear before the Council at least, twenty-one days before the date of the hearing.

(5) A licensee concerning whom the report is to be considered may appear in person or by an advocate before the Council.

(6) The Council, having duly considered the report and having heard the licensee, if he appears, may, if it thinks fit, revoke the licence of the licensee reported upon, or it may make such an order in respect of such licence or the licensed facility specified therein as, in the opinion of the Council, is necessary.

(7) A person aggrieved by the decision of the Council upon any such report may within twenty-one days appeal against the decision to the High Court.

18. Display of licence

(1) Every licence shall be prominently and conspicuously displayed on the facility to which it relates, and any licensee who fails or neglects so to display his license commits an offence.

(2) A person causing or permitting to be on his premises or on the premises under his control any words, letters or sign falsely purporting that he is a licensee commits an offence.

PART III – STANDARDS

19. Standards or code of practice

(1) The Council shall publish the standards for facilities and the code of practice for providing treatment and rehabilitation services under the Act and these Rules.

(2) The standards and code of practice published under subrule(1) shall conform to standards, guidelines and protocols set by the Ministry of Health, Kenya Board of Mental Health, World Health Organization or any other internationally recognized evidence-based treatment and practices applicable in the field of rehabilitation of persons with substance use and behavioural disorders.

(3) The standards for the facility published under subrule (1) shall include, among others

- (a) compliance with t
- (b) he building code;
- (c) essential or mandatory physical infrastructure;
- (d) necessary equipment; and
- (e) occupational health and safety rules;

(4) The code of practice for providing treatment and rehabilitation services published under subrule (1) shall include, among others,—

- (a) rights and responsibilities of persons receiving services;
- (b) levels and processes of service delivery and interventions;
- (c) management systems for the facility including personnel;
- (d) core professional practice requirements within the facility; and
- (e) ethical practice requirements for service delivery.

20. Compliance with standards

- (1) A licensee shall ensure that—
 - (a) the facility is operated, maintained or managed in accordance with the standards and conditions prescribed under these Rules; and
 - (b) code of practice is complied with by any person involved in the provision of service under these Rules.

(2) A person who contravenes this rule commits an offence and shall be liable to a fine not exceeding five hundred thousand shillings or to a term of imprisonment not exceeding two years or both.

PART IV - ENFORCEMENT

21. Authorized officers

(1) The Council shall designate such number of authorized officers to carry out inspections or seek compliance with these Rules.

(2) The powers and procedures to be followed by an authorized officer shall be as provided for under the Medical Practitioners and Dentists (Inspections and Licensing) Rules, 2022.

22. Inspections and investigations

The Council shall inspect or investigate matters relating to the quality of services, of a licensee from time to time to ensure compliance; or carry out any visits or inspections pursuant to the provisions of the Act.

23. Handling of complaints

(1) The Council shall investigate complaints received relating to Mental and Alcohol and Drug Abuse Treatment and Rehabilitation Facilities and prepare reports on the findings.

(2) The Council shall take such measure as will be necessary to ensure that the complaint is efficiently and effectively resolved and where applicable, shall refer the matter to other relevant Authorities for investigation and action.

24. Offences

A person who-

- (a) operates a facility without a valid licence; or
- (b) allows and unqualified and unlicensed professional to work at a facility, commits an offence.

25. Reports

(1) A licensee shall submit quarterly reports to the Council in a prescribed form.

(2) The Report submitted under subrules (1) shall contain all such information as may be prescribed in a Schedule to these Rules.

| | | EDULE 10(3)] | |
|----------------------------------|------------------------------------------------------|-----------------------------|-----------------------------------------------------------|
| LEVEL 1 | Ľ | | |
| Facility type and description | Core services | Infrastructure Equipment | Core personnel |
| Community-based | (i) Community | (i) IEC materials | (i) CHVs/ CHEWs |
| services | sensitisation, | (ii) Emergency | (ii) Peer educators |
| (provides | education and | resuscitation kits | (iii) Community |
| outreach and | mobilisation | (iii) Consultation | health nurse |
| early intervention | (ii) Health | rooms | (iv) Mental health |
| services) | promotion | (iv) Counselling | nurse |
| | (iii) Early | rooms | (v) HPOs |
| | identification of | (v) Meeting rooms | (vi) Addiction |
| | substance abusers (iv) Harm reduction services | | counsellors (vii) Psychologists (viii) Nutritionist |

[Subsidiary] (v) Information management (ix) Social workers on mental health system (x) Case workers (vii) IPC and WASH (xi) Trainers services (vi) Support groups requirements (xii) Volunteers (vii) Individual and (viii) Security and (xiii) Support staff group counselling safety measures (xiv) Community (viii) Family (ix) Recreational leaders education and facilities therapy (x) Access to (ix) Life and social ambulance for skills training referrals (x) Empowering individual to maintain healthy lifestyle (xi) Brief intervention (xii) Linkage to SUD treatment and rehabilitation services (xiii) Linkage to comprehensive treatment services

