KENYA MEDICAL PRACTITIONERS
PHARMACISTS AND DENTISTS UNION

DOCTORS TERMS & CONDITIONS
OF SERVICE
{A Proposal}

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DEFINITION OF TERMS
Doctor – Any healthcare worker who has qualified with a degree in Medicine & Surgery
(MBChB), Pharmacy (BPharm), Dentistry (BDS), or their equivalents.
Specialist – Any ‘doctor’ who acquires a masters’ degree
Sub-specialist – Any specialist with post-masters training in a relevant field
Resident – doctors undergoing specialist training
PREAMBLE
Health care in Kenya has been poor for various reasons. One of the most significant of these reasons is under-staffing. There are few workers in service who are over-worked and demotivated and barely equipped to deal with the steadily increasing burden of providing healthcare to the citizens of Kenya most of whom are unable to afford healthcare outside our dilapidated public health system.

Doctors provide an invaluable service to the republic. Regrettably, their terms of service are very poor and have been pushing doctors out of civil service and/ or the country contributing to brain-drain that costs two billion shillings annually.

Doctors are required to meet very high and stringent qualifications before they begin practice. They also carry high societal expectation and responsibility.

Despite the foregoing, doctors continue to work under strenuous conditions with working times beyond the defined Civil Service hours of 8.00 am to 5.00 pm. Many doctors have to work regularly for more than 12 hours a day and still have to be on standby for calls at night, weekends and public holidays.

Doctors have also suffered significantly by being lumped together with all the other civil servants under the Public Service Commission (PSC). Many times the policy makers when deciding on doctors’ remuneration tend to ignore the different circumstances under which these professionals work. It is thus a justified feeling that doctors do not get the remuneration they deserve in comparison to the amount of work they do.

In addition to poor remuneration, certain approved allowances for doctors have been withdrawn in unclear circumstances in the recent past.

The current salaries were last revised in 2002 and the inflation has since changed by 300%. This document proposes measures that should be undertaken if we’re to begin sorting out the problems that bedevil our healthcare system. The amounts suggested have been influenced by prevailing high cost of living, and by salaries awarded to doctors in countries with similar socio-economic status like Zambia, South Africa and Namibia where the least paid doctor earns at least KSh. 250,000.00
TERMS OF SERVICE

A. WORK HOURS
All Doctors shall work for 40 hours per week, 8 – 5 pm.
Extra hours worked shall be deemed to be ‘Over Time’ and shall be compensated as stipulated here-under.

i. CALL ALLOWANCE
Duty is work done during ordinary stipulated work hours. Doctors need to be compensated for working any time outside these hours, as done in other parastatals. Officers are also required to permanently be within their working station irrespective of whether they are on duty or not.
Overtime rate in other parastatals is one and a half the amount paid during the normal working hours. The recommended call allowance is 150% of the basic salary

ii. EXTRANEOUS ALLOWANCE
There are many unforeseen circumstances that call for duty to care irrespective of time and commitment. An example is when operating on a patient. The seemingly short procedure may take longer than expected and go beyond one’s working hours.
During national wide scale disasters, a doctor can be called to go for duty, irrespective of whether he was on leave or not. The recommended extraneous allowance is 30% of the basic salary across all cadres.
B. COMPENSATION

I. Basic Salary:
Doctors shall be paid salaries depending on qualification and experience as stipulated here-under:

<table>
<thead>
<tr>
<th>POSITION</th>
<th>BASIC SALARY (KSh)</th>
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<tbody>
<tr>
<td>Medical Officer/Dental/ Pharmacist Intern</td>
<td>200,000</td>
</tr>
<tr>
<td>Medical Officer 2/ Pharmacist 2</td>
<td>250,000 - 300,000</td>
</tr>
<tr>
<td>Medical Officer 1/ Pharmacist 1</td>
<td>300,000 – 350,000</td>
</tr>
<tr>
<td>Senior Medical Officer/ Senior Pharmacist/ Assistant DMS/ Assistant Chief Pharmacist (ACP)/ Residents</td>
<td>300,000 - 400,000</td>
</tr>
<tr>
<td>Medical Specialists 2/ Senior ADMS/ Senior ACP/ Pharmaceutical Specialist</td>
<td>400,000 – 450,000</td>
</tr>
<tr>
<td>Medical specialist 1/ Deputy DMS/ Chief Medical Officer/ Deputy Chief Pharmacist</td>
<td>450,000 – 500,00</td>
</tr>
<tr>
<td>Chief Medical Specialist/ Senior Deputy DMS/ Senior Deputy Chief Pharmacist</td>
<td>500,000 – 600,000</td>
</tr>
<tr>
<td>Director of Medical Services/ Chief Pharmacist</td>
<td>600,000 – 800,000</td>
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NOTE:
1. Dentists scale shall be similar to that of Medical practitioners
2. ALL DOCTORS UNDERTAKING SPECIALIST TRAINING IN THE COUNTRY, SELF-SPONSORED AND GOVERNMENT SPONSORED, MUST BE PAID, FULL SALARY AND ALLOWANCES INCLUDING CALL ALLOWANCE. They will be paid in the category of residents above or their current job group, whichever is higher.

