THE PRACTITIONERS BULLETIN

8TH EDITION, DECEMBER 2025

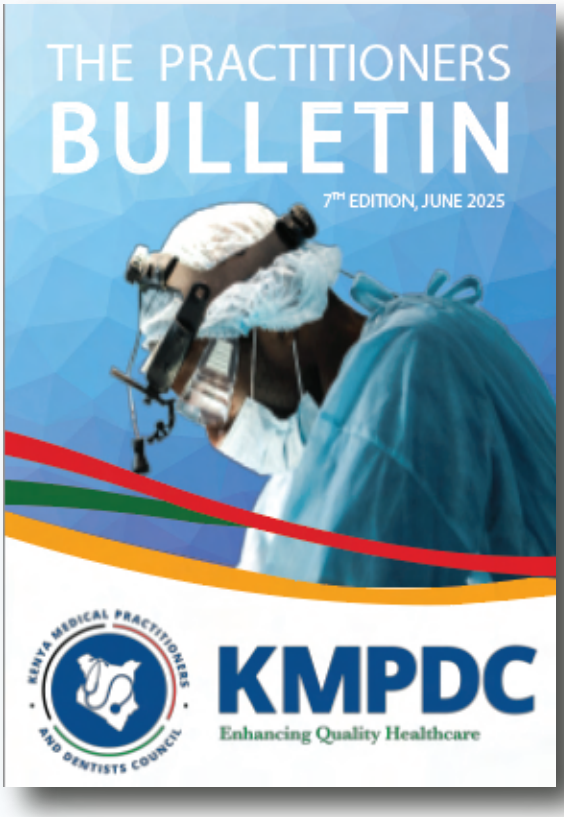
KENYA MEDICAL PRACTITIONERS AND DENTISTS COUNCIL

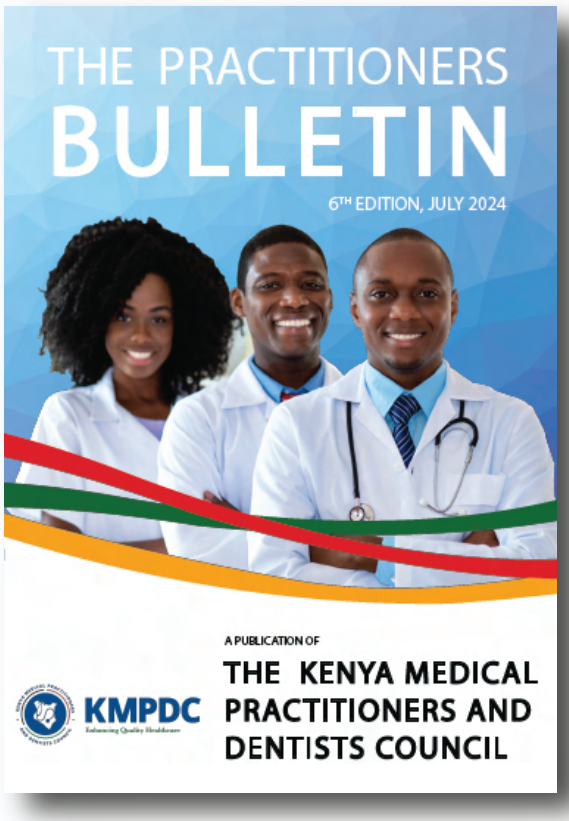
KMPDC

Enhancing Quality Healthcare

TABLE OF CONTENTS

PREVIOUS EDITIONS





Strengthening Emergency Care in Kenya: KMPDC Takes the Helm on EMS Regulation

Effective EMS is a vital part of the healthcare system, often determining patient outcomes in critical moments before reaching definitive care.

