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# **FEE GUIDELINES FOR MEDICAL AND DENTAL PRACTITIONERS IN UGANDA**

**FINAL REPORT**

**2017**

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# **FEE GUIDELINES FOR MEDICAL AND DENTAL PRACTITIONERS IN UGANDA**

## **FINAL REPORT**

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# ABBREVIATIONS

<b>AHSPR</b>	Annual Health Sector Performance Report
<b>CLIN</b>	Contract Line Item Number
<b>GDP</b>	Gross Domestic Product
<b>GOU</b>	Government of Uganda
<b>GD</b>	General Doctor
<b>HC</b>	Health Center
<b>HSSIP</b>	Health Sector Strategic and Investment Plan
<b>IUD</b>	Intra Uterine Device
<b>Kshs</b>	Kenya Shillings
<b>MRI</b>	Magnetic Resonance Imaging
<b>NHA</b>	National Health Accounts
<b>OOP</b>	Out-of-Pocket
<b>PNFP</b>	Private Not-For-Private
<b>RwF</b>	Rwanda Francs
<b>THE</b>	Total Health Expenditure
<b>Tshs</b>	Tanzania Shillings
<b>UDA</b>	Uganda Dental Association
<b>UMA</b>	Uganda Medical Association
<b>UMAASC</b>	Uganda Medical Association Annual Scientific Conference
<b>UMDPC</b>	Uganda Medical and Dental Practitioners Council
<b>UPMPA</b>	Uganda Private Medical Practitioners Association
<b>USA</b>	United States of America
<b>USAID</b>	United States Agency for International Development
<b>USD</b>	United States Dollars
<b>Ushs</b>	Uganda Shillings

## EXECUTIVE SUMMARY

This report presents the proposed fee guidelines for medical and dental practitioners in Uganda. It provides a menu for consultation and procedure fee schedule for different medical and dental procedures and consultation services. The guidelines were developed through a rigorous scientific study design that involved: the review and critical analysis of the current data on medical and dental professional fees in Uganda and outside the region; quantitative and qualitative data collection on medical and dental professional fees in private health facilities from the four traditional regions of Uganda; and literature review on professional fee guidelines by lawyers in Uganda. We also organized consultative meetings with purposely-selected members of Uganda Medical Association (UMA) and Uganda Dental Associations (UDA) to further enrich the findings.

The need to developed professional fee guidelines follows the widespread variation in consultation and procedure fees charged by medical and dental practitioners in the private health sector in Uganda. Different practitioners charge up to five times higher than others yet there is hardly any correlation between cost and quality. In fact there is little evidence to suggest that paying for the most expensive treatment or procedure yields better outcomes. Unfortunately, few people shop around for medical treatment the same way they shop for a new item. In practice, there is no law that requires health care providers to offer estimates of the costs of procedures to patients; private medical and dental practitioners usually charge their fees subjectively. These often arbitrary limit access to health services.

USAID/Uganda Private Health Support Program working closely with the Uganda Medical Association and Uganda Dental Association supported the development and dissemination of the guidelines to address this gap. It is hoped that these guidelines will empower the public with accurate information about health care buying options and help the Program and Uganda Medical Association and Uganda Dental Association to achieve one of their key objectives of contributing towards access to affordable and quality health care. In addition, the guidelines will provide a basis for medical and dental charges and planning of health services by providers, and clients.

# I. BACKGROUND

## I.1 Overview

In Uganda, close to a half of health facilities (45%) are Private for Profit (PFP) and Private Not for Profit (PNFP). Currently, Uganda Medical and Dental Practitioners Council (UMDPC) records indicate 110 private hospitals, 4305 lower-level units and 98 dental units<sup>1</sup>. This is proportional to the number of Ugandans seeking treatment from the private health facilities, which has progressively increased over years. The 2015 National Service Delivery Survey (NSDS) demonstrates that more Ugandans were more likely to seek treatment from private health facilities in 2015 (45% - urban residents, 34% rural residents) compared to 2008 with 33% and 27%; and 2004 with 26% and 29% respectively.

## I.2 Health financing

The Uganda Health Sector Development Plan 2015/16-19/20 and Annual Health Sector Performance Report (AHSPR) - 2014/15 indicates that Uganda's per capita spending on health was US\$ 53 in 2011/12 which is lower than the WHO recommended minimum level of US \$ 82 to provide key health service<sup>2</sup>. In addition, the Total Health Expenditure (THE) of Gross Domestic Product (GDP) is only 1.3%, against the target of 4%<sup>3</sup>. The AHSPR of 2014/15 further underscores that the ability to mobilize general public revenues (compulsory prepayment) depends on the level of economic development. The reality is that whereas Uganda's tax revenues as percent of GDP have risen from 6.5% in 1989/90 to 14.2% in 2012/13, the tax base is still small with 50% of the revenues generated by only a few large taxpayers. The primary sources of health care financing are donors (45%), households (37%) and government (15%)<sup>3</sup>. While the private insurance constitutes a small proportion of THE (3%). The 37% contributed by household is mainly out of pocket spending, which is far above the recommended maximum of 20% Out-of-Pocket (OOP) expenditure by households recommended by WHO if the households are not to be pushed into impoverishment. The development partners' contribution is mostly off budget. The National Health Accounts (NHA) reports indicate that the level of OOP as percentage of the Total Health Expenditure has been increasing in real terms over the past years though reducing in percentage terms. It was estimated at 42% in FY 2009/10. The OOP was 37% in 2012/13, showing a reduction, attributed to increased partner support for health, mostly through the private sector. Despite the free care provided in Government facilities, the proportion of households experiencing catastrophic payments have continued to increase: 28% in 2010<sup>3</sup>; 37% in 2012<sup>4</sup> against the HSSIP target 2014/15 of 13%.

**Table 1: Financing Sources of Current Health Expenditure**

Source	2010/11	2011/12	
Public	13.8%	15.3%	
Private	36.5%	38.4%	
Donors and NGOs	49.7%	46.3%	

*Source: MOH, Uganda National Health Accounts Report, 2014*

## I.3 User fees

In 2001, the Government of Uganda through a Presidential decree abolished user fees in government facilities except the private wings in hospitals; a result of the recognition that user fees was a barrier to the poor utilization of health services.

<sup>1</sup> Direct communication from the UMDPC on 16 December 2016

<sup>2</sup> Ministry of Health, 2015. Health Sector Development Plan 2015/16-2019/20, Kampala: Ministry of Health: Government of Uganda.

<sup>3</sup> Ministry of Health, 2013: National Health Accounts FY 2008/09 and FY 2009/10. March 2013 edition Kampala: Ministry of Health, Government of Uganda

<sup>4</sup> Ministry of Health, 2014: National Health Expenditure Financial Year 2010/11 and 2011/12. Kampala: Ministry of Health, Government of Uganda

Free care is also accessed in uniformed services such as the military, prisons and police facilities for the disciplined forces and their dependents totalling about 700,000 people<sup>5</sup>. Payment for services remains in the private sector.

## **1.4 Government subsidy and donations to private health providers**

The private not for profit providers (PNFP) provide about 30% of the health services in Uganda<sup>6</sup>. The government provides subsidies through the public – private partnership, which is about 10% to 20% of their operational costs. This has enabled PNFPs to lower user- fees. Social health protection forms are an integral part of the PNFP principles of protecting the poor and other vulnerable populations. Also, some private for profit providers receive government subsidies for providing free public health services like immunization.

## **1.5 Current consultation and procedure fee practices in Uganda**

In Uganda, there is widespread variation in consultation and procedure fees charged by the private health sector. Prices in some cases can be up to five times higher than the competition yet there is hardly any correlation between cost and quality. In fact there is little evidence to suggest that paying for the most expensive treatment or procedure yields better outcomes. Unfortunately, few people shop around for medical treatment the same way they shop for a new item. Because there is no law that requires health care providers to provide estimates of the costs of procedures to patients, private healthcare professionals usually charge their fees subjectively. These often highly arbitrary fees are a major constraint for patients in accessing health services.

## **1.6 Consultation and procedure fee practices in other countries**

The review of literature in Kenya, Zimbabwe, and UK include schedules for both consultation and procedure fees. In all the countries, the consultation fees are charged according to: (i) level of specialty, categorized as General Doctors (GD) and Specialists, (ii) whether it is a first or follow-up consultation for the same condition, (iii) time of visit by the practitioner if done at home (day or night home visits), and whether day or night emergencies. The common procedures listed in the professional fee schedules include general, urological, pediatric, orthopedic, neurological, cardiothoracic and vascular, ear nose and throat surgeries; others are ophthalmology, obstetrics and gynecology, anesthesia, diagnostic radiology, gastroenterology and endoscopy, dermatology and psychiatry. There are grouped into: complex major, major, intermediate (for some) and minor. Different bodies in different countries set the fees. For instance, in Zimbabwe the fees are provided by the Zimbabwe Medical Association and National Association of Medical Aid Societies while in Kenya the fees guidelines were developed by the Kenya Medical Association and disseminated to the Public by the Kenya Medical Board.