LEVEL 2

| Facility type and description | Core services | Infastructure Equipment | Core personnel |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Facility type and description i. Basic outpatient facility (provides low- to mid- intensity interventions – only day time) | (i) Basic screening for SUD and mental illness (ii) Initiation of and linkage to SUD and mental health treatment services (iii) Brief intervention (iv) Treatment planning (v) Outpatient meetings (vi) Addiction counselling (vii) Mental health counselling (viii) Support groups | <i>Equipment</i> (i) Screening tools e.g. Mental status exam, PHQ-9, CAGE, ASSIST, COWS, ASI, ASAM (ii) IEC materials (iii) Emergency resuscitation kits (iv) Emergency resuscitation kits (v) Consultation rooms (vi) Counselling rooms (vii) Meeting rooms (vii) Basic routine laboratory services (ix) Sample | (i) Resident Mental health clinical officer (ii) Resident Mental health nurse (iii) Addiction counsellors (iv) Psychologists (v) Social workers (vi) Case workers (vi) Case workers (vii) HRIO (viii) HPO (ix) Access to Laboratory technologists (x) Access to Pharmaceutical technologists (xi) Access to |
| | (ix) Individual and | collection and | Occupational |
| | () | | • |
| | group counselling | referral | therapist |
| | (x) Family | (x) Dispensing | (xii) Nutritionist |
| | education and | pharmacy | (xiii) Peer educators |
| | therapy | (xi) Health records and information | |
| | | | |

| [Subsidiary] | | | |
|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | (xi) Harm reduction services (xii) Life and social skills training | management system (xii) IPC and WASH requirements (xiii) Security and safety measures | |
| | (xiii) Empowering individual to maintain healthy lifestyle | (xiv) Recreational facilities (xv) Utility vehicle (xvi) Access to ambulance for referrals | (xiv) Trainers (xv) Support staff including cleaners and security guards (xvi) Volunteers (xvii) Community leaders |
| ii. Drop-in centre (a)"collection point" or gateway to SUD treatment facilities– open 24 hours) | of SUD and mental | | (i) Resident Mental health clinical officer (ii) Resident Mental health nurse (iii) Psychiatrist on call (iv) Addiction counsellors (v) Psychologists (vi) Access to Social workers |
| | (vi) Harm reduction services (vii) Life and social skills training (viii) Empowering individual to maintain healthy lifestyle (ix) Family education and therapy (x) Linkage and referral to comprehensive SUD treatment centres | (vii) Inpatient rooms or wards with a capacity of not more than eight beds (viii) Sample collection and referral (ix) Dispensing pharmacy (x) Health records and information management system (xi) IPC and WASH requirements (xii) Kitchen (xiii) Laundry (xiv) Security and safety measures (xv) Recreational facilities (xvi) Utility vehicle | to Laboratory technologists (viii) Access to Pharmaceutical technologists (ix) Access to Occupational therapist (x) Nutritionist (xi) HRIO (xii) Access to HPO (xiii) Peer educators (xiv) Volunteers |
| iii. Halfway house (recovery management and social support for clients who havebeen discharged from residential treatment and/ or rescued f rom toxic home environments–open 24 hours) | (i) Basic screening and assessment for SUD and mental illness (ii) Individual and group counselling (iii) Brief intervention (iv) Harm reduction services (v) Life and social skills training (vi) Empowering individual to maintain healthy lifestyle (vii) Relapse prevention strategies (viii) Family education and therapy (ix) Reintegration and linkage to social support services including: | exam, PHQ-9, CAGE, ASSIST, COWS (ii) IEC materials (iii) Resuscitation kits (iv) Residential hostel/ dormitory facilities for: (a) At least twelve (12) male (b) At least twelve (12) female (v) Vocational training rooms (vi) Consultation rooms (vii) Counselling rooms (viii) Meeting rooms | (i) Access to Psychiatrist (ii) Resident mental health nurse or clinical officer (iii) KRCHNs (iv) Resident addiction counsellors (v) Resident psychologists (vi) Access to Social workers (vii) Case workers (vii) Case workers (viii) Access to Laboratory technologists (ix) Access to Pharmaceutical technologists (x) Access to Occupational therapists (xi) Access to Physiotherapist |
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| | (a) Family support (b) Vocational training (c) Income generating opportunities (d) Sporting activities (e) Housing (f) Legal (g) NCPWD (h) Law enforcement | management system (xiii) IPC and WASH requirements (xiv) Kitchen (xv) Laundry (xvi) Security and safety measures (xvii) Library with books and computers and internet (xviii) Recreational facilities (xix) Sporting facilities | I(xii) Nutritionist (xiii) HRIO (xiv) HPO (xv) Peer educators (xvi) Volunteers (xvii) Support staff (xviii) Trainers (xix) Community leaders |

| | Wealcal Fractice | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| [Subsidiary] | (x) Linkage and referral to treatment services (xi) Discharge planning | (xx) Utility vehicles t (xxi) Access to ambulance for referrals | |
| LEVEL 3 Facility type and description 3A: Comprehensive outpatient facility (mid-to high- intensity interventions–only day time) | Core services e (i) Comprehensive biopsychosocial assessment (ii) Treatment planning (iii) Medication- assisted detoxification (iv) Maintenance medication (v) Behavioural and psychosocial treatment of addiction and psychiatric disorders (vi) Family education and therapy (vii) Harm reduction services (viii) Life and social | Infrastructure/ Equipment (i) Screening tools (ii) IEC materials (iii) Emergency resuscitation kits (iv) Consultation rooms (v) Counselling rooms (vi) Meeting rooms (vi) Meeting rooms (vii) Observation or emergency room Procedure room (viii) Pharmacy (ix) Laboratory able to do routine tests and rapid drug tests, sample collection and referral for other tests | Core personnel (i) Access to Psychiatrist (ii) Resident Medical Officer or Resident Mental health clinical officers (iii) Resident Mental health nurses (iv) Resident Psychologists (v) Resident Addiction counsellors (vi) Laboratory technologists (vii) Pharmaceutical technologist |
| 3B: Basic inpatient facility (Provides residential treatment that is | skills training (ix) Empowering individual to maintain healthy lifestyle (x) Linkage to residential and comprehensive treatment centres (xi) Discharge planning and linkage (i) Comprehensive biopsychosocial assessment (ii) Individualized treatment planning | (x) Health records and information management system (xi) IPC and WASH requirements (xii) Security and safety measures (xiii) Recreational facilities (xiv) Utility vehicles (xv) Ambulance for referrals (i) Screening tools (ii) IEC materials (iii) Emergency resuscitation kits | (x) Access toPhysiotherapists(xi) Nutritionists(xii) Case workers(xiii) Peer educators |

