

UNIVERSITY TEACHING HOSPITALS
(RECONSTITUTION OF BOARDS, ETC.) ACT

ARRANGEMENT OF SECTIONS

Composition of each University Teaching Hospital Management Board, etc.

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SCHEDULE

List of Teaching Hospitals

UNIVERSITY TEACHING HOSPITALS
(RECONSTITUTION OF BOARDS, ETC.) ACT

**An Act to provide uniform administrative structure, composition and functions of
the Management Board of all Teaching Hospitals controlled by the Federal Government.**

[1985 No. 10.]

[1st January, 1985]

[Commencement.]

Composition of each University Teaching Hospital Management Board, etc.

1. Application of this Act s

- (1) As from the commencement of this Act, the Board of Management of the teaching hospitals (in this Act referred to as the "Board") controlled by the Government of the Federation and specified in the Schedule to this Act shall be constituted and have the functions and powers set out in the following provisions of this Act.
 - (2) The President may, from time to time, by order published in the Federal *Gazette*-
 - (a) increase, vary or delete the hospitals specified in the Schedule to this Act;
 - (b) apply the provisions of this Act to other teaching hospitals that may come under the control of the Federal Government.

2. Composition of each Board

- (1) Each Board shall consist of a chairman who shall be appointed by the President on the recommendation of the Minister and the following other members, that is to say-
 - (a) the Chief Medical Director of the hospital;
 - (b) one representative of the Federal Ministry of Health;
 - (c) three persons nominated by the Minister to represent a wide variety of community interests in health matters;
 - (d) one representative of the medical profession not being a person who is a member of the teaching staff of any university;
 - (e) one representative of the senate of the associate University;
 - (f) one representative of other professions in the health field, not being a staff of the Hospital concerned;
 - (g) the Dean of the Medical School or the Provost, College of Medicine of the associate University, by whatever other name called;
 - (h) one representative of the Ministry of Health of the State in which the Teaching Hospital is situate;

- (i) the chairman of the Medical Advisory Committee of the Hospital concerned;
and
- (j) one representative of the Vice-Chancellor of the associate University.

(2) If the chairman is absent from any meeting of the Board, the members present shall appoint one of their number to preside at that particular meeting.

3. Qualification of chairman of the Board

The chairman of the Board shall be a person of proven integrity coupled with experience and outstanding ability in administration or in professional or technical education.

4. Tenure of office of members

- (1) The chairman and any member of the Board other than *ex-officio* member shall-
 - (a) hold office for such period, not exceeding four years and on such terms and conditions as may be specified in his letter of appointment;
 - (b) unless he previously vacates his office, be eligible for re-appointment for one further term of four years:
Provided that nothing in this paragraph shall be construed as entitling any person who has held office as chairman for a term and who is being re-appointed under this paragraph to be appointed again as chairman;
 - (c) be paid out of money at the disposal of the Board such remuneration and allowances in accordance with scale approved in that behalf by the President.
- (2) The office of a member of the Board shall become vacant if-
 - (a) he resigns his office by notice in writing addressed to the Minister;
 - (b) the period of his appointment has expired; or
 - (c) there is passed by the Board a resolution declaring-
 - (i) that he has become incapable, by reason of mental or bodily infirmity, of discharging his duties;
 - (ii) that he has become unfit for membership of the Board by reason of the fact that he has an interest in a contract entered into by the Board and has not disclosed that fact;
 - (iii) that he has been absent from three consecutive meetings of the Board without leave of the Board; or
 - (iv) that he has been convicted of an offence which involves moral turpitude.

(3) Soon after the office of a member of the Board has become vacant, the authority by which he was appointed shall appoint another person in his place in accordance with the provisions of this Act.

5. Appointment of Chief Medical Director, Director of Administration and other staff

(1) There shall be for each hospital a Chief Medical Director who shall be appointed by the President on such terms and conditions as may be specified in his letter of appointment or as may be determined from time to time by the Federal Government.

(2) The Chief Medical Director shall-

- (a) be a person who is medically qualified and registered as such for a period of not less than twelve years, and has had considerable administrative experience in matters of health and holds a post-graduate medical qualification obtained not less than five years prior to the appointment as Chief Medical Director; and
- (b) be charged with the responsibility for the execution of the policies and matters affecting the day-to-day management of the affairs of the Hospital.

(3) There shall be for each hospital a Director of Administration who shall-

- (a) be appointed by the Board and shall by virtue of that office also be the Secretary to the Board;
- (b) be responsible to the Chief Medical Director for the effective functioning of all the administrative divisions of the hospital;
- (c) conduct the correspondence of the Board and keep the records of the hospital; and
- (d) perform such other functions as the Board or the Chief Medical Director, as the case may be, may from time to time assign to him.