## **1.7 Current efforts to address challenges on professional fees**

The USAID/Uganda Private Health Support Program is working with the Uganda Medical Association (UMA) and Uganda Dental Association (UDA) to support representative stakeholders to develop professional fee guidelines for the private health sector. These guidelines are to empower the public with accurate information about health care buying options and help the Program and UMA achieve one of their key objectives of contributing towards access to affordable, quality health and health care. In addition the guidelines are to provide a basis for planning of health services by providers. Most importantly, are to serve as a tool for arbitration in case of a dispute arising from fees for the service provided.

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<sup>5</sup> East African Community, 2014. *Situational analysis and Feasibility Study of Options for harmonisation of Social Health Protection systems towards Universal Health Coverage in the East African Community Partner States*, Arusha: East African Community.

<sup>6</sup> Save for Health Uganda, 2014: *Annual Report 2013*. Kampala.



## **2. PURPOSE OF THE ASSIGNMENT**

The purpose of the assignment was to develop professional fee guidelines for medical and dental professionals in Uganda. This consultancy was specifically to determine the average, minimum and maximum fees charged by medical and dental practitioners at private health facilities for a range of predetermined procedures and tests.

## 3. METHODS EMPLOYED IN DEVELOPING THE GUIDELINES

### 3.1 Overview

We reviewed and carried out critical analysis of the current data on medical and dental professional fees in Uganda, East Africa region and Europe, and fees guidelines used by lawyers' in Uganda. We compared the lawyers' guidelines with the current system in the medical and dental profession. The literature review complemented quantitative and qualitative data on medical and dental professional fees we collected from private health facilities in the four traditional regions of Uganda: Central, North, Eastern and Western regions. We used a cross sectional design to collect this data. Before the field data collection, we presented the preliminary study design at the Annual Scientific Conference of Uganda Medical Association in August 2015 and used the deliberations further enhance our design. In May 2016, we organized a joint consultative meeting involving both Uganda Medical Association and Uganda Dental Association to further enhance our findings. Subsequently, the consultants with assistance of Uganda Medical Association sought and reviewed the existing fee schedules from the Uganda medical specialists' associations' members. To develop the final edition of guidelines, we benchmarked our findings from the field data collection and the consultative process against data from the review of professional fees in East African countries.

### 3.2 Data collection methods

We utilized both qualitative and quantitative data collection methods that included:

A specially developed interviewer administered questionnaire was used to collect data from representatives of Private for Profit (PFP) and Private-not-for-Profit (PNFP). Data collected included professional fees charged by medical and dental practitioners (categorized as General Doctors and specialists) and proposed fees.

The other key methodological approach was documentary review. Also reference was made to experiences in the nearly concluded study on pricing of pharmaceuticals. Also the consultants learnt from reports from Uganda Law Society on fee setting for various advocates. The consultants contacted and reviewed reports from health professional Councils in East African countries and international experiences on fee setting.

We used an interview guide (annex 1) to collect qualitative data on current setting practice at the sampled health facilities. We used content analysis to summarize this data.

### 3.3 Sampling strategy

Purposive sampling was used to select private health center IVs and hospitals. We administered structure questionnaires to In-charges of the selected health facilities. We selected health facilities from the 4 pre-independence regions of Uganda 7 (i.e. Central, Eastern, Northern, Western) to ensure complete coverage of the country. We only considered Private for Profit (PFP) and Private Not for Profit (PNFP) health center IVs and Hospitals and took into consideration rural and urban settings.

### 3.4 Samples size

Using a list from UMDPC, we selected a total of 26 health facilities. The sample size of 26 health facilities was calculated using a formula for sample estimation of a finite population of private health facilities in Uganda<sup>8</sup>.

<sup>7</sup> Uganda Bureau of Statistics (UBOS); <http://www.ubos.org/onlinefiles/uploads/ubos/UDHS/UDHS2011.pdf>

<sup>8</sup> <http://www.openepi.com/SampleSize/SSMean.htm>

The fact that the data collected was not intended for testing of statistical significance, the sample size was considered adequate for generating summary statistics (average, minimum and maximum fees) for tracer procedures. Further, the data from health facilities was one of the inputs into the development of guidelines in addition to review of fee schedules from East Africa and beyond, and the analysis of fee schedules obtained from medical specialists associations from Uganda.

### **3.5 Recruitment of Research Assistants**

These were health workers within the region (diploma or degree holders) or trained Research Assistants who had regularly worked for research organizations and were familiar with data collection. They were oriented on draft tools for half a day and familiarized themselves with the methodologies used in the tools. Comments raised during the training shall be incorporated in order to improve the tool.

### **3.6 Data management and presentation**

Data from health facilities was cleaned and manually edited for any irregularities. A data entry screen was designed using Microsoft Excel. The data captured in Microsoft Excel were exported to STATA for more detailed analysis. Logical checks and frequency runs were made on all variables to improve the accuracy and consistency of the data and identify any outliers before actual data analysis. An analytical plan was developed in line with the study objectives. We presented our results as average (+/- Standard Deviation), minimum and maximum fees in a table form.

### **3.7 Quality assurance**

Quality assurance was ensured through a number of checks and procedures. Data collection assistants were selected carefully and trained on both the basics of data collection as well as the specific requirements for this study. They were trained in the planned methodology and the tools. Team meetings were held every evening after work to discuss any emerging problems, concerns, unexpected findings and to find solutions to such issues. The Consultants checked for quality and carried out proof reading before any outputs are submitted to the client.

### **3.8 Consultations with the Uganda Medical Association and Uganda Dental Association**

During the consultative meeting with Uganda Medical Association and Uganda Dental Association, a consensus was built that the fees schedule would serve as a guide in resolving disputes. Secondly, that the consultants could receive fee schedules from respective specialists associations. Importantly, presentations and feedback from the consultation enriched the findings from the health facilities. Subsequently, sixteen (16) Medical Specialist Associations were contacted and 7 (44%) responded and provided the fee schedules. Among the reasons for non-responses was the perception by some medical and dental practitioners that the State is using this undertaking to control the prices of services. The fee guidelines were pre-tested on a selected list of health facilities earmarked and a blank sheet was provided to record fees charged and any other responses based on use of the draft fee schedule. The categories of health units contacted for pre-testing are the same as the ones used in initial field data collection reported on January 2016. The schedule was sent to the study facilities in May 2016. All the country traditional regions were covered. The health facilities selected were contacted using email and reminders also sent by email as well.

### **3.9 Final development of the recommended fee guidelines**

The fee guidelines for medical and dental practitioners in Uganda were developed through a back and forth consultative process. The process also involved triangulation of four methods: data collection from health facilities, consultations with Uganda Medical Association and Uganda Dental Association, analysis of professional fee schedules from specialists' medical associations. In addition, the process was informed by review of fee schedules from East Africa, Europe and Asia. We summarized the data collected from health facilities as average (+/-Standard Deviation), minimum and maximum fees charged for a selected list of medical and dental procedures, which served as tracers. These findings were further enhanced by views from the joint consultative meeting involving both Uganda Medical Association and Uganda Dental Association. The summary statistics for fees were compared with fee schedules from specialists' medical associations and extrapolated to generate the final fee schedule.

## 4. RESULTS AND DISCUSSION

### 4.1 Overview

The facilities sampled were 26 of which 6 were hospitals, 20 lower level health facilities (Table 1). Of these 26 health facilities, 6 were from Eastern Uganda (Mbale Municipality), 6 from the North (Arua Municipality), 4 from Western Uganda (Fort Portal and Kasese Municipalities) and 10 from Central (Kampala City and Wakiso District). We were able to collect data from 24 health facilities of the sampled 26 facilities giving response a rate of 92%. Two health facilities in Kampala did not respond despite follow up visits.