| | | | [Subsidiary] |
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| both short-and long term) | -(iii) Maintenance medication (iv) Behavioural and psychosocial management | (iv) Consultation rooms (v) Counselling rooms (vi) Meeting rooms (vii) Procedure room (viii) Inpatient facilities for: (a) At least eight (8) | (iii) Resident Mental health clinical officer (iv) Resident Psychologists/ Addiction counsellors (v) Resident Mental health nurses |
| | (v) Continuous clinical assessment (vi) Engagement with patient's family, social network to support recovery. (vii) Family education and therapy. (viii) Life and social skills training. (ix) Empowering individual to maintain healthy lifestyle. (x) Linkage to residential and comprehensive treatment centres (xi) Linkage to halfway and other recovery support programs. (xii) Linkage to management of co-morbid medical and/or psychiatric disorders. (xiii) Relapse prevention and management (xiv) Nutritional assessment and management (xv) Discharge | (c) At least four (4) adolescents or children (ix) At least one observation room (x) Nursing station (xi) Basic pharmacy | to Laboratory technologists (vii) Access to Pharmaceutical technologists (viii) Access to Social workers (ix) Access to Occupational therapist (x) Access to Physiotherapists (xi) Nutritionists ± Volunteers Support staff |

| [Subsidiary] | | | |
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| | | (xxi) Library with books, computers and internet access (xxii) Recreational facilities (xxiii) Sporting facilities (xxiv) Utility vehicles (xxv) Ambulance for referrals | |
| LEVEL 4 Facility type and description Primary treatment facility (provides comprehensive outpatient and basic/ short- term residential treatment–open 24 hours) | social network to support recovery (viii) Family education and therapy (ix) Harm reduction services (xiii) Linkage to | (x) Pharmacy (xi) Laboratory able to do routine tests and comprehensive drug tests (xii) Access to imaging services- | (vii) Laboratory technologists (viii) Pharmacist or Pharmaceutical technologists (ix) Social workers (x) Occupational therapist (xi) Physiotherapists (xii) Nutritionists (xii) Nutritionists (xiii) Case workers (xiv) Trainers (xv) Peer educators (xvi) Volunteers (xvi) HRIOs aptryii) HPOs |

| LEVEL 5 | | (xv) IPC and WASH requirements (xvi) Kitchen (xvii) Laundry (xviii) Security and safety measures (xix) Library with books, computers and internet access (xx) Recreational facilities (xxi) Sporting facilities (xxii) Utility vehicles (xxiii) Ambulance for referrals | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Facility type and description Secondary treatment facility (provides comprehensive outpatient and comprehensive residential treatment i.e. both short-and long-term residential treatment –open 24 hours) | linkage to critical care (iv) Medical detoxification for management of withdrawal symptoms | Infrastructure/ Equipment (i) Screening tools (ii) IEC materials (iii) Emergency resuscitation kits (iv) Consultation rooms (v) Counselling rooms (vi) Meeting rooms (vi) Meeting rooms (vii) Inpatient facilities for: (a) At least twenty (20) male patients (b) At least twenty (20) female patients (c) At least twenty (20) female patients (c) At least twelve (12) adolescents or children (viii) At least eight emergency or observation rooms (ix) Access to HDU or ICU facilities (x) Pharmacy (xi) Laboratory able to do comprehensive tests and comprehensive drug tests (xii) Imaging – x-ray ultrasound | Addiction counsellors (ix) Mental health clinical officers (x) Mental health nurses (xi) KRCHNs (xii) Laboratory technologists (xiii) Pharmaceutical technologists (xiv) Social workers (xv) Occupational therapist |

| [Subsidiary] | | | |
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| LEVEL 6 | (viii) Behavioural and psychosocial treatment of addiction and psychiatric disorders including brief intervention cognitive behavioural therapy (CBT) and 12-step programmes (ix) Continuous clinical assessment (x) Engagement with patient's family social network to support recovery including marital therapy (xi) Harm reduction services (xii) Linkage to tertiary residential treatment centres (xiii) Linkage to community mental health services (xiv) Discharge planning and linkage | (xvi) IPC and WASH requirements (xvii) Kitchen (xviii) Laundry /(xix) Security and safety measures (xx) Library with books, computers and internet access | (xxiii) HPOs (xxiv) Support staff |
| LEVEL 6 Facility type and description 6A: Tertiary treatment facility (provides comprehensive outpatient and intensive residentia treatment within Level 6 hospital – open 24 hours) | Core services (i) Comprehensive biopsychosocial assessment (ii) Individualised treatment planning I (iii) Medical detoxification for management of withdrawal symptoms (iv) Management of intoxication and overdose including ICU care (v) Management of co-morbid medical and psychiatric disorders | Infrastructu/ reEquipment (i) Screening tools (ii) IEC materials (iii) Emergency resuscitation kits (iv) Consultation rooms (v) Counselling rooms (vi) Meeting rooms (vii) Inpatient facilities for: (a) At least thirty- two (32) male patients (b) At least thirty- two (32) female | Core personnel (i) Resident Psychiatrists (ii) Resident Physicians (iii) Resident Neurologist (iv) Resident Anaesthesiolo gist or Critical care specialist (v) Resident medical specialists and sub-specialists (vi) Medical officers (vii) Pharmacists (viii) Resident Clinical psychologists |

