CHAPTER 253

MEDICAL PRACTITIONERS AND DENTISTS ACT

SUBSIDIARY LEGISLATION

List of Subsidiary Legislation

1. Medical Practitioners and Dentists (Election of Members of the Board) Rules, 1978.

2. Medical Practitioners and Dentists (Training, Assessment and Registration) Rules, 2014.

3. Medical Practitioners and Dentists (Disciplinary Proceedings) (Procedure) Rules, 1979.

4. Medical Practitioners and Dentists (Private Medical Institutions) Rules, 2000.

5. Medical Practitioners and Dentists (Inspection and Licensing) Rules, 2014.

MEDICAL PRACTITIONERS AND DENTISTS (ELECTION OF MEMBERS OF THE BOARD) RULES, 1978

[L.N. 18/1978, L.N.209/1983, L.N. 209/1983, L.N. 216/1994]

Citation

1. Citation

These Rules may be cited as the Medical Practitioners and Dentists (Election of Members of the Board) Rules, 1978.

Interpretation

2. Interpretation

(1) In these Rules **"Returning Officer"** means a person appointed by the Board for the Purposes of these Rules;

(2) In these Rules and in any forms prescribed under these Rules reference to a medical practitioner or a dentist shall mean a reference to a medical practitioner or dentist who is a citizen of Kenya.

Notice of election

3. Notice of election to the Board

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

(2) The notice shall be so published at least ninety days before Election Day.

Nomination of candidates

4. Nomination of candidates

(1) Each medical practitioner or dentist registered in Kenya may, in the form set out in the First Schedule, nominate one registered medical practitioner or dentist, as the case may be, as a candidate for election to the Board; but nobody shall nominate himself as a candidate.

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

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

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

(5) A nomination form received by the Returning Officer which does not comply with the provisions of paragraph (2) or which is not received within the time prescribed under paragraph (3) shall be rejected by the Returning Officer but shall be kept and be

Available for inspection by an interested party for a period of at least six months after the Election Day to which it relates.

5. Election where nominations do not exceed vacancies

Election where nominations do not exceed vacancies

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

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

6. Voting procedure

Voting procedure

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

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

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

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

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

7. Counting of votes and elections of candidates

Counting of votes and elections of candidates

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

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

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

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

8. Appeals

Appeals

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

FIRST SCHEDULE

[Rule 4.]

Counterfoil Serial No. .....

Serial No. .....

MEDICAL PRACTITIONERS AND DENTISTS BOARD

NOMINATION PAPER

Nomination of a candidate for election to the Board.

Name and address of nominated candidate in full (block letters) and Registration No. .....

.....

.....

Name and address of proposer in full (block letters) and Registration No. .....

.....

.....

Signature of proposer .....

Signed by the above-named ..... (proposer)
in my presence this ..... day of ....., 20.....

Full Name (BLOCK LETTERS), Address .....
and Registration No. .....
.....
.....

(*Registered Medical/Dental* Practitioner of not less than five years experience in Kenya*)

Full Names (BLOCK LETTERS)	*Address*	*Reg. No.*	*Signatures*
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

of not less than five supporters (who must be medical practitioners in the case of a candidate who is a medical practitioner); or

Full Names (BLOCK LETTERS)	*Address*	*Reg. No.*	*Signatures*
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

of not less than three supporters (who must be dentists in the case of a candidate who is a dentist).

I agree to accept this nomination.

Signature of candidate .....

Signed by the above-named ..... (*candidate*)
in my presence this ..... day of ....., 20.....

FIRST SCHEDULE—*continued*

Full name (BLOCK LETTERS), Address .....
and Registration No. ..... (*Registered Medical/Dental* Practitioner of not less than five years experience in Kenya*)
.....
.....

*Delete where not applicable.

SECOND SCHEDULE

[Rule 6]

Counterfoil Serial No.

Serial No. ....

MEDICAL PRACTITIONERS AND DENTISTS BOARD

VOTING PAPER—MEDICAL PRACTITIONERS

Names of Candidates	*Here insert X against names of candidates for whom you wish to vote*

Name and address of voter in block letters and Registration No. .....
.....

Signature of voter .....
Date .....

Counterfoil Serial No.

Serial No. ....

MEDICAL PRACTITIONERS AND DENTISTS BOARD

VOTING PAPER—DENTISTS

Names of Candidates	*Here insert X against names of candidates for whom you wish to vote*

Name and address of voter in block letters and Registration No. .....
.....

Signature of voter .....
Date .....

THE MEDICAL PRACTITIONERS AND DENTISTS (TRAINING, ASSESSMENT AND REGISTRATION) RULES, 2014

PART I—PRELIMINARY

Citation

1. These Rules may be cited as the Medical Practitioners and Dentists (Training, Assessment and Registration) Rules, 2014.

Interpretation

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

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

"Committee" means the Training, Assessment and Registration Committee established under rule 3;

" **co-ordinator**" means the person for the time being appointed as examinations co-ordinator under rule 13;

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

"Internship" means training employment;

"Internship qualifying examination" means a written or oral examination or both which determines the suitability of foreign trained graduates who hold degrees or diplomas recognized by the Board to undergo internship;

"Recognized institution" means an institution accredited for internship and gazetted in accordance with rule 32;

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

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

"Supervisor" means a medical or dental practitioner of specialist status appointed by the Board to supervise the performance of an intern in any one of the approved disciplines during the period of internship; and

"Unit of continuing education" means a measurement assigned by the Board to all or part of a continuing education activity.

PART II—ESTABLISHMENT OF THE TRAINING, ASSESSMENT AND REGISTRATION COMMITTEE

Establishment of the Committee.

3. There shall be established a Committee to be known as the Training, Assessment and Registration Committee.

Functions of the Committee

4. The functions of the Committee shall be to—

(a) accredit and regulate all medical schools, dental schools, internship training centres, continuing professional development and continuing education programme providers;

(b) inspect all medical schools, dental schools and internship training centres;

(c) index all medical and dental students;

(d) conduct examinations by the Board;

(e) conduct internship qualifying examinations;

(f) review post-graduate qualifications for the purpose of awarding specialist recognition;

(g) scrutinize applications for approving specialists and sub specialist status;

(h) conduct all pre-registration and pre-internship examinations by the Board and peer reviews;

(i) approve the registration of medical practitioners and dentists;

(j) implement the continuing professional development programmes by the Board;

(k) monitor and ensure compliance with the continuing professional development;

(l) perform such other functions as may be assigned to it by the Board from time to time.

Membership of the Committee.

5. (1) The Committee shall be composed of not more than five members appointed by the Board from among its members.

(2) The Committee shall elect its own chairman and shall have the powers to co-opt not more than three private practitioners who are not members of the Board, for the purposes of transacting the business of the Committee, whenever expedient.

(3) The persons co-opted under sub- rule (2) may not vote in any matter before the Committee.

(4) The Committee may regulate its own procedure.

PART III—SPECIALISTS PRACTICE AND RECOGNITION

Specialties in medical and dental practice.

6. The major specialties in medical and dental practice shall be as provided in the Schedule to these Rules.

Recognition of specialists by the Board.

7. (1) The Board may recognize a medical or dental practitioner as a specialist in any of the specialties referred to in rule 6.

(2) The Board shall publish a list of the specialists so recognized annually in the Gazette or in any other manner as may be approved by the Board.

(3) For a medical or dental practitioner to be recognized as a specialist under sub-rule (1), he or she must-

(a) be a holder of a postgraduate qualification equivalent to the masters of medicine or dental surgery degree recognized by the Board and having not less than five years formal training and experience under supervision of a recognized specialist in a recognized institution:

Provided that if a postgraduate qualification is awarded after a three year period of training, no medical or dental practitioner shall be recognized as a specialist unless he or she has had at least two years' experience after obtaining the postgraduate qualification;

(b) possess a diploma recognized by the Board, obtained before 1st January, 1978, not being equivalent to the masters of medicine degree of the University of Nairobi and has worked in a recognized institution for at least seven years during which period he or she has gained adequate experience and clinical skills under the supervision of a specialist in that field and has published papers in reputable medical journals.

(4) No medical or dental practitioner may be recognized by the Board if his or her training is less than three years.

(5) Unless the Board otherwise directs, before a medical or dental practitioner can be recognized as a sub specialist, he must possess a basic specialist qualification in his or her discipline and have at least six months' training and experience under supervision of a recognized sub specialist in a recognized institution.

PART IV—ADMISSIONS CRITERIA

Admission criteria for medicine and surgery.