**Table 2: Sampled Health Facilities**

Facility	PFP	PNFP	Total
Hospitals	2	4	6
Lower level Health facilities	17	3	20
<b>Total</b>	<b>19</b>	<b>7</b>	<b>26</b>

### 4.2 Findings on consultation and procedure fees for tracer services

We determined the current fees charged and what the health facilities proposed for consultations and professional fees for medical and dental procedures. A select list of key consultation services was examined. The services included: first consultation, home visits categorized by day and night times, emergency categorized by day and night times, witnessing postmortem, medical and dental legal reports and court appearances (Tables 3 – 6). Generally, the current and proposed consultation fees for the night services are at least 10% higher than those for daytime. A select set of consultations were compared and analyzed further to provide an in-depth comparison. The consultation fees for Kampala for GD are 1.5 times the ones for Regional Municipalities and 2.4 and 0.8 times for specialist and super specialist respectively. For the follow up consultations for Kampala, the fees are 2.1 times higher for G.P and specialist and 0.6 lower compared to Regional Municipalities. The concept for extended consultation is not known in Uganda (Tables 7 – 9). General Doctors in both regions do home visits whereas for upcountry all doctors irrespective of professional hierarchy do this. We also analyzed current and proposed fees for a select list of tracer medical and dental procedures in seven categories, which include: general surgery, neuro-surgery, urology surgery, orthopedics, obstetrics and gynecology, radiology and imaging, and dentistry (Tables 10 - 19).

Table 1: Consultation Fees (1)

Service	Proposed/ Current fee	Average fee (UGX)	Standard Deviation	Lowest fee (UGX)	Highest fee (UGX) fee
<b>Consultation</b>					
General Doctor	Proposed	16,000	7,000	10,000	50,000
	Current	10,000	8,437	5,000	40,000
Specialist	Proposed	42,000	13,371	20,000	150,000
	Current	35,000	15,725	10,000	100,000
<b>Home visit (day)</b>					
General Doctor	Proposed	48,000	14,604	30,000	80,000
	Current	34,000	15,166	20,000	50,000
Specialist	Proposed	75,000	35,355	50,000	130,000
	Current	-----	-----	-----	-----
<b>Home visit (night)</b>					
General Doctor	Proposed	69,000	31,305	35,000	100,000
	Current	40,000	10,000	30,000	50,000
Specialist	Proposed	100,000	70,711	50,000	150,000
	Current	-----	-----	-----	-----

Table 2: Consultation fees (2)

Service	Proposed/ Current fee	Average fee (UGX)	Standard Deviation	Lowest fee (UGX)	Highest fee (UGX)
<b>Emergency (day)</b>					
General Doctor	Proposed	20,000	15,481	5,000	100,000
	Current	17,000	11,571	2,000	50,000
Specialist	Proposed	18,000	7,638	10,000	150,000
	Current	10,000	-----	-----	-----
<b>Emergency (night)</b>					
General Doctor	Proposed	21,000	16,216	15,000	100,000
	Current	19,000	16,061	10,000	50,000
Specialist	Proposed	15,000	7,071	10,000	150,000
	Current	-----	-----	-----	-----
<b>Witnessing a postmortem</b>					
General Doctor	Proposed	100,000	-----	-----	-----
	Current	20,000	-----	-----	-----
Specialist	Proposed	200,000	-----	-----	-----
	Current	30,000	-----	-----	-----

Table 3: Consultation fees (3)

Services	Proposed Current fee	Average fee	Standard Deviation	Lowest fee	Highest fee
<b>Performing a postmortem</b>					
General Doctor	Proposed	175,000	176,777	50,000	300,000
	Current	125,000	106,066	50,000	200,000
Specialist	Proposed	650,000	494,975	300,000	1,000,000
	Current	550,000	636,396	100,000	800,000
<b>Medical &amp; dental legal reports</b>					
General Doctor	Proposed	42,000	46,870	20,000	180,000
	Current	44,000	45,468	10,000	150,000
Specialist	Proposed	100,000	104,243	20,000	250,000
	Current	70,000	74,386	10,000	170,000
<b>Court appearance</b>					
General Doctor	Proposed	89,000	57,477	25,000	200,000
	Current	66,000	44,414	15,000	150,000
Specialist	Proposed	195,000	183,757	30,000	400,000
	Current	110,000	127,279	20,000	180,000
<b>Theatre attendance</b>					
General Doctor	Proposed	96,000	64,603	15,000	150,000
	Current	71,000	40,703	5,000	100,000
Specialist	Proposed	123,000	153,080	30,000	300,000
	Current	115,000	120,208	30,000	200,000

Table 4: Consultation fees - Upcountry Municipalities Vs Kampala City (1)

Service	Proposed / Current	Regional municipalities			Kampala		
		Average	Lowest	Highest	Average	Lowest	Highest
<b>First Consultation</b>							
General	Proposed	14,000	5,000	20,000	20,000	15,000	50,000
	Current	9,000	1,000	15,000	14,000	5,000	40,000
Specialist	Proposed	33,000	20,000	50,000	43,000	30,000	60,000
	Current	16,000	10,000	40,000	41,000	20,000	100,000
<b>Home visit day</b>							
General	Proposed	24,000	10,000	50,000	75,000	50,000	80,000
	Current	30,000	20,000	50,000	40,000	30,000	50,000
Specialist	Proposed	28,000	10,000	50,000	-----	-----	-----
	Current	-----	-----	-----	-----	-----	-----
<b>Home visit night</b>							
General	Proposed	35,000	15,000	50,000	80,000	70,000	100,000
	Current	36,000	30,000	50,000	45,000	40,000	50,000
Specialist	Proposed	25,000	10,000	150,000	-----	-----	-----
	Current	40,000	40,000	100,000	-----	-----	-----

**Table 5: Professional fees (General Surgery, Minor)**

General Surgery, Minor		Average Fee	Standard Deviation	Lowest fee	Highest fee
<b>i. Skin biopsy</b>					
General Doctor	Current	80,000	59,543	20,000	200,000
	Proposed	110,000	80,321	30,000	250,000
Specialist	Current	120,000	74,632	70,000	260,000
	Proposed	180,000	118,145	100,000	350,000
<b>ii. Excision of warts / skin lesions</b>					
General Doctor	Current	100,000	64,704	30,000	180,000
	Proposed	136,000	98,640	50,000	300,000
Specialist	Current	185,000	91,923	120,000	250,000
	Proposed	350,000	-----	-----	-----
<b>iii. Adult male circumcision</b>					
General Doctor	Current	72,000	41,762	10,000	150,000
	Proposed	78,000	47,532	30,000	200,000

**Table 6: Professional fees (General Surgery, Major)**

General Surgery – Major		Average Fee	Standard Deviation	Lowest fee	Highest fee
<b>i. Splenectomy</b>					
Specialist	Current	420,000	482,211	80,000	761,950
	Proposed	513,000	513,543	150,000	876,260
<b>ii. Parathyroidectomy</b>					
Specialist	Current	357,000	-----	-----	-----
	Proposed	535,000	-----	-----	-----
<b>iii. Drainage of breast abscess</b>					
General Doctor	Current	62,000	41,322	5,000	105,000
	Proposed	102,000	68,702	10,000	200,000
Specialist	Current	162,500	116,673	80,000	245,000
	Proposed	215,000	91,924	150,000	280,000
<b>iv. Breast lumpectomy</b>					
General Doctor	Current	96,000	65,407	50,000	142,500
	Proposed	232,000	215,668	80,000	385,000
Specialist	Current	300,000	-----	-----	-----
	Proposed	550,000	-----	-----	-----
<b>v. Total thyroidectomy</b>					
	Current	600,000	-----	-----	-----



Table 7: Professional fees (General Surgery -Complex Major)

General Surgery Complex major		Average Fee	Standard Deviation	Lowest fee	Highest fee
<b>i. Abdomino-peritoneal resection</b>					
Specialist	Current	590,000	56,569	550,000	630,000
	Proposed	805,000	-----	-----	-----
<b>ii. Anterior resection of rectum</b>					
Specialist	Current	415,000	190,919	280,000	550,000
	Proposed	320,000	-----	-----	-----
<b>iii. Total gastrectomy</b>					
Specialist	Current	415,000	190,919	280,000	550,000
	Proposed	320,000	-----	-----	-----
<b>iv. Total eosophagectomy</b>					
Specialist	Current	786,000	333,754	550,000	1,000,000
	Proposed	1,020,000	-----	-----	-----
<b>v. Unilateral adrenalectomy</b>					
	Current	415,000	189,929	281,400	550,000
	Proposed	450,000	-----	-----	-----

Table 8: Professional fees (Neurosurgery)

Neurosurgery		Average Fee	Standard Deviation	Lowest fee	Highest fee
<b>Surgical toilet and repair of major scalp wounds / lacerations</b>					
General Doctor	Current	47,000	21,836	20,000	100,000
	Proposed	81,000	34,140	40,000	150,000
Specialist	Current	96,000	35,071	60,000	150,000
	Proposed	152,500	60,759	100,000	210,000
<b>GPA Repair minor scalp wounds / lacerations</b>					
General Doctor	Current	46,000	35,071	10,000	100,000
	Proposed	76,000	54,129	10,000	150,000
Specialist	Current	50,000	-----	-----	-----
	Proposed	85,000	-----	-----	-----