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| (vi) Maintenance treatment (vii) Relapse prevention strategies (viii) Behavioural and psychosocial treatment of addiction and psychiatric disorders including brief intervention, cognitive behavioural therapy (CBT) and 12-step programmes | stimulation therapy e.g. ECT, TMS, VNS (xiii) ICU (xiv) HDU (xv) Pharmacy (xvi) Laboratory able to do comprehensive tests and comprehensive | counsellors (xi) Mental health clinical officers (xii) Mental health nurses (xiii) Critical care nurses |
| (x) Engagement with patient's family, social network to support recovery (xi) Family education and therapy (xii) Marital therapy (xiii) Harm reduction services (xiv) Life and social skills training (xv) Linkage to | Electroencephalog raphy (xix) IPC and WASH requirements (xx) Kitchen n(xxi) Laundry (xxii) Security and | |

| [Subsidiary] | | | |
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| | | xxviii) Ambulance | |
| 6B: Specialist treatment centre (a stand-alone comprehensive outpatient and intensive residential mental health and SUD treatment centre open 24 hours) | (i) Comprehensive biopsychosocial assessment (ii) Individualised treatment planning (iii) Medical detoxification for management of withdrawal symptoms (iv) Management of intoxication and overdose including ICU care (v) Management of co-morbid medical and psychiatric disorders (vi) Maintenance treatment (vii) Relapse prevention strategies (viii) Behavioural and psychosocial treatment of addiction and psychiatric disorders including brief intervention, cognitive behavioural therapy (CBT) and 12-step programmes (ix) Continuous clinical assessment (x) Engagement with patient's family, social network to support recovery (xi) Family education and therapy | for referrals (i) Screening tools (ii) IEC materials (iii) Emergency resuscitation kits (iv) Consultation rooms (v) Counselling rooms (vi) Meeting rooms (vi) Meeting rooms (vi) Inpatient facilities for: (a) At least thirty- two (32) male patients (b) At least thirty- two (32) female (c) At least thirty- two (32) female (c) At least sixteen (16) adolescents or children (viii) At least twelve (12) observation or emergency rooms (ix) At least twelve (12) observation or emergency rooms (ix) At least two (2) sensory deprivation rooms (xi) Sensory stimulation therapy (xii) Brain stimulation therapy e.g. ECT, TMS, VNS (xiii) ICU (xiv) HDU (xv) Pharmacy (xvi) Laboratory | psychologists (ix) Psychologists (x) Addiction counsellors (xi) Mental health clinical officers (xii) Mental health |
| | (xii) Marital therapy | | (xx) Case workers |
| | services | rectivencephalogia | alany Italiieis |
| | | | |

| (xiv) Life and social skills training (xv) Discharge planning (xvi) Linkage to community mental health services | and WASH requirements (xx) Kitchen (xxi) Laundry | (xxii) Peer educators (xxiii) Volunteers (xxiv) HRIOs (xxv) HPOs (xxvi) PHOs (xxvii) Support staff |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| | xxviii) Ambulance for referrals | |

Abbreviations:

- CHV Community health volunteer
- CHEW Community health extension worker
- CT Computed tomography scan
- ECT Electroconvulsive therapy
- EEG Electroencephalography
- KRCHN Kenya Registered Community Health Nurse
- HDU High dependency unit
- HPO Health promotion officer
- HRIO Health records and information officer
- ICU Intensive care unit
- · IEC Information, education and communication
- IPC Infection prevention and control
- MRI Magnetic resonance imaging
- NCPWD National Council for Persons with Disabilities
- PET Positron emission tomography
- PHO Public health officer
- SUD Substance use disorder
- TMS Transcranial magnetic stimulation
- VNS Vagus nerve stimulation
- WASH Water, sanitation and hygiene

Screening tools:

 \bullet ASSIST – Alcohol, Smoking and Substance Involvement Screening Tool–developed by the WHO

• CAGE Questionnaire – it has 4 questions to gauge a client's alcohol use i.e. Cut down, Annoyed, Guilty and Eye-opener

COWS – Clinical Opiate Withdrawal Scale – the examining clinician assesses the client on 11 items

• PHQ-9 – Patient Health Questionnaire – it has 9 questions to assess for depression.

Core components recommended by WHO/UNODC/UNAIDS:

• Needle and syringe programme (NSP)

 \bullet Opioid substitution therapy (OST) and other evidence-based treatment persons with opioid use disorder

HIV testing and counselling

• Antiretroviral therapy (ART)

· Prevention and treatment of sexually transmitted infections (STIs)

Condom programmes for PWID and their sexual partners

• Targeted information, education and communication for PWID and their sexual partners

· Vaccination, diagnosis and treatment of viral hepatitis

• Prevention, diagnosis and treatment of tuberculosis (TB)

Outreach services

Overdose prevention and management

THE MEDICAL PRACTITIONERS AND DENTISTS (TRAINING, ASSESSMENT, AND REGISTRATION) RULES

ARRANGEMENT OF RULES

Rule

- 1. Citation
- 2. Interpretation

PART II - TRAINING

- 3. The Committee
- 4. Functions of the Committee
- 5. Admission criteria for medicine and surgery and dental surgery
- 6. Admission requirements for community oral health officers
- 7. Record of students

PART III - ASSESSMENT

- 8. Examination requirements
- 9. Board of Examiners
- 10. Conduct of examinations
- 11. Repeat examinations
- 12. Fees for examinations

PART IV - INTERNSHIP

- 13. Internship
- 14. Internship licence
- 15. Internship period
- 16. Oaths
- 17. Supervision for interns
- 18. Internship assessment
- 19. Conditions for recognition of institutions
- 20. Publication of list of recognized institutions
- 21. Observance of Council guidelines
- 22. Withdrawal of approval

PART VIII - REGISTRATION

- 23. Application for registration
- 24. Additional qualifications
- 25. Specialist and subspecialist recognition
- 26. Registers

PART IX - CONTINUING PROFESSIONAL DEVELOPMENT

- 27. Conduct of continuing professional development programmes
- 28. Award of points and certificates
- 29. Register of accredited providers
- 30. Requirement for continuing educational Programmes
- 31. Application for accreditation
- 32. Proof of compliance
- 33. Revocation L.N. 37/2014

335

THE MEDICAL PRACTITIONERS AND DENTISTS (TRAINING, ASSESSMENT, AND REGISTRATION) RULES

[Legal Notice 172 of 2022]

1. Citation

These Rules may be cited as the Medical Practitioners and Dentists (Training, Assessment, and Registration) Rules.

