LEGAL NOTICE NO. 129

THE MEDICAL PRACTITIONERS AND DENTISTS BOARD ACT

(Cap. 253)

IN EXERCISE of powers conferred by section 23 of the Medical Practitioners and Dentists Act, the Cabinet Secretary for Health, after consultation with the Medical Practitioners and Dentists Board, makes the following Rules:

THE MEDICAL PRACTITIONERS AND DENTISTS (MEDICAL CAMP) RULES, 2016

1. These Rules may be cited as the Medical Practitioners and Dentists (Medical Camp) Rules, 2016.

2. 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. (1) A medical camp may be held anywhere within the country upon application to the Board for a license and fulfillment of the requirements set out under these Rules.

(2) An application for license 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 license 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 license 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. (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. The Board may, upon issuance of a license, impose any conditions on a license as it considers fit and may cancel a license if any of the conditions imposed on the license are contravened.

6. A license 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. A license 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. A medical camp shall not be held for more than seven days unless the Board otherwise permits.

9. (1) 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.

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SCHEDULE (r.3(2))

FORM

THE MEDICAL PRACTITIONERS AND DENTISTS BOARD
(Cap. 253)

APPLICATION TO CONDUCT MEDICAL/DENTAL CAMP(S)

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 licenses of ALL medical/dental practitioners involved in the camp;
2. Copies of up-to-date licenses 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 categories
      (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.

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<th>APPROVED/NOT APPROVED:</th>
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FORM II
THE MEDICAL PRACTITIONERS AND DENTISTS BOARD ACT
(Cap. 253)
LICENSE 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 LICENSE
1. This license 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.

Dated the 22nd July, 2016.

CLEOPA K. MAILU,
Cabinet Secretary for Health.