8. (1) All candidates admitted to the Bachelor of Medicine and Bachelor of Surgery degree programme or its equivalent must satisfy the following indexing requirements—

(a) For Kenya Certificate of Secondary Education holders, minimum university admission requirement is C+ (plus) and in addition, an average of B plain in each the of the following cluster subjects—

(i) Biology;

(ii) Chemistry;

(iii) Physics or Mathematics; and

(iv) English or Kiswahili;

(b) For Kenya Advanced Certificate of Education holders, a minimum of two principal passes in Biology, Chemistry and a subsidiary pass in either Mathematics or Physics;

(c) For International Baccalaureate (IB), a minimum of grade 5 or above in International Baccalaureate;

(d) For Diploma holders in Medical Sciences, a minimum "O" level Division II pass or C+ (plus) mean grade and a credit C+ pass in the cluster subjects in K.C.S.E., in addition to a three year diploma with a minimum of a credit pass from a medical training institution recognized by the Board;

(e) Proficiency in English language;

(f) For holders of any degree in Biological Sciences or equivalent qualifications from a recognized university, subject to passing Graduate Record Examination (GRE);

(g) Other qualifications deemed to be equivalent to those in paragraphs (a)-(d) above from institutions recognized by the different institutions' Senates.

(2) The fee for indexing of medical and dental students shall be as prescribed by the Board.

Admission requirements for dental surgery.

9. All candidates admitted to the Bachelor of Dental Surgery degree programme or its equivalent must satisfy the following indexing requirements—

(a) For Kenya Certificate of Secondary Education holders, minimum university admission requirement is C+ (plus) and in addition, an average of B plain in each of the following cluster subjects—

(i) Biology;

(ii) Chemistry;

(iii) Physics or Mathematics; and

(iv) English or Kiswahili;

(b) For Kenya Advanced Certificate of Education holders, a minimum of two principal passes in Biology, Chemistry and a subsidiary pass in either Mathematics or Physics;

(c) For International Baccalaureate (IB), aminimum of grade 5 or above in Biology, Chemistry, Physics or Mathematics, English or Kiswahili subject clusters;

(d) For Diploma holders in Medical Sciences, a minimum "O" level Division II pass in K.A.C.E or C+ (plus) mean grade and a credit C+ pass in the cluster subjects in K.C.S.E., in addition to a three year diploma with a minimum of a credit pass from a medical training institution recognized by the Board in any of the following fields—

(i) dental technology;

(ii) dental surgery assistants; (iii) dental hygiene;

(iv) community oral health;

(v) clinical medicine;

(vi) laboratory technology; (vii) radiography;

(viii) Pharmaceutical technology; (ix) nursing; and

(x) other equivalent disciplines;

(e) Proficiency in English language. International students from non-English speaking countries shall provide evidence of competence in English language by the production of the Test of English as a Foreign Language (TOEFL) certificate or its equivalent;

(f) For holders of any degree in Biological Sciences or equivalent qualifications from a recognized university, subject to passing Graduate Record Examination (GRE);

(g) Other qualifications deemed to be equivalent to those in paragraphs (a)-(c) above from institutions recognized by the different institutions' Senates.

PART V—ASSESSMENT AND REGISTRATION

Application for registration.

10. (1) An application for registration by an applicant shall be submitted to the Registrar in the prescribed form together with the prescribed fee and shall be accompanied by-

(a) a full and sufficient evidence of the course or courses studied and the examination undergone in order to ascertain the authenticity of the degree, diploma or other qualifications submitted and the institutions in which they were undertaken together with legible photocopies of the applicant's degrees, diplomas or other qualifications and testimonials, all of which shall be attested by an official of the Board;

(b) a short statement of the career history of the applicant since qualifying and documentary evidence of any work experience in medicine or dentistry by the employer or institution specifying the exact nature and the extent of the work performed and the period of employment or appointment.

(2) A person shall not be registered unless he or she—

(a) produces his or her national identity card or passport;

(b) is of good character;

(c) possesses the requisite knowledge and skills required by the Board;

(d) is a citizen of Kenya or a national of a State within the East African Community;

(e) is proficient in English or Kiswahili;

(f) is of sound physical and mental health.

(3) An application by a person registered in a foreign country shall, in addition to the documents specified in sub-rule (1), be accompanied by a certificate of good standing and registration or similar certificate containing evidence of registration from the appropriate foreign authority.

Exemption from registration fees.

(4) All the applications for registration shall be submitted to the Committee for approval before the certificates of registration issued by the Board.

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

Assessment examinations.

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

Panels.

13. (1) The Committee shall constitute a medical and a dental Panel each consisting of a co-ordinator of assessment examinations and examination examiners.

(2) The co-ordinator shall be theChairperson of each Panel.

(3) Each Panel shall sit at least once in three months.

(4) The Committee shall appoint examiners for each Panel.

Submission of written reports

14. The co-ordinator shall as soon as possible after completion of an assessment examination, submit to the Committee, for onward submission to the Board by the Committee, a written report signed by the members of the Panel, giving in the case of each candidate-

(a) the name and address;

(b) the marks attained in the examination and the results;

(c) any recommendations as to whether the candidate should be referred for further internship or remedial training and for how long;

(d) any other general recommendations, observations or remarks.

Candidate to be informed where Board decides application.

15. Where a report is submitted under rule 14 recommending that a candidate should not be registered, the Board shall, unless it proposes to authorize registration notwithstanding the report, inform the candidate concerned of the substance of the Board's report and decision, in writing, within a period of three months, from the date of the decision.

Appeals.

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

(2) A decision by the Board on appeal under this rule shall be final and the Board shall inform the appellant, of its decision in writing, within a period of fourteen days from the date of the decision.

Fees payable.

17. A candidate for an assessment examination shall pay to the Board the prescribed fee.

PART VI—INTERNSHIP QUALIFYING EXAMINATIONS AND REMEDIAL TRAINING

Internship qualifying examination.

18. Any person who has qualified outside Kenya shall be required to engage in internship and, unless exempted under rule 23, shall be required to pass an internship qualifying examination (in this Part referred to as "the examination"), which may be written or oral or

both, recognized and approved by the Board and which is of equivalent standard to the qualifying examinations in medicine or dentistry by the universities in Kenya approved by the Board.

Conduct of examination.

19. (1) The examination shall be conducted by the Committee and shall be held at least twice a year.

(2) All candidates for the examination shall undergo an attachment at a training institution approved by the Board for a period of four months during which time they must rotate in all relevant clinical areas.

(3) A candidate shall not be eligible to sit for the examination if he or she fails to produce—

(a) his or her identity card or passport;

(b) a letter of successful completion of attachment specified in sub-rule (2); and

(c) certified copies of the degree certificate and other testimonials.

Remedial training.

20. (1) A candidate who fails the examination shall be required to undergo a period of remedial training in those disciplines in which in the opinion of the Committee he or she has insufficient or inadequate knowledge.

(2) A remedial training period shall as far as possible be continuous and shall not exceed a total of twelve months.

(3) On expiry of a remedial training period, a written report shall be submitted to the Board by the candidate's supervisor through the administrator or medical superintendent of the relevant hospital or institution.

(4) A person shall be required to undergo remedial training if he or she—

(a) fails to pass the examination;

(b) does not satisfy his supervisors during his or her internship; (c) has

been subject to disciplinary action arising out of Professional incompetence.

Repeat examinations.

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

Fees for repeat examinations.

22. A candidate for the examination shall pay the prescribed fee, each time it is attempted.

Exemption from examination.

23. A medical or dental graduate who is a holder of a degree or its equivalent from a university within the East African Community which is recognized by the Joint East African Medical and Dental Boards or Councils shall be eligible for exemption from the examination.

Voluntary remedial training.

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

Offences.

25. (1) An administrator of a medical institution in Kenya which, without prior approval of the Board, offers internship to a person who has neither passed the examination nor been exempted under rule 23, commits an offence.

(2) A person who has neither passed the examination nor been exempted under rule 23 and who, without prior approval of the Board, undergoes internship, commits an offence and is liable to a fine not exceeding ten thousand shillings or to a term of imprisonment not exceeding twelve months, or to both.

PART VII—INTERNSHIP

Internship.

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

Licence guidelines for internships.

27. (1) An intern shall receive from the Board at the commencement of the period of internship—

(a) an internship licence, on payment of the prescribed fee;

(b) a copy of "Guide Lines for Interns" detailing all the disciplines and areas which he or she is expected to cover during the prescribed period of internship before being considered for registration.

(2) An intern who undertakes internship training without a licence, commits an offence.

Supervision for interns

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

Internship assessment form

29. On completion of internship, an intern shall submit a duly completed form and logbook to the Board through the immediate supervisors of the recognized institution where he or she has completed his or her internship, and through the head of that institution.

Procedure upon receipt of assessment form

30. Upon receipt of the supervisor's recommendations, the Board shall issue a registration certificate, or direct the intern to undergo a further period of internship in the disciplines in which his or

her performance may have been found to be unsatisfactory; and such further period of internship may be undertaken in the same or a different institution or institutions for such period as advised by the supervisor.

Conditions for recognized institutions.