2. Interpretation

In these Rules, unless the context otherwise requires-

"Certificate of Status" means an official document that proves the professional standing of a person registered under the Act;

"Committee" means the Training, Assessment, Registration and Human Resources Committee constituted in accordance with rule 3;

"recognized institution" means an institution accredited for the purposes of training under this Act;

"supervisor" means a medical or dental practitioner of specialist status, senior registrar or; community oral health officer of over ten years in practice; appointed by the Council to supervise the training of an intern in any one of the approved disciplines during the period of internship.

PART II – TRAINING

3. The Committee

(1) Pursuant to section 4A(1)(c), the Council shall constitute the Inspections, Licensing, Finance and General Purposes Committee consisting of—

- (d) the chairperson who shall be a member of the Council who is a registered medical or dental practitioner;
- (e) two members of the Council; and
- (f) two other persons who have the knowledge and skills co-opted to the Committee by the Council.
- (2) The quorum at meetings of the Committee shall be a simple majority.

(3) The chairperson of the Committee shall preside over all meetings of the Committee and in the absence of the chairperson, the members of the Council present at the meeting shall elect one of their number to chair the meeting.

(4) A person co-opted under paragraph (1)(b) shall attend the meetings of the Committee and participate in its deliberations.

- (5) The decisions of the Committee shall be by consensus.
- (6) The Committee shall present its decisions to the Council for approval and ratification.
- (7) Subject to these Rules, the Committee may regulate its own procedure.

4. Functions of the Committee

The Committee shall—

- (a) consider applications for approval and registration of universities, colleges, teaching hospitals and dental training centers, specialty training sites and internship training centers and any other institutions offering training for medical and dental practitioners;
- (b) develop core curricula for all training programmes under this Act;
- (c) develop guidelines on the requirements for all levels of training under this Act;

- (d) develop approved checklists for evaluating training programmes under this Act;
- (e) approve human resources policies and guidelines;
- (f) recruit and carry out performance appraisals for all senior management staff; and
- (g) perform any other functions on training, assessment, registration and human resources, that may be from time to time assigned by the Council.

5. Admission criteria for medicine and surgery and dental surgery

A student shall be eligible for admission to the Bachelor of Medicine and Bachelor of Surgery degree, and Bachelor of Dental Surgery degree programme or its equivalent within the Republic of Kenya or in any other jurisdiction if that student satisfies the following admission requirements—

- (a) in the case of the Kenya Certificate of Secondary Education or its equivalent hold the minimum university admission requirement with a score of B (plain) in each of the following cluster subjects—
 - (i) Biology;
 - (ii) Chemistry;
 - (iii) Physics or Mathematics; and
 - (iv) English or Kiswahili;
- (b) in the case of the Kenya Advanced Certificate of Education holders, a minimum of two principal passes in Biology, Chemistry and a subsidiary pass in either Mathematics or Physics;
- (c) in the case of International General Certificate of Secondary Education at advanced level, an equivalent of C or above in—
 - (i) Biology as a principle subject;
 - (ii) Chemistry as principle subject;
 - (iii) Physics or Mathematics as a subsidiary subject; and
 - (iv) a score of C in English or Kiswahili at 'O' level.
- (d) in the case of International Baccalaureate (IB); a diploma with a minimum of grade 5 or above—
 - (i) Biology at high level;
 - (ii) Chemistry at high level;
 - (iii) Physics or Mathematics at standard level; and
 - (iv) English or Kiswahili at standard level.
- (e) in the case of Diploma holders of medical sciences, a minimum of "O" level Division II pass on K.A.C.E or C+ (plus) mean grade and a credit C+ pass in the cluster subjects in K.C.S.E., in addition to a three-year diploma with a minimum credit of pass from a training institution recognized by the Council; or
- (f) in the case of clinical medicine, medical sciences, and community health practitioners a degree or diploma, where applicable.

6. Admission requirements for community oral health officers

A student shall be eligible for admission the Diploma or Degree in community oral health programme or its equivalent within the Republic of Kenya or in any other jurisdiction if that student satisfies the following admission requirements—

- (a) for a diploma programme—
 - (i) . in the case of Kenya Certificate of Secondary Education or its equivalent hold, the minimum college admission requirement with a score of C (plain) in each of the following cluster subjects English or Kiswahili, Biology, Chemistry, Physics or Mathematics;

- (ii) . in the case of International General Certificate of Secondary Education at advanced level, an equivalent of D or above in—
 - (A) Biology as a principle subject;
 - (B) Chemistry as principle subject;
 - (C) Physics or Mathematics as a subsidiary subject; and
 - (D) a score of C in English or Kiswahili at 'O' level.
- (b) for a degree programme—
 - (i) in the case of Kenya Certificate of Secondary Education holders, the minimum university admission requirement of C+ (plus) with a score of C+ (plus) in each of the following cluster subjects, Mathematics or Physics, Chemistry, Biology, English or Kiswahili.
 - (ii) in the case of International General Certificate of Secondary Education at advanced level, an equivalent of C or above in—
 - (A) Biology as a principle subject;
 - (B) Chemistry as principle subject;
 - (C) Physics or Mathematics as a subsidiary subject; and
 - (D) a score of C in English or Kiswahili at 'O' level.
 - (iii) for International Baccalaureate (IB); a diploma with a minimum of grade 5 or above—
 - (A) Biology at high level;
 - (B) Chemistry at high level;
 - (C) Physics or Mathematics at standard level; and
 - (D) English or Kiswahili at standard level.