(4) There shall be for each hospital, a chairman of the Medical Advisory Committee who shall be appointed by the Board and responsible to the Chief Medical Director for all the clinical and training activities of the hospital.

(5) Subject to this Act, the Board shall have power to appoint (including power to appoint on promotion and transfer and of confirmation of appointments), advance, terminate or discipline employees (including consultants) holding or acting in any office in the hospital; and any such appointment shall be made having due regard to any personnel establishment approved for the hospital.

(6) Notwithstanding any provision of this Act to the contrary, the Board may, from time to time, appoint consultants outside the University to perform such medical duties as the Board or the Chief Medical Director may assign to such consultants.

6. Chief Medical Director's tenure of office

The Chief Medical Director shall hold office at the pleasure of the President.

Functions of the Board

7. Functions of the Board

(1) It shall be the duty of the Board-

- (a) to equip, maintain and operate the hospital so as to provide facilities for diagnosis, curative, promotion and rehabilitative service in medical treatment;

- (b) to construct, equip, maintain and operate such training schools and similar institutions as the Board considers necessary for providing the hospital at all times with a proper staff of hospital technicians and nurses;
- (c) to construct, equip, maintain and operate such clinics, out-patient departments, laboratories, research or experimental stations and other like institutions as the Board considers necessary for the efficient functioning of the hospital.

(2) The duty of operating the hospital imposed by the foregoing subsection shall include, without prejudice to the extent of that duty apart from this subsection, the duty of providing proper courses of instruction for the medical students of the associate University, and the Board may perform the last-mentioned duty by arranging with the approval of the Minister, for students of such associate University to attend courses at other institutions not controlled by the Board.

(3) The Board shall ensure that the standards of teaching provided at all establishments controlled by itself and the standards of treatment and care provided for patients at those establishments do not fall below those usually provided by similar establishments of international repute.

(4) Subject to this Act, the Board shall have power to do anything which, in its opinion, is calculated to facilitate the carrying out of its functions under this Act.

Discipline

8. Discipline of students

(1) Notwithstanding anything to the contrary contained in any other enactment, where it appears to the Board that any student of the hospital has been guilty of misconduct, the Board may, without prejudice to any other disciplinary powers conferred on it by regulations, direct-

- (a) that the student shall not, during such period as may be specified in the direction, participate in such activities of the hospital, or make use of such facilities of the hospital as may be so specified; or
- (b) that the activities of student shall, during such period as may be specified in the direction be restricted in such manner as may be so specified; or
- (c) that the student be rusticated for such period as may be specified in the direction; or
- (d) that the student be expelled from the hospital.

(2) The fact that an appeal from a direction is brought in pursuance of the last foregoing subsection shall not affect the operation of the direction while the appeal is pending.

(3) The Board may delegate its powers under this section to a disciplinary committee consisting of such members of the hospital as the Board may nominate.

(4) Nothing in this section shall be construed as preventing the restriction or termination of a student's activities at any hospital otherwise than on the ground of misconduct.

(5) A direction under subsection (1) (a) of this section may be combined with a direction under subsection (1) (b) of this section.

(6) Nothing in this Act shall affect the provisions of any enactment relating to the discipline of medical practitioners, pharmacists, midwives, nurses or members of any other profession or calling.

9. Removal and discipline of clinical, administrative and technical staff

(1) If it appears to the Board that there are reasons for believing that any person employed as a member of the clinical, administrative or technical staff of the hospital, other than the Chief Medical Director, should be removed from his office or employment, the Board shall require the secretary to--

- (a) give notice of those reasons to the person in question;
 - (b) afford him an opportunity of making representations in person on the matter to the Board; and
 - (c) if the person in question so requests within a period of one month beginning with the date of the notice, make arrangements
 - (i) for a committee to investigate the matter and report on it to the Board; and
 - (ii) for the person in question to be afforded an opportunity of appearing before and being heard by the investigating committee with respect to the matter,
- and if the Board, after considering the report of the investigating committee, is satisfied that the person in question should be removed as aforesaid, the Board may so remove him by a letter signed on the direction of the Board.

(2) The Chief Medical Director may, in a case of misconduct by a member of the staff which in the opinion of the Chief Medical Director is prejudicial to the interest of the hospital, suspend any such member and any such suspension shall forthwith be reported to the Board.

(3) For good cause, any member of the staff may be suspended from his duties or his appointment may be terminated or he may be dismissed by the Board; and for the purposes of this section, "good cause" means-

- (a) a conviction for any offence which the Board considers to be such as to render the person concerned unfit for the discharge of the functions of his office; or
- (b) any physical or mental incapacity which the Board, after obtaining medical advice, considers to be such as to render the person concerned unfit to continue to hold his office; or
- (c) conduct of a scandalous or other disgraceful nature which the Board considers to be such as to render the person concerned unfit to continue to hold his office; or
- (d) conduct which the Board considers to be such as to constitute failure or inability of the person concerned to discharge the functions of his office or to comply with the terms and conditions of his service.