Table 9: Professional fees (Urology Surgery)

Urology Surgery		Average Fee	Standard Deviation	Lowest fee	Highest fee
<b>Percutaneous nephrostomy</b>					
Specialist	Current	400,000	-----	-----	-----
	Proposed	450,000	-----	-----	-----
<b>Repair of bladder</b>					
Specialist	Current	450,000	-----	-----	-----
	Proposed	500,000	-----	-----	-----

Table 10: Professional fees (Orthopedics)

Orthopedics		Average Fee	Standard Deviation	Lowest fee	Highest fee
<b>Discectomies (Thoracolumbar /cervical)</b>					
Specialist	Current	700,000	-----	-----	-----
	Proposed	805,000	-----	-----	-----
<b>Laminectomy (without instrumentation)</b>					
Specialist	Current	700,000	-----	-----	-----
	Proposed	805,000	-----	-----	-----
<b>Open reduction and internal fixation</b>					
Specialist	Current	400,000	-----	-----	-----
	Proposed	450,000	-----	-----	-----
<b>Major amputation</b>					
General Doctor	Current	155,000	77,781	100,000	210,000
	Proposed	220,000	28,284	200,000	240,000
Specialist	Current	320,000	240,416	150,000	490,000
	Proposed	405,000	219,203	250,000	560,000
<b>Minor amputation (toe and finger)</b>					
General Doctor	Current	52,000	53,033	15,000	90,000
	Proposed	75,000	35,355	50,000	100,000
Specialist	Current	110,000	141,421	20,000	210,000
	Proposed	145,000	135,057	50,000	241,000

Table 11: Professional fees (Obstetrics & Gynecology)

Obstetrics and Gynecology	Proposed Current fee	Average fee	Standard Deviation	Lowest fee	Highest fee
<b>Obstetrics and Gynecology: major complex</b>					
<b>i Ovarian cancer resection (pelvic clearance)</b>					
Specialist	Current	240,000	127,279	150,000	330,000
	Proposed	360,000	-----	-----	-----
<b>ii. Repair of vesico -vaginal</b>					
General Doctor	Current	140,000	-----	-----	-----
	Proposed	300,000	-----	-----	-----
Specialist	Current	200,000	-----	-----	-----
	Proposed	350,000	-----	-----	-----
<b>Obstetrics and Gynecology: Minor</b>					
<b>i. Repair of broken episiotomy / third degree tear</b>					
General Doctor	Current	160,000	52,915	100,000	200,000
	Proposed	230,000	75,498	150,000	300,000
Specialist	Current	200,000	-----	-----	-----
	Proposed	350,000	-----	-----	-----
<b>ii. Normal delivery</b>					
General Doctor	Current	159,000	93,683	38,000	270,000
	Proposed	185,000	107,548	40,000	300,000
Specialist	Current	250,000	-----	-----	-----
	Proposed	350,000	-----	-----	-----

iii. Ceaserian Section					
General Doctor	Current	231,000	124,791	125,000	400,000
	Proposed	357,000	154,569	200,000	500,000
Specialist	Current	350,000	212,132	200,000	500,000
	Proposed	450,000	212,132	300,000	600,000
iv. Augmented delivery					
General Doctor	Current	210,000	193,993	150,000	300,000
	Proposed	313,000	162,890	200,000	400,000
Specialist	Current	247,000	-----	-----	-----
	Proposed	350,000	-----	-----	-----

Table 12: Professional fees (Radiology and Imaging -1)

Radiology and Imaging	Proposed Current fee	Average Fee	Standard Deviation	Lowest fee	Highest fee
<b>X-ray of externalities: hand</b>					
Specialist	Current	81,000	105,938	25,000	240,000
	Proposed	82,000	105,238	25,000	300,000
<b>X-ray of externalities: Forearm</b>					
Specialist	Current	137,000	144,957	35,000	240,000
	Proposed	140,000	141,421	40,000	300,000
<b>X-ray of externalities: elbow</b>					
Specialist	Current	137,000	144,957	35,000	240,000
	Proposed	140,000	141,421	40,000	300,000

Table 13: Professional fees (Radiology and Imaging -2)

Ultrasound	Proposed Current fee	Average Fee	Standard Deviation	Lowest fee	Highest fee
<b>i. Liver, gallbladder, pancreas and spleen</b>					
Specialist	Current	65,000	49,497	30,000	100,000
	Proposed	100,000	70,710	50,000	150,000
<b>ii. Thyroid</b>					
Specialist	Current	32,000	24,748	15,000	50,000
	Proposed	60,000	56,568	20,000	100,000
<b>iii. Lumbar spine</b>					
Specialist	Current	32,000	24,748	15,000	50,000
	Proposed	60,000	56,568	20,000	100,000
<b>iv. Chest</b>					
Specialist	Current	50,000	-----	-----	-----
	Proposed	100,000	-----	-----	-----
<b>CT scan</b>					
<b>i. Emergency</b>					
Specialist	Proposed	175,000	35,355	150,000	200,000
	Current	225,000	35,355	200,000	250,000
<b>ii. Abdominal</b>					
Specialist	Current	175,000	35,355	150,000	200,000
	Proposed	225,000	35,355	200,000	250,000

**Table 14: Professional fees (Dentistry)**

Procedure	Proposed Current fee	Average Fee	Standard Deviation	Lowest fee	Highest fee
<b>i. Polishing / stain removal</b>					
Specialist	Current	62,000	5,000	60,000	70,000
	Proposed	86,000	23,094	60,000	100,000
<b>ii. Scaling and polishing</b>					
Specialist	Current	85,000	31,091	50,000	120,000
	Proposed	120,000	42,426	90,000	150,000
<b>iii. Prophylaxis</b>					
Specialist	Current	78,000	51,051	35,000	150,000
	Proposed	112,000	62,915	50,000	200,000
<b>iv. Root planning, per quadrant</b>					
Specialist	Current	66,000	65,875	30,000	165,000
	Proposed	80,000	-----	-----	-----
<b>v. Crown lengthening per tooth</b>					
Specialist	Current	43,000	35,118	10,000	80,000
	Proposed	100,000	-----	-----	-----
<b>vi. Fillings</b>					
Specialist	Current	113,000	70,237	40,000	180,000
	Proposed	100,000	-----	-----	-----

### 4.3 The current practice of fee setting in Uganda

The current practice of professional fee setting in the facilities takes into consideration qualifications and experience of the consultant and specialty. Other factors considered are prevailing economic conditions in the country/current market, inflation, affordability of the community, type of services offered and age of the patient-children paying less, and whether the patient is seen in private wing or ordinary wing of the hospital. Also another consideration is whether the patient is a national or not a national and location of the health unit from the Capital City Kampala. Residents of the Capital City on average have higher incomes compared to upcountry rural districts, which tend to decrease with increased distance from the city.

The persons involved in professional fee setting process are: Drugs and Therapeutic Committee, Health Unit Management and Quality Assurance Committees. Others are management of the facility: Chief Executive Officer, Human Resource Manager, Business Manager and Heads of Departments and in some instances the Accountant alone of the units sampled. In other health facilities, it is more inclusive and is done by the sub-committee of the Board, which is composed of presentation of the Board and Management including Staff Representative.

In most health facilities the review of fees is done on quarterly and annual basis. This is done according to prevailing economic conditions. When compared with fees of other professions such as Advocates; the fees are higher. In some cases it is about 3-5 times higher. Further, the fees for medical and dental practitioners in the neighboring countries are higher than in Uganda. For example, consultation fee is about 4-5 times compared to Kenya. The quantitative data collected is presented in tables 4-19.

## 4.4 Review of professional fees for advocates in Uganda

We reviewed the Advocates remuneration and taxation of costs statutory instrument for Uganda. The charges by advocates are a percentage of the full cost of the transition. For sales, purchases, mortgages and debentures and for commission on sales, purchases and loans affecting certain land, the charges range from 15% for transactions of less than UGX 1 million, 10% for transactions of between 1million to 20 million and 5% for those above UGX 20 Million.

For commission on sales, purchases and loans affecting land registered in the land titles registry or unregistered range from 15% for transactions of less than UGX 1 million, 10% for transactions of between 1million to 20million and 5% for those above UGX 20 Million. In regard to leases or agreements of leases and for building leases, reserving rent: where the annual rent does not exceed UGX 10,000,000 the charge is 15% and where it is between UGX 10,000,000 to UGX 20,000,000, the charge is 10%. In cases where the annual rent exceeds UGX 20,000,000 the charge is 5%. The charge for registering a lease or agreement for a lease is UGX 100,000. The advocate charges 150,000 shillings for drawing and preparing a memorandum or contract in addition to fees for meetings and correspondence.