7. Record of students

(1) Pursuant to section 4(1)(a) the Council shall maintain a record of medical and dental students-

- (a) admitted for a training programme approved by the Council under this Act, within Kenya; and
- (b) who are citizens of the Republic of Kenya admitted for a training programme approved by the Council under this Act, outside Kenya;

(2) The Council may with the authority of the Commission for University Education index the students pursuing medical and dental training programmes in universities.

PART III – ASSESSMENT

8. Examination requirements

- (1) A person who-
 - (a) is citizen of Kenya and
 - (b) has acquired a Bachelor of Medicine and Bachelor of Surgery degree, or Bachelor of Dental Surgery degree or its equivalent from a university outside Kenya or outside the East African Community;
 - (c) who seeks registration under the Act, shall sit for an internship qualifying examination upon presentation of the following documents_
 - (i) copy of National Identification card or passport;
 - (ii) certified copies of high school certification;
 - (iii) certified copies of degree certificates and transcripts; and
 - (iv) certification from Commission of University Education.
- (2) A person who—

- (a) is citizen of Kenya has acquired a Bachelor of Medicine and Bachelor of Surgery degree, or Bachelor of Dental Surgery degree or its equivalent outside Kenya and outside the East African Community; and
- (b) presents evidence of completion of internship in the country in which that person trained, who seeks registration under the Act, shall sit for preregistration examination upon presentation of the following documents—
 - (i) copy of National Identification card or passport;
 - (ii) certified copies of high school certification;
 - (iii) certified copies of degree certificates and transcripts;
 - (iv) proof of completion of internship; and
 - (v) certification from Commission of University Education.
- (3) A person who-
 - (a) is a Kenyan citizen or a citizen of the East African Community Partner State;
 - (b) is a holder Bachelor of Medicine and Bachelor of Surgery degree, and Bachelor of Dental Surgery degree or its equivalent; who is registered or registerable under the Act; and
 - (c) has attained specialist qualification from a training institution outside the jurisdiction of the republic of Kenya, which is recognised by the Council, making him or her eligible for specialist recognition, under the Act, shall undergo a specialist assessment examination upon presentation of the following documents—
 - (i) copy of valid passport;
 - (ii) certified copies of high school certification;
 - (iii) certified copies of degree certificates and transcripts;
 - (iv) certification from Commission of University Education;
 - (v) verification of qualifications by a body recognized by the Council;
 - (vi) proof of registration;
 - (vii) proof of licensure, where applicable from the country of origin or other jurisdiction; and
 - (viii) certificate of status.
- (4) A person who-
 - (a) is not a Kenyan citizen or a citizen of the East African Community Partner State;
 - (b) is a holder of a degree or other qualification recognized by the Council making that person eligible for registration or is registered under the Act;
 - (c) has attained specialist qualification from a training institution outside Kenya, which is recognised by the Council, making him or her eligible for specialist recognition, under the Act, shall undergo a specialist assessment examination upon presentation of the following documents—
 - (i) copy of valid passport;
 - (ii) certified copies of high school certification;
 - (iii) certified copies of degree certificates and transcripts;
 - (iv) certification from Commission of University Education;
 - (v) verification of qualifications by a body recognised by the Council;
 - (vi) proof of registration;
 - (vii) proof of licensure, where applicable from the country of origin or other jurisdiction; and
 - (viii) certificate of status.
- (5) The Council may request for additional information where it considers it necessary.

9. Board of Examiners

(1) The Council shall upon the recommendation of the Committee appoint a board of examiners, comprising of four medical practitioners, two dental practitioners and one community oral health officer.

- (2) The board of examiners shall—
 - (a) appoint examiners;
 - (b) coordinate the setting, administration and marking of Council examinations;
 - (c) moderating examinations;
 - (d) to receive and consider appeals on examinations; and
 - (e) prepare and submit examination reports to the Committee for consideration and recommendation to the Council.

(3) The examiners shall set, administer and mark examinations in accordance with the provisions under this Act.

(4) The board of examiners shall perform their duties in accordance with the examination policy and guidelines of the Council.

(5) The Council shall from time to time develop and review the examination policy and guidelines prescribed under the Act.

10. Conduct of examinations

(1) The examinations shall be conducted by the board of examiners and shall be held at least three times a year or as prescribed by the Council.

(2) The board of examiners shall submit the results to the Council.

11. Repeat examinations

A person who fails an internship qualifying or pre- registration examination shall be allowed two more attempts to re-sit examinations and shall not be eligible for internship or registration if such person fails the examination three times.

12. Fees for examinations

A candidate who sits an examination shall pay the prescribed fee, at every attempt.

PART IV – INTERNSHIP

13. Internship

A degree or diploma holder who has passed the internship qualifying examination under rule 8(1) and meets any other requirements set by the Council or shall undergo a prescribed period of internship.

14. Internship licence

The Council shall issue an internship licence to a medical, dental, or community oral health graduate who meets the internship criteria upon application in accordance with the Medical Practitioners and Dentists (Training, Assessment, Registration and Human Resources) Rules, 2022 and payment of the prescribed fees.

15. Internship period

A person shall undertake internship for a period of twelve months set out in the Internship Guidelines.

16. Oaths

A medical, dental or community oral health intern shall take and subscribe to an oath administered by the Council prior to proceeding for internship.

17. Supervision for interns

(1) An intern shall undergo internship at an approved internship training centre and shall during the period of internship be supervised by supervisors approved by the Council.