31. (1) Institutions which shall be recognized by the Board for internship must meet the following requirements—

(a) they must have gazetted as approved medical institutions in accordance with the Act;

(b) provision of constant supervision of interns, in the case of medical interns, by at least one specialist and one other full- time medical practitioner with postgraduate qualification in each of the following disciplines—

(i) medicine; (ii) paediatrics;

(iii) obstetrics and gynaecology;

(iv) surgery,

and such other specialists or disciplines as may be specified by the Board, from time to time;

(c) provision of constant supervision of interns, in the case of dental interns, by at least one specialist and one full-time dental practitioner with postgraduate qualification in each of the following disciplines—

(i) oral and maxillofacial surgery;

(ii) prosthetics, restorative dentistry or periodontology; (iii)

paediatric dentistry or orthodontics,

and such other specialists or disciplines as may be specified by the Board, from time to time;

(d) availability of a medical library and resource centre ; and

(e) provision of a fully functional dental laboratory in the case of dental interns.

(2) The Board shall inspect every institution offering internship training to ensure compliance with this rule, from time to time.

Publication of list of recognized institutions

32. The Board shall each year publish in the Kenya Gazette or in any other manner as may be approved by the Board, a list of all recognized institutions where internship may be undertaken.

Observance of Board guidelines

33. All recognized institutions that provide internship training shall adhere to the guidelines set out by the Board.

Withdrawal of recognition

34. Any institution that fails to meet the minimum requirements set out in rule 31 shall have its recognition withdrawn by the Board.

PART VIII—CONTINUING PROFESSIONAL DEVELOPMENT

Conduct of continuing professional development programmes.

35. (1) The Board shall conduct education programmes as may from time to time be deemed relevant and may accredit any programme conducted by any institution, body or other organization (in these Rules referred to as "the sponsoring agency").

(2) The Board shall assign a unit or units of continuing education for each programme to be used in awarding credits to members participating thereof.

Award of credits and certificates.

36. The Board or the sponsoring agency may award credits to participants in the continuing education programme and shall issue certificates of participation to all participants who have successfully completed the programme.

Record of accredited programmes.

37. (1) The Board shall keep a record of all accredited programmes showing their sponsoring agencies, the description of any such programmes and whether the sponsoring agency has filed a record of its participants.

(2) The Board or the sponsoring agency shall keep a record of the participants in any programme, showing whether the participants successfully completed their programmes or not.

(3)The sponsoring agency shall, upon the completion of any programme, file a return with the Board.

Requirement for continuing educational programmes

38. Every continuing professional development or education programme shall emphasize ethical, practical and professional aspects of clinical practice or strategic health planning relevant to the practice of medicine and must be aimed at the improvement of the professional competence of the medical and dental practitioners.

Application for accreditation

39. (1) Any sponsoring agency seeking accreditation shall make an application in that regard to the Board in the prescribed form.

(2) The Board shall consider the application for accreditation and shall approve or reject the same, having regard to the following—

(a) whether the objective of the programme is that of the improvement of the professional competence of medical and dental practitioners;

(b) whether the applicant has the infrastructure sufficient and conducive for disseminating the programmes;

(c) whether the applicant has the expertise and resources necessary for achieving the goals of continuing professional development or continuing education programme;

(d) whether the programme is an educational programme;

(e) whether the programme is an activity dealing with the subject matter that is directly relevant to the practice of medicine and dentistry;

(f) whether the method of presentation sought to be utilised is appropriate for dissemination of the relevant skills and knowledge to the participants; and

(g) any other matter that may appear relevant

Participation fees

40. The Board may prescribe a fee to be paid by participants taking part in any continuing education programme, and, in the case of an accredited programme, the Board shall approve any such fee levied by a sponsoring agency.

Proof of compliance

41. Every application for an annual retention certificate shall be accompanied by proof that the applicant has secured five units upon attending and participating in the continuing education programmes during the preceding year.

Delegation of functions

42. The Board may delegate any or all of its functions under these Rules to a committee appointed by itself.

Revocation of L.N. 156/1979 and L.N. 132/2005

43. The Medical Practitioners and Dentists (Registration, Licensing, Assessment and Internship) Rules, 1979, and the Medical Practitioners and Dentists (Continuing Professional Development) Regulations, 2005, are revoked.

SCHEDULE (r. 6)

A. MAJOR SPECIALITIES IN MEDICAL PRACTICE

1. Anaesthesia.
2. Obstetrics and Gynaecology.
3. Internal medicine.
4. Paediatrics and child health.
5. Pathology.
6. Psychiatry.
7. Radiology.
8. General surgery.
9. Cardiothoracic surgery.
10. Neurosurgery.
11. Ophthalmology.
12. Orthopaedic surgery.

13. Ear, Nose and Throat (Otorhinolaryngology).
14. Plastic and reconstructive surgery.
15. Family Medicine.
16. Geriatrics.
17. Occupational Medicine.
18. Dermatology.
19. Palliative medicine.
20. Microbiology.
21. Public Health.

B. SUB SPECIALITIES IN MEDICAL PRACTICE

1. Anaesthesia—

(a) Critical care;

(b) Neuro;

(c) Cardiac;

(d) Paediatric.

2. Internal Medicine—

(a) Cardiology;

(b) Neurology;

(c) Nephrology;

(d) Gastroentology;

(e) Rheumatology;

(f) Venereology;

(g) Communicable diseases;

(h)Tropical medicine;

(i) Haematology;

(j) Endrocrinology;

(k)Immunology;

(l)Chest and respiratory medicine

3. Obstetrics and Gynaecology—

(a) Endocrinology;

(b) Oncology;

(c) Infertility;

(d) Maternal and foetal medicine;

(e) Adolescent medicine.

4. Pathology—

(a) Forensic medicine;

(b) Immunology;

(c) Haematology;

(d) Microbiology;

(e) Clinical pathology/clinical chemistry;

(f) Cytology.

5. Psychiatry—

(a) Paediatric;

(b) Adult psychiatry.

6. Radiology—

(a) Radiodiagnosis;

(b) Nuclear medicine.

7. Paediatrics—

(a) Cardiology;

(b) Neurology;

(c) Nephrology;

(d) Gastroentology;

(e)Rheumatology;

(f) Haematology;

(g)Neonatology;

(h) Endrocrinology;

(i) Tropical medicine;

(j) Immunology;

(k) Venereology;

(l) Communicable diseases;

(m) Chest and respiratory medicine.

8. Surgery—

(a) Neurosurgery;

(b) Cardiothoracic surgery;

(c) Paediatric surgery;

(d) Urology;

(e) Plastic surgery;

(f) Vascular surgery.

9. Cardiothoracic surgery—

(a) Cardiac and thoracic surgery;

(b) Vascular surgery.

10. Neurosurgery—

(a) Adult neurosurgery;

(b) Paediatric neurosurgery.

11. Ophthalmology.

12. Orthopaedics.

13. Ear, Nose and Throat.

14. Plastic surgery.

15. Family medicine.

16. Geriatrics.

17. Occupational medicine.

C. MAJOR SPECIALITIES IN DENTISTRY—ORAL AND MAXILLOFACIAL SURGERY

1. Orthodontics.
2. Prosthodontics.
3. Periodontology.
4. Oral and maxillofacial Surgery.
5. Restorative Dentistry.
6. Paediatric dentistry.
7. Dental radiology.
8. Oral Public Health.
9. Oral medicine.
10. Oral pathology.
11. Science and dental materials.
12. Immunology, Endodontics.
13. General Dental Practice.

Note.—The Board may approve such other specialities, from time to time.

MEDICAL PRACTITIONERS AND DENTISTS (DISCIPLINARY PROCEEDINGS) (PROCEDURE) RULES, 1979

[L.N. 157/1979, L.N. 21/2012, L.N. 223/2013.]

PART I – PRELIMINARY

1. Citation

These Rules may cited as the Medical Practitioners and Dentists (Disciplinary Proceedings) (Procedure) Rules, 1979.

2. Interpretation

In these Rules, unless the context otherwise requires—

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

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

"Chairman" means the chairman of the Board;

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

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

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

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

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

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

3. Preliminary Inquiry Committee

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

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

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

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

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

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

4. Functions of Preliminary Inquiry Committee

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

(a)conduct inquiries into the complaints submitted to it under these Rules and make appropriate recommendations to the Board;

(b) ensure that the necessary administrative and evidential arrangements have been met so as to facilitate the Board to effectively undertake an inquiry under rule 6;

(c) promote mediation and arbitration between the parties and refer matters to such mediator or arbitrator as the parties may in writing agree; and

(d) at its own liberty, record and adopt mediation agreements or compromise between the parties, on the terms agreed and thereafter inform the chairperson.