(4) Any person suspended shall, subject to subsections (2) and (3) of this section be on half pay and the Board shall before the expiration of a period of three months after the

date of such suspension consider the case against that person and come to a decision as to-

- (a) whether to continue such person's suspension and if so, on what terms (including the proportion of his emoluments to be paid to him); or
- (b) whether to reinstate such person, in which case, the Board shall restore his full emoluments to him with effect from the date of suspension; or
- (c) whether to terminate the appointment of the person concerned, in which case, such person shall not be entitled to the proportion of his emoluments withheld during the period of suspension; or
- (d) whether to take such lesser disciplinary action against such person (including the restoration of his emoluments that might have been withheld), as the Board may determine,
and in any case where the Board, pursuant to this section, decides to continue a person's suspension or decides to take further disciplinary action against a person, the Board shall before the expiration of a period of three months from such decision come to a final determination in respect of the case concerning any such person.

(5) It shall be the duty of the person by whom a letter of removal is signed in pursuance of subsection (1) of this section to use his best endeavours to cause a copy of the letter to be served as soon as reasonably practicable on the person to whom it relates.

(6) Nothing in the foregoing provisions of this section shall prevent the Board from making such regulations not inconsistent with the provisions of this Act for the discipline of students and all other categories of employees of the hospital as the Board may prescribe.

(7) Regulations made under subsection (6) above need not be published in the Federal *Gazette* but the Board shall bring them to the notice of all affected persons in such manner as it may from time to time determine.

10. Discipline of junior staff

(1) If any junior staff is accused of misconduct or inefficiency, the Chief Medical Director may suspend him for not more than three months and forthwith shall direct a committee-

- (a) to consider the case; and
- (b) to make recommendations as to the appropriate action to be taken by the Chief Medical Director.

(2) In all cases under this section, the officer shall be informed of the charge against him and shall be given reasonable opportunity to defend himself.

(3) The Chief Medical Director may, after considering the recommendation made pursuant to subsection (1) (b) of this section, dismiss, or take such other disciplinary action against the officer concerned.

(4) Any person aggrieved by the Chief Medical Director's decision under subsection (3) of this section may, within a period of 21 days from the date of the letter communicating the decision to him, address a petition to the Board to reconsider his case.

Miscellaneous

11. Bye-laws regulating behavior of the public

- (1) The Board may, with the approval of the Minister, make bye-laws-
 - (a) as to the access of members of the public either generally or of a particular class, to premises under the control of the Board and as to the orderly conduct of members of the public on those premises; and
 - (b) for safeguarding any property belonging to or controlled by the Board from damage by members of the public.
- (2) Bye-laws under this section shall not come into force until they are confirmed (with or without modification) by the Minister and published in such manner as he may direct.
- (3) Bye-laws made under this section may provide that a breach of the bye-laws or of a particular provision of the bye-laws shall be punishable by a fine (not exceeding N50) and in default of payment of the fine by imprisonment for such a term as may be specified, not exceeding seven days.
- (4) Bye-laws made under this section shall not apply to any member of the Board and shall not, in their application to a particular institution, apply to an officer or servant of the Board employed in connection with the institution or to a student at the institution.

12. Inspection of institutions controlled by the Board

- (1) The Minister, the Permanent Secretary of the Ministry, the Director of Medical Services and Training and (on production if so required of his authority) any person authorised in that behalf by any of the persons aforesaid may at any time enter and inspect any institution controlled by the Board.

- (2) The Board shall render to the Director of Medical Services and Training at such times and in such form as he may specify such statistical and other returns as he may from time to time require.

13. Mode of giving directions, etc.

Any direction, notice, report, representation or request authorised or required to be given or made by or under this Act shall be in writing and may, without prejudice to any other method of service, be served by post.

14. Financial provisions

- (1) The Board shall prepare and submit to the Minister not later than the 30th day of June in each financial year, an estimate of its income and expenditure during the next succeeding financial year; (and such estimate shall be submitted by the Minister for approval by the President).

- (2) The Board shall keep proper accounts in respect of each financial year (and proper records in relation to those accounts) and shall cause the accounts to be audited not later than six months after the end of the financial year to which the accounts relate.

- (3) The Board shall with the approval of the Minister have power-

- (a) to borrow money; or

- (b) to charge fees for any facilities provided by or by arrangement with the Board (including in particular the provision of tuition, treatment and accommodation).