(2) An internship training centre shall offer an intern every opportunity and facility to enable the intern undergo internship successfully.

18. Internship assessment

(1) On completion of internship, an intern shall submit a duly completed logbook and internship assessment forms to the Council.

(2) Upon successful completion of internship the Council shall issue the intern with an internship completion certificate.

19. Conditions for recognition of institutions

(1) The Council shall recognize institutions for internship that meet the following requirements—

- (a) the institution must have published in the *Gazette* as approved health institution in accordance with the Act;
- (b) in the case of medical interns, capacity to provide constant supervision of interns and by at least one specialist and one other full-time medical practitioner with postgraduate qualification in each of the following disciplines
 - (i) medicine;
 - (ii) paediatrics;
 - (iii) obstetrics and gynaecology;
 - (iv) surgery; and
 - such other specialists or disciplines as may be specified by the Council, from time to time;
- (c) in the case of dental interns—
 - (i) capacity to provide constant supervision of interns, by at least one specialist and one full-time dental practitioner with postgraduate qualification in each of the following disciplines—
 - (A) Oral and maxillofacial surgery;
 - (B) prosthetics, restorative dentistry or periodontology;
 - (C) paediatric dentistry or orthodontics; and
 - (D) such other specialists or disciplines as may be specified by the Council, from time to time;
 - (ii) availability of a fully functional dental laboratory; and
- (d) in the case of Community Oral health interns capacity to provide constant supervision of inters by at least one community oral health officer and one dental practitioner; and
- (e) availability of a medical library and resource centre.

(2) The Council shall inspect every institution offering internship training to ensure compliance with this rule, from time to time.

20. Publication of list of recognized institutions

The Council shall each year publish in such manner as may be approved by the Council, a list of all recognized institutions where internship may be undertaken.

21. Observance of Council guidelines

All approved institutions that provide internship training shall adhere to the standards set out by the Council.

22. Withdrawal of approval

Any institution that fails to meet the minimum requirements set out in the internship training guidelines shall have its approval withdrawn and the internship training programme suspended by the Council.

PART VIII – REGISTRATION

23. Application for registration

(1) An applicant who is eligible for registration under the Act shall apply to the Council in the prescribed form together with payment of the prescribed fee.

(2) An application in the specified categories shall be accompanied by the following requirements—

- (a) in the case of an application for full registration by a citizen of Kenya who holds a degree or other qualification obtained from a University in Kenya or the East African Community which is recognized by the Council as a medical or dental practitioner under section 6(1) of the Act—
 - (i) certified copy of national identification card or passport;
 - (ii) certified copies of high school certification;
 - (iii) certified copies of degree certificates and transcripts;
 - (iv) internship completion certificate;
 - (v) a testimonial from a registered practitioner; and
 - (vi) current passport size photograph;
- (b) in the case of an application for full registration as a medical or dental practitioner by a citizen of Kenya who holds a degree or other qualification obtained from a University outside Kenya or outside the East African Community under section 6(2) of the Act—
 - (i) certified copy of national identification card or passport;
 - (ii) certified copies of high school certification;
 - (iii) certified copies of degree certificates and transcripts;
 - (iv) certified copy of certification by Commission of University Education on the qualification;
 - (v) verification of qualifications by a body recognized by the Council;
 - (vi) copy of the results of the internship qualifying examinations;
 - (vii) internship completion certificate;
 - (viii) a testimonial from a registered practitioner; and
 - (ix) current passport size photograph;
- (c) in the case of an application for full registration as a medical or dental practitioner by a citizen of Kenya who holds a degree or other qualification obtained from a University outside Kenya or outside the East African Community which is recognized by the Council under section 6(3) of the Act—
 - (i) certified copy of national identification card or passport;
 - (ii) certified copies of high school certification;
 - (iii) certified copies of degree certificates and transcripts;
 - (iv) certified copy of certification by Commission of University Education on the qualification;
 - (v) verification of qualifications by a body recognized by the Council;
 - (vi) internship completion certificate;
 - (vii) pre-registration examinations certificate;
 - (viii) a testimonial from a registered practitioner; and
 - (ix) current passport size photographs;

- (d) in the case of an application for reciprocal registration as a medical or dental practitioner by a citizen of the East African Community who holds a degree or other qualification recognized by the Council under section 6(4) of the Act—
 - (i) certified copy of national identification card or passport;
 - (ii) certified copies of high school certification;
 - (iii) certified copies of degree certificates and transcripts;
 - (iv) certified copy of registration certificate from country of origin;
 - (v) certificate of status; and
 - (vi) current passport size photograph;
- (e) in the case of an application for registration as a temporary registration as a foreign medical or dental practitioner by person who is not citizen of Kenya or of a partner state of the East African Community who holds of a degree or other qualification recognized by the Council under section 6(5) of the Act—
 - (i) certified copy of passport;
 - (ii) certified copies of high school certification;
 - (iii) certified copies of degree certificates and transcripts;
 - (iv) certified copy of certification by Commission of University Education on the qualification;
 - (v) verification of qualifications by a body recognized by the Council;
 - (vi) registration certificate and practice licence, where applicable, from country of origin or any other jurisdiction;
 - (vii) certificate of status;
 - (viii) specialist assessment examination results; and
 - (ix) current passport size photograph;
- (f) in the case of an application for registration as a community oral health officer
 - (i) certified copy of national identification card or passport;
 - (ii) certified copies of high school certification;
 - (iii) certified copies of diploma or degree certificates and transcripts;
 - (iv) internship completion certificate;
 - (v) a testimonial from a registered practitioner; and
 - (vi) current passport size photographs.