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

(a) if of the opinion that the complaint does not warrant reference to the Board for inquiry, reject the complaint and so inform the Chairman;

(b) if of the opinion that the complaint does warrant reference to the Board, cause it to be referred to the Professional Conduct Committee together with its findings and recommendations.

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

(a) levy reasonable costs of the proceedings from parties;

(b) make an order compelling a medical practitioner or dentist to undergo continuous professional development of not more than fifty points;

(c) suspend the licence of a medical institution for a period of not more than six months;

(d) make an order for the closure of an institution pending the compliance by that institution, of a condition or requirement under the licence issued to it under the Act; and

(e)make such further recommendations as the committee deems fit.

[L.N. 21/2012, s. 2, L.N. 223/2013, r. 3.]

4A. Professional Conduct Committee

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

(a) a chairperson;

(b) two persons registered in the same profession in which a medical practitioner or dentist whose conduct is being inquired is registered;

(c) one member of the Board;

(d) one person representing the general public;

(e) the Board's advocate who shall be the legal advisor; and

(f) the Chief Executive Officer of the Board.

(2) The functions of the Professional Conduct Committee shall be to—

(a) conduct inquiries into the complaints within such counties as the Board may specify and make appropriate recommendations to the Board;

(b) ensure that the necessary administrative and evidential arrangements have been met so as to facilitate the Board to effectively undertake an inquiry under rule 6;

(c) convene sittings in respective counties to determine complaints;

(d) promote arbitration between the parties and refer matters to such arbitrator as the parties may in writing agree.

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

(a) levy reasonable costs of the proceedings from parties;

(b) order a medical practitioner or dentist to undergo continuous professional development for a maximum of up to fifty points;

(c) suspend licenses for medical institutions for up to six months;

(d) order closure of institutions until compliance with the requirements of the operating licence;

(e) admonish a doctor or dentist or the institution and conclude the case; and

(f) make such further recommendations as the committee deems fit.

(4) The Professional Conduct Committee may summon or correspond with persons including medical practitioners and dentists to whom a complaint relates as it thinks fit and may peruse or inspect all instruments relating to the complaint. [L.N. 21/2012, s. 3, L.N. 223/2013, r. 4.]

5. Submission of complaint or information

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

(a) a medical practitioner or dentist has been convicted of an offence under this Act or under the Penal Code; or

(b) that a question arises whether the conduct of a medical practitioner or dentist constitutes serious professional misconduct, the Chairman shall submit the matter to the Preliminary Inquiry Committee and Professional Conduct Committee.

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

(a) be in Form 1 in the Schedule and shall, unless the Board otherwise directs, require the party to whom it is addressed to furnish the Chairman and every other party a notice of all the documents which he intends to rely on at the hearing;

(b)set out, in general terms, the charge or charges of professional misconduct made against the medical practitioner or dentist; and

(c)specify the date and time of and the place at which the inquiry is proposed to be held.

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

(4) In any case where there is a complaint, a copy of the notice of inquiry shall be sent to him. [L.N. 223/2013, r. 5.]

6. Procedure in cases relating to conviction

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

(a)the complainant, or if a complainant does not appear or there is no complainant, the Board's advocate shall adduce evidence of the conviction and produce before the Board a certified copy of the Court proceedings which resulted in the conviction of the medical practitioner or dentist;

(b)if, as regards a conviction, no evidence is adduced, the Chairman shall thereupon announce that the conviction has not been proved;

(c)the Chairman shall ask the medical practitioner or dentist whether he admits each previous conviction of which evidence is so adduced;

(d)if the medical practitioner or dentist does not admit all the convictions, he may, if he intends to adduce other oral evidence in addition to his own evidence as respects any conviction which he does not admit either in person or by his advocate, open his case;

(e) the medical practitioner or dentist or his advocate, as the case may be, may adduce evidence in respect of any conviction which he does not admit;

(f) at the close of the evidence for the medical practitioner or dentist, the complainant or the Board's advocate, as the case may be, may with the leave of the Board, adduce evidence to rebut any evidence adduced by the medical practitioner or dentist;

(g) the complainant or the Board's advocate, as the case may be, may address the Board and close his file;

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

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

(3) On the conclusion of the proceedings under this rule the Board shall consider every conviction alleged in the charge or charges, other than a conviction which has been admitted by the medical practitioner or dentist, and shall determine whether it has been proved and the Chairman shall then announce its determination in such terms as the Board may approve.

7. Procedure in cases relating to conduct

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

(a) if the complainant appears, he shall open the case against the medical practitioner or dentist or where the complainant does not appear or there is no complainant, the Board's advocate shall present all the facts on which the complaint or information is based;

(b) the complainant or the Board's advocate, as the case may be, may address the Board and adduce evidence of the facts alleged in the charge or charges;

(c) if as respects any charge no evidence is adduced, the Board shall record and the Chairman shall announce a finding that the medical practitioner or dentist is not guilty of infamous or disgraceful conduct in a professional respect as alleged in the charge or charges;

(d) at the close of the case against him, medical practitioner or dentist or his advocate may make either one or both of the following submissions as respects any charge which remains outstanding namely—

(i) that no sufficient evidence has been adduced upon which the Board could find that the facts alleged have been proved;

ii) that the facts of which evidence has been adduced are insufficient to support a finding of infamous or disgraceful conduct in a professional respect,

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

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

(f) the medical practitioner or dentist may then, if he intends to adduce oral evidence in addition to his own evidence, open his case upon any charge which remains outstanding;

(g) at the close of the evidence for the medical practitioner or dentist the complainant or the Board's advocate, as the case may be, may with leave of the Board, adduce evidence to rebut any evidence adduced by the medical practitioner or dentist;

(h) the complainant, or the Board's advocate, as the case may be, may then address the Board and close his case.

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

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

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

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

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

8. *Deleted by L.N. 223/2013, r. 6*.

9. *Deleted by L.N. 223/2013, r. 6*.

10. Inquiries into charges against two or more practitioners

(1) Nothing in these Rules shall be construed as preventing an inquiry being held jointly into charges against two or more medical practitioners or dentists.

(2) Where a joint inquiry is held, the provisions of these Rules shall apply subject to the necessary adaptations and any directions which may be given by the Board.

PART II A

10A. Application

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

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

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

10B. Powers of the Committee

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

(a) administer oaths;

(b) summon persons to attend and give evidence;

(c) order the production of relevant documents, including court judgments; and

(d) recover in whole or in part the cost of the inquiry not exceeding one million shillings from any or all the parties involved in the proceedings.

(2) An oath shall be administered by the chairperson of the Committee.

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

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

10C. Non-response by respondent

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

(a) the hearing may proceed in his or her absence; and

(b) he or she commits an act of professional misconduct.

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

10D. Form of proceedings

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

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

10E. Language of proceedings

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

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

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

(4) The rulings of the Committee shall be prepared in the English language but may be translated, on request by a party, into the Kiswahili language.

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

10F. Information

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

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

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

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

10G. Directions and pre-hearing orders

(1) The Committee may on its own motion or on the application by a party to the proceedings give directions, including directions for the furnishing of further particulars or supplementary statements, as are necessary to enable the parties prepare for the hearing or assist the Committee determine the issues related to the hearing before it.

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

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

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

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

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

10H. Non-appearance by respondent

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

(a) the inquiry may proceed in his absence; and

(b) he or she commits an act of professional misconduct.

(2) If a person appearing at the inquiry, without reasonable excuse—

(a) refuses or fails to be sworn or affirmed;

(b) refuses or fails to answer a question that he is required to answer by the person chairing the Committee; or

(c) refuses or fails to produce a document that he was required to produce by a summons served, on him or her,

he or she commits an offence.

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

10I. Failure to comply with directions

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

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

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

10J. Varying or setting aside of directions

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

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

10K. Summons and orders

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

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

10L. Exclusion of persons disrupting proceedings

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

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

10M. Failure of Parties to attend hearing

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

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

(b) adjourn the hearing, and may make such orders as to costs as it considers fit.

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

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

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

10N. Procedure at hearing

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

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

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

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

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

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

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

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

10O. Quorum

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

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

10P. Power to determine application without hearing

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

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

10Q. Consolidation of proceedings

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

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

10R. Amendment of pleadings

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

10S. Extension of time [L.N. 223/2013, r. 6.]

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

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

10T. Demonstration and display facilities

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

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

10U. Opportunity to be heard or cross-examine

The Committee shall grant to any party a reasonable opportunity—

(a) to be heard, submit evidence and make representations; and

(b) to cross-examine witnesses to the extent necessary to ensure fair hearing.

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

10V. Adjournment of proceedings

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

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

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

10W. Judicial notice

(1) The Committee may take judicial notice of—

(a) facts that are publicly known and that may be judicially noticed by a court of law; and

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

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

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

10X. Representation

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

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

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

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

10Y. Decisions of the Committee

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

(a) that the complaint be dismissed;

(b) that the member be reprimanded;

(c) that the member be suspended from practice for a specified period not exceeding two years; or

(d) make such order as the Committee consider fit.