The instrument does not provide for revisions including adjusting for inflation. Furthermore, unlike in professional fee schedule for medical and dental practitioners, the fee setting for advocates does not considers factors such as seniority, duration of the service and place of consultation.

## 4.5 Review of fee guidelines in East Africa and beyond

### a) Kenya

We reviewed the professional fee schedule for the Kenya Medical and Dental Practitioners that was published in 2013. This is the third edition. The fees are adjusted annually using the inflation rate pronounced by the Kenya National Bureau of Statistics. The details of consultation fees are presented in the annex 2. The schedule is subdivided into consultation fees and professional fees for procedures.

The consultation fees in the Kenyan schedule are also grouped according to seniority as General Practitioners (GP) and Specialists. The services covered under consultations are categorized as:

- First consultation and follow-up consultation for the same condition
- Home visits which are classified into daytime and nighttime
- Emergencies also classified as daytime and nighttime
- ICU Visits (daily charges)
- HDU Visits (daily charges)
- Witnessing a postmortem
- Performing a postmortem
- General Medical & Dental reports
- Court Appearances (per session)
- Attendance in theatre
- Sit-in consultancy per hour session
- Teaching consultancy per hour session

## Professional fees for procedures

The Kenya professional fee schedule for Medical and Dental Practitioners includes procedures in the following specialties: general, urological, pediatric, orthopedic, neurological, cardiothoracic and vascular, ear nose and throat surgeries; others are ophthalmology, obstetrics and gynecology, anesthesia, diagnostic radiology, gastroenterology and endoscopy, dermatology and psychiatry. Also included in anatomical pathology, histology, cytology and microbiology. There are grouped into: complex major, major, intermediate (for some) and minor. There are minimum and maximum fees charged for every procedure.

In regard to dental practitioners, the procedure include radiology, periodontics, restorative surgery, fixed prosthodontics, aesthetic dentistry, implant dentistry, endodontics, removable prosthodontics, orthodontics and oral and maxillofacial surgery.

### a) Zimbabwe

We reviewed the nineteenth edition of the tariff fees for Zimbabwe Medical Association and National Association of Medical Aid Societies. The tariff has five segments describing sections for:

- Consultations and medical services including medical procedures.
- Anesthetics procedures
- Surgical procedures
- Pathological procedures
- Radiological procedures

The fees include professional fees and cost for procedure (professional fees and cost by the facility for the procedure). The rates are for General Practitioners (GPs) and specialists with no sub-division of specialists and super-specialists.

## Consultation Fees

1. The consultation fees for GPs are charged according to:

- Place of consultation: there are different consultation fees charged depending on whether a patient is seen in a practitioner's office, during home visits, hospital or nursing home visits.
- Whether it is initial or subsequent consultation: A patient can only be seen by specialist only on referral by registered GP and for a specialty for which the specialist is registered. This applies for the same illness or condition for a period not more than 21 days. For chronic illness or condition, the fees of subsequent consultation do apply after 21 days. The GP's initial consultation fee is 70% of the average fees for specialist physician's initial fees and two subsequent consultations. The GP's subsequent consultation fees are 85% of the general practitioner initial consultation fee. For surgery and anesthesia: No charge for local anesthesia. Where two surgeons are involved, a prior agreement on sharing of the fees between the two surgeons is made and fees can increase by 25-30%.

2. The consultation fees for specialist are charged according to:

- Initial consultation at rooms
- Subsequent consultation at rooms for same illness
- Initial consultation at hospital, nursing home or residence
- Subsequent consultation at hospital per day
- Subsequent consultation at hospital or nursing home-maximum per week.

## **Procedure and surgery fees**

The procedure and surgical fees charged by a GP are 70% of the prescribed amount in the tariff. For minor procedures the GP gets 100% of the prescribed amount in the tariff. For all procedures a specialist gets 100% of the prescribed amount in the tariff. For an urgent or emergency pathology service provided outside normal working hours, the fees charged include an additional 100% of the fees in the tariff.

### **b) United Kingdom**

The British Medical Association sets and agrees a schedule of fees with various Government departments and agencies for routine work (e.g. certificates, reports and examinations) that doctors are asked to undertake. Where there is no agreement in place, doctors may set and agree their own fees in advance to undertaking the work. On receipt of an undertaking to pay the doctor's professional fee at the agreed rate, the work should be completed as quickly as possible and processed in the normal way. It is important that if proper professional fees are to be charged, high quality reports should be produced and processed quickly, normally within 10 working days of receipt of the request. Fees are standardized on hourly basis with full rate for first hour and 50 per cent for each subsequent hour or part. Consultation fees are charged per hour of service and additional details are provided in annex 3.

The next chapter is on guidelines for consultancy and professional fees for procedures, which have been developed, based on the average of the current fees and the standard deviation.

## 5. RECOMMENDED GUIDELINES FOR CONSULTATION AND PROCEDURES FEES

Table 15: Glossary of terms for Consultation and Professional fees

Service	Definition
First Consultation	Clinical /professional assessment of a patient/client for not more than 30 minutes.
Home visit (day)	A consultation at the residence of the patient/client.
Home visit (night)	A consultation at the residence of the patient/client. It is from 6.00PM-6.00 AM.
Emergency (day)	Any consultation that needs urgent attention within 30 minutes short of this there could be a sequel/undesirable consequences to the patient/client.
Emergency (night)	Any consultation that needs urgent attention within 30 minutes short of this there could be a sequel to the patient/client done between 6.00PM and 6.00AM.
ICU Visit	Within an hour consultation in an established hospital intensive care unit
High Dependence Unit (HDU)	Within an hour consultation in an established hospital HDU.
Witnessing a postmortem	Another practitioner is present when a registered practitioner performs a post mortem.
Performing a postmortem	When a registered practitioner performs a postmortem as indicated in the medical and dental profession.
General medical & dental reports	A medical or dental report for exclusive use by the patient.
Medical & dental legal reports	A medical or dental report to be presented to an entity in Law and Order Sector or related institution (s).
Court appearance	Any requirement of a medical or a dental practitioner to appear before a court established by law in Uganda or reciprocal country.
Theatre attendance	The presence of another practitioner in theatre as second on call.



Table 16: Guidelines - Consultation fees

Service		Minimum Fees (Ugx)	Maximum Fees (Ugx)
<b>a) First Consultation</b>			
	General Doctor	10,000	40,000
	Specialist	20,000	100,000
<b>b) Home visit (day)</b>			
	General Doctor	20,000	50,000
	Specialist	50,000	200,000
<b>c) Home visit (night)</b>			
	General Doctor	30,000	100,000
	Specialist	50,000	200,000
<b>d) Emergency (day)</b>			
	General Doctor	10,000	50,000
	Specialist	30,000	100,000
<b>e) Emergency (night)</b>			
	General Doctor	10,000	50,000
	Specialist	50,000	200,000
<b>f) ICU Visit</b>			
	General Doctor	30,000	100,000
	Specialist	50,000	550,000
<b>g) High Dependence Unit</b>			
	General Doctor	50,000	150,000
	Specialist	100,000	500,000
<b>h) Witnessing a postmortem</b>			
	General Doctor	100,000	100,000
	Specialist	200,000	200,000
<b>i) Performing a postmortem</b>			
	General Doctor	50,000	200,000
	Specialist	100,000	1,000,000
<b>j) General medical &amp; dental reports</b>			
	General Doctor	10,000	180,000
	Specialist	20,000	200,000
<b>k) Court appearance</b>			
	General Doctor	15,000	200,000
	Specialist	50,000	500,000
<b>l) Theatre attendance</b>			
	General Doctor	10,000	150,000
	Specialist	30,000	250,000
<b>m) Sit-in consultancy</b>			
	General Doctor	10,000	50,000
	Specialist	50,000	100,000
<b>n) Teaching consultancy per hour</b>			
	General Doctor	50,000	100,000
	Specialist	100,000	200,000

o) Family/group consultation			
	General Doctor	50,000	100,000
	Specialist	70,000	200,000

Table 17: Guidelines - Professional fees (General Surgery)