15. Annual report

The Board shall prepare and submit to the President, through the Minister, not later than the 30th day of June in each year, a report in such form as the Minister may direct on the activities of the Board during the immediate preceding financial year and shall include in such report a copy of the audited accounts of the Board for that year and of the auditor's report thereon.

16. Powers of the Board in relation to expansion, staff, etc., of the hospital

(1) The Board shall be responsible for laying down general policies and guidelines relating to major expansion programmes of the hospital and the provision of facilities for the training of medical students of the associate university and it shall be the duty of the Board to execute such policies and to keep within such guidelines.

(2) The Board shall subject to this Act have power of promotion, advancement, discipline and the determination of appointment of members of the staff of the hospital.

17. Power of Minister to give directions

The Minister may give to the Board directions of a general character or relating generally to particular matters (but not to any individual person or case) with regards to exercise by the Board of its functions under this Act, and it shall be the duty of the Board to comply with the directions; but no direction shall be given which is inconsistent with the duties of the Board under this Act.

18. Savings, etc.

The President may, notwithstanding any provision of this Act, take such measures as occasion may warrant in order to improve the efficiency or due administration of the teaching hospital specified in the Schedule to this Act.

[Schedule.]

19. Interpretation

In this Act, unless the context otherwise requires-

"associate University" means the University from which the hospital derived its name and whose medical students receive aspects of their training from the hospital;

"Board" means the University Teaching Hospital Management Board of each hospital;

"chairman" means the chairman of the Board;

"functions" includes powers and duties;

"hospital" includes all institutions (however called) controlled by the Board;

"**junior staff**" means staff of such grade as may be determined from time to time by the Board;

"**medical student**" means a student whose course of instruction is-

- (a) designed (either alone or in conjunction with other courses) to enable him to qualify as a medical practitioner;
- (b) designed for the further training of medical practitioners;

"**Minister**" means the minister charged with responsibility for matters relating to teaching hospitals; and "**Ministry**" shall be construed accordingly; and

"**students**" means a person enrolled at an institution controlled by the Board for the purpose of pursuing a course of instruction at the institution.

20. Short title

This Act may be cited as the University Teaching Hospitals (Reconstitution of Boards, etc.) Act.

SCHEDULE [Section 18.]

List of Teaching Hospitals

- (a) the University College Hospital, Ibadan;
- (b) the Lagos University Teaching Hospital, Lagos;
- (c) the University of Nigeria Teaching Hospital, Enugu;
- (d) the Ahmadu Bello University Teaching Hospital, Zaria;
- (e) the University of Benin Teaching Hospital, Benin;
- (f) the Obafern-Awolowo University Teaching Hospital Complex, Ile-Ife;
- (g) the Jos University Teaching Hospital, Jos;
- (h) the University of Maiduguri Teaching Hospital, Maiduguri;
- (i) the University of Calabar Teaching Hospital, Calabar;
- (j) the University of Ilorin Teaching Hospital, Ilorin;
- (k) the Usmanu Dan Fodio University Teaching Hospital, Sokoto;
- (l) the University of Port Harcourt Teaching Hospital, Port Harcourt;
- (m) the Nnamdi Azikiwe University Teaching Hospital, Nnewi;
- (n) the Irrua Specialist Teaching Hospital, Irrua; and
- (o) the Aminu Kano Teaching Hospital, Kano.

[1992 No. 68. 1993 No. 92. S.I. 8 of 2002.]

UNIVERSITY TEACHING HOSPITALS
(RECONSTITUTION OF BOARDS, ETC.) ACT

SUBSIDIARY LEGISLATION

List of Subsidiary Legislation

I. Lagos University Teaching Hospital (Hospital Fees) Regulations.

**LAGOS UNIVERSITY TEACHING HOSPITAL (HOSPITAL FEES)
REGULATIONS**

ARRANGEMENT OF REGULATIONS

REGULATION

1. Repeal.
2. Short title.

SCHEME

PART I

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General

**LAGOS UNIVERSITY TEACHING HOSPITAL (HOSPITAL FEES)
REGULATIONS**
[L.N. 49 of 1971.]

under sections 7, 11 and 14 (3)

[*1st November, 1970*]
[Commencement.]

1. Repeal

The Lagos University Teaching Hospital (Hospital Fees) Regulations 1965 are hereby repealed.

2. Short title

This instrument may be referred to as the Lagos University Teaching Hospital (Hospital Fees) Regulations.

SCHEDULE

PART I

In-patients

A. Exemption from all charges

No charges shall be paid under Part I of this Schedule for accommodation, maintenance or medical or nursing attention by patients in the following categories-

- (a) members of the staff employed in either the College of Medicine of the University of Lagos or the Lagos University Teaching Hospital, their wives and dependent children;
- (b) persons considered indigent by such officer of the Lagos University Teaching Hospital staff as may be delegated this authority by the Lagos University Teaching Hospital Management Board;
- (c) members of the Lagos University Teaching Hospital Management Board, their wives and dependent children;
- (d) medical and dental students of the College of Medicine, University of Lagos;
- (e) registered nurses and midwives and registered student nurses and pupil midwives, employed in their professional capacity by Federal or State Governments, Quasi-Government organisations or Mission Hospitals.