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

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

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

(a) be reduced to writing whether there has been a hearing or not; and

(b) shall be signed and dated by the chairperson.

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

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

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

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

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

10Z. Reasons for decisions

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

(a) a statement of the findings of fact made from the evidence adduced, including, where applicable, any relevant government policy; and

(b) a statement of the laws and rules of law applied, and the interpretation thereof.

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

PART III – PROCEEDINGS RELATING TO APPLICATIONS FOR RESTORATION

11. Application for restoration of name on register

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

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

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

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

(a) the register shall state to the Board the circumstances in which the applicant's name was removed or erased from the register or the licence cancelled and shall adduce evidence as to the conduct of the medical practitioner or dentist since that time;

(b) the Chairman shall then invite the applicant to address the Board if he so wishes, and adduce evidence as to his conduct since his name was erased from the register or the licence was cancelled;

(c) the Board may, if it thinks fit, receive oral or written observation on the applicant from any body or person whose complaint resulted in the applicant's name being erased from the register or licence being cancelled.

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

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

PART IV – GENERAL

12. Adjournment of proceedings

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

13. Proceedings to be in camera

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

14. Summons at proceedings

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

15. Notes taken at proceedings

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

16. Venue of meetings

[L.N. 223/2013, r. 7.]

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

17. Service of documents

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

18. Evidence

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

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

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

SCHEDULE

FORM 1 **(r. 5(3))**

MEDICAL PRACTITIONERS AND DENTISTS ACT
(CAP. 253)

Dr./Mr./Mrs./Miss .....

Address .....

Dear Sir/Madam,

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

If the charge relates to a conviction—

That you were on the ..... day of ..... at .....

(*specify court recording the conviction*) convicted of .....

.....

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

OR

If the charge relates to conduct—

That being registered under the Act you .....

.....

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

Where there is more than one charge, the charges are to be stated consecutively (*charges relating to conviction being set out before charges relating to conduct*).

Notice is further given to you that on the ..... day of ....., 20 ..... a meeting of the Board will be held at Afya House, Cathedral Road, Nairobi at ..... a.m./p.m. to consider the above charge/charges against you and to determine whether or not the Board should direct the Registrar to remove your name from the register pursuant to section 20(1) of the Medical Practitioners and Dentists Act (Cap. 253).

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

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

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

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

.....

Registrar of the Board

FORM 2 **(r. 11)**

MEDICAL PRACTITIONERS AND DENTISTS ACT
(CAP. 253)

APPLICATION FOR RESTORATION OF NAME IN THE REGISTER

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

I, the undersigned .....

of (address) .....

.....

now holding the qualification(s) of .....

.....

do solemnly and sincerely declare as follows—

1. I am the person formerly registered as a medical practitioner/dentist under the name of .....

   .....

   and the qualification(s) of .....

   .....

   registration number ..... and, I hereby apply for the restoration of my name to the register.

2. In an inquiry held on the ..... day of ....., 20 ..... at .... (place) the Board directed my name to be erased from the register, and the offence for which the Board directed the erasure of my name was .....

   .....

3. Since the erasure of my name from the register, I have been residing at .....

   .....

   and my occupation has been .....

   .....

4. It is my intention if my name is registered to the register to engage in private practice/to be employed, (others specify) .....

   .....

5. The grounds of my application are .....

   .....

   .....

6. Names and addresses of my referees—

   (a) .....

   (b) .....

   .....

   .....

   .....

   .....

   .....

   (c) .....

   .....

   .....

   .....

Declared at ..... Signed .....

On ..... Date .....

Before me ..... (Full Name)

Signed .....

Name of practitioner in full and registration/date of qualification.

Date .....

FORM 3 **(r. 11(2))**

MEDICAL PRACTITIONERS AND DENTISTS ACT
(CAP. 253)

CERTIFICATE OF IDENTITY AND GOOD CHARACTER

I, ...

of (address) .....

do certify as follows—

1. I have read the statutory declaration made on the .....
   ..... day of ..... , 20 ..... by
   Dr./Mr./Mrs./Miss .....
   of (address) .....
2. The said Dr./Mr./Mrs./Miss .....
   .....
   was formerly registered as a medical/dental practitioner with the following address and qualification(s) .....
   .....
   Registration No. .....
   .....
3. I have been and am well acquainted with the said Dr./Mr./Mrs./Miss .....
   both before and since his name was erased from the register, and I believe him to be now a person of good character, and the statements in the said declaration are, to the best of my knowledge, information and belief, true.

   Signed .....
   Registered address .....
   .....
   .....
   .....

SCHEDULE, FORM 3—*continued*

Registered Qualifications .....

.....

.....

Date .....

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

Signature of Witness .....

Address ..... Date .....

MEDICAL PRACTITIONERS AND DENTISTS (PRIVATE MEDICAL INSTITUTIONS) RULES, 2000

[L.N. 25/2000.]

1. Citation

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

2. Interpretation

In these Rules, unless the context otherwise requires—

"institution" means a private medical institution;

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

"private medical institution" means premises of a private health facility which offers medical or

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

"register" means the register of private medical institutions.

3. Licensing of a private medical institution

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

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

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

4. Application for a registration

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

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

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

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

5. Application for a licence

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

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

(3) An annual fees assessment form shall be in the

prescribed form set out in the Medical Practitioners and Dentists (Forms and Fees) Rules.

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

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

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

(7) No licence shall be transferred under these Rules.

(8) A licence issued under these Rules shall be displayed in a conspicuous place at the premises to which the licence relates.

(9) An application for renewal of licence shall be made under these Rules.

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

(11) The Board may, on application—

(a) for renewal of the licence; or

(b) for change of premises, request such further relevant information from the applicant as it thinks fit.

(12) The Board may charge an additional late application fee in respect of applications submitted after the 30th October of any year as specified in subrule (2).

6. Conditions for grant of licence

(1) No licence shall be granted under these Rules unless the premises and its proposed facilities and equipment are approved by the Board as suitable for the purpose indicated in the application, and the Board is satisfied as to the character and ability of the applicant to run the private medical institution.

(2) An institution shall be registered and licensed as private medical institution where—

(a) the premises conform to the minimum requirements set out in rule 10 of the Private Clinic Rules;

(b) the medical officer of health of the district where the premises are located submits a satisfactory report on the premises to the Board;

(c) the medical practitioners or dentists providing services at the institution is the holder of a valid private practice licence issued under the Act to render medical or dental service at the institution;

(d) all professional staff working or intending to work in the institution are qualified and are registered by the relevant registering authority as required;

(e) the quality of health care to be provided at the institution shall be such as to comply with the minimum standards acceptable to the Board.

(3) For the purposes of this rule, the Board may issue guidelines which guidelines shall be subject to regular review.

7. Categorization of private

medical institutions

For purposes of licensing, the Board shall categorize registered approved private medical institutions as set out in the Schedule to these Rules, and shall determine the annual fees payable in respect of each category.

8. Services at institutions

(1) Every licence issued to a private medical institution shall specify the nature of the services that may be provided by the institution.

(2) Paragraph (1) shall not prevent the carrying out at a private medical institution in case of an emergency of any other treatment as may in the opinion of a medical practitioner, be necessary.

(3) Every licence shall state the maximum number of patients who may be accommodated in the institution at any one time, and may be limited to any particular class or classes of patients.

9. Refusal to register or license

(1) Where the owner or managing body of a private medical institution does not comply with these Rules, the Board may refuse to register or license the institution.

(2) The Board may refuse to renew the licence of a private medical institution which is operated in a manner that contravenes any provision of the Act or these Rules.

10. Revocation of licence

(1) A licence may at any time be revoked by the Board—

(a) if the licensee wilfully neglects or refuses to comply with any provision of these Rules or obstructs, impedes, or hinders any person carrying out any duties or responsibilities under the Act and these Rules;

(b) if in the opinion of the Board, the private medical institution is managed in a manner contrary to these Rules or in such a manner that the revocation of the licence is required in the public interest;

(c) if, after inquiry the Board finds that there has been professional misconduct.

(2) Where the Board refuses to grant registration, grant or review a licence, or cancels or revokes a licence, it shall inform the applicant or the licensee of its decision and the reasons therefor in writing.

(3) The proprietor of a private medical institution may request the Board to reconsider its decision under subrule (2) and the Board may comply accordingly.

11. Inspection of private medical institutions

(1) All private medical institutions shall be subject to inspection by the Board.

(2) The operator of a private medical institution shall submit to the Board once in every six months list of—

(a) all medical practitioners and dentists in their employment;

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

12. Responsibility of owner, etc., of private medical institution

(1) It shall be the responsibility of the owner and the managing body of a private medical institution to acquaint themselves fully with—

(a) the qualifications; and

(b) the professional conduct,

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

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

13. Responsibilities of administrators of approved private medical institutions

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

(a) in cases of emergency; or

(b) in cases where practitioners with the requisite specializations are not reasonably available.