Inflation Adjustment:
Yearly increment shall be equivalent to the prevailing inflation rate or 10% whichever is higher.
II. MOTIVATION FOR SPECIALIZATION AND SUB-SPECIALIZATION
The country has a dire shortage of specialists and sub-specialists. In order to encourage doctors to specialize, an allowance shall be awarded to those who specialise as follows

YEARS WORKED POST TRAINING PROPOSED SPECIALIST ALLOWANCE
Specialist III Less than 2 years Kshs. 60,000 pm
Specialist II 2-5 years Kshs. 70,000 pm
Specialist I More than 5 years Kshs. 80,000 pm

SUB-SPECIALISTS
A special allowance be paid to sub-specialists commensurate to the duration of training

DURATION OF TRAINING PROPOSED SPECIAL ALLOWANCE (per month)
Up to 6 months Kshs. 100,000
6 months to 1 year Kshs. 150,000
More than 1 year Kshs. 200,000

III. ALLOWANCES AND BENEFITS
1. HOUSE ALLOWANCE
Enhanced house allowance is required so that doctors are able to rent reasonable houses. As doctors are expected to perform their duties diligently, better housing facilities lead to improved quality of his work. It should be realized that doctors offer very essential services at any time at little or no notice. Often it is at night and the doctor is forced to leave whatever dwelling place without any form of security. The doctor should therefore dwell in a secure neighbourhood so that he is not worried about security but only about his patients
House allowance currently given to doctors is not adequate, considering that the cost of housing has also increased since the last increment hence the need for higher house allowance. It is proposed that house allowance should be 30% of basic salary for all doctors, minimum of KShs. 50,000 p.m. This should be uniform in all work stations. This should stop doctors from rushing to major towns like Nairobi.

2. RISK ALLOWANCE
Doctors are exposed to many risks during the course of their work. This includes exposure to diseases, exposure to infectious diseases like TB and HIV, dangerous drugs, chemicals and irradiation, theatre risks and assault from patients or their relatives, or even revenge attacks by aggrieved parties after giving evidence in courts regarding medico-legal cases. Risk allowance is proposed to be 30% of the basic pay.

3. HARDSHIP ALLOWANCE
It has been very difficult to staff hardship areas like on North Eastern Province with doctors. Posting orders are resisted and eventually ignored. If they honour it, they spend most of their time in Nairobi seeking a transfer and if not forthcoming, almost invariably the doctor resigns. As a result, most of the services in these areas are left to Non-Governmental agencies who quite often have limitations.
There has however, been an influx of applications by government doctors to work in refugee camps in hardship areas due to attractive remunerative package offered.
We propose that a hardship allowance be offered to officers working in these areas in order to motivate doctors to work in these areas and help cover for extra cost of living in the areas in terms of transport, access, recreational facilities and academic resources. This hardship allowance shall be categorised in to three zones each earning 30, 40 and 50% respectively of basic pay.

4. NON-PRACTICE ALLOWANCE
This is an allowance paid to non-practicing Doctors within the Civil Service to compensate them for the earnings they forgo by not doing private practice. The current amount does not compensate doctors adequately for not being in private practice. There is hence an urgent need to service this figure to a more realistic level, taking into account the inflation rate. However, the amount proposed should not be considered as an adequate compensation. As a result, a number of doctors will be expected to continue part-time private practice. Also due to demands of the private practice, the doctor has a social and ethical obligation and as such may not refuse to see a patient demanding his attention in whatever setting. The committee hence recommends that non-practice allowance be 100% of the basic salary. This shall also act as an inducement for the doctors to dedicate their official working hours to working in their designated work stations. It will retain specialists who will train others and the facilities will act as training centres, this will save Government money used on specialists’ training.