B. I. Charges for maintenance and accommodation only

Charges for maintenance and accommodation only shall be levied on the persons listed below-

- (a) registered medical and dental practitioners and registered nurses other than nurses detailed in paragraph A (e) of this Schedule and other hospital staff (not

being members of the staff of this hospital), provided they are not entitled to free medical attention by virtue of any employment they may have;

- (b) salaried members of the staff of the University of Lagos and full-time day students of the University of Lagos;
- (c) members of the Board of Governors, College of Medicine, University of Lagos.

Charges for accommodation and maintenance of persons referred to in paragraph B. I of this Part of this Schedule shall be at the following daily rates, together with such additional fees as may be payable under paragraph B. III of this Part of the Schedule, that is-

Any patient-

	₦ k
(i) whose income exceeds ₦ 10,000 per annum	4. 00
(ii) whose income exceeds ₦ 5,000 per annum but does not exceed ₦ 10,000 per annum	2. 50
(iii) whose income exceeds ₦ 3,000 per annum but does not exceed ₦ 5,000 per annum	1.50
(iv) whose income exceeds ₦ 2,000 per annum but does not exceed ₦ 3,000 per annum	1.00
(v) whose income exceeds ₦ 1,000 per annum but does not exceed ₦ 2,000 per annum	0.50
(vi) whose income does not exceed ₦ 1,000 per annum	0.52

Dependent children under sixteen years shall be charged at half the rates applicable to adult patients.

B. II. Charges for treatment, accommodation and maintenance

Charges at the following daily rates shall be paid by all other in-patients in respect of accommodation, maintenance and treatment in accordance with the following, together with such additional fees as may be payable under paragraph B. III of this Part of the Schedule-

- (a) Basic Hospital Fees-

Any patient-

	₦ k
(i) whose income exceeds ₦ 10,000 per annum	20. 00
(ii) whose income exceeds ₦ 5,000 per annum but does not exceed ₦ 10,000 per annum	10. 00
(iii) whose income exceeds ₦ 3,000 per annum but does not exceed ₦ 5,000 per annum	8.00
(iv) whose income exceeds ₦ 2,000 per annum but does not exceed ₦ 3,000 per annum	4.00
(v) whose income exceeds ₦ 1,000 per annum but does not exceed ₦ 2,000 per annum	2.00
(vi) whose income does not exceed ₦ 1,000 per annum	0.50

Accommodation and maintenance - Treatment

These charges shall be inclusive of all diagnostic procedures, including diagnostic operative procedures, but shall not include surgical operations. Patients on whom operations are performed other than diagnostic procedures, will be charged at double the basic rate for the first fourteen days' stay in hospital.

(b) Fees payable by children under sixteen years

Dependent children under 16 years shall be charged at half the rates applicable to an adult patient, as calculated on the rates set out in paragraph B. II of this Part of the Schedule.

(c) Limitation and restriction of fees

The total fees charged to any patient under paragraph B. I and B. III of this Part of the Schedule for any calendar year shall not exceed 10% of the patient's annual income.

B. III Additional fees

Fees for additional services shall be paid by patients detailed below (except those referred to under Part I, paragraph A) for the services detailed below-

(a) Single room accommodation:

Single room accommodation, that is not required for the time being for a patient on medical grounds, may be allocated to any patient, on request, on the undertaking that the patient shall pay, or payment shall be made on behalf of, a fee of ₦ 14 per day during the period of occupancy of such accommodation.

(b) Non-standard diet:

Non-standard diet may be provided for patients, on request, at a charge of ₦ 2 per day, provided that this charge shall not be raised against patients whose basic hospital fees exceed ₦ 8 per day or who are occupying single room accommodation for which fees are being raised.

(c) Medical and surgical appliances:

Charges may be raised for the supply of special medical and surgical appliances.

(d) Persons specified under Part V:

The fees which are payable under this paragraph shall be in addition to any fees raised pursuant to paragraphs B. I and B. II of this Part of the Schedule.

PART II

Obstetrics patients

A. I Partial exemption from payment of obstetrics fees

- (a) any person under paragraph A or B. I of Part I of this Schedule or the wife of any such person whose annual salary exceeds ₦ 1,000 shall pay a block charge of ₦ 30; and
- (b) any person aforesaid whose annual salary does not exceed ₦ 1,000 shall pay a block charge of ₦ 10.