Procedure		Minimum Fees (Ugx)	Maximum Fees (Ugx)
<b>I. General Surgery</b>			
<b>p) Complex major procedures</b>			
<b>i. Abdominoperineal resection</b>			
	Specialist	550,000	900,000
<b>ii. Anterior resection of rectum</b>			
	Specialist	280,000	550,000
<b>iii. Total gastrectomy</b>			
	Specialist	280,000	550,000
<b>iv. Total esophagectomy</b>			
	Specialist	550,000	1,500,000
<b>v. Unilateral adrenalectomy</b>			
	Specialist	281,400	550,000
<b>a) Major procedures</b>			
<b>i. Splenectomy</b>			
	Specialist	180,000	1,100,000
<b>ii. Parathyroidectomy</b>			
	Specialist	360,000	510,000
<b>iii. Drainage of breast abscess</b>			
	General Doctor	5,000	110,000
	Specialist	80,000	350,000
<b>iv. Breast lumpectomy</b>			
	General Doctor	50,000	145,000
	Specialist	330,000	575,000
<b>v. Total thyroidectomy</b>			
	Specialist	670,600	1,100,000
<b>b) Minor procedures</b>			
<b>i. Skin biopsy</b>			
	General Doctor	20,000	300,000
	Specialist	70,000	390,000
<b>ii. Excision of warts / skin lesions</b>			
	General Doctor	30,000	300,000
	Specialist	120,000	390,000
<b>iii. Adult circumcision</b>			
	General Doctor	30,000	300,000
	Specialist	70,000	300,000

Table 18: Guidelines - Professional Fees (Orthopedic Surgery)

Orthopaedic Surgery Procedure		Minimum Fees (Ugx)	Maximum Fees (Ugx)
<b>Non Surgical Procedures</b>			
Reduction of Fracture/ Dislocation (General Anaesthesia)		500,000	1,500,000
Reduction of Fracture/ Dislocation (No G.A)		300,000	500,000
Intra Articular Injections		150,000	300,000
Needle Biopsies		500,000	800,000
Club Foot Correction (Ponsetti)		300,000	1,000,000
<b>Surgical procedures</b>			
<b>A. SPINE</b>			
1	Cervical spine		
	Non Instrumented	3,500,000	5,000,000
	Instrumented	5,000,000	7,000,000
2	Thoracolumbar spine		
	Non Instrumented	5,000,000	7,000,000
	Instrumented	7,000,000	10,000,000
<b>B. ARTHROPLASTY</b>			
	1. Hemiarthroplasty	2,500,000	4,000,000
	2. Total Joint replacement		
	Primary	4,000,000	5,000,000
	Revision	5,000,000	8,000,000
	3. Excisional Arthroplasty	1,000,000	2,000,000
<b>C. ARTHROSCOPY</b>			
	Diagnostic	1,500,000	3,000,000
	Reconstruction	2,000,000	5,000,000
<b>D. TRAUMA</b>			
	Orif Long Bones	2,000,000	5,000,000
	Orif Pelvis	3,000,000	5,000,000
	Open Reduction Of Dislocation	1,000,000	3,000,000
	External Fixator Application	1,000,000	4,000,000
	Kirshner Wiring	1,000,000	2,500,000
	Removal Of Implants	1,000,000	3,500,000
<b>E. AMPUTATIONS</b>			
	Minor	1,000,000	2,000,000
	Major	2,000,000	4,000,000
<b>F. TENDON SURGERY</b>			
	Repair	1,000,000	5,000,000
	Transfers	2,000,000	5,000,000
<b>G. ANTHROTOMY</b>			
	Small Joint	1,000,000	2,500,000
	Large Joint	2,500,000	4,000,000
<b>H. ARTHRODESIS</b>			
	Small Joint	1,000,000	2,500,000
	Large Joint	2,500,000	4,000,000
<b>I. OSTEOTOMIES (EXCLUDING SPINE)</b>			
	With Casting	1,500,000	2,500,000
	With ORIF	2,000,000	4,000,000
	With External Fixator	2,000,000	4,000,000
<b>J. SEQUESTRECTOMY</b>			
	Small bones	1,000,000	2,000,000
	Large bones	1,500,000	2,500,000
<b>K. EXCISIONS</b>			

	Radius/Fibula	1,000,000	2,000,000
	Soft Tissue Masses	1,000,000	2,000,000
<b>L.</b>	<b>CARPAL TUNNEL DECOMPRESSION</b>	1,000,000	2,000,000
<b>M.</b>	<b>LIGAMENT REPAIR</b>	1,500,000	4,500,000
<b>N.</b>	<b>SURGICAL DEBRIDEMENT</b>	1,000,000	3,000,000
<b>O.</b>	<b>BONE GRAFT (AS SINGLE PROCEDURE)</b>	1,000,000	3,500,000
<b>P.</b>	<b>SOFT TISSUE RELEASE</b>	1,000,000	2,500,000
<b>Q.</b>	<b>TUMOUR SURGERY (EXCISION)</b>	2,000,000	4,500,000

Table 19: Guidelines - Professional fees (Obstetrics and Gynecology)

Obstetrics and Gynecology Procedure		Minimum Fees (UGX)	Maximum Fees (UGX)
<b>a) Major complex procedure</b>			
<b>i. Ovarian cancer resection (pelvic clearance)</b>			
	Specialist	200,000	450,000
<b>ii. Repair of vesicovaginal</b>			
	General Doctor	150,000	300,000
	Specialist	200,000	450,000
<b>b) Minor procedure</b>			
<b>i. Repair of broken episiotomy / third degree tear</b>			
	General Doctor	25,000	300,000
	Specialist	50,000	350,000
<b>ii. Normal delivery</b>			
	General Doctor	30,000	270,000
	Specialist	50,000	400,000
<b>iii. Ceaserian Section</b>			
	General Doctor	125,000	500,000
	Specialist	200,000	800,000
<b>iv. Augmented delivery</b>			
	General Doctor	110,000	500,000
	Specialist	245,000	660,000

Table 20: Guidelines - Professional fees (Pediatrics)

Pediatric Procedures		Minimum Fees (Ugx)	Maximum Fees (Ugx)
<b>i</b>	<b>Exchange transfusion</b>		
	Pediatrician	200,000	400,000
<b>ii</b>	<b>Cannulae fixation</b>		
	General Doctor	22,500	37,500
	Pediatrician	30,000	50,000
<b>iii</b>	<b>Venepuncture</b>		
	General Doctor	7,500	15,000
	Pediatrician	10,000	20,000
<b>iv</b>	<b>Intravenous chemotherapy</b>		
	General Doctor	37,500	75,000
	Pediatrician	50,000	100,000
<b>v</b>	<b>Intraosseus cannulation</b>		
	General Doctor	37,500	75,000
	Pediatrician	50,000	100,000
<b>vi</b>	<b>Central line insertion</b>		
	General Doctor	75,000	150,000
	Pediatrician	100,000	200,000
<b>vii</b>	<b>Venous cut down</b>		
	General Doctor	75,000	150,000
	Pediatrician	100,000	200,000
<b>viii</b>	<b>Femoral vein cannulation</b>		
	General Doctor	75,000	150,000
	Pediatrician	100,000	200,000
<b>ix</b>	<b>Umbilical catheterization</b>		
	General Doctor	75,000	150,000
	Pediatrician	100,000	200,000
<b>x</b>	<b>Lumbar Puncture</b>		
	General Doctor	22,500	37,500
	Pediatrician	30,000	50,000
<b>xi</b>	<b>Resuscitation</b>		
	General Doctor	75,000	150,000
	Pediatrician	100,000	200,000
<b>xii</b>	<b>Pleural tap</b>		
	General Doctor	75,000	150,000
	Pediatrician	100,000	200,000
<b>xiii</b>	<b>Pleural biopsy</b>		
	General Doctor	75,000	150,000
	Pediatrician	100,000	200,000
<b>xiv</b>	<b>Intubation</b>		
	General Doctor	37,500	75,000
	Pediatrician	50,000	100,000
<b>xv</b>	<b>Suprapubic bladder aspiration</b>		
	General Doctor	50,000	100,000
	Pediatrician	75,000	150,000
<b>xvi</b>	<b>Urinary catheter insertion</b>		
	General Doctor	15,000	50,000
	Pediatrician	20,000	75,000
<b>xvii</b>	<b>Supra-pubic bladder tap</b>		
	General Doctor	15,000	50,000
	Pediatrician	20,000	75,000

