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THE PRACTITIONER

Kenya Medical Practitioners and Dentists Council Newsletter



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About The Practitioner

The Practitioner is a publication of the Kenya Medical Practitioners and Dentists Council's Public Relations and Communications Department. Together with the Council's website, the newsletter acts as a tool of communication, to enable the dissemination of important news and information to the Council's stakeholders.

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Message from the Chief Executive Officer



Mr. Daniel M. Yumbya, MBS

CEO, KMPDC

The Kenya Medical Practitioners and Dentists Council is a statutory authority established under Cap 253 Laws of Kenya to regulate the training, practice and licensing of medicine, dentistry and healthcare institutions that include private & mission hospitals, medical, dental centers & clinics, nursing and maternity homes and standalone funeral homes, in the country.

I am privileged to be a key player in steering the Council towards ensuring the provision of quality healthcare to the Kenyan people.

As an organization we rely on our Strategic Plan and Service Charter to drive our vision, mission and mandate, thereby ensuring all Kenyans access quality healthcare.

Over the years, the Council has been working tirelessly to ensure all our stakeholders get the services they need at the touch of a button. We have rolled out a New Business Model in a deliberate effort to improve service delivery and customer satisfaction.

In this regard, most of our services can now be accessed online including among others: –

- Integrated CPD Management System
- Online Services Portal
- List of accredited CPD providers and planned quarterly activities.
- Registered Practitioners
- Licensed Practitioners
- Registered Health Facilities
- Closed Health Facilities
- Procedure of lodging complaints on alleged medical malpractice (link)

We welcome feedback from our own valued clients on our website, www.kmpdc.go.ke, on email, info@kmpdc.go.ke and even on out **Twitter handle @KmpdcOfficial**, on the quality of services offered and areas that may require improvement.

We are committed to providing efficient, effective and accessible world class regulatory service to our customers.

KMPDC gets new Council members



CS for Health poses with the new Council members and some Heads of Department in the Council's secretariat during the inauguration ceremony at Afya House

The new Kenya Medical Practitioners and Dentists Council was inaugurated by the Cabinet Secretary for Health, Hon. Sicily Kariuki, on 30th January 2020.

The new Council will be chaired by Dr. Eva Njenga, who was appointed by His Excellency, President Uhuru Kenyatta. Dr. Njenga has been in practice for over 30 years and holds a MMed from the University of Nairobi.

The new Council further comprises of:

1. The Council's Chief Executive Officer who shall be the Registrar and an *ex officio* member and also the secretary to the Council – Mr. Daniel Yumbya
2. The Director General for Health or his representative
3. Universities representative – Prof Stephen Ogendo
4. Kenya Medical Association representative – Dr. Jackline Kitulu
5. Kenya Dental Association representative – Dr. Linus Ndegwa
6. Oral Health Practitioners' representative – Alex Langát
7. Kenya National Commission on Human Rights representative – Comm. Kagwiria Mbogori
8. Private sector in health representative – **Dr. Mohamed Abdi Mohamed**
9. Finance or audit expert – Dr. Juliet Gathara

During the inauguration ceremony, the Cabinet Secretary said the Council is expected to be transparent and have ethical leadership and accountability in

executing its mandate. She further directed the new members to regulate provision of health services in all health institutions from the public and private sectors.

In her acceptance speech, the new Chairperson, Dr. Eva Njenga said the Council remains committed to the realization of Universal Health Coverage by supporting professionalism in practice and expanding education and training priorities to increase the workforce required to adequately service the anticipated increased demands of the health sector.



KMPDC Chair, Dr. Eva Njenga (left) poses with CS for Health Sicily Kariuki

She further assured that the Council members will diligently discharge their duties bearing in mind the interest of the patient, the interest of the medical and dental practitioners, health institutions and of the country at large while ensuring they strike a balance with the patients' interests, being supreme.

Following the inauguration ceremony, KMPDC CEO Mr. Daniel Yumbya, together with other facilitators including Hellen Magoyo from Kenya School of Government, Simon Indimuli from the State Corporations Advisory Committee and Dr. Jackson Kioko, CEO Kenya Health Professions Oversight Authority, took the new Council members through an induction training workshop that covered among other things, the functions and responsibilities of the Council members, principles of effective Corporate Governance, achievements of former Council members and what is expected of the new members.

Medical Fraternity to have Professional Indemnity cover from January 2020

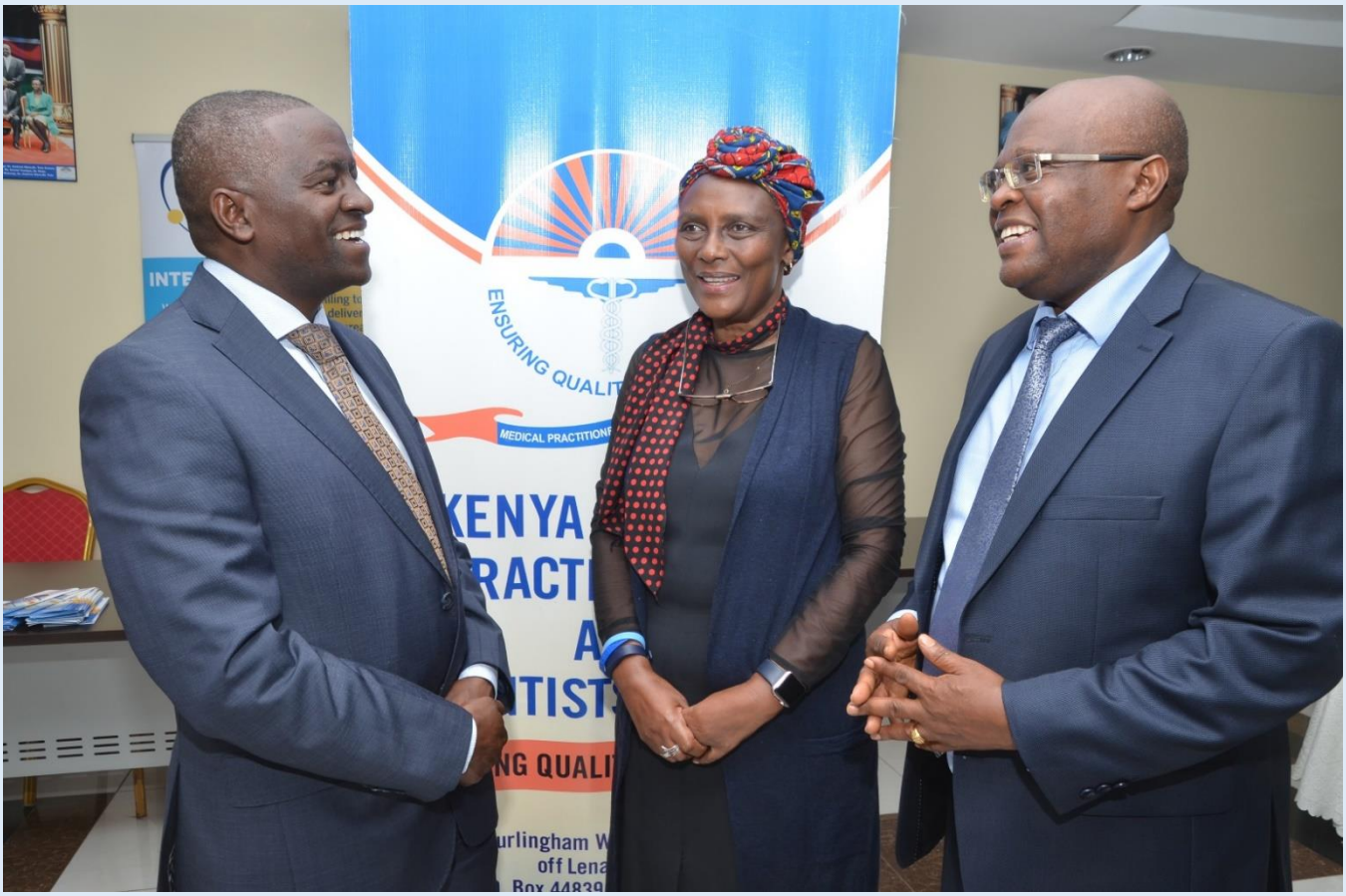
The amendments to the MP&D Act which came into force on the 17th of May 2019 now make it mandatory for all healthcare institutions and medical practitioners to have Professional Indemnity Cover as a prerequisite for a practice license for the coming year and beyond.

This is stipulated in **Section 15A "Every practitioner shall in each year indemnity. take a professional indemnity cover and every health institution shall in each year insure the health institution against professional liability of its staff."** This took effect in January 2020.

In response to this regulation, the Council, in partnership with the Association of Kenya Insurers and PACIS Insurance held a one-day symposium to sensitize the medical fraternity on the nature and effects of medical malpractice, the scope of medico legal issues and demystify Professional Indemnity.



Guests follow proceedings being made during the workshop on PI



KMPDC Chair Dr. Eva Njenga (center) and the Council's CEO Daniel Yumbya (right), engage PACIS Insurance CEO James Ngunjiri in a discussion about Professional Indemnity.

The sensitization was aimed at helping the practitioners improve their medical practice and make informed purchasing decisions.

Following the forum, doctors and administrators of health institutions agreed on the importance of an indemnity cover and committed to take up professional indemnity to protect their health workers, patients and health institutions.

The indemnity cover, will among other things, ensure that a complainant is compensated in case a doctor or a health institution is found culpable of medical negligence and or malpractice.

As a regulator, the Council has been handling several cases of medical negligence and malpractice lodged by aggrieved parties from 1997 to date.

The Council is committed to ensuring a case is determined within 3 months after being lodged, unless the parties involved opt to go to court.

The Council shall continue to monitor and evaluate doctors and health institutions to guarantee compliance with the law and ensure quality healthcare for all citizens.

Functions of KMPDC with the amendments to the act

The Kenya Medical Practitioners and Dentists Council was formed in the year 1997. Over the years, the Council has fully grown and evolved.

The amendments to the Medical Practitioners and Dentists Act which came into force in May 2019 have clearly

stipulated the functions of the Council as below:

a) Establish and maintain uniform norms and standards on the learning of medicine and dentistry in Kenya;
b) Approve and register medical and dental schools for training of medical and dental practitioners;
c) Prescribe the minimum educational entry requirements for persons wishing to be trained as medical and dental practitioners;
d) Maintain a record of medical and dental students;
e) Conduct internship qualifying examinations, preregistration examinations, and peer reviews as deemed appropriate by the Council;
f) Inspect and accredit new and existing institutions for medical and dental internship training in Kenya;
g) License eligible medical and dental interns;
h) Determine and set a framework for professional practice of medical and dental practitioners;
i) Register eligible medical and dental practitioners;
j) Regulate the conduct of registered medical and dental practitioners and take such disciplinary measures for any form of professional misconduct;
k) Register and license health institutions;
l) Carry out inspection of health institutions;
m) Regulate health institutions and take disciplinary action for any form of misconduct by a health institution;
n) Accredit continuous professional development providers;
o) Issue certificate of status to medical and dental practitioners and health institutions;
p) Do all such other things necessary for the attainment of all or any part of its functions.

The amendments further make a provision for four key committees of the Council. These are:

a) Training, Assessment, Registration and Human Resources Committee
b) Disciplinary and Ethics Committee
c) Inspections, Licensing, Finance and General Purposes Committee;
d) Audit and Risk Committee

Whereas these committees existed in the rules, their inclusion in the Act strengthens their Locus and allows for better performance of duties by the members.



Mr. Daniel Yumbya CEO, KMPDC at a past event, explaining the Council's functions

As pointed out before the amendments have clarified numerous ambiguities in the Act. The types of registers to be

maintained by the registrar have now been stipulated clearly to include but not limited to:

a) a register for interns;
b) a register of medical and dental practitioners;
c) a register of community oral health officers;
d) a register of general practitioners;
e) a register of foreign medical and dental practitioners;
f) a register of approved medical and dental schools;
g) a register of approved internship training centres;
h) a register of health institutions;

Registration and Licensing

The amendments to the Act also allowed for flexibility in the registration of medical practitioners. It lays out categories and qualifications of persons that can be registered by the Council. These include:

1. A citizen of Kenya who is a holder of a degree or other qualification obtained from a **University in Kenya or the East African Community**
2. A citizen of Kenya who is a holder of a degree or other qualification obtained from a **University outside Kenya or outside the East African Community**
3. A citizen of Kenya who is a holder of a degree or other qualification obtained from a University outside Kenya or outside the East African Community which is recognized by the Council as making him eligible for registration **and has undertaken internship in their country of training**
4. Citizens of the EAC
5. Persons who are not citizens of the EAC.

In addition to this, the amendments allow for foreign medical practitioners and dentists to acquire temporary registration and a subsequent license. Initially, the foreign practitioners would only receive a temporary license.

With regards to specialist recognition, the amendments increased the number of years of experience prior to issuance of specialist recognition from 1 year to 2 years after post graduate qualification.

The licenses for private practice have been eliminated. The current licenses provided for are:

a) General practice license
b) Specialist license
c) Senior registrar license

Health Institutions

Over the years the Council has grappled with issues of jurisdiction with regards to health institutions. The amendments clearly place all health institutions under the ambit of the Medical Council.

Professional Indemnity

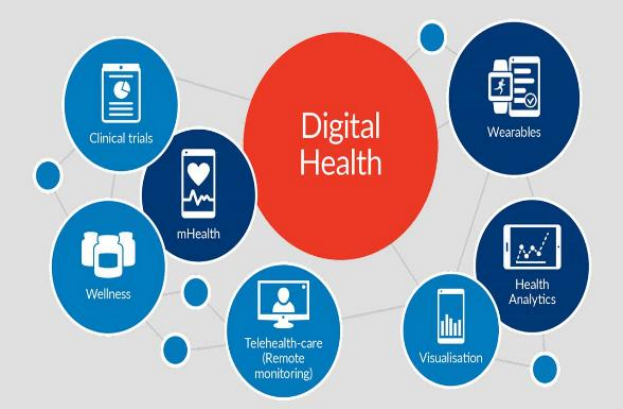
The amendments also make professional indemnity for the practitioners and the health institutions a mandatory requirement for the renewal of the annual license.

KMPDC makes it easier for Medical and Dental Practitioners, Health Institutions and public to access information

The Kenya Medical Practitioners and Dentists Council has over the past years been working tirelessly to ensure that our stakeholders and clients get everything they need through the touch of a button. Through various undertakings, the Council has been able to come up with online services portal and a database to help ease not only communication with its stakeholders but also with the members of the public.

1. Online Services Portal

This serves as a one-stop shop for the Council's Services.



Doctors and Health Institutions are able to apply for their Practice Licenses and Health Institutions' Licenses online, pay via MPesa and get SMS notification of the approval of the application within 5 minutes. This has greatly reduced the turnaround time which saw this process consume almost 3 months to conclude. This has not only ensured increased the number of licensed doctors, it has also improved compliance with the Continuous Professional Development (CPD) requirements.

2. Regulatory Human Resource Information System

The Regulatory Human Resource Information System has been very resourceful in amalgamating all the licensing and registration processes at the Council. Through this, we are able to track doctors right from training school to when and where they are in practice. It assists in managing the registration, licensing and disciplinary issues of doctors and health institutions.

It also helps keep a record of the number of practitioners we have in the country and where they're located, for advisory purposes.

So far, the Council has registered **13,780 medical and dental practitioners** and **11,663 health facilities.** The data can be found on our website www.kmpdc.go.ke

3. Online CPD Management

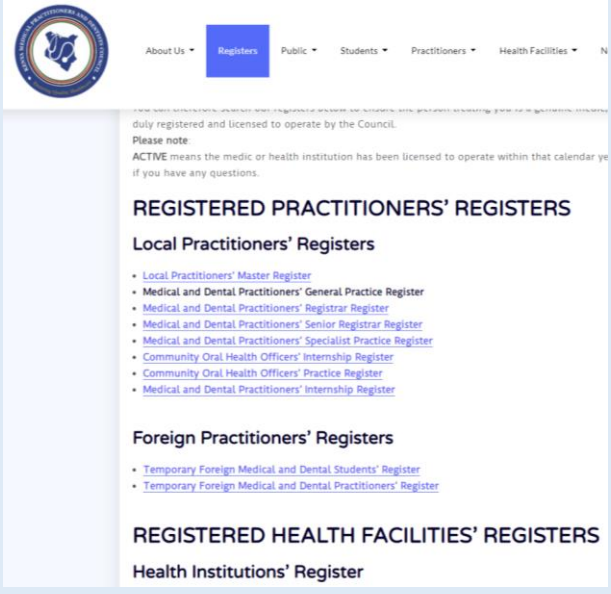
In 2014, the Council launched an Online CPD Management System available on www.icpdkenya.org. The Council has also accredited the number of CPD Providers who have their respective online accounts in the platform.



This has ensured that the doctors getting annual practice licenses have participated in the necessary activities that have made them accumulate a minimum of 50 CPD points required for renewal of licenses and also ensures that they are up to speed with the changing world of medicine and dentistry. Previously, the doctors used to fill up a manual diary and submit to the Council for approval.

4. Council's website

The Council's website, www.kmpdc.go.ke is a one-stop-shop for all the Council's services, application forms, publications and registers for licensed medical and dental practitioners as well as health institutions.



5. Registers of Doctors and Health Institutions

This is an online service that enables members of the public to search and validate doctors' license status and their workstations. The same also applies for health institutions. This service helps the public to know whether the practitioners and health institutions they have gone to seek services from have been licensed to operate and are operating within regulations set by the Council.

6. Release of Exams for Foreign Trained doctors

Exams for the foreign trained doctors used to be released to the individual doctors by having them physically come to the Council's offices to get their result slips. Since 2016, the doctors have been able to access the results online. The Council sends them an SMS notification with instructions on how to access them. This has enhanced service and reduced unnecessary traffic to the Council.

7. Communication to doctors using Email addresses and Bulk SMS

The Council sends critical communication to doctors through email and bulk SMS. The information includes notifications, deadlines among others.

8. Online gathering of feedback from doctor interns and Internship Coordinators on internship experience on - https://goo.gl/forms/fpyQirnB4sqZkp5E2

The feedback helps provide a clear guide on what needs to be improved in the internship process.

Do you know your doctor?

Do you know that you can ascertain whether or not the person treating you is indeed a doctor or a quack?
The cases of quacks posing as professionals is something that affects all professions, and it isn't new in the world of medicine. There are also many fake or unauthorized health facilities sprouting all over the country as unscrupulous businessmen try to make a killing and fleece unsuspecting Kenyans of their hard-earned money.
To curb the problem of quacks in the medical profession, the Kenya Medical Practitioners and Dentists Council is giving patients an opportunity to know whether the person diagnosing and treating them is indeed a doctor.

Through the Council's website, www.kmpdc.go.ke one is able to access the registers and find out whether a medical or dental practitioner is indeed registered with the Council and whether they have been licensed to operate within that year.
The registers can be accessed using the link http://kmpdc.go.ke/registers-practitioners-php/

Renewal of practicing licenses now online

Doctors wishing to renew their annual practicing licenses can now do it online through an online service portal launched by the Medial Practitioners and Dentists Council. The same applies to hospital administrators who want to renew their annual licenses of their facilities.
The services are available on the portal www.osp.kmpdc.go.ke

The launch of the online portal and the services mean that doctors and Health Institutions are able to apply for their Practice Licenses and Health Institutions Licenses online, pay via Mpesa and get an SMS notification of the approval of the application within minutes.

The move to get these services online by the Council is aimed at making it easier and faster for doctors and health facilities to have their licenses processed and generated at the click of a button.

The service has greatly reduced the turnaround time which saw this process consume almost 3 months to conclude. This has not only ensured increased number of licensed doctors; it has also improved compliance with the Continuous Professional Development (CPD) requirements.

All payments SHOULD be made to the following accounts:
1. MPesa PayBill – 992836, the Account Number for the paybill will be the unique invoice number generated by the system.
2. Bank Account –Kenya Commercial Bank, Account Number 1103158643, Milimani Branch.

The Council is continuously working to ensure that more services are available. We have a dedicated team to ensure any concern is addressed in a prompt manner.

For more information and inquiry call us through our mobile lines: **+254740257722, +254202724994, +254202711478** or email **osp@kmpdc.go.ke**.
Follow this link www.osp.kmpdc.go.ke for more information.

KMPDC makes its submissions to the BBI Taskforce



Mr. Daniel M. Yumbya CEO KMPDC, hands over the Council's recommendations to the BBI Taskforce Chair, Senator Yusuf Haji

To promote reconciliation and harmonious relations, H.E. President Uhuru Kenyatta and H.E. Raila Odinga signed a joint Communiqué titled 'Building Bridges to a New Kenyan Nation' to affirm their commitment to work together to find lasting solutions to ethnic antagonism and divisive politics, in May this year.

Further, H.E. the President and H.E. Raila Odinga established the 14-member Building Bridges Initiative (BBI) task force whose terms of reference include evaluating national challenges outlined in the joint communiqué and making practical recommendations and reform proposals to enhance national unity.

Mr. Daniel M. Yumbya, CEO, the Kenya Medical Practitioners and Dentists Council, presented the Council's recommendations to the taskforce on 7th August, 2019. Below are some of the areas that were covered in the CEO's presentation:

1. Training

Mr. Yumbya noted that one of the Council's mandate is training. The Council has set out rules and regulations which outline the admission

criteria for medical and dental schools as spelt out in the Medical Practitioners and Dentists (amendment) Act, 2019. Admission is based on merit and does not discriminate on anyone.

2. **Registration and licensing of doctors and health institutions in Kenya**

The Council has existing rules and regulations that govern the registration and licensing of doctors and health facilities. These rules apply to all eligible applicants who are subjected to an open and transparent process.

The rules also give provision for registration and licensing of foreign trained doctors as well as foreign doctors who wish to work in Kenya.

As of the time of the presentation, the Council had the below data:

Registered Doctors

Medical 12,464

Dental 1,316

Retained Doctors in the 2019 register

Medical 8,333

Dental 875

Registered Health Facilities 11,663

Licensed Health Facilities for 2019 5,279

Foreign Doctors on Temporary License

Medical 1239

Dental 52



People follow proceedings during a BBI taskforce meeting

3. **Inspection of health facilities**

The Kenya Medical Practitioners and Dentists Council has over the years continued to carry out routine/support and joint inspections together with the Nursing Council of Kenya, the Pharmacy & Poisons Board, the Clinical Officers Council, the Radiation Protection Boards, the Medical Laboratory Technicians & Technologists Board, the Public Health Officers & Technicians Council, the Kenya Nutrition & Dietetics Institute and the Public Health Officers & Technicians Council.

During the time the presentation was being made, approximately 5,400 health facilities in all counties, have been jointly inspected under the Rapid Results Initiative (RRI). From these inspections, the Council has been able to advise both National and County

Governments on matters related to quality of care, human resources for health, infrastructure, medical equipment among others.

Following the presentation, Mr. Yumbya made the below recommendations to the BBI Taskforce:

a) Devolved Health functions (services and systems)

Devolved health services can be improved further by:

i) Medical and Dental officers

Continuous employment of doctors who complete internship training (Medical Officers and Dental Officers), by the respective counties in order to bridge the existing gaps.

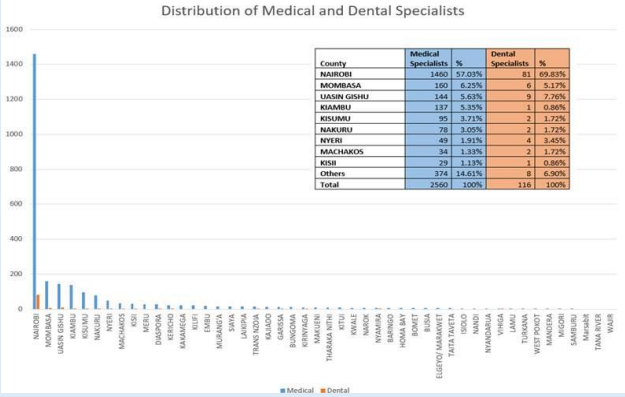


Mr. Yumbya making his presentation to the BBI taskforce

ii) Medical and Dental Specialists

The country continues to experience a shortage of Specialist Doctors with majority of the specialists based in urban areas and in private practice. There are approximately 2600 specialists in the entire country, with a majority based urban areas.

The figure below shows the distribution of Medical and Dental specialists in the country:



County	Medical Specialists	%	Dental Specialists	%
NAIROBI	1460	57.03%	81	69.83%
MOMBASA	160	6.25%	6	5.17%
UASIN GISHU	144	5.63%	9	7.76%
KIAMBU	137	5.35%	1	0.86%
KISUMU	95	3.71%	2	1.72%
NAKURU	78	3.05%	2	1.72%
NYERI	49	1.91%	4	3.45%
MACHAKOS	34	1.33%	2	1.72%
KISII	29	1.13%	1	0.86%
Others	374	14.61%	8	6.90%
Total	2560	100%	116	100%

Proposals to sort out the uneven distribution

With the uneven distribution of specialists in the country, the Council proposed the below to the BBI Taskforce:

i. Cluster counties agreeing to share specialists on rotational basis, or those employed by a particular county to be made to serve the entire county on rotational basis as opposed to a particular county hospital.

ii. Consider placing specialist doctors under the National Government, which can then equitably distribute them in all counties. This will enable the Council accredit more Internship Training Centers and will also ensure provision of specialist

services at various hospitals, hence reducing the burden of unnecessary referrals.

iii. Both National and County Governments should consider investing more in the training of specialists.

iv. The National Government should consider increasing the outsourcing of foreign specialist doctors like is the case with the Cuban Specialist Doctors.

v. Establishment of a health commission.

KMPDC supports BBI on formation of a Health Service Commission



Mr. Daniel Yumbya CEO KMPDC, when he appeared before the BBI taskforce. Among his recommendations was the formation of a Health Service Commission, which was adopted by the taskforce

The Medical Practitioners and Dentists Council is in support of the formation of a Health Service Commission (HSC) as proposed in the BBI report. The commission will be a game-changer in healthcare provision in the country and will impact greatly on the delivery of Universal Health Coverage.

The HSC is envisioned to address the following challenges:

1. **Maldistribution of healthcare workers, in particular specialist doctors**

Out of a total of about **2,500 specialist doctors** we have in Kenya, about **1,400** are based in Nairobi, **158** are in Mombasa, **140** in Uasin Gishu, **138** in Kiambu and the rest are in the remaining counties. Some counties like Samburu have only one specialist doctor. (Comprehensive list attached) Based on that, the Health Service Commission will address this problem.

2. **National training needs**

Doctors on training will be put on a different register as opposed to having them on the general register to keep record of the doctors on training and those that are practising and offering services.

3. **Industrial unrest**

The country has witnessed numerous industrial unrests by health workers across the country in the different counties. A health service commission will look into the various issues raised by doctors and ensure uniformity in terms of pay structures, transfers, post graduate training among others.

4. **Decongestion of referral hospitals**

With equal distribution of specialists, referral hospitals will be decongested because specialist doctors will be able to treat patients at their respective counties where the national government has provided specialist equipment.

Observe a healthy lifestyle to avoid NCDs

Kenyans have been urged to observe a healthy lifestyle to avoid Non-Communicable Diseases (NCDs) which include heart disease, stroke, cancer, diabetes and chronic lung disease.

Speaking during a press briefing on the 27th of September 2019 at the Kenyatta National Hospital, Medical Practitioners and Dentists Council Chair and also the Chair of the Non-Communicable Disease Alliance of Kenya (NCDAK), Dr. Eva Njenga said taking good care of one's health through eating a healthy diet, can help prevent NCDs, which, according to the Ministry of Health, are responsible for more than 50 per cent of hospital admissions in Kenya.

NCDs are becoming such a burden and are the world's largest killers, with an estimated 38 million deaths annually, almost 70% of all deaths worldwide. This is according to the World Health Organization (WHO) which further states that most of these deaths (16 million), are premature (under 70 years of age). In Kenya, the Division of NCDs under the Ministry of Health has also raised its concerns about the diseases saying there has been an upward trend in the cases reported in the country.

"If you take hypertension (high blood pressure) for example, the Ministry of Health found out that close to 24 per cent of Kenyans are living with the condition. This roughly translates to 5.5 million Kenyans, yet you will be shocked to find out that only 450 thousand of these people are on treatment. This number is too high," said Dr. Ephantus Maree who heads the Division of NCDs in the health ministry.



Speakers during the World Health Day event at KNH pose for a photo

According to Dr. Njenga, the rise of NCDs has been driven by primarily four major risk factors. These include physical inactivity, unhealthy diets, tobacco use and the Dr. Maree said that the Ministry of Health had established that approximately 9 in every 10 Kenyans aren't taking the correct diet in terms of fruit and vegetables, 1 in every 5 Kenyans consumes alcohol and 1 in every 10 smokes tobacco.



Chair, KMPDC Dr. Eva Njenga, with guests who attended the briefing

"Lifestyle changes have made many people at a very high risk of NCDs. Our call is this, embrace physical exercises, observe a healthy diet, stop harmful use of alcohol and stop tobacco

smoking. These are some of the things that cause NCDs," said Dr. Maree who added that reducing the major risk factors for noncommunicable diseases will go a long way to reducing the number of deaths caused by the diseases.



KMPDC Chair Dr. Eva Njenga speaking during the event

His sentiments were echoed by Dr. Njenga who emphasized on the need for continuous education to ensure that people are aware of NCDs, their risk factors and prevention, since most of the Non-Communicable Diseases are preventable. She further said that there is need for community mobilization so that health workers and volunteers help in sending out messages about NCDs and the importance of screening to the communities.

What is the government doing to ensure this is done?

Dr. Maree said the Ministry of Health is working hard to beat non-communicable disease and has given prevention of NCDs a priority through the development of standard guidelines in management of the diseases. He also says they have embarked on the training of health workers to screen NCDs and give basic information to communities on the diseases and their prevention. Communication about NCDs prevention have also been integrated in primary healthcare, school health programs and community programs.

"So far the ministry has trained 2000 health workers and we are hoping to train 10,000 in the next 3 years," Dr. Maree concluded.





What are your rights as a patient?

Did you know that as a patient, you have rights?

In 2013, the Ministries of Medical Services and that of Public Health and Sanitation launched the Kenya National Patients' Rights Charter. The Charter was informed by the need for patients in Kenya to be aware of their rights and responsibilities as far as health matters is concerned, thus empowering them to demand quality services from healthcare providers.

The Charter, which was developed following wide consultations with stakeholders, also provides guidelines for conflict resolutions arising between patients and healthcare providers was developed. The rights outlined are anchored in the Constitution of Kenya 2010 and in particular Articles 19, 20(5), 21(2), 22(1), 26, 43(1)(2), 46, 53(1)(c) and 70.

What are some of the rights outlined in the Charter?

1. Right to access health care

Include: promotive, preventive, curative, reproductive, rehabilitative and palliative care.



2. Right to receive emergency treatment in any health facility.

In emergency situations, irrespective of the patient's ability to pay, treatment to stabilize the patient's condition shall be provided.

3. Right to be informed about all the provisions of one's Medical Scheme/Health Insurance Policy.

Anyone who is enjoying the provisions of a medical cover (insured) is entitled to know all the privileges accorded and also entitled to challenge, where and if necessary, the contents and decisions of the medical scheme and health insurance policy.

4. Right to choose a health care provider

Shall not be unduly restricted by third parties so long as the provider of choice is qualified, registered, retained and in current good standing with the Regulatory Authority to provide treatment for the particular ailment and as long as that choice is acceptable in medical and ethical standards.

5. Right to the highest attainable quality of Health care products and services

6. **Right to refuse treatment.**

A patient/ client may refuse, withdraw or withhold treatment and such refusal shall be documented by the medical service provider in the presence of an independent witness provided that such refusal doesn't create an immediate danger to the patient or health of others, as long as the consciousness and the patient is of sound mind.

7. Right to confidentiality

Even after death. Disclosure allowed in public interest or by law.

8. Right to informed consent to treatment

A patent has a right to be given full and accurate information in a language they understand about the nature of the The decision shall be made willingly and free from duress.

9. Right to information

Full and accurate information on their health and health care.

10. Right to be treated with respect and dignity

11. Right to a second medical opinion

In regards to diagnosis, procedures, treatment and/or medication from any other qualified health professional of one's choice.

12. Right to complain

To relevant authorities, such complaint should be investigated and receive a response from the authority within a reasonable time that does not exceed twelve months. Where there is a delay, the relevant authority shall provide the reasons.



13.Right to insurance coverage without discrimination on the basis of age, pregnancy, disability, illness including mental disorders.

14.Right to donate his or her organs and/or any other arrangements / wishes upon one's demise.

illness, diagnostic procedures, proposed treatment, alternative treatment and the costs involved except in emergency cases.

Other than rights, patients also have responsibilities which include:

1. Take care of his/her health by adopting a healthy lifestyle;

2. Protect, care and provide healthy lifestyle for a minor (parent/guardian).

3. Adopt a positive attitude towards their health and life;
4. Protect the environment;
5. Respect the rights of others and not to endanger their life and health.
6. Give health care providers relevant, accurate information to facilitate diagnosis, treatment, rehabilitation and/or counselling while being truthful and honest on past health care
7. Take care of the health records in his or her possession and avail them if and when required by the health care provider;
8. Keep scheduled appointments, observe time and if not possible, communicate to the health care provider;

9. Follow instructions, adhere to and not abuse or misuse prescribed medication or treatment and/or rehabilitation requirements.
10. Enquire about costs of treatment and rehabilitation and to make appropriate arrangements for payments;

11. Be aware of the available health care services in his or her locality and to make informed choices while utilizing such services responsibly;
12. Inform the health care providers, where necessary, when one wishes to donate his or her organs and/or any other arrangements / wishes upon one's demise;
13. Make decisions on health care services where an adult patient is not competent to do so. Next of kin and guardian shall accord protection and care to the patient.
14. seek treatment at the earliest opportunity.
15. express any concerns through the right channels confidentially.

Dispute resolution



Disputes may arise from the following areas:

a) Patient and health care provider;

b) Patient and financier/insurer;

c) Patient and the employer, and

d) Patient and Regulatory Body.

In case a patient feels any of their rights have been violated, he/she may:

1. Lodge the dispute directly with the Healthcare Provider. The provider may resolve the dispute amicably,
2. formulate an internal inquiry, establish a committee and/or internal body to consider it and thereafter take appropriate steps which ensure that the complaints are resolved conclusively to the satisfaction of all the concerned parties.
3. The patient may opt to lodge the compliant with the relevant Regulatory Authority or body as set out by the applicable Statutes. These include:
    a) The Public Health Act, Chapter 242 of the Laws of Kenya;
    b) The Medical Practitioners & Dentists Council Act, Chapter 253 of the Laws of Kenya;
    c) The Pharmacy & Poisons Council, Chapter 244 of the Laws of Kenya;
    d) The Nursing Council of Kenya;
    e) The Clinical Officers Council;
    f) The Kenya Medical, Laboratory, Technician and Technologists Council;
    g) The Radiation Protection Council;
    h) The Nutritionists and Dietician Institute,
    i) The Consumer Protection Act, and
    j) The Public Health Officers and Technicians Act, 2013
4. The patient may also lodge a complaint in court.

Process of lodging complaints and status of cases lodged at the Council

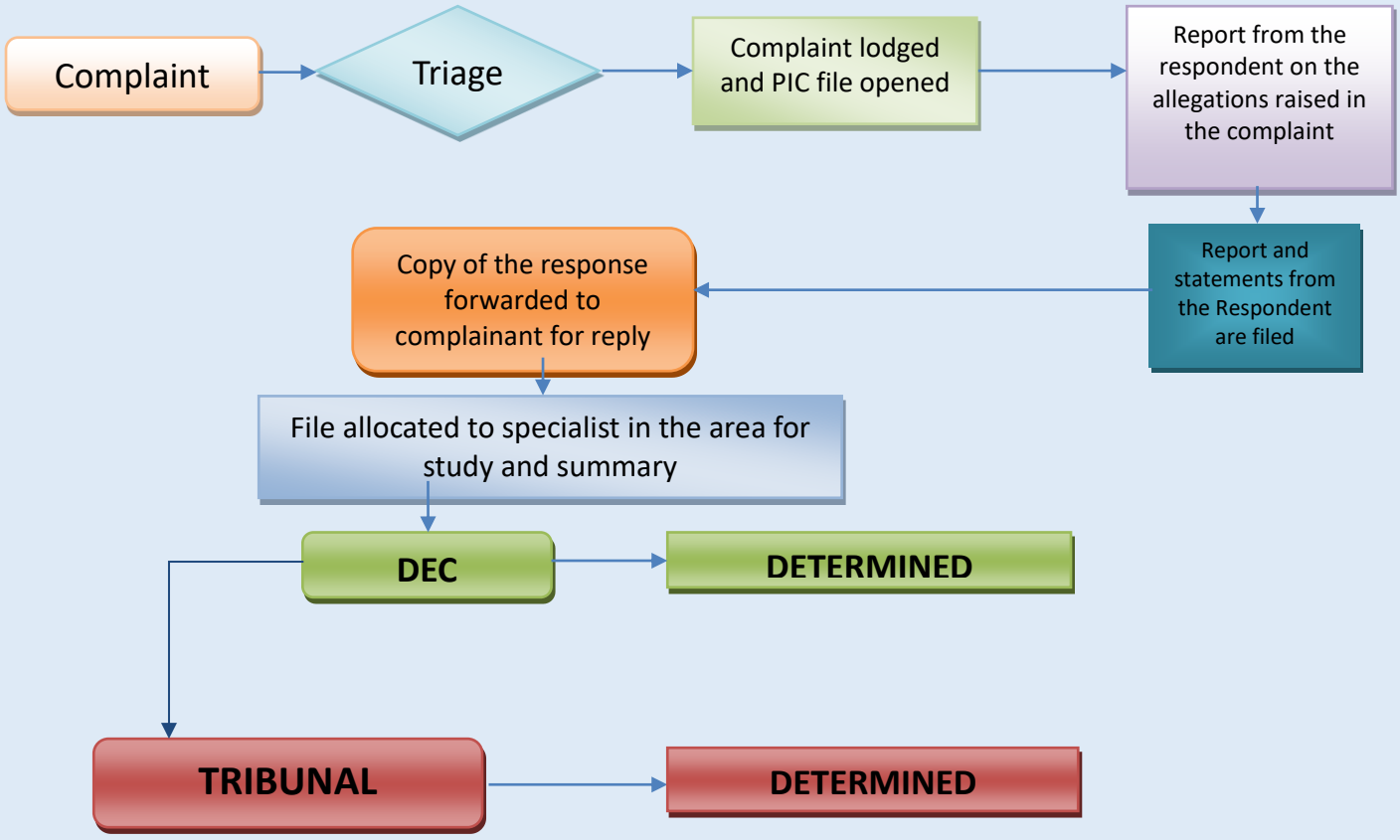
The Kenya Medical Practitioners and Dentists Council may receive complaints from the following: -

1. Aggrieved members of the public
2. Patients or their relatives
3. Health care professionals
4. Health institutions
5. Advocates
6. Professional bodies/ Associations
7. Director of Medical services
8. Office of the Ombudsman
9. Media etc.

Types of conducts raising disciplinary inquiry:

1. Transfer without proper instructions
2. Lack of informed consent
3. Patient abandonment
4. Anesthesia medical malpractice
5. Malpractice during birth
6. Emergency room errors
7. Psychiatric malpractice
8. Dental malpractice
9. Surgical errors
10. Malpractice in diagnosis
11. Failing to submit medical report
12. Mismanagement
13. Unprofessional/ unethical conduct
14. Negligence
15. Lack of consent
16. Malpractice
17. Overcharging
18. Misdiagnosis
19. Wrong treatment/ wrong medication

Once the complaints are made, the disciplinary process begins, as guided in the table below:



Below is a breakdown of the cases/complaints which the Medical Practitioners and Dentists Council has dealt with since the year 1997 to date, and the analysis of how many have been determined, at which stage and how many are pending as at January, 2020.

Year	No. of cases lodged
2020	4
2019	110
2018	72
2017	47
2016	50
2015	59
2014	55
2013	78
2012	68
2011	84
2010	75
2009	78
2008	85
2007	74
2006	65
2005	49
2004	41
2003	27
2002	11
2001	10
2000	12
1999	06
1998	03
1997	1
TOTAL	**1164**

A. Breakdown of cases determined

STAGE OF DETERMINATION	**Number**
Cases Determined at Preliminary Inquiry Committee	**978**
Cases Determined at Tribunal	**15**
Cases Determined at Professional Conduct Committee (conducted at County Level)	**17**
TOTAL NUMBER OF CASES DETERMINED	**1010**

B. Cases pending determination at the council

DESCRIPTION	**Number**
Cases Lodged at the Council	**1164**
Cases Determined at various levels of investigation	**1010**
Cases Pending determination	**154**

A. Breakdown of cases per specialty

The following is a breakdown of the cases handled in the various medical specialties;

SPECIALTY	NUMBER	PERCENTAGE
Obstetrics & Gynaecology	301	25.86%
Internal Medicine	172	14.78%
Surgery	163	14.00%
Financial/bills	103	8.85%
Paediatrics	100	8.59%
Orthopaedic	98	8.42%
*Others	68	5.84%
Dental	50	4.30%
Respiratory Medicine	14	1.20%
Dermatology	17	1.46%
Ophthalmology	16	1.37%
Psychiatry	12	1.03%
Nephrology	9	0.77%
Pathology	12	1.03%
Infectious Diseases	4	0.34%
Clinical Genetics	3	0.26%
Ear Nose & Throat	10	0.86%
Neurosurgery	4	0.34%
Radiology	2	0.17%
Plastic Surgery	5	0.43%
Haematology	1	0.09%
	1164	100.00%
*Others include but not limited to: failing to give medical reports, sexual harassment, absconding duty, attitude etc.		

B. List as per sanctions imposed

No	Sanction	Number
1.	Deregistered	**1**
2.	Cancelled License	**8**
3.	License suspended for a period 6-12months	**15**
4.	Directed to undergo supervised training for a period 6-12 months	**20**
5.	Directed to undergo Continuous Professional Development for 30-50 points	**117**
6.	Matters referred for Mediation	**176**
7.	Medical /Dental Practitioners or Institutions admonished/cautioned	**140**

No	Sanction	Number
8.	Party directed to pay part cost of PIC/PCC Proceedings	**85**
9.	Matters referred to other regulatory bodies	**30**
10.	Complaint settled/withdrawn by respective parties	**35**
11.	Institutions directed to put in place and implement institutional reforms such as Standard Operating Procedures, communication, patient referrals, notes	**27**
12.	Others (e.g. Employment Matter Union referred to referred to Court)	**19**

The Council has successfully handled majority of cases; however, dissatisfied parties are always at liberty to seek legal redress at the High Court. The number of those who seek legal redress at the court of low is less than 5%.

It is important to note that the amendments to the Medical Practitioners and Dentists Act which came into force on the 17th of May 2019 have given the Council more regulatory and enforcement powers.

The review of the Act has given heavier penalties for hospital administrators, doctors/medics and quacks involved in malpractice, including an increase in fines imposed from Ksh10,000 to Ksh5 million and also an increase in the jail term from 1 year to 5 years.

Medics and hospitals have also now been compelled by the Act to take indemnity cover, so that in case they are found culpable of medical negligence and are asked to pay the complainant, there's a cover that will deal with the matter and the complainant will be paid without issue. These are just a few things which have come into force with the amended Act.

It is important for members of the public to know that it is mandatory for a complainant to **fill in the legal form for lodging complaints** through the following link: Application for Lodging Complaint.
All complaints are to be submitted in writing, addressing the Chief Executive Officer of the Council, either via:

1. **General Mail:**
   Medical Practitioners and Dentists Council
   P.O. Box 44839 – 00100
   NAIROBI

2. **Hand Delivery:**
2nd Floor Legal Department
Medical Practitioners and Dentists Council
Woodlands Rd, Off Lenana Road
Hurlingham, Nairobi

-OR-

3. **E-Mail:**
legal@kmpdc.go.ke

Penalties under the amended act aim to deal with quacks and cases of medical negligence

The amendments to the Medical Practitioners and Dentists Act have stipulated stiffer penalties in a renewed

effort to deal with quacks and deter medical negligence and or malpractice and ensure quality healthcare to patients.



Adv. Munge Murage, KMPDC Legal Consultant takes an audience through the penalties under the amendments during a symposium

With regards to disciplinary proceedings, the amendment lay down the procedure for lodging a complaint and the investigations and steps to be taken thereof up until the complaint is determined.

The quorum for deregistration of a practitioner was 10 members prior to the amendments. The current quorum for deregistration of a practitioner is 7.

The penalty clauses have been compiled into one section in the amended Act. The penalties have also been intensified to deter professional negligence and misconduct. Some of these penalties include:

Offense	**Current Penalty**	**Previous penalty**
Fraudulently Procuring Registration Or License	Fine 5,000,000 Imprisonment 5 Years	Fine 3,000 Imprisonment 12 Months
Unregistered and unlicensed person practicing PENALTY	Fine 5,000,000 Imprisonment 5 years	Fine 10 ,000 Imprisonment 12 Months
Use of the title “doctor”	Fine 5,000,000 Imprisonment 5 years	Fine 10 ,000 Imprisonment 2 Years

Employing medical /dental practitioner(s) who is/are not registered /licensed	Fine 10,0000 Imprisonment 5 years	N/A
Operating a premise as a health institution which premises is not licensed as a health institution	Fine 10,0000 Imprisonment 5 years	N/A

The amendments to the act waive the need for the Attorney General's consent prior to the prosecution of any offense under the Act.

Finally, the amendments make a provision for the development of rules on

a) Indemnity for clients against loss or damage arising from claims in respect of any liability incurred by a practitioner or a health institution or the employee of a practitioner or health institution;
b) The training, registration, licensing and regulation of community oral health officers;
c) The process and criteria for registration and licensing of foreign doctors.

More information about penalties can be found on the Council's website, www.kmpdc.go.ke

KMPDC participates in the EAC 19th Ordinary Meeting of the Sectoral Council on Health

The Medical Practitioners and Dentists Council participated in the 19th Ordinary Meeting of the Sectoral Council on Health that was convened in Nairobi, Kenya, from 28th October to 1st November 2019.



Kenya's CS for Health Sicily K. Kariuki, addressing participants during the meeting

The meeting was organized to review the status of implementation of the projects and programs in the health sector within the EAC Partner States and to provide a platform for the Ministers to participate in the 2nd Joint

Ministerial, Donors, Development Partners' and Investors' Roundtable which was held on 31st October to 1st November 2019.

The successful five-day forum saw the Ministers of Health from EAC Partner States commit themselves to supporting universal access to Sexual, Reproductive, Maternal, New-born, Child and Adolescent Health.

They pledged to reduce maternal mortality, neonatal mortality, under 5 mortality and the unmet need for family planning, teenage pregnancy, eliminate the transmission of HIV from mother to child, gender-based violence and



Ministers from the respective EAC states during the meeting

ensure a region free of HIV, STIs and TB through:

1. Endeavoring to increase domestic budgetary allocation for health in line with the Abuja Declaration of 15% of the national budget and for streamlined financial and human resources for RMNCAH, HIV, TB and STIs into core areas of regional and national investments for socio-economic transformation;

2. Ensuring that the necessary legislative, policy and strategic frameworks which provides for all persons to have access to quality integrated RMNCAH, HIV, TB and STI Services in place.

3. Eliminating the social and cultural barriers that undermine the access and utilization RMNCAH, HIV, TB and STI Services through engaging political, religious, traditional and community leaders

4. Promoting strategies and approaches that ensure involvement of adolescents and youth in policies, programs and strategies development and ensure that they access age appropriate quality information, comprehensive knowledge and education;

5. Ensuring availability and access to menstrual hygiene management, treatment and prevention for reproductive system cancers, fertility treatment and post-abortion care as per the laws of respective countries;

6. Building powerful momentum for universal access to a full range of modern family planning methods for all those in need and commit to fast track progress in reducing the unmet

need for family planning by 2030;

7. Ensuring that all children, women and men have access to preventative, health, legal and psychosocial services, and reduce gender-based violence and harmful practices.
8. preventative, health, legal and psychosocial services, and reduce gender-based violence and harmful practices.
9. Investing in human resources for health, infrastructure, equipment and ensure the availability of commodities and supplies of integrated RMNCAH, HIV, TB and STI services for all people
10. Fast-tracking the implementation of an EAC integrated electronic health information and client management systems to improve availability of information for better programming.
11. Ensuring accountability for results through tracking progress and advocate for resources to improve the health and well-being of all persons in the region;
12. Promoting multi-sectoral collaboration within and between sectors and other stakeholders to ensure access to comprehensive preventative, legal and psychosocial RMNCAH, HIV & AIDS, TB and STI, services.

Community experience introduced in the curriculum



University of Nairobi students taking their Hippocratic Oath before going through internship

Community experience has officially been introduced into the medical internship training program. The Medical Practitioners and Dentists Council has also reviewed the guidelines of MBChB and BDS curriculum to include community experience, in an effort to improve quality and emphasize on rural/community experience.

This therefore means that for the entire six years of training, medical students will be required to undertake a minimum of 30 weeks of community experience. By the end of the six years, the students are expected to have covered a total of 1,050 hours in the community.

Medical interns on the other hand will have to dedicate a day every week throughout their one-year internship period to the community in the area they have been posted. By the time the interns are finishing their internship program, they should have covered a total of 364 hours of rural/community experience.



KMPDC Chair Dr. Eva Njenga takes new doctors through what's expected them during internship

The interns and medical students are expected to be moving within the communities which they have been posted to, to create awareness and promote preventive medicine.

The intern doctors will work in their respective Level 2 and 3 facilities from Monday to Thursday, and on Friday, together with other health workers, they will move within the communities through barazas and even move from home to home as they educate locals on hygiene and disease prevention and perform simple tests.

The first batch of intern doctors to go through the program was dispatched in October, 2019.

Below: graduands listen in during an oathing ceremony at KMPDC office Complex



Universal Health Coverage takes center stage in the 23rd AMCOA Annual Scientific Conference



Members of the KMPDC Secretariat from left, Michael Onyango, Duncan Mwai and Esther Mutheu, during the AMCOA Scientific Conference

The Association of Medical Councils of Africa (AMCOA) is an Association of Medical Regulatory Authorities in the continent whose primary purpose is to support medical regulatory authorities in the protection of the public interest.

It does this by promoting high standards of medical education, registration and regulation, and facilitating the ongoing exchange of information among medical regulatory authorities. It further gives guidance to healthcare professionals registered by member states with a view to ensure the provision of quality healthcare.

AMCOA members meet on an annual basis to discuss means of ensuring an integrated process of medical regulation, standardization/harmonization of education and training, the enhancement of quality healthcare, etc.



KMPDC CEO Mr. Daniel Yumbya makes his presentation during the Scientific Conference

AMCOA's 23rd Annual Scientific Conference/AGM was held from the 17th to the 21st of July, 2019 at the Elephant Hills Report in Victoria Falls, Zimbabwe. The year's theme was ***"Role of the Regulator in the Delivery of Universal Health Coverage"***.

The 2019 conference noted the importance of Universal Health Coverage (UHC) in improving the lives of citizens in the respective member states. AMCOA members noted that there was need for each regulator to re-align their regulatory priorities towards the realization of UHC; and thereby

contribute towards achieving quality healthcare for all in the African continent by 2030.

The conference culminated in the launch of the ***"Role of the Regulator in the Delivery of Universal Health Coverage"***.

The AMCOA Management Committee also issued a conference statement that advised as follows –

i. Health is a human right and that UHC is essential to health for all and to human security;
ii. UHC is both technically and financially feasible;
iii. Without UHC, hundreds of millions of Africans are at risk of losing the opportunity to live full and productive lives, and hundreds of millions risk impoverishment in their pursuit of health care;
iv. Attaining UHC requires strong inter-sectoral collaboration; v) Human resources for Health play a pivotal role in the realization of UHC;
v. Progress towards UHC is too slow, despite the efforts made in each country, we call for greater commitment to accelerate progress towards UHC;

The member states therefore committed to:

i. Play a role in mobilizing political leadership in member states so that countries develop their own roadmaps towards UHC, with clearly indicated targets, indicators and specific plans.
ii. Developing and supporting strategies, policies and systems to harness and sustain the transformative potential of innovation. This commitment recognizes the need for countries to articulate their local priorities for UHC and share best practices.
iii. Stimulate learning on innovation for UHC by accelerating the generation and sharing of critical knowledge by building on and enhancing coordination of existing and future networks.
iv. Ensure quality of training for Human Resources for Health a component that plays a pivotal role in the realization of UHC;
v. Consistently advocate for the implementation of Abuja Declaration relating to allocation of 15% of budgets to health."



Jeane Mathenge, KMPDC Chair Dr. Eva Njenga and Dr. Nelly Bosire follow proceedings at the event

In conclusion, AMCOA Management Committee urged all member health regulators to **play a pro-active and leading role in the realization of Universal Health Coverage**.

South Africa will play host to the 24th Annual AMCOA Conference in September this year.

Farewell party for 2014-2019 Council Members



2014-2019 Council Members after the 122nd Full Council Meeting

On the 14th of October 2019, the 2014-2019 Council members had their last Full Council Meeting, which culminated into a farewell party, following a five-year term.

The Council members were chaired by Prof. George Magoha until May 2019, when Dr. Eva Njenga took over chairmanship, after Prof. Magoha was appointed Cabinet Secretary for Education.

Through their leadership and that of the Chief Executive Officer, the Council members achieved a number of things including:

1) Gazettement of Health Facilities Jointly Accredited by the Medical Practitioners and Dentists Council, National Hospital Insurance Fund and Council of Governors
2) Development of Third Strategic Plan 2018 – 2023
3) Partnership by The Board and Educational Commission for Foreign Medical Graduates (ECFMG), Electronic Portfolio of International Credentials (EPIC)
4) Amendment of CAP 253 Act, 17th May 2019
5) The Medical Practitioners & Dentists (Fitness to Practice) Rules, 2016,
6) The Medical Practitioners and Dentists (Practitioners and Health Institutions) (Advertising) Rules, 2016,

7) The Medical Practitioners and Dentists (Medical Camp) Rules, 2016,
8) The Medical Practitioners and Dentists (Professional Fees) Rules, 2016
9) The Medical Practitioners and Dentists (Referral of Patients Abroad) Rules, 2017
10) The Medical Practitioners and Dentists (Medical Institutions) (Amendment) Rules, 2017



Some of the Council members pose for a photo with the Chair, Dr. Eva Njenga (extreme right)

11) Other documents which are awaiting gazettement include:

    a) Medical Practitioners and Dentists (Health Institutions) (Amendment) Rules, 2019
    b) Medical Practitioners and Dentists (Inspections & Licensing) Rules, 2019
    c) Medical Practitioners and Dentists (Training, Assessment, Registration & Human Resource) Rules, 2019
    d) Medical Practitioners and Dentists (Disciplinary, Proceedings and Procedure) (Amendment) Rules, 2019

12) Reviewed Council's Specialities and Sub-specialities

13) Reviewed Council's policy documents:
    a) Internship Log Books for Medical & Dental Officers
    b) Checklist for Inspection of Internship Training Centers
    c) MPDC Core Curricula: -
        i. General Surgery
        ii. Obstetrics & Gynaecology
        iii. Checklist for Inspection of Specialist Training Centers (Medical and Dental)



Council Chair Dr. Eva Njenga cuts a cake during the farewell party



Council's CEO Mr. Daniel Yumbya, and Chair Dr. Eva Njenga

PUBLIC NOTICE



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For more information visit our website www.kmpdc.go.ke

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Call us on: **0720771478**| **0738504112**

Feel free to send us an email using the below email addresses:

Nature of query	**Email address**
• Government and administration matters	ceo@kmpdc.go.ke
• General inquiries	info@kmpdc.go.ke
• Complaints of medical malpractice against practitioners /health institutions	legal@kmpdc.go.ke
• Internship Training matters • Council examinations • Student indexing (local and foreign-trained)	training@kmpdc.go.ke
• Registration (Health Institutions and Medical and Dental Practitioners) • Licensing (Health Institutions - public, private and FBOs and Medical and Dental Practitioners) • Peer Review	reg.lic@kmpdc.go.ke
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