A. II Basic obstetrics fees

All other patients shall pay block fees as stated below, together with such additional fees as may be payable under paragraph A III of this Part of the Schedule, that is-

Any patient-

₦ k

(i) whose income exceeds ₦ 10, 000 per annum	300.00
(ii) whose income exceeds ₦ 5, 000 per annum but does not exceed ₦ 10, 000 per annum	150.00
(iii) whose income exceeds ₦ 3, 000 per annum but does not exceed ₦ 5, 000 per annum	120.00
(iv) whose income exceeds ₦ 2,000 per annum but does not exceed ₦ 3,000 per annum	70.00
(v) whose income exceeds ₦ 1,000 per annum but does not exceed ₦ 2,000 per annum	30.00
(vi) whose income does not exceed ₦ 1,000 per annum	20.00

The block charge will cover ante-natal care, delivery and post-natal hospital care. Half the block charge shall be payable on the second ante-natal visit, the balance payable at 28th week of pregnancy.

A.III Additional fees

Additional fees as set out in paragraph B. III of Part I of this Schedule shall be paid by maternity patients as they may be applicable; except that fees for non-standard diet shall be payable by all obstetric patients who are receiving that diet.

PART III

Out-patients

A. Exemption from charges

(i) No charges shall be paid under this Part of the Schedule for consultation and out-patient treatment by the persons detailed in paragraphs A and B. I of Part I of this Schedule.

(ii) Dependent children under sixteen years shall be charged at half the rates applicable to adult patients.

B. Charges shall be paid as stated below by all other general out-patients, casualty patients and patients attending the consultant out-patients clinics in respect of consultation and treatment-

- (i) a weekly charge of 50k in the general out-patients clinics;
- (ii) a weekly charge of 50k in casualty except that a 10k charge shall be raised in respect of emergency cases brought in at night, that is between 7.00 p.m. and 7.00 a.m. or on a Sunday or a public holiday;
- (iii) charges for consultation and treatment on first attendance shall be paid as detailed below by all other patients referred to consultant clinics (including those referred direct from other hospitals and medical practitioners), that is-

Any patient-

₦ k

- (a) whose income exceeds ₦ 10,000 per annum 10.00

N k

(b) whose income ₦5,000 per annum but does not exceed ₦10, 000 per annum	6.00
(c) whose income exceeds ₦ 3,000 per annum but does not exceed ₦ 5,000 per annum	4.00
(d) whose income exceeds ₦ 2,000 per annum but does not exceed ₦ 3,000 per annum	2.00
(e) whose income exceeds ₦ 1, 000 per annum but does not exceed ₦ 2, 000 per annum	1.00
(f) whose income does not exceed ₦ 1, 000 per annum	0.50
(iv) no additional fee shall be payable at the consultant clinic by a patient whose income does not exceed ₦ 1,000 per annum if such patient attends the general out-patient department and is referred to a consultant clinic within the same week;	
(v) the fees stated in paragraph B (ii) of this Part of the Schedule may be deferred at the discretion of the casualty officer or sister at the time of attendance of a seriously ill patient.	

PART IV

Dental out-patients

A. I Partial exemption from payment of dental fees

(i) No charges shall be paid under columns 1-5 of the Annex to this Part of the Schedule for consultation and out-patient treatment by the persons detailed in paragraphs A and B. I of Part I of this Schedule.

(ii) Dependent children under sixteen years shall be charged at half the rates applicable to adult patients.

B. Charges shall be paid as stated below by all other dental out-patients attending dental clinics in respect of examination, consultation and treatment-

- (i) the total charge for treatment to be provided shall be notified to patients after consultation. Half of this charge shall become payable and shall be paid before commencement of treatment, the balance shall be payable on the penultimate visit before completion of the particular course of treatment;
- (ii) dental in-patients on whom operations are performed, shall be charged at the rates applicable to general in-patients as prescribed under paragraph B. II of Part **II** of this Schedule.

ANNEX

PART IV

Scale of dental fees

TREATMENT FEES PAYABLE IN ADDITION TO EXAMINATION AND INVESTIGATION FEES									
		Out-patients examination including single extractions (per examination)		Minor oral and periodontal surgery including multiple extractions (per week)		Orthodontic treatment (per filling or simple periodontal treatment)		Bridge or metal partial denture	
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
		# k	# k	# k	# k	# k	# k	# k	# k
A. Over #10,000	0.50	20.00	50.00	10.00	50.00	20.00	50.00	30.00	50.00
B. #5,002 – 10,000	0.50	10.00	25.00	5.00	25.00	11.00	30.00	16.00	26.00
C. #3,002 – 5,000	0.50	6.00	15.00	3.00	15.00	9.00	22.00	10.00	16.00
D. #2,002 – 3,000	0.50	4.00	9.00	2.00	9.00	8.00	18.00	7.50	11.00
E. #1,002 – 2,000	0.50	1.00	2.00	0.75	2.00	6.00	11.00	3.00	4.00
F. #1,000 or under	0.50	0.50	0.50	0.50	0.50	0.50	10.00	2.50	2.50