<b>xviii. Supra-pubic catheterization</b>			
	General Doctor	15,000	50,000
	Pediatrician	20,000	75,000
<b>xix. N.G. tube insertion</b>			
	General Doctor	7,500	15,000
	Pediatrician	10,000	20,000
<b>xx. Flatus tube insertion</b>			
	General Doctor	7,500	15,000
	Pediatrician	10,000	20,000
<b>xxi. Proctoscopy</b>			
	General Doctor	75,000	150,000
	Pediatrician	100,000	200,000
<b>xxii. Enema</b>			
	General Doctor	7,500	15,000
	Pediatrician	10,000	20,000
<b>xxiii. Manual removal of impacted stool</b>			
	General Doctor	7,500	15,000
	Pediatrician	10,000	20,000
<b>xxiv. Removal of foreign bodies Eye, nose, ear, rectum and vagina</b>			
	General Doctor	37,500	60,000
	Pediatrician	50,000	80,000
<b>xxv. Bone marrow aspirate</b>			
	General Doctor	75,000	150,000
	Pediatrician	100,000	200,000
<b>xxvi. Splenic aspirate</b>			
	General Doctor	75,000	150,000
	Pediatrician	100,000	200,000
<b>xxvii. Peri-cardiac tap/aspirate</b>			
	Pediatrician	300,000	500,000

Table 21: Guidelines - Professional fees (Radiology and Imaging)

Radiology Service Fees (Includes Consultation Services)	View	Minimum Fees (Ugx)	Maximum Fees (Ugx)
<b>i. Price list for plain x-ray examinations</b>			
Chest	PA/AP	50,000	70,000
Chest	LAT	50,000	70,000
Chest	PA/LAT	50,000	70,000
Abdomen	AP/PA/Erect	50,000	70,000
Pelvis	AP	50,000	70,000
Pelvis	LAT	50,000	70,000
Skull	AP/LAT	50,000	70,000
Skull	AP/LAT/Conned ST	50,000	70,000
Paranasal sinuses	AP, LAT, OM	50,000	70,000
Internal auditory meat ii		50,000	70,000
Temporo-mandibular joints	AP & Obliques	50,000	70,000
Mandibles	AP 7 Obliques	50,000	70,000
Post nasal space	LAT	50,000	70,000
Mastoids	AP & Obliques	50,000	70,000
Cervical spine	AP & LAT	50,000	70,000
Cervical spine	OBLIQUE 2	50,000	70,000
Thoracic spine	AP & LAT	50,000	80,000
Lumbo-sacral spine	AP & LAT	50,000	80,000

Shoulder joints	AP & LAT	50,000	70,000
Scapula	AP & LAT	50,000	70,000
Forearm	AP & LAT	50,000	70,000
Hand	AP & LAT	50,000	70,000
Finger	AP & LAT	50,000	70,000
Elbow joint	AP & LAT	50,000	70,000
Wrist joint	AP & LAT	50,000	70,000
Scaphoid	4-VIEWS	50,000	70,000
Hip joint	AP & LAT	50,000	70,000
Femur	AP & LAT	50,000	70,000
Knee joint	AP & LAT	50,000	70,000
Leg	AP & LAT	50,000	70,000
Ankle joint	AP & LAT	50,000	70,000
Foot	AP & OBLIQUE	50,000	70,000
<b>ii. Special examinations</b>			
Hysterosalpingogram (HSG)		100,000	150,000
Cystourethrogram (CUG)		120,000	160,000
Urethrogram		120,000	160,000
Intra venous pyelogram (IVP)		170,000	200,000
Sinogram/fistulogram		120,000	150,000
Hysterosalpingogram (HSG)		100,000	150,000
Cystourethrogram (CUG)		120,000	160,000
Barium swallow		160,000	200,000
Arteriography		500,000	600,000
<b>iii. Mammography</b>			
Mammography 4-views		100,000	150,000
Galactography		150,000	200,000
<b>iii. Ultrasound scan examinations</b>			
Abdomen		50,000	100,000
Pelvis		50,000	100,000
Obstetric (general)		50,000	100,000
Special techniques			
Biophysical profile		75,000	150,000
Endovaginal		75,000	150,000
Endo-rectal		75,000	150,000
Small parts			
Breasts		75,000	150,000
Thyroid		75,000	150,000
Scrotum		75,000	150,000
Joints		75,000	150,000
Muscles/tendons		75,000	150,000
Orbits		75,000	150,000
Doppler studies			
Doppler (DVT)		100,000	200,000
Doppler (venous insufficiency)		200,000	300,000
Arterial doppler (extremities)		100,000	200,000
Carotid Doppler		200,000	300,000
Av shunts		200,000	300,000
Doppler (augmentation)		150,000	200,000
Renal Doppler		200,000	300,000
Penile Doppler		300,000	500,000
<b>iv. CT Scans</b>			
<b>C/NC (NC=Non contrasted C= Contrasted)</b>			
CNS	NC		

CNS	C	240,000	360,000
Brain		240,000	360,000
Orbits		240,000	360,000
Ear	NC	240,000	360,000
Inner Ear	C	240,000	360,000
Chest	NC	240,000	360,000
Chest	C	240,000	360,000
HRCT Lung	NC	240,000	600,000
HRCT Lung	C	240,000	600,000
Cervical Spine	NC	240,000	360,000
Cervical Spine	C	240,000	360,000
Neck		240,000	360,000
Lumber Spine	NC	240,000	360,000
Lumber Spine	C	240,000	360,000
Thoracic Spine	NC	240,000	360,000
Thoracic Spine	C	240,000	360,000
Abdomen	NC	240,000	360,000
Abdomen	C	240,000	360,000
CT myelography (Lumber, Thoracic, Cervical Spine)		240,000	360,000
Limbs	NC	240,000	360,000
Limbs	C	240,000	360,000
Pelvis	NC	240,000	360,000
Pelvis	C	240,000	360,000
Pituitary fossa		240,000	360,000
Multiphase liver		360,000	600,000
Multiphase pancreas		360,000	600,000
Multiphase kidney		360,000	600,000
CT Endoscopy	NC	360,000	600,000
CT Endoscopy	C	360,000	600,000
CT Guided Biopsy		360,000	600,000
CT scan joints (knee, TMJ, shoulder, Ankle, etc.)		360,000	600,000
CT Colonography		360,000	600,000
Denta Scan	NC	360,000	600,000
Denta Scan	C	360,000	600,000
Neck/Cerebral Ct Angiography		360,000	600,000
Urologic CT Scan (KCB)		360,000	600,000
Chest/Abd/Limbs CT		360,000	600,000
Angiography			
Abd + Pelvis		360,000	600,000
<b>v. MRI Examinations</b>			
CNS	NC	500,000	1,000,000
CNS	C	500,000	1,000,000
Brain		500,000	1,000,000
Orbits		500,000	1,000,000
Ear	NC	500,000	1,000,000
Inner Ear	C	500,000	1,000,000
Chest	NC	500,000	1,000,000
Chest	C	500,000	1,000,000
Cervical Spine	NC	500,000	1,000,000
Cervical Spine	C	500,000	1,000,000
Neck		500,000	1,000,000
Lumber Spine	NC	500,000	1,000,000



Lumber Spine	C	500,000	1,000,000
Thoracic Spine	NC	500,000	1,000,000
Thoracic Spine	C	500,000	1,000,000
Abdomen	NC	500,000	1,000,000
Abdomen	C	500,000	1,000,000
Myelography (Lumber, Thoracic, Cervical Spine)		500,000	1,000,000
Limbs	NC	500,000	1,000,000
Limbs	C	500,000	1,000,000
Pelvis	NC	500,000	1,000,000
Pelvis	C	500,000	1,000,000
Pituitary fossa		500,000	1,000,000
Multiphase liver		700,000	1,500,000
Multiphase pancreas		700,000	1,500,000
Multiphase kidney		700,000	1,500,000
Joints (knee, TMJ, shoulder, Ankle, etc.)		700,000	1,500,000
Colonography		700,000	1,500,000
Neck/Cerebral MRI Angiography		700,000	1,500,000
Urologic CT Scan (KCB)		700,000	1,500,000
Chest/Abd/Limbs MRI		700,000	1,500,000
Angiography			
Abd + Pelvis		700,000	1,500,000
<b>vi. Interventional procedures</b>			
Biopsy (general)		200,000	300,000
Prostatic Biopsy		300,000	500,000
<b>vii. Nuclear medicine</b>			
Renal Scan Cortical		150,000	200,000
Renal GFR		100,000	200,000
Liver Scan		100,000	150,000
Bone Scan		200,000	250,000
Bone marrow scan		100,000	150,000
Lung perfusion scan		100,000	150,000
Lung ventilation scan		100,000	150,000
Brain Scan (DTPA/GHA)		100,000	150,000
Brain Scan (HMPAO)		200,000	250,000
Cardiac Perfusion Scan (Thal-201)		200,000	250,000
Cardiac perfusion scan (MIBI)		250,000	300,000
Cardiac MUGA Scan		150,000	200,000
Parathyroid scan (Thalium)		100,000	150,000
Thyroid scan		50,000	75,000
Adrenal scan		200,000	250,000
Tumour imaging (MIBI)		250,000	300,000
Tumour imaging (TThalium-201)		150,000	200,000
Infection imaging		200,000	250,000