5. MEDICAL ALLOWANCE & MEDICAL INSURANCE
One of the benefits that are enjoyed by many employees and their families in various organizations is the medical scheme. It also attracts people to work in these organizations. There is a misconception that, since doctors are in treatment business, they do not get sick. If a doctor gets sick today, he would not have the option of getting treatment in the hospital of his choice due to financial inaccessibility. This has lead to unwarranted deaths of very young colleagues who died because they could not afford the very service they offer. It has also resulted in doctors getting other forms of employment other than government in order to enable them and their families get access to medical care of his choice. A number of government and parastatals are already providing medical cover for their employees e.g. Kenya Airways, Public Universities, Central Bank of Kenya, Kenya Revenue Authority etc. It has hence been proposed that doctors and members of their families have an in-patient cover of 10 million shillings. This includes Group Life Insurance and Personal Accident cover. Also proposed is a medical allowance of 10% of basic pay or Ksh. 20,000 per month to cover for out-patient treatment. This insurance arrangement shall not require the doctor to pay anything before care, and shall include access to all facilities in the country where a doctor might require treatment.
6. **CAR LOAN**
The Government should facilitate affordable financing for a car loan to doctors from the level of Medical Officer 2. This amount should be up to a maximum of Ksh. 3,000,000.00. This should be a low interest loan of up to 4% p.a. on a reducing balance.

7. **TRANSPORT/COMMUTER ALLOWANCE**
Transport is a very important part of a doctor's professional life. A doctor should be available any time duty calls in his area of work. A doctor has to make frequent trips to and from work, day and night especially when on call. In many instances, the doctor is called to testify in courts for medico-legal cases as part of their duty, some of which are in areas far from their work stations in which case they have to meet their own cost of transport. To compensate the doctor for the cost of running the car in terms of high cost of fuel and maintenance, the committee recommended transport allowance of 10% of basic salary or KSh. 20,000

8. **ADMINISTRATIVE ALLOWANCE**
Administrative allowance has been proposed for all doctors who in charge of health facilities and other institutions. E.g. Medical Officers of Health and their Assistants, Medical Superintendents and their Assistants, and Heads of Departments. The PMOs shall be considered as level V in the proposed Administrative Allowance. This allowance will depend on the health facility and is as follows:

<table>
<thead>
<tr>
<th>LEVEL OF FACILITY ALLOWANCE</th>
<th>BASIC ALLOWANCE</th>
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<tbody>
<tr>
<td>Level II</td>
<td>20% of basic salary</td>
</tr>
<tr>
<td>Level III</td>
<td>30% of basic salary</td>
</tr>
<tr>
<td>Level IV</td>
<td>50% of basic salary</td>
</tr>
<tr>
<td>Level V</td>
<td>80% of basic salary</td>
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</tbody>
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9. **SABBATICAL LEAVE ALLOWANCE**
A sabbatical leave allowance has been proposed for specialists every 3 years. This should be equivalent to 100% basic pay. During this period, the doctor should continue to receive his full salary and allowances. This is important for it will help the doctor update his clinical skills and knowledge. In the long run this shall reduce malpractices hence lower levels of litigations as currently being experienced.

10. **LEAVE ALLOWANCE**
This should be equivalent to one month's basic salary.

11. **CPD ALLOWANCE**
All doctors shall get an allowance of KSh. 5000 per month for continuous professional development. This will fund journal subscription, conference, workshop and seminar fees.

12. **WORKMAN’S COMPENSATION**
A significant number of doctors get occupational diseases or injuries directly related their work. These include infections like TB and injuries like needle pricks or cuts. Where such occur, the affected doctor shall receive the due workman’s compensation
IV. TAXATION OF ALLOWANCES
All income should be taxed as per existing taxation law.

C: LEAVE
i. ANNUAL LEAVE:
All doctors shall be entitled to 30-day leave every year with full salary and allowances. The leave allowance, prescribed above, shall be paid on the sixth month of every financial year.

ii. VACATION:
Every doctor shall be entitled to 14 days every year for holiday without losing any part of their salary or allowances.

iii. EDUCATIONAL LEAVE
Any doctor who wishes to undertake a self-sponsored academic programme will be entitled to educational leave after 2 years of service for courses longer than 24 months and after 1 year of service for courses shorter than 24 months. The officer shall be entitled to full salary and allowances during this leave.

iv. SABBATICAL LEAVE
Sub specialists shall be entitled to a sabbatical leave of up to 6 months after every three years of service. This duration can be run cumulatively up to 3 years at any one time.

Other statutory leaves like maternity, paternity, and sick leave shall remain as they currently are.

E: PROFESSIONAL LIABILITY INSURANCE
All doctors will be insured against any liability that may arise from their practice. This indemnity cover shall be undertaken by the employer.

F: RETIREMENT
After 20 years of service, doctors can retire with all benefits or at 50 years of age whichever is later.

G: REVIEW OF TERMS
These terms of service shall be reviewed after every 4 years but shall not be revised downwards at any cost.