Repairs to
dentureFull upper
or full
lower
denturePlastic
partial
denture

PART V

The following categories of patients and services will attract special levies as prescribed under the Annex to this Part, that is-

- (a) patients who expressly request private treatment and this category includes patients who are referred from doctors outside Lagos University Teaching Hospital, or from firms, companies and other bodies in the private sector;
- (b) any patient not exempted under any other Part of this Schedule, and whose annual income exceeds ₦ 600;
- (c) surgical operations;
- (d) special medical attention;
- (e) special laboratory investigations;
- (f) laboratory investigations requested from outside the hospital;
- (g) special embalming and other specialised services requested of the Department of Morbid Anatomy;
- (h) special X-ray investigations;
- (i) expensive drugs and also drugs not in common use.

ANNEX

PART V

*Special levy**Department of Medicine*
Investigations

<i>Type of investigation</i>	<i>Fees chargeable</i>	
	<i>Other Patients</i>	<i>Ordinary Patients</i>
<i>Cardiac:</i>		₦ k
Right heart	21.00	Minimum ₦ 6.30
Left heart	31.50	
Right and left heart	42.00	
Left ventriculogram	10.50	Maximum to be decided by individual consultant
Aortic root angiogram	10.50	
E.C.G.	6.30	
<i>Respiratory:</i>		
Routine pulmonary function test	21.00	
Blood-gas analysis	10.50	Maximum to be decided by individual consultant
Lung biopsy (drill needle)	6.30	
Skin test with allergens	8.40	
<i>Gastroenterology:</i>		
Jejunal biopsy	10.00	
Secretin test	20.00	
D-Xylose absorption (25 g. test dose)	10.00	Maximum to be decided by individual consultant
Casein assay (serum folate)	6.00	
Schilling test	6.00	
Folic acid absorption	30.00	
<i>Renal:</i>		
Renal arteriogram	10.00	
Differential renal function tests	57.00	
Renal scan	21.00	Maximum to be decided by individual consultant
Radio-active renogram	21.00	
Blood osmolarity	6.30	
Blood PH	2.10	

Type of investigation	Fees chargeable	
	Other Patients	Ordinary Patients

Metabolic:

B.M.R.	14.70	
Plasma cortisols	8.40	
I.V. tolbutamide	10.50	Maximum to be decided by individual consultant
G. tolerance Test	10.50	
Serum PBI	14.70	

Neurology:

E.E.G.	10.50	Maximum to be decided by individual consultant
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Special levy

Department of Radio-Diagnosis

Investigations

Type of investigation	Fees chargeable	
	Other Patients	Ordinary Patients
A. ROUTINE (SIMPLE) EXAMINATIONS:		
(i) Chest X-Ray	10.00	—
(ii) Chest X-Ray with screening for special purposes, including oblique films	16.00	—
(iii) Chest X-Ray with duplicate film	16.00	—
(iv) Skeletal X-Rays—maximum three views	8.00	—
(v) Skull	12.00	—
(vi) Paranasal sinuses	12.00	—
(vii) Temporal bone, mandible, other special skull views	12.00	—
(viii) Skeletal survey	40.00	—
(ix) Plain abdomen	10.00	—
B. SPECIAL EXAMINATIONS:		
(i) Barium swallow	20.00	8.00
(ii) Barium meal	30.00	10.00
(iii) Barium eneme	30.00	10.00
(iv) Gastrografin	40.00	14.00
(v) Oral cholecystography	20.00	8.00
(vi) Intravenous cholecystography/cholangiography	30.00	10.00

	<i>Type of investigation</i>	<i>Fees chargeable</i>	
		<i>Other Patients</i>	<i>Ordinary Patients</i>
(vii)	I.V.P	30.00	10.00
(viii)	Retrograde pyelogram	30.00	10.00
(ix)	Cystogram	30.00	10.00
(x)	Bronchogram	30.00	10.00
(xi)	Tomography, single/plan: maximum, eight films	30.00	10.00
(xii)	Sinogram	20.00	8.00
(xiii)	Angio-Aortogram	40.00	14.00
(xiv)	Venogram	30.00	10.00
(xv)	Splenoportogram	30.00	10.00
(xvi)	Hysterosalpingogram	30.00	10.00
(xvii)	Myalogram	40.00	14.00
(xviii)	Encephalogram	30.00	10.00
(xix)	Fistulogram	20.00	8.00
<i>Consultation Fees: (Private Patients Only)</i>		₦20.00	