Table 22: Guidelines - Professional Fees (Dentistry)

Dentistry Procedure		Minimum fees (UGX)	Maximum Fees (UGX)
<b>i. Periodontal procedures</b>			
	Polishing	10,000	100,000
	Scaling and polishing	10,000	200,000
	Splinting mobile teeth	20,000	400,000
	Crown lengthening	40,000	450,000
<b>ii. Minor oral surgery</b>			
	Treatment of dry socket	10,000	100,000
	Extraction-simple	10,000	150,000
	Surgical toilet/suturing	10,000	150,000
	Root removal	15,000	200,000
	Splinting of teeth	20,000	250,000
	Frenectomy	25,000	250,000
	Incision/Excision biopsy	40,000	350,000
	Disimpaction	30,000	500,000
	Incision and drainage (intra-oral)	20,000	500,000
	Extraction-difficult	10,000	700,000
	Incisional and drainage (extra-oral)	40,000	700,000
	Maxillo-mandibular fixation	150,000	1,000,000
	Drainage/excision of a facial sebaceous cyst	100,000	1,500,000
	Apicectomy	30,000	2,000,000
	Removal of impacted canines	30,000	2,000,000
<b>iii. Radiology</b>			
	Cephalometric radiograph	-	40,000
	Occlusal view	10,000	80,000
	OPG	6,000	90,000
	Periapical/Bitewing	10,000	200,000
	3D radiography	-	480,000
<b>iv. Restorations</b>			
	Glass ionomer	15,000	80,000
	Amalgam-medium	10,000	90,000
	Amalgam-large	15,000	120,000
	Composite-medium	20,000	120,000
	Fissure sealing per tooth	10,000	150,000
	Amalgam-small (1 spill)	15,000	150,000
	Amalgam-very large (>3spill)	10,000	150,000
	Composite-large	13,500	150,000
	Composite-small	20,000	180,000
	Composite-very large	25,000	220,000
	Pins (for each pin)	25,000	500,000
<b>v. Aesthetic dentistry</b>			
	Vital bleaching (per arch)	56,000	130,000
	Porcelain veneer	60,000	980,000
	Non-vital bleaching (per tooth)	40,000	1,000,000
	Composite veneer	60,000	1,200,000
<b>vi. Fixing prosthodontics</b>			

	Temporary crown	50,000	250,000
	Post and core build-up	70,000	400,000
	Partial veneers	50,000	500,000
	Crown and bridge removal	free	600,000
	Stainless steel crown	100,000	650,000
	Recementation	30,000	1,000,000
	Crown/bridge per unit	70,000	1,500,000
	Inlays/Onlays	70,000	1,500,000
<b>vii. Removable prosthetics</b>			
	Complete upper and lower denture	100,000	2,400,000
	Complete upper OR lower denture	250,000	1,200,000
	Acrylic partial denture (first tooth)	50,000	300,000
	Acrylic partial denture (per additional tooth)	15,000	150,000
	Repair of broken denture	35,000	250,000
	Addition of tooth on denture	15,000	150,000
	Relining/ Rebased	35,000	250,000
<b>viii. Orthodontics</b>			
	Repair of removable appliances	100,000	300,000
	Diagnosis and treatment planning	10,000	350,000
	Removable space maintainer	100,000	500,000
	Removable habit breaker	200,000	500,000
	Retainer	100,000	600,000
	Band and loop space maintainer	150,000	800,000
	Model, tracing and analysis	20,000	1,500,000
	Removable appliances	100,000	2,110,000
	Functional appliances	250,000	2,530,000
	Fixed appliances	200,000	5,000,000

**Table 23: Guidelines - Professional Fees (Psychiatry)**

<b>Psychiatry</b>	<b>Minimum Fees (Ugx)</b>	<b>Maximum Fees (Ugx)</b>
Half Hour Family/Group Psychotherapy	100,000	150,000
Half Hour Individual Psychotherapy	80,000	100,000
Psychiatric Medico-Legal Assessment	250,000	500,000
Psychiatric Reports	75,000 per page	150,000 per page
ECT per treatment (excludes GA)	100,000	150,000
Assessment under narcosis (Sodium Amytal etc)	150,000	200,000
Rapid Neuroleptisation	150,000	200,000
7-day admission package	500,000	750,000
Psychometric Testing/assessment	300,000	500,000
EEG Evaluation	200,000	350,000
Psychiatric Affidavits	200,000	500,000

## 6. CONCLUSION

The recommended guidelines provide a menu for consultation and procedure fee schedule for different medical and dental procedures and consultation services. The presentation of the fee guidelines as a range (i.e. minimum and maximum fees) caters for a continuum of health facilities ranging from rural to urban, small to big as well as the level of specialty of medical practitioners. These guidelines will empower the public with accurate information about health care buying options and contribute to improved access to affordable and quality health care. In addition, the guidelines will provide a basis for medical and dental charges and aid in planning of health services by providers, and clients. The guidelines should be interpreted in the context of fees being a new idea in the Ugandan health sector. More resources could be committed by the health sector for periodical and comprehensive review of the guidelines. Finally, we recommend that fee schedules be adjusted according to prevailing inflation as pronounced by Uganda Bureau of Statistics in line with the existing practice in the Republic of Kenya.

## 7. REFERENCES

- i) The Kenya Medical Practitioners and Dentists Fee Guidelines (2013)
- ii) The Relative Value Schedule Zimbabwe Medical Association and National Association of National Association of Medical Aid Societies 2002 Edition.
- iii) Terms of reference for developing and disseminate professional fee guidelines for healthcare professionals in Uganda
- iv) The Advocates (Remuneration and Taxation of Costs) Rules. Arrangement of Rules, January 2000: Statutory Instrument 267—4

### 7.1 Annex I: TOOLS

#### 1 KEY INFORMANT INTERVIEW GUIDE

1. What is the current practice of professional fee setting and monitoring in Uganda
  - How are professional fees set in your organization/health facility?
  - Who are involved in the fee setting process?
  - Do you have any review process for the fees? How often are the fees revised/ reviewed?
  - Do you have any monitoring mechanism for the fees in your organization? Who is involved in the monitoring process?
2. What are the professional fees of the selected procedures and how do they compare with the region? (See the select list)
3. What are your proposed fees for consultations as per the categories under consideration and how do they compare in the region? (See the select list).
4. How do the fees compare with other professions such as the Uganda Law Society?
  - i. How do consultation fees charged by medical practitioners compare with that charged by lawyers?
  - ii. How the fees charged in terms of time spent performing a procedure in medical practice compare with that charged by lawyers in providing specified services such as commercial business transactions?
5. How can the fees setting be best managed (annual reviews/pegged on a dollar/ gazzeting by UMDPC etc.)?
6. Any other issue that you deem important to meet the objectives of this study.

## Annex 2: Fee Guidelines for Medical & Dental Practitioner in Kenya

<b>A GENERAL PRACTITIONERS</b>	<b>Minimum(Kshs):</b>	<b>Maximum(Kshs):</b>
<b>Consultations</b>		
First Consultation	1,500.00	4,000.00
Follow-up Consultation for the same condition	1,500.00	4,000.00
<b>House Visits</b>		
Day Time	3,000.00	6,000.00
Night Time	5,000.00	10,000.00
<b>Hospital Visit</b>		
Day Time	3,000.00	6,000.00
Night Time	5,000.00	10,000.00
<b>B: SPECIALIST</b>		
	<b>Minimum(Kshs):</b>	<b>Maximum(Kshs):</b>
<b>Consultations</b>		
First Visit	3,000.00	6,000.00
Follow-up Consultation for the same condition	3,000.00	6,000.00
<b>House Visits</b>		
Day Time	5,000.00	10,000.00
Night Time	10,000.00	15,000.00
<b>Hospital Visit</b>		
Day Time	5,000.00	10,000.00

*Adapted from Kenya Fees Guidelines for Medical & Mental Practitioners, 3rd Edition, 2013*

## Annex 3: Consultation fees for medical practitioners in UK

<b>Services</b>	<b>Fees (UK£)</b>
<b>GP work in surgery (Private Practice)</b>	
Indicating time were necessary	179.00 per hour
Extract from records	46.50
Report on profoma (e.g 20 mins)	59.50
Written report (eg 20 mins)	90.50
Medical examination and report in surgery (e.g. 45 mins)	130.00
Sessional fee (eg 3 hours)	539.00
<b>Work out of surgery including Medical boards, tribunals and lectures</b>	
Up to one hour	90.50
Up to two hours	179.00
Session (eg 3 hours)	269.50
Certificate (no time element involved)   UK£ = UGX 4,471	19