24. Additional qualifications

(1) The Council shall note in the register any higher qualifications obtained by a practitioner upon submission of duly filled application form and certified copies of certificate of the higher qualification.

(2) For purposes of this rule, "higher qualification" means a post graduate qualification recognized by Commission of University Education.

25. Specialist and subspecialist recognition

(1) The Council may recognize a medical or dental practitioner as a specialist as provided in section 11B(1) of the Act in any of the specialty.

(2) The Council may recognize a medical or dental practitioner who is a citizen of Kenya as a specialist upon application in the prescribed form and payment of the prescribed fees—

- (3) An application under subrule (2) shall be accompanied by-
 - (a) certified copy of master of medicine or master of dental surgery degree certificate and transcripts or the equivalent, awarded after a period not of at least three years in a training institution recognized by the Council; and

(b) a specialist recognition recommendation form duly filled by a specialist, with at least five years' experience, recognized by the Council who has been supervising the applicant for a period not less than two years.

(4) The Council may recognize a medical or dental practitioner who is a member of the East African Community Partner States as a specialist upon application in the prescribed form and payment of the prescribed fees.

(5) An application under subrule (4) shall be accompanied by-

- (a) certified copy of the national identity card or passport;
- (b) certified copy of master of medicine or master of dental surgery degree certificate and transcripts or an equivalent as provided for under Schedule_
 - (i) awarded after a period not less than three years in a training institution recognized by the Council;
 - (ii) certified copy of certification by Commission of University Education on the qualification;
 - (iii) verification of qualifications by a body recognized by the Council;
 - (iv) specialist assessment examination certificate, where applicable; and
 - (v) a recommendation letter from a specialist recognized by the Council who has been supervising the applicant for a period not less than two years.

(6) The Council may recognize a foreign medical or dental practitioner as a specialist upon application in the prescribed form and pay the prescribed fees.

(7) An application under subrule (6) shall be accompanied by-

- (a) certified copy of passport;
- (b) certified copies of degree certificate and transcripts;
- (c) certified copy of master of medicine or master of dental surgery degree certificate and transcripts or an equivalent awarded at least than three years in a training institution recognized by the Council;
- (d) certified copy of certification by the Commission of University Education;
- (e) verification of qualifications by a body recognized by the Council;
- (f) registration certificate as a specialist and practice licence, where applicable, from the country of origin or any other jurisdiction;
- (g) certificate of status; and
- (h) specialist assessment examination certificate.

(8) The Council may recognize a medical or dental practitioner who is a citizen of Kenya or a citizen of an East African Community Partner State, as a subspecialist under section 11B(3) of the Act in any sub-specialty, upon application and payment of prescribed fees.

(9) An application under subrule (8) shall accompanied by-

- (a) certified copy of the national identity card or passport;
- (b) certificate of specialist recognition in the basic specialty;
- (c) certified copy of master of medicine or master of dental surgery degree certificate and transcripts or an equivalent provided for under Schedule;
- (d) certified copy of sub specialist training qualification certificates and transcripts as provided for under Schedule, awarded after a period not less than six months in a training institution recognized by the Council; and
- (e) a recommendation letter from a subspecialist recognized or recognizable by the Council who has been supervising the applicant for a period not less than one year.

(10) The Council may recognize a foreign medical or dental practitioner as subspecialist shall upon application in the prescribed form and payment of prescribed fees.

- (11) An application under subrule (10) shall accompanied by-
 - (a) certified copy of passport;
 - (b) certificate of specialist recognition in the basic specialty from country of origin or any other jurisdiction as provided in the Schedule;
 - (c) certified copy of master of medicine or master of dental surgery degree certificate and transcripts or an equivalent provided for under Schedule;
 - (d) certified copy of sub specialist training qualification certificates and transcripts, awarded after a at least six months in a training institution recognized by the Council; and
 - (e) certificate of registration as a sub specialist and practice licence, where applicable, from the country of origin or any other jurisdiction; and
 - (f) certificate of status.

(12) The Council shall in each year publish in such manner as the Council may determine a list of all recognized medical and dental specialties and sub-specialties.

(13) Any other requirements that the Council may from time to time require.

26. Registers

The Council shall maintain registers for the following-

- (a) interns;
- (b) medical and dental practitioners;
- (c) foreign doctors;
- (d) foreign students;
- (e) Kenyan doctors practicing abroad;
- (f) community oral health officers; and
- (g) health institutions.

PART IX - CONTINUING PROFESSIONAL DEVELOPMENT

27. Conduct of continuing professional development programmes

(1) The Council shall develop and continuously review continuing professional development guidelines.

(2) The Council shall accredit eligible continuing professional development providers in line with the continuing professional development guidelines.

28. Award of points and certificates

The Council shall assign continuing professional development points for each continuing professional development activity.

29. Register of accredited providers

(1) The Council shall keep a register of all accredited continuous professional development providers.

(2) The Council shall use the online iCPD platform to keep track of points earned by practitioners from various continuing professional development activities.

30. Requirement for continuing educational Programmes

Every continuing professional development or education programme shall emphasize ethical, practical and professional aspects of clinical practice or strategic health planning relevant to the practice of medicine and must be aimed at the improvement of the professional competence of the medical and dental practitioners.

31. Application for accreditation

(1) Any person seeking accreditation as a continuing professional development provides shall make an application in that regard to the Council in the prescribed form, and upon payment of the prescribed fees.

(2) The Council shall consider the application for accreditation and shall approve or reject the same, having regard to the following—

32. Proof of compliance

Every application for an annual retention certificate shall be accompanied by proof that the applicant has secured fifty points upon attending and participating in the continuing education programmes during the preceding year.

33. Revocation L.N. 37/2014

The Medical Practitioners and Dentists (Training, Assessment and Registration) Rules (L.N. 37/2014) are revoked.