Special Levy

Department of Morbid Anatomy

Investigations

	<i>Type of investigation</i>	<i>Fees chargeable</i>	
		<i>Other Patients</i>	<i>Ordinary Patients</i>
		₦ k	₦ k
A. ROUTINE INVESTIGATION:		Maximum	Nil
		6.30	
(i)	Routine histological and cytological examinations, etc. ..	Maximum	—
		21.00	
B. SPECIAL INVESTIGATION:			
(i)	Chromosomal and cytological examinations in the diagnosis of malformations, sex-patterns, etc.	Minimum	
		31.50	
		Maximum to be decided by consultant	

Type of investigation	Fees chargeable	
	Other Patients	Ordinary Patients
	₦ k	₦ k
C. EMBALMMENT:	Minimum 21.00	21.00
	Maximum to be decided by consultant ₦ k	Maximum to be decided by consultant ₦ k
Consultation fees: (For private patients only)	Minimum 6.30	Maximum No limit

Special levy

*Department of Chemical Pathology
(Including Haematology)*

Investigations

Type of investigation	Fees chargeable	
	Other Patients	Ordinary Patients
	₦ k	₦ k
A. ROUTINE INVESTIGATION:	Maximum 6.30	Nil
(i) Routine haemogram and cell counts	Maximum	
(ii) Routine urine analysis, etc.	21.00	
B. SPECIAL INVESTIGATION:	Minimum 31.50	Nil
(i) Biopsy of bone marrow, etc.	Maximum to be decided by consultant	
(ii) Serum enzyme essays, etc.		

Special Levy

Department of Microbiology

Investigations

Type of investigation	Fees chargeable	
	Other Patients	Ordinary Patients
	₦ k	₦ k
A. ROUTINE INVESTIGATION:	Maximum 6.30	Nil

<i>Type of investigation</i>	<i>Fees chargeable</i>	
	<i>Other Patients</i>	<i>Ordinary Patients</i>
	<i>N</i> k	<i>N</i> k
(i) Microscopy and cultural examination of faeces for pathogens	Maximum	
(ii) Serological tests for diagnosis of syphilitic lesions	21.00	
B. SPECIAL INVESTIGATION:		
(i) Investigation of non-specific urethritis	Minimum	Nil
	31.50	
(ii) Virus isolation and identification	Maximum to be decided by consultant	

Special Levy

*Department of Surgery
(Gastroenterology Unit)*

Investigations

<i>Type of investigation</i>	<i>Fees chargeable</i>	
	<i>Other Patients</i>	<i>Ordinary Patients</i>
	<i>N</i> k	<i>N</i> k
A. SPECIAL INVESTIGATION:		
<i>Gastric Secretion Tests</i>	Minimum	Maximum
1. Maximal acid output—		
(a) Augmented histamine test (AHT)	10.50	4.20
(b) Histamine infusion technique (HIT)	10.50	4.20
2. Gastric pepsin estimation	14.70	4.20
3. Uropepsin estimation	14.70	4.20
4. Hollander's (insulin) test	14.70	4.20
5. Medical vagotomy	10.50	10.50
B. 1. Splenoportography and portal venous pressure manometry	40.00	10.50
2. Hepatogram	30.00	10.50
C. 1. Gastroscopy	40.00	10.50
2. Gastric biopsy	50.00	10.50
3. Gastrography	80.00	10.50
	Maximum to be decided by consultant in each case	

PART VI

General

1. Where applicable, fees payable under this Schedule shall be assessed on the basis of the income of each patient; a married woman shall be charged at the rate applicable to her husband or according to her own income, whichever is higher. Assessment of fees payable by children will be made on the income of either of the parents or guardians, whichever is higher.

2. All fees raised under this Schedule shall be paid to the hospital and shall be shown in the Annual Financial Accounts.

3. Except where otherwise provided in this Schedule, payment of fees is required to be made as follows-

(a) In-patients-

- (i) patients admitted from the waiting lists are required to pay a deposit equal to the assessed charge for a seven-day stay in hospital. Subsequent accounts to be raised weekly in advance. If the final total account does not exceed the amount of the deposit, the balance shall be refunded to the patient;
- (ii) patients admitted as emergencies shall not be required to pay a deposit prior to admission, but payment shall be made at the earliest opportunity. Subsequent accounts shall be raised as prescribed for other in-patients;

(b) Consultant out-patients-

consultant out-patients are required to pay the initial fee at the time of first attendance; subsequent payments are required to be made on the first attendance after the expiry of the current fees;

(c) Casualty and general out-patients-

casualty and general out-patient fees are payable at the time of attendance.

4. Any other services not provided for under this Schedule and which are rendered to a patient either on request or otherwise, shall be paid for by the patient and in accordance with the principles laid down in this Schedule.