14. Revocation of Part IV

PART IV of the Medical Practitioners and Dentists (Private Practice) Rules is revoked.

SCHEDULE

[Rule 7.]

CATEGORIZATION OF PRIVATE MEDICAL INSTITUTIONS

Category (I)	Well established private hospitals in category A and B of the N.H.I.F. Scheme.
Category (II)	Medium size private hospitals in category C and D of the N.H.I.F. Scheme.
Category (III)	Hospitals, Maternity, and Nursing Homes in category E and below of the N.H.I.F. Scheme.
Category (IV)	Polyclinics, laboratories, radiology premises and other specialized clinics.
Category (V)	Mission Hospitals.
Category (VI)	Institutional clinics and dispensaries.

THE MEDICAL PRACTITIONERS AND DENTISTS (INSPECTIONS AND LICENSING) RULES, 2014

PART I—PRELIMINARY

Citation

1. These Rules may be cited as the Medical Practitioners and Dentists (Inspections and Licensing) Rules, 2014.

Interpretation

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

"advertise" means to issue or cause to be issued a sign, notice, circular, label or wrapper or to make any announcement orally or by means of electronic or print media;

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

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

"clinic" means a consulting office or room or an outpatient department without beds used by a medical or dental practitioner for the diagnosis and treatment of diseases or the giving of medical or dental advice and instructions;

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

"Committee" means the Inspections and Licensing Committee established under rule 3;

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

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

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

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

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

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

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

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

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

"nursing home" means any premises howsoever named or described which is used for the reception of, and for provision of medical care and nursing for, persons suffering from any sickness, injury or infirmity and having;

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

"private practice" means giving medical, surgical or dental advice, attendance or performing an operation, or engaging in radiological or clinical laboratory medicine, for a fee, at a facility that is not for the Government;

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

"radiographic film processor" means a holder of a certificate attesting to his proficiency in radiographic film processing, obtained at the Medical Centre or such similar institution which is recognized by the relevant regulatory authority;

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

"pathologist" means a specialist in any one or more of the disciplines in clinical laboratory medicine a mortuary and an outpatient department, but does not include premises maintained or directly controlled by the Government or a County;

"specialist" means a medical or dental practitioner who has completed an approved training programme in a particular discipline in medicine or dentistry, and who has acquired a recognized post-graduate qualification or its equivalent, and who thereafter has gained sufficient experience and shown to the Board's satisfaction, adequate skills, in his chosen discipline; and

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

PART II—ESTABLISHMENT OF THE INSPECTIONS AND LICENSING COMMITTEE

Establishment of the Committee.

3. (1) There is established a Committee to be known as the Inspections and Licensing Committee.

(2) The functions of the Committee shall be to—

(a) issue licences to all eligible medical and dental practitioners;

(b) issue licences to private, mission and faith-based hospitals, medical and dental centres, dispensaries, clinics and health centres;

(c) issue temporary licences to foreign medical and dental practitioners;

(d) approve and license the premises for the practice by medical and dental practitioners;

(e) inspect clinics, health centres, medical and dental centres, mortuaries, maternity and nursing homes and give such orders as appropriate;

(f) inspect all hospitals including faith-based hospitals and Government hospitals and give such orders as appropriate;

(g) review, whenever it is in its opinion necessary, all applications for licences to engage in private practice by medical and dental practitioners;

(h) maintain a register of all persons and facilities licensed under these Rules;

(i) review the fees charged in private practice by medical and dental practitioners, from time to time; and

(j) undertake any other activity that may be necessary for the fulfillment of its functions under these Rules.

Composition of the Committee.

4. (1) The Committee shall be composed of five members appointed by the Board from among its members and the chief executive officer.

(2) The Committee shall elect its Chairman and shall have powers to co-opt not more than three other persons who are not members of the Board, for the purposes of transacting the business of the Committee, whenever it is expedient.

(3) The persons co-opted under sub-rule (2) may not vote in any matter before the Committee.

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

(5) Subject to these Rules, the Committee may regulate its own procedure.

PART III—GENERAL PRACTICE

Practising licence, temporary licence, etc.

5. (1) Subject to section 15 of the Act, no person shall engage in practice as a medical or dental practitioner unless that person holds a valid practising licence issued under these Rules.

(2) The Board shall grant temporary licences to eligible foreign medical and dental practitioners to perform specific work or works in specific institutions in Kenya.

(3) A licence issued under sub-rule (2) shall be for a period not exceeding twelve(12) months and shall be renewable for a maximum period of three years.

(4) Notwithstanding the provisions of sub-rule (3), any foreign medical or dental practitioner who seeks to extend his licence beyond the period of three years as specified under sub-rule (3), must apply to the Board for permanent registration.

Eligibility to practice.

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

(2) Notwithstanding anything contained in sub-rule (1), the Board may, if it is satisfied that it is in the public interest to do so, allow a medical or dental practitioner under sub-rule (1) to be issued with a licence entitling him to engage in practice as a salaried employee of a private practitioner or group of private practitioners.

Application for a licence.

7. (1) An application for a licence to engage in private practice shall be as in Form VI set out in the Medical and Dental Practitioners (Forms and Fees) Rules, and shall be accompanied by the prescribed fee.

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

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

(4) The Board may, on application—

(a) for renewal of a licence; or

(b) for change of premises,

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

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

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

Conditions in licences

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

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

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

9. (1) The Board shall, before—

(a) refusing to grant or renew a licence; or

(b) refusing to allow a change of premises to which the licence relates; or

(c) canceling the licence,

Notice of refusal to grant a licence,etc

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

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

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

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

10. (1) A medical practitioner or dentist who wishes to work as a locum for another practitioner shall be required to satisfy requirements for eligibility for a licence to engage in private practice specified in rule 6.

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

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

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

(4) Where an applicant wishes to work as a locum for a period exceeding six weeks he shall obtain a licence to engage in private practice in Form VII set out in the Medical Practitioners and Dentists (Forms and Fees) Rules and pay the prescribed fees. The fee payable shall be fifty per cent of the private practice licence in one's category.

PART IV—PRIVATE CLINICS

Interpretation

11. In this Part, "licensee" means a medical and dental practitioner licensed to operate a private clinic under rule 12.

12. (1) No private practitioner shall operate a private clinic unless the premises where the clinic is situated has been inspected and approved by the Board.

Board to approve Premises

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

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

13. A licence under rule 12 shall be issued subject to such conditions as the Board prescribes including in any case the conditions that the licensed premises shall—

Conditions for issue of a licence under this Part.

(a) be kept in good order and a good state of repair;

(b) be kept reasonably secure from unauthorized entry;

(c) conform to the minimum requirements set out in Part A or Part B of the Second Schedule, as the case may be and any other written law, and in particular the Public Health Act (Cap. 242);

(d) not be a residential building except with special permission from the Board.

Restriction on number of private Clinics

14. A private medical or dental practitioner shall be licensed to operate by the Board not more than two clinics.

Licensee to indicate name, etc

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

(2) A licensee who—

(a) uses any words implying that a private clinic is a hospital or a nursing home;

(b) advertises a private clinic in any manner whatsoever to the general public,

shall be guilty of an offence.

Licensee's assistants

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

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

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

Keeping of essential drugs

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

(2) A licensee shall keep an accurate record of all drugs to which the Pharmacy and Poisons Act (Cap. 244) and the Dangerous Drugs Act (Cap. 245) apply.

Notification of disease, etc

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

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

Manner of dressing

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

Clinical radiological laboratories

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

(a) is himself qualified in the use of ionizing radiation; or

(b) employs a radiographer,

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

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

(a) examination of the specimens obtained from patients in the laboratory is undertaken by the private practitioner personally or a qualified medical laboratory technician or technologist;

(b) examinations are limited in the way prescribed in sub-rule (3).

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

(a) haemoglobin;

(b) blood slides;

(c) urinalysis;

(d) stool microscopy;

(e) occult blood tests;

(f) gram stains;

(g) special smears.

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

(a) undertakes the examination of patients or specimens from patients; or

(b) treats patients, who have been referred from outside the practice concerned,

shall be guilty of an offence.

PART V—NURSING HOMES AND HOSPITALS

Inspections of nursing homes and hospitals.

21. (1) All nursing homes and hospitals shall be subject to inspection by the Board.

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

(a) all medical practitioners and dentists in their employment; and

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

Responsilities of owners, etc of nursing homes and hospitals

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

(a) the qualifications; and

(b) the professional conduct,

of all medical and dental practitioners working at the nursing home or private hospital and they shall consult the Board in case of any doubt.

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

Emergencies, etc

23. The administrators of approved medical institutions shall ensure that no medical or dental practitioners working there engage in private practice outside the area of specialization and competency for which they have been licensed expect in cases—

(a) of emergency; or

(b) where practitioners with the requisite specializations are not reasonably available.

PART VI—PRIVATE CLINICAL LABORATORY MEDICINE

Licence to practice clinical laboratory medicine.

24. (1) The Board may grant a licence in the Form VII set out in the Medical Practitioners and Dentists (Forms and Fees) Rules to a medical practitioner to practice private clinical laboratory medicine if the practitioner is both eligible under rule 6 and a pathologist.

(2)The Board shall publish annually in the print or electronic media, a list of licensed private clinical laboratories.

Savings.

25. (1) Subject to sub-rules (2) and (3), a registered medical practitioner who was operating a private clinical laboratory before the commencement of these Rules may, notwithstanding rule 23 (b), continue to operate.

(2) A practitioner referred to in sub-rule (1) shall make application in the Form VI set out in the Medical Practitioners and Dentists (Forms and Fees) Rules within three months of commencement of these Rules, for a licence under rule 24.

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

Requirements for clinical laboratories.

26. (1) A clinical laboratory shall—

(a) conform to the standards stipulated in the Fourth Schedule;

(b) be approved by the Board before starting to function as such; and

(c) be at all times supervised by a pathologist.

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

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

Investigations carried out in clinical laboratory medicine.

27. A general or single discipline pathologist, a general practitioner and a medical laboratory technician may respectively undertake such investigations in clinical laboratory medicine as set out in rule 20 (3) and the Fourth Schedule.

Duties of a practitioner operating a clinical laboratory.

28. A medical practitioner operating a clinical laboratory—

(a) shall provide diagnostic aid services for the community by meeting the needs of hospitals, medical and dental practitioners and other health services and in so doing he may monitor individual patients, when requested to do so, by providing appropriate laboratory control of therapy;

(b) shall provide consultant advisory services in all aspects of laboratory investigations, including the interpretation of results and shall advise on any further appropriate investigations;

(c) shall collaborate in systematic education and training for all members of laboratory staff;

(d) may collaborate in the development study and laboratory control of new methods of treatment, whilst adhering to the laid down medical ethics;

(e) may provide laboratory facilities for and advise on approved research projects undertaken by clinicians; and

(f) may undertake basic or applied research on pathology problems.

Fees.

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

Offences.

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

PART VII—PRIVATE CLINICAL RADIOLOGICAL LABORATORY MEDICINE

Licence to practice clinical radiological medicine.

31. (1) The Board may grant a licence in Form VII set out in the Medical Practitioners and Dentists (Forms and Fees) Rules, to a medical practitioner to engage in private practice in clinical radiological medicine if the practitioner is both eligible under rule 6 and a radiologist.

(2) The Board shall publish annually in the print or electronic media, a list of licensed private clinical radiological laboratories.

Savings.

32. (1) Subject to sub-rules (2) and (3), a registered medical practitioner who was operating a private clinical radiological laboratory, other than a laboratory providing only screening facilities, before the commencement of these rules may, notwithstanding rule 31, continue to operate.

(2) A practitioner referred to in sub-rule (1) shall make an application in Form VI set out in the Medical Practitioners and Dentists (Forms and Fees) Rules, within three months of commencement of these Rules, for a licence under rule 31.

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

Requirements for a clinical radiological laboratory.

33. A clinical radiological laboratory shall—

(a) conform to the standards stipulated in the Fifth Schedule;

(b) be approved by the Board before starting function as such;

(c) be at all times supervised by a radiologist;

(d) keep an accurate record of all clinical radiological examinations undertaken by it.

Undertaking of operations in a clinical radiological laboratory.

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

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

Duties of the owner of a clinical radiological laboratory.

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

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

Screening facilities.

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

(2) A person who publicly offers or advertises screening facilities shall be guilty of an offence and liable to a fine not exceeding five thousand shillings or to imprisonment for a term no exceeding three months or to both.

Fees

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

PART VIII—MISCELLANEOUS

Board to prescribe fees.

38. (1) The Board shall prescribe the fees to be charged for visits, consultations, surgical, anaesthesia and other related procedures in general practice and specialist practice.

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

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

General penalty.

39. Where a person is guilty of an offence under these rules for which no penalty is expressly provided he shall be liable to a fine not exceeding ten thousand shillings or imprisonment for a period not exceeding twelve months or to both such fine and imprisonment.

Legal proceedings, etc

40. Whether or not proceedings are bought against any person for an offence under these rules the Board may, where it is satisfied

that there has been a contravention of any of these Rules or of the conditions of any licence granted thereunder, and notwithstanding that such contravention is not an offence, cancel or refuse to renew any licence granted thereunder, and in such case rule 6 shall apply.

Mode of serving notices.

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

Revocation of L.N. 182 of 1979.

42. The Medical Practitioners and Dentists (Private Practice) Rules, 1979, are revoked.

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FIRST SCHEDULE

(r. 10(3))

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

……

Dr…… (Reg. No……)

P.O. Box……

Dear Sir,

RE: APPLICATION FOR LOCUM

I acknowledge your letter dated

Ref. No……applying for a locum.

Permission is hereby granted for Dr……

Reg. No…… to work as a locum in your place of practice during your absence from……

to …… Yours faithfully,

Registrar/Chairman. ……

……

SECOND SCHEDULE (r. 13 (c), 15 (1) and 17).

PART A—MINIMUM REQUIREMENTS FOR A GENERAL PRACTITIONER

1. PREMISES:

(1) Premises should contain the following accommodation—

(a) waiting room;

(b) a consulting room which should be reasonably sound-proofed so that conversations taking place therein are not easily audible outside the consulting room;
(c) an examination room which should be either separate room or a curtained- off part of a consulting room;
(d) a treatment room in which such procedures as the giving of medications and the carrying out of minor surgical operations can be done;
(e) adequate toilet facilities.

(2) These rooms should be adequately furnished and cleaned and—

(a) there shall be sufficient sitting accommodation in the waiting room for the size of the practice;

(b) the consulting room shall have a desk and a chair for the doctor and two or three chairs for the patient(s); and a consulting room should also have a facility for the practitioner to wash his hands, for example, where there is no running water there shall be a washing basin with a jug of water which is periodically topped up;

(c) there shall be an examination couch in the consulting or examination room and another couch in the treatment room and the couches shall be designed so that it is easy for an infirm patient to get on to them, and there shall be adequate lighting, either daylight or artificial light, to enable the practitioner to see his patient fully.

2. EQUIPMENT:

The practitioner shall have the following equipment available at his place of work—

(a) diagnostic instruments such as stethoscope, syphygmomanometer, foetal stethoscope, torch, patella hammer, auroscope, opthalmoscope, proctoscope,, virginal speculum, disposable tongue depressors;

(b) instruments for carrying out certain procedures, for example, opening abcesses and stitching wounds;

(c) sterilizers for surgical instruments and containers, etc;

(d) a facility to examine urine on the premises, for example, by the use of "labstix" or equivalent reagents; (e) a cabinet for patients' records.

3. STOCKING OF DRUGS:

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

(a) Injections of analgesics (for example, pethidine, morphine, etc.);

(b) Antibiotics, antihistamines, brochodilators, antiemetics, antispamodics, local anaesthetics and corticosteroids;

(c) For the purpose of administering injections, he should have disposable syringes and needles and surgical spirit.

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

(a) Such drugs as injections of analgesics, antibiotics, bronchodilators, tranquilisers, local anaesthetics, antipasmodics, antiemetics;

(b) oral preparations such as antipyretics, analgesics,gastrointestinal sedatives, antidiarrhoeals, antihistamines, brochodilators, antibiotics, muscle relaxants, etc.

(3) For the purpose of the doctor's bag it should be the practice to carry disposable syringes and needles rather than steel and glass syringes which require sterilization. The bag will be adequately furnished if it carries a supply of 2ml disposable syringes and 25g (1 in) and 21g (1½in) disposable needles. It is also convenient to carry strips of spirit swabs rather than carrying a supply of surgical spirit and pieces of cotton wool. Practitioners shall take steps to destroy all disposable equipment to avoid their possible use.

4. APPROVED DESCRIPTION OF NAME:

Dr./Mr……..MBchB, BDS*

Medical Practitioner/Dentist/Clinical Laboratory/Clinical Radiological

Laboratory*. Dr./Mrs……MBchB,DCH,MRCP,FRCS, M.MED,

FRCR*, etc.

Specialist* Physician, Paediatrician, Dermatologist*, Anaesthetist, Radiologist, Psychiatrist, Pathologist, Obstetrician and Gynaecologist, Surgeon (Orthopaedic, Urologist, Neurosurgeon, Thoracic, Plastic, Opthalmology*), etc.

**Delete where not applicable*.

PART B—MINIMUM REQUIRMENTS FOR A DENTAL SURGERY

1. WAITING ROOM: with basic furniture, telephone etc.

2. LABORATORY/WORKSHOP:

(a) Basic Laboratory Requirement-

Investing flasks; Press and
clamp; Polishing motor;
Laboratory motor and hand piece;
Bunsen burner;
Pliers, wax knife etc; Denture
materials; Plaster for models;
Model trimmer;
Polishing brushes, cone felt etc.

(c) Basic Requirements in filling materials

1. Amalgams;

2. Dental cements;

(i) Zinc oxide Engenel;
(ii) Zinc and copper phosphates;
(iii) Calcium hydroxides;
(iv) Silicate and silicophosphate cements;
(v) Filling resins.

3. TOILET—with wash basin and water borne sanitation.

4. SURGERY - composed of the following basic essentials—

(i) Dental unit with low and high speed drills which are water cooled;

(ii) Wash-basin with running water;

(iii) Sterilizer unit

(iv) Cabinet with basic dental instruments;

(v) Basic drugs and medicaments used in dentistry including antimicrobials, corticosteroids, analgesics, haemostatic and anesthetic drugs, in addition to antiseptics disinfectants;

(vi) Lockable cabinet, containing essential emergency drugs;

(vii) Emergency oxygen cylinder;

(viii) Cabinet for patients' records and card system.

5. INTRA-ORAL RADIOLOGICAL UNIT.

THIRD SCHEDULE (r.18)

RETURN OF NOTIFIABLE INFECTIOUS DISEASES

The following diseases are notified on Med. 25 Forms. These forms are obtainable from Kenya Medical Supplies Agency or any Government medical institution-

Acute poliomyelitis
Anthrax
Cerebro-spinal fever (meningococcal meningitis)
Cholera
Diphtheria
Infective hepatitis
Malaria S.T. (in high altitude areas)
Plague (human)
Plague (rodent)
Rabies
Severe diarrhoeal diseases
Sexually transmitted diseases, including HIV
Smallpox (variola major)
Smallpox (variola minor)
Trypanosomiasis Tuberculosis
(all forms) Yellow fever

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FOURTH SCHEDULE (r. 26)

MINIMUM STANDARDS FOR A CLINICAL LABORATORY

1. CATEGORIES AND RESPONSIBILITIES OF PATHOLOGISTS

(a) General Pathologist:

(i) This is a specialist whose basic training has covered all the disciplines of clinical laboratory medicine and who ultimately has attained a recognizable higher qualification in any one or all other disciplines.

(ii) General pathologists shall run laboratories that carry out the following investigations—

1. Morbid anatomy, histopathology and cytology;
2. Haematology and blood transfusion;
3. Clinical chemistry;
4. Medical microbiology and parasitology;
5. Immunopathology;
6. Forensic pathology;
7. Other allied laboratory investigations

(b) Single Discipline Pathologist:

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

(c) Categories of Pathology Laboratories:

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

(i) Government hospitals and County laboratories;
(ii) Non-profit making missionary hospital laboratories;
(iii) Non-governmental or private hospital laboratories charge economical fees;
(iv) Private clinical laboratories not attached to hospitals;
(v) Nursing home laboratories;
(vi) Other non-profit making laboratories.

4. MINIMUM FACILITIES FOR A PRIVATE CLINICAL LABORATORY

(a) A minimum of any three of the following disciplines should be offered— (i) Haematology and blood transfusion;
(ii) Medical microbiology and parasitology; (iii) Clinical chemistry;
(iv) Morbid anatomy, histopathology and cytology.

(b) STAFF:

(i) At least one pathologist;
(ii) At least one qualified technologist for each of the disciplines.

(c) PHYSICAL FACILITIES:
(i) Waiting room;
(ii) Specimen collection room with a couch;
(iii) Adequate laboratory space dictated by activities.

(d) SAFETY REQUIREMENTS:
(i) Autoclave for sterilization of specimens before disposal; (ii) Fire-fighting equipment;
(iii) Sinks with both cold and hot water.

(e) EQUIPMENT:
(i) At least one microscope; (ii) Refrigerator;
(iii) Incubator; (iv) Centrifuge;
(v) Haemoglobinometer; (vi) Counting chamber; (vii) E.S.R. tube;
(viii) Disposable syringes and needles;
(ix) Calorimeter;
(x) Water bath;
(xi) Still;
(xii) Burners;

(xiii) Electrophoresis tank;
(xiv) Necessary laboratory glassware;
(xv) Chemical balance;

(f) REAGENTS AND CHEMICALS:

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

(g) DOCUMENTATION:

All specimens must be recorded in a register. Such registration should show the following—

(i) date;
(ii) patient's name;
(iii) attending doctor's name;
(iv) nature of the specimen; and
(v) tests required.

FIFTH SCHEDULE (r. 33)

1. MINIMUM REQUIREMENTS FOR A CLINICAL RADIOLOGICAL LABORATORY

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

Level 0 - Clinics and health stations operated by a nurse or medical assistant without any direct medical supervision – no radiological facility required.

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

Level 2 - Sub-county hospitals, or rural hospitals staffed by a small number of doctors and undertaking general medical care and minor surgery, some private hospitals, clinics and non-profit making hospitals may be included in this group – radiographic examinations required include chest, simple abdomen, fractures and possibly some fluoroscopic examinations.

Level 3 - Medium sized County hospital that undertakes routine hospital work such as general medical care and routine surgery including abdominal surgery. The medical staff should include specialists in main fields as defines in these Rules.

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

Level 4 & 5-National referral, County and private referral hospitals including teaching hospitals where all types of radiological procedures are required.

2. **For a properly organized radiation protected programme to succeed**, it is strongly recommended that—

(a) In hospitals at levels 3, 4 and 5, all x-ray diagnostic examinations should be carried out by the diagnostic radiology department;
(b) Even when an x-ray equipment is installed in other departments the head of the radiology department should have responsibility for radiological aspects of any examination performed;
(c) Level 1 refers to a rural or remote area where no other radiological service is available and the supervision is that of a general practitioner with limited skill in radiology. A fully qualified radiographer may not be available at this level and the x-ray equipment may be operated by a nurse or laboratory technician. Such a nurse or technician should have had additional training in radiography;
(d) In areas where a more comprehensive radiological service is available, no attempt should be made to provide a level 1 radiological service.

5. PREMISES:

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

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

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

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

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

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

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

(i) If ordinary building materials are used, they should be thick enough e.g. in the range 70.25 KV, 15cm of concrete or 25cm of brick with plaster is sufficient;

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

(k) Converting an old building for an x-ray room will need a review by a radiation protec tion expert.

6. CHOICE OF X-RAY EQUIPMENT:
(a) The x-ray equipment should be adequate for its purposes e.g. at level 1 of radiological care, a good stationery x-ray tube and generator should be

employed. Improvisation of a mobile machine in an old room used for other purposes should not be tolerated under any circumstances;

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

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

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

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

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

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

(i) All x-ray, fluoroscopic and dental equipment must further meet the protection standards as laid down by the International Commission on Radiation Protection;
(j) The normal output for radiographic units should lie from 60 KV and above with preferably not less than 50mA. For fluoroscopic units without image intensifiers, 75 KV and 2-3mA is the normal order. 3mA should not be exceeded at 100 KV.

7. SAFETY PROCEDURES: RADIOGRAPHY

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

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

(c) Films should be supported mechanically. Beam size should be reduced to cover by means of light beam diaphragms or variable cones only areas under investigation.

FLUOROSCOPY

(a) Only essential persons who must wear protective aprons, should be present in the room during fluoroscopy;
(b) The fluoroscopy switch should be spring loaded so that it is not left on unnecessarily or accidentally;
(c) A cumulative timing device that gives an audible warning and finally switches off after a few minutes to restrict the total switch-on time of the equipment;
(d) A properly darkened room;

(e) A fluoroscopy switch coupled with the rooms red light;

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

(g) There should be effective coning devices;

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

ROOM LAYOUT

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

(b) Where there is more than one piece of equipment in the same room—

(i) only one generator per room should be installed;

(ii) a warning device should be mounted on each x-ray tube and control panel of the generator;

(iii) an adequate protective screen should be provided between each x-ray tube area;

(c) For special techniques such as tomography, angiography, etc a special room should be provided;

(d) Record room, office and waiting room should be provided outside the main x-ray room at all levels;

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

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

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

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

(i) Site monitoring during the radiation surveys should be done before commissioning the unit;

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

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

PROTECTION OF THE GENERAL PUBLIC

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

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

(c) Stray radiation should not reach the waiting rooms or other occupied areas;

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

(e) Separate protected cubicles should be provided preferably outside x-ray room;

(f) Lead protected doors must always be closed during x-ray examinations;

(g) Particular care should be taken to avoid irradiating patients in adjacent beds during mobile radiography; and

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