EMERGENCY MEDICAL SERVICES

Kenya has reached an important milestone in its journey toward safer and more reliable emergency medical services. Following a directive from the Ministry of Health, the Kenya Medical Practitioners and Dentists Council (KMPDC) is now the official regulator of Emergency Medical Services (EMS) across the country. This means that ambulance operators, emergency medical technicians (EMTs), paramedics, and related providers previously overseen by the Kenya Healthcare Professionals Oversight Authority now fall under KMPDC. The shift is designed to create a unified, professional framework for pre-hospital and inter-facility emergency care.

This transition supports efforts to enhance the quality and safety of pre-hospital and inter-facility care. Effective EMS is a vital part of the healthcare system, often determining patient outcomes in critical moments before reaching definitive care. Global evidence demonstrates that timely and well-coordinated EMS responses can significantly reduce mortality. Effective emergency medical services are often the difference between life and death. In critical moments — whether a road traffic crash, cardiac arrest, or obstetric emergency — the quality of care delivered before a patient reaches a hospital can dramatically influence survival.

Global evidence supports this, a French study on severe blunt trauma found that patients cared for by trained mobile emergency units had a 45% lower risk of dying within 30 days compared to those managed by non-medical first responders.

By regulating EMS, KMPDC aims to establish clear professional standards, ensure proper training and strengthen accountability across the sector.

EMS personnel will be required to meet defined competencies, undertake accredited training and adhere to ethical and operational guidelines

To date, the Council has received over 200 applications from EMS personnel, which are at various stages of processing, an encouraging sign of progress and readiness to align with the new framework.

Standardization will also extend to ambulance services, ensuring that vehicles are appropriately equipped, staffed by qualified personnel and operate under clear clinical protocols. This will improve coordination during emergency responses, transfers and referrals, contributing to better health outcomes and stronger public confidence in emergency care.

Kenya's approach aligns with international practice in EMS regulation. In South Africa, for example, the Professional Board for Emergency Care (PBEC) under the Health Professions Council of South Africa (HPCSA) oversees registration, licensing and scopes of practice for emergency care personnel. The United Kingdom similarly regulates paramedics through the Health and Care Professions Council (HCPC). Anchoring Kenya's EMS regulation within KMPDC, as guided by the Ministry of Health, provides a firm institutional basis for safety, accountability and consistent emergency response standards.

The regulation of EMS under KMPDC represents measured progress toward a more coordinated, reliable and accountable emergency care system, one where every response, transfer and referral upholds the principles of safety, competence and quality care.

ANNUAL LICENCE RENEWAL

Your 2026 License: What's New, Why It Matters, and How to Stay Ahead of the Game

It's that time of year again. October to December, the season when every doctor, dentist, community oral health practitioner and health facility manager in Kenya stares down the barrel of license renewal. But this isn't just another rubber-stamp exercise. The Council has rolled out some set of changes and come 1st January 2026, practicing without license will hit you where it hurts, your wallet, your reputation and your ability to bill insurance firms including the Social Health Authority. This is your insider briefing straight from the regulator. Here is exactly what's changed, why it actually makes sense and the smartest way to get it done before the New Year's hangover kicks in.


PROFESSIONAL INDEMNITY
INSURANCE CERTIFICATE

INSURANCE COMPANY LOGO

Enter this Certificate Number as you renew your license

CERTIFICATE NO : PIDOX050X

Insured name : PRACTITIONERS NAME		KMPDC Registration number : "A/B/C/D/D=/FXXXXX"	
PIN number : A00XXX9X7XX		Policy number : 10XX40XX220XX	
Occupation / Profession : DOCTOR		Specialisation : DENTIST/MEDICAL	
Group : Specialist/General Practice		Sub Specialisation : SPECIALITY	
Period of insurance	From : 15-Jan-2025 16:49		To : 14-Jan-2026 23:59

No	Limits of indemnity	Amount (KSh)
1	Any one claim or series of claims arising out of any one event	10,000,000.00
2	All claims in any one period of insurance	90,000,000.00
3	Loss of Documents	150,000.00
4	Libel & Slander	150,000.00
5	Dishonesty of employess	150,000.00

Policy excess : KSHS 15,000/=FOR EACH AND EVERY CLAIM FOR MAIN LIMIT
KSHS 15,000/= FOR EACH AND EVERY CLAIM FOR SUB-SECTIONS

SPECIAL CONDITIONS : Subject to the terms,conditions and exceptions of the policy issued

Issued By : Heritage Insurance Company Kenya Ltd
Postal Address : P.O.box 30390-00100 Nairobi Kenya
Telphone No : +254711039000
E-Mail Address : info@heritage.co.ke
Date of Issue : 15/01/2025

Android IOS

Scan to download the 'AKI VIC' Verification App to Verify the authenticity of the Certificate

AUTHORIZED SIGNATORY

Scan to Verify

Digitally signed by ".dmvic.com Date: 15.01.2025 16:49 EAT


HEALTH INSTITUTION PROFESSIONAL INDEMNITY
INSURANCE CERTIFICATE

INSURANCE COMPANY LOGO

Enter this Certificate Number as you renew your license

CERTIFICATE NO : PIH0XX5X2

Insured name : HEALTH FACILITY NAME			
PIN number : P0XX45XXXXXX		Policy number : 10XX0XX020XX00XX	
Physical location	Town : NAIROBI	County : Nairobi City	
Postal address : P.O BOX-00200		Email : hospitalemail@gmail.com	
Policy number :1X0XXX12XXXXXX		Telephone no : +254X7XXXXXXX	
Period of insurance	From : 28-Jun-2025 11:36	To : 27-Jun-2026 23:59	

No	Limits of indemnity	Amount (KSh)
1	Any one claim or series of claims arising out of any one event	30,000,000.00
2	All claims in any one period of insurance	330,000,000.00
3	Loss of Documents	50,000.00
4	Libel & Slander	50,000.00
5	Dishonesty of employess	50,000.00

Policy excess : AS PER POLICY EXCESS MEMO

SPECIAL CONDITIONS : Subject to the terms,conditions and exceptions of the policy issued

Issued By : Heritage Insurance Company Kenya Ltd
Postal Address : P.O box 30390-00100 Nairobi Kenya
Telphone No : +254711039000
E-Mail Address : info@heritage.co.ke
Date of Issue : 28/06/2025

Android IOS

Scan to download the 'AKI VIC' Verification App to Verify the authenticity of the Certificate

AUTHORIZED SIGNATORY

Scan to Verify

Digitally signed by ".dmvic.com Date: 28.06.2025 11:36 EAT

Professional Indemnity for Everyone

Remember when only individual practitioners needed professional indemnity (PI) cover? Those days are over. As of this renewal cycle, every single registered health facility must now have institutional professional indemnity that protects patients against the professional liability of its staff. This is stipulated under Section 15A of the Medical Practitioners and Dentists Act. But the real curveball is that your PI certificate must be in the exact Association of Kenya Insurers (AKI) standard format.
Tip: Call your insurer today and ask for the AKI template version. Many are still issuing the old formats because they haven't caught up. Beat the December rush.

Community Oral Health Officers (COHOs) – Welcome to the CPD Club

Doctors and dentists have been collecting CPD points for years. In 2025, COHOs officially join the party. If you are a Community Oral Health Officer and you don't have your mandatory CPD points logged on www.icpdkenya.org by 31 December, your license renewal will be rejected.
The good news? There are tons of free or low-cost webinars, workshops, and journal clubs running right now specifically targeting COHOs to help you hit the minimum before the deadline. Start logging—every point counts.

Letter of No Objection from MOH

Foreign practitioners must obtain a "Letter of No Objection" from the Office of the Cabinet Secretary for Health before their license renewal can be processed.This move is meant to align licensing with national workforce planning and immigration rules.

Tip: Start the process early since it is an additional step in the renewal process.

The Clock Is Ticking

- Portal: https://osp.kmpdc.go.ke
- Deadline: 31 December 2025 (anything after midnight = penalties + SHA access blocked from 1 Jