

LEGAL NOTICE NO. ....

**THE MEDICAL PRACTITIONERS AND DENTISTS ACT**  
*(Cap. 253)*

**IN EXERCISE** of the powers conferred by section 23 of the Medical Practitioners and Dentists Act, the Minister for Medical Services makes the following Rules-

**THE MEDICAL PRACTITIONERS AND DENTISTS (FORMS AND FEES)(AMENDMENT) RULES, 2012**

**1.** These Rules may be cited as the Medical Practitioners and Dentists (Forms and Fees)(Amendment) Rules, 2012 and shall come into operation on the 1<sup>st</sup> July, 2012.

LN. 157/1979

**2.** The Medical Practitioners and Dentists (Forms and Fees) Rules, in these Rules referred to as the principal Rules, are amended by inserting the following new rules immediately after rule 15-

LN. 25/2000. **16.** The Board shall when inspecting outpatient private medical institutions pursuant to rule 11 of the Medical Practitioners and Dentists (Private Medical Institutions) Rules use the checklist in form XIV set out in the First Schedule.

LN. 25/2000. **17.** The Board shall when inspecting inpatient private medical institutions pursuant to rule 11 of the Medical Practitioners and Dentists (Private Medical Institutions) Rules use the checklist in form XV set out in the First Schedule.

**3.** The First Schedule to the principal Rules is amended by inserting the following new forms immediately after Form XIII-

**Form XIV**

<b>CHECK LIST FOR SINGULAR/JOINT INSPECTIONS FOR PRIVATE OUT PATIENT MEDICAL INSTITUTIONS BY HEALTH REGULATORY BODIES IN THE MINISTRIES RESPONSIBLE FOR HEALTH</b>	
<b>MEDICAL/DENTAL CLINIC/LABORATORY/PHARMACY/RADIOLOGY/X-RAY UNIT/MORTUARY</b>	
<b>Date:</b>	

<b>Basic information</b>				
<b>1.</b>	<b>Name facility</b>			
<b>2.</b>	<b>Address</b>			
	(a) Physical			
	Building			
	County			
	Ward /Town/ Street			
	LR No.			
	Tel No./Mobile			
	Email			
	(b) Postal		Code	
<b>3.</b>	<b>Proprietor</b>			
(a)	Name:			
	Profession:			
	Pin No:			
(b)	<b>Registered owner</b>			
	(a) Name			
	(b) Licence Certificate No.		Date of issue	Expiry date
<b>4.</b>	<b>Officer in charge</b>			
	(a) Qualification			
	(b) Registration No.		Practice licence number	
<b>5.</b>	<b>Name of Medical Personnel</b>	Cadre	Licence Number	Date of issue
				Expiry date
<b>6.</b>	<b>Services offered</b>			
<b>7.</b>	Security of premises (external security & security features) <b>(permanent perimeter fence/fire assembly points/security guard)</b>			
<b>8.</b>	General cleanliness of premises			
	<b>Total</b>	<b>10</b>		
<b>9.</b>				
	<b>A. Medical/Dental Clinic</b>	<b>Max score</b>	<b>Awarded</b>	<b>Comments</b>
	<b>1. Consultation - Examination rooms</b>			
1.	Examination Equipment	4		
2.	Resuscitation tray	3		
3.	Infection prevention & control	3		
4.	Policy, guidelines & SOPs	3		

5.	Medical records	4		
6.	Data Security	4		
7.	HMIS/EMR	4		
8.	Reports	3		
9.	Ventilation	2		
10.	Licences	10		
	<b>Total</b>	<b>40</b>		
	<b>B. Pharmacy/ Chemist</b>	<b>Max score</b>	<b>Awarded</b>	
1.	Security for medications (e.g. Secure cupboards for restricted drugs, only accessible by authorized persons & disposal of expired drugs)	10		
2.	Storage of drugs/display/labelling/ packaging conditions	7		
3.	Record-keeping and documentation (Prescriptions written & received and filed/medication errors documented and reported)	10		
4.	Reference materials ,Policy and SOPs as per national guidelines	3		
5.	Licences	10		
	<b>Total</b>	<b>40</b>		
	<b>C. Laboratory</b>	<b>Max score</b>	<b>Awarded</b>	<b>Comments</b>
1.	Class of the licence (A-E)	4		
2.	Policies, guidelines and SOPs (Including reporting procedures, handling / labelling / storage / disposal of specimens and safety program)	3		
3.	Equipment management program (manuals, inventory, service contract, calibration)	6		
4.	Record-keeping & Quality control of tests (EQA, IQA,control of analytical errors)	10		
5.	Infection prevention and control	2		
6.	Registration, storage of equipment and reagents (is there a temperature recording system)	5		
7.	Licences	10		

	<b>Total</b>	<b>40</b>		
	<b>D. Radiology / Imaging services</b>	<b>Max score</b>	<b>Awarded</b>	<b>Comments</b>
1.	Current annual premise & device licence	4		
2.	Policies and SOPS (Code of practice including reporting, testing, calibrating, monitoring and control)	3		
3.	Quality assurance program (safety of the patient, worker, environment, security, film storage, quality and documentation)	10		
4.	Personal radiation monitoring (Badges, dose reports)	10		
5.	Radioactive waste management programs	3		
	<b>Total</b>	<b>30</b>		
	<b>E. Nutrition</b>			
1.	Basic Nutrition equipment and materials (weighing Stadiometer, MUAC, BP machine Blood sugar machine ,reference charts)	10		
2.	SOPs (Nutrition assessment, Nutrition suppliments)	3		
3.	Nutrition care process, nutrition assessment, Diagnosis, intervention, M&E)	7		
4.	Record keeping and documentation	10		
5.	Licences	10		
	<b>Total</b>	<b>40</b>		
<b>10.</b>	<b>Findings and Recommendations</b>			
<b>11.</b>	<b>REGISTERED OWNER/ OFFICER IN - CHARGE</b>			

Name:.....Designation:..... Email.....					
Tel No.:.....Date.....Sig.:.....					
<b>INSPECTION TEAM</b>					
	<b>NAME:</b>	<b>BOARD/COUNCIL /MOH</b>	<b>DESIGNATION</b>	<b>SIGN</b>	<b>Date</b>
1.					
2.					
3.					
4.					
5.					
6.					

**Form XV**

<b>CHECK LIST FOR SINGULAR/JOINT INSPECTIONS FOR PRIVATE INPATIENT MEDICAL INSTITUTIONS BY HEALTH REGULATORY BODIES IN THE MINISTRIES RESPONSIBLE FOR HEALTH</b>				
<b>Basic information</b>				
<b>1.</b>	<b>Name facility</b>			N/A
<b>2.</b>	<b>Category of Facility</b>	Level		N/A(to be graded at the time of registration)
<b>3.</b>	<b>Proprietor/owner</b>			N/A
	(a)Organization	Private( ), Faith based( ), GOK( ), Community based ( ).		N/A
	(b) Proprietor's name			N/A
	Current Licence No.	(III)Expiry date of the current licence		5
			Not matching	1
			matching	5
<b>4.</b>	<b>Name of Officer in charge.</b>	Current practicing licence No.		N/A
				N/A
				N/A
<b>5.</b>	<b>Address</b>			
	Physical	County		N/A
		Building, Plot No.		
		Town,		

		Street				
	Tel No.					
	Email				N/A	
	Postal	Box No.	Code:		N/A	
<b>6.</b>	<b>Medical Personnel</b>				N/A (to be graded at the time of registration.	
	<b>Name of Medical Personnel</b>	<b>Cadre</b>	<b>Licence Number</b>	<b>Date of issue</b>	<b>Expiry date</b>	
	Total number of staff					
<b>7.</b>	<b>Services offered</b>					
	Outpatient Services Y/N	MCH( ) & HCT( )		N/A		
	Inpatient Services	YES / NO ( <i>tick/circle</i> )	Number of beds	Number of cots	N/A	
<b>8.</b>	<b>Health Facility Infrastructure</b>				<b>Score</b>	
	<b>A. Building</b>			<b>Yes</b>	<b>No</b>	<b>N/A</b>
1.	Building suitable for scope of work					
2.	Signage for directions is in place and clear					
	<b>B. Environmental - Infection Prevention</b>			<b>Yes</b>	<b>No</b>	<b>N/A</b>
1.	Adequate waste management & disposal (according to guidelines )					
2.	Personal protective equipment available (Gloves, gowns or dust coats, and safety boots for infection prevention)					
	<b>C. Utilities</b>			<b>Yes</b>	<b>No</b>	<b>N/A</b>
1.	Safe, clean running water available – Tap or container). Sufficient water storage available					
2.	Stable electrical power supply					
	Key: Ranking of scores <b>Level 0:</b> the desired activity is absent, or there is mostly ad hoc activity related to risk reduction <b>Level 1:</b> the structure of more uniform risk-reduction activity begins to emerge <b>Level 2:</b> the processes are in place for consistent and effective risk-reduction activities <b>Level 3:</b> there are data to confirm successful risk-reduction strategies and continue improvement					

<b>9. Management&amp; Recording</b>							
						<b>Scoring key</b>	
<b>A. General management</b>						<b>Comments</b>	
		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	
1.	Strategic plan with Vision/Mission/values/ Objectives identified						<i>1 Not available 2.Available but not in use 3.In use, not known to all 4.In use, not displayed 5.Displayed, known and fully used</i>
2.	Organization chart available						<i>1. Approved by management 2. Approved by board 3. Approved by an accredited body</i>
3.	Service charter displayed						<i>1.Not Displayed 2. Displayed 3. Regular performance review</i>
4.	List of all staff working, including position and qualifications						<i>1. No list 2. List available 3. List with qualifications available 4. List with qualifications and Job description 5. Staff development plan available</i>
<b>B. Quality Management</b>						<b>Comments</b>	
1.	Certifications/ accreditations						No scoring (Yes or No)
2.	Performance indicators monitored						<i>1. Performance indicators(PI) not collected 2. PIs collected routinely 3. PIs analyzed 4. There's feedback 5. External publications</i>
3.	Patients charter						<i>1. Not available 2. Available 3. Displayed</i>
4.	Feedback mechanism in place						<i>1. No policy 2. Policy available 3. Collection</i>





2.	Calibration							<i>1. Machines not calibrated</i> <i>2. No contract for calibration</i> <i>3. Calibration not regular but contract available</i> <i>4. Calibration regular with results available</i>
<b>10.</b>	<b>Patient Services</b>							
		<b>Scoring system</b>				<b>Comments</b>		
	<b>A. Consultation</b>							
1.	Consultation – Examination rooms	1.	Examination coach					
		2.	The above with screen					
		3.	The above with steps					
		4.	The above with mackintosh					
		5.	All the above with bed sheet					
2.	Sink /wash basin	1.	Sink available					
		2.	The above with Sink without running water					
		3.	The above with Sink with running water from the tap					
		4.	The above with Sink with all of the above with soap					
		5.	All the above with Sink with running water and drier					
3.	Examination Equipment		•thermometer					
			•stethoscope					
			•BP machine					
			•weighing machine					

		•Diagnostic kit	
	<b>B. Emergency/Resuscitation room</b>		
1.	Triage	<ol style="list-style-type: none"> <li>1. triage area</li> <li>2. Nurse not trained in triage</li> <li>3. Nurse trained in triage</li> <li>4. SoPs of triage available</li> <li>5. Proper coding of client</li> </ol>	
2.	Emergency tray	<ul style="list-style-type: none"> <li>•Incomplete emergency tray</li> <li>•Presence of emergency tray with all requirements</li> <li>•The racks clearly labelled</li> <li>•All the above at designated sites</li> <li>• All the above and up to date list of all requirements</li> </ul>	
3.	Equipment	<ul style="list-style-type: none"> <li>•Ambu bag/ masks</li> <li>•Suction machine</li> <li>•Oxygen cylinder and flowmeter</li> <li>•Endotracheal tubes</li> <li>•All the above with an ideal adjustable bed</li> </ul>	
	<b>C. Sterilization Process</b>		
1.	Central Supply Unit	<ol style="list-style-type: none"> <li>1. Separation areas for cleaning</li> <li>2. Decontamination</li> <li>3. Sterilization Process – SoPs available</li> <li>4. Storage of sterile supplies</li> <li>5. All the above</li> </ol>	

		labelled and stored in designated area	
2.	Autoclave Machine	<ul style="list-style-type: none"> <li>•Autoclave manual available</li> <li>•Autoclave electric available</li> <li>•SoPs available</li> <li>•Maintenance plan</li> <li>•Digitalized autoclave</li> </ul>	
	<b>D. Labour Ward</b>		
1.	Procedures for obstetric emergencies	<ol style="list-style-type: none"> <li>1. Procedure for obstructed labour and foetal distress</li> <li>2. Procedure for Eclampsia</li> <li>3. Procedure for APH/PPH/HELLP</li> <li>4. Availability of resuscitaire</li> <li>5. Resuscitaire with oxygen, the suction machine, ambu bags</li> </ol>	
2.	Equipments	<ul style="list-style-type: none"> <li>•Delivery bed available</li> <li>•Sterile delivery set</li> <li>•Vacuum extractor</li> <li>•Suction machine</li> <li>•Maintenance plan</li> </ul>	
3.	Monitoring of Labour	<ul style="list-style-type: none"> <li>•Partograph chart available</li> <li>•Contraction properly charted</li> <li>•Cervical dilatation</li> <li>•Colour coding</li> <li>•TPR/BP</li> </ul>	
4.	Access to theatre	<ol style="list-style-type: none"> <li>1. Ambulance available</li> <li>2. General theatre available (not close to L/W)</li> </ol>	

		<ul style="list-style-type: none"> <li>3. General theatre available (close to L/W)</li> <li>4. More than one theatre</li> <li>5. L/W fully equipped theatre</li> </ul>	
5.	Incubator	<ul style="list-style-type: none"> <li>1. Presence of incubator</li> <li>2. Functional incubator</li> <li>3. Proper temperature regulation</li> <li>4. Oxygen connection</li> <li>5. Maintenance plan</li> </ul>	
6.	Hand washing facility	<ul style="list-style-type: none"> <li>1. Sink</li> <li>2. Sink without running water</li> <li>3. Sink with running water from the tap</li> <li>4. Sink with all of the above with soap</li> <li>5. Sink with running water and drier</li> </ul>	
7.	Sluice room	<ul style="list-style-type: none"> <li>1. Presence of sluice room</li> <li>2. Sluicing sink</li> <li>3. Availability of running water</li> <li>4. Decontamination buckets available</li> <li>5. SoPs</li> </ul>	
8.	Waste management	<ul style="list-style-type: none"> <li>1. Available Waste bins</li> <li>2. coded bins with improper lining</li> <li>3. bins with proper coded lining</li> <li>4. Good segregation practice</li> </ul>	

		5. All of the above with SoPs	
9.	State of floor	<ol style="list-style-type: none"> <li>1. Cement floor</li> <li>2. Cement floor with drainage</li> <li>3. Ceramic tile floor with drainage</li> <li>4. Tarazo with good drainage</li> <li>5. A cleaning chart</li> </ol>	
10.	Nursing Personnel	<ol style="list-style-type: none"> <li>1. nurses available</li> <li>2. midwives available</li> <li>3. midwives available but not the right ratio 1:3</li> <li>4. midwives available ratio of 1:2</li> <li>5. midwives available ratio 1:1</li> </ol>	
11.	Oxygen source	<ol style="list-style-type: none"> <li>1. Oxygen cylinders available</li> <li>2. External oxygen piped to L/W</li> <li>3. Oxygen plant SOPS</li> <li>4. Maintenance plan</li> </ol>	
	<b>E. Clinical Wards</b>		
1.	Oversight of patients	<ol style="list-style-type: none"> <li>1. Admission procedures</li> <li>2. Categorization</li> <li>3. Patients uniform</li> <li>4. Clinical ward round</li> <li>5. Handing over / discharge reports</li> </ol>	
2.	Patient records	<ol style="list-style-type: none"> <li>1. Availability</li> <li>2. Non -Coded</li> </ol>	

		filing system 3. Coded filing system 4. Designated and secure storage area E-filing					
3.	Monitoring equipment	1. Thermometer 2. Stethoscope 3. BP machine 4. Weighing machine 5. Diagnostic kit					
4.	Resuscitation tray	1. Presence of an emergency tray 2. Presence of emergency tray with the necessary contents 3. The racks clearly labelled 4. All the above at designated sites 5. All the above plus list of updating the contents					
<b>F. Pharmacy</b>							
		<b>SCORE</b>					<b>COMMENTS</b>
		0	1	2	3	4	5
1.	<b>General conditions of premises</b>						
	Adequate general condition of premises (Hygiene, sanitation, ventilation , state of repair, running water, light, adequate space, display of drugs)						
2.	<b>Medications</b>						
	Conditions of medications adequate (e.g. security, display, labelling, expiry dates)						
3.	<b>Record Keeping/ Documentation</b>						
	Prescriptions received and recorded						
<b>G. Medical /Dental Laboratory</b>							

4.	<b>Licensing</b>								
1.	Licensed for services per class (C,D, E)								
2.	<b>SOPs</b>								
	Standard Operating Procedures & guidelines available (according to Class: Including reporting procedures, handling / labelling / storage / disposal of specimens and safety program)								
5.	<b>Quality assurance</b>								
	Quality control practiced (Equipment / reagent registered, validated, calibrated and quality control of tests, well maintained equipment, storage)								
6.	<b>Infection prevention and control</b>								
	Infection prevention and control practices observed (waste management and sharps disposal, Personal protective equipment)								
	<b>H. Radiology and Imaging Services</b>	<b>Scoring</b>						<b>Comments</b>	
		0	1	2	3	4	5		
1.	<b>Licenses</b>								
	Premises & devices								
2.	<b>Safety and storage</b>								
	Safety of personnel, environment and patient adequate, quality assurance and equipment management (personal safety and control area safety, waste management)								
3	<b>Documentation</b>								
	Facility Code of Practice present (including reporting, testing, calibrating, monitoring and control, standard operating procedures)								

<b>I. Food Nutrition and Dietetics</b>		<b>Scoring</b>						<b>Comments</b>
		0	1	2	3	4	5	
1	Nutrition assessment and care plan in place for the patients							
2	Availability of supplementary, therapeutic, & parental feeds							
3	Procurement, delivery, inspection & menu and service of food according to laid protocols/procedures							
4	Food & personnel hygiene and waste disposal Registered Nutritionist & Medically examined kitchen staff.							
<b>J. Mortuary/ funeral parlour</b>		<b>Scoring</b>						<b>Comments</b>
		0	1	2	3	4	5	
1.	SOP for receiving, identification, storage and release of bodies including solid disposal							
2.	Protective gear & equipment							
3.	Overall environment							
<b>K. Occupational Therapy</b>		<b>Scoring</b>						<b>Comments</b>
		0	1	2	3	4	5	
1.	Trained personnel							
2.	Basic equipment							
3.	room							
<b>L. Physiotherapy</b>		<b>Scoring</b>						<b>Comments</b>
		0	1	2	3	4	5	
1.	Trained personnel							
2.	Basic equipment							
3.	Workshop							
4.	SOP							
5.	Records							



<b>M. Orthopaedic technology</b>		<b>Scoring</b>						<b>Comments</b>
		0	1	2	3	4	5	
1.	Trained personnel							
2.	Room							
3.	Specialized equipment/materials							
4.	SOPs							
5.	Records							
<b>N. Orthopaedic plaster and trauma</b>		<b>Scoring</b>						<b>Comments</b>
		0	1	2	3	4	5	
1.	Trained personnel							
2.	Room							
3.	Specialized equipment/materials							
4.	SOPs							
5.	records							
<b>O. Medical and Dental Services</b>		<b>Scoring</b>						<b>Comments</b>
		0	1	2	3	4	5	
1.	Trained personnel							
2.	Basic Equipments							
3.	SOPs							
4.	Rooms							
<b>11.</b>	<b>Findings and Recommendations</b>							
<b>12.</b>	<b>REGISTERED OWNER/ OFFICER IN - CHARGE</b>							
	Name:..... Designation:..... Email.....							

	Tel No.:.....Date.....Sign:.....				
	INSPECTION TEAM				
	<b>NAME:</b>	<b>BOARD/COU NCIL/MOH</b>	<b>DESIGNATION</b>	<b>SIGN</b>	<b>Date</b>
1.					
2.					
3.					
4.					
5.					
6.					

Made on the ....., 2012

**P. A. NYONGO',**  
*Minister for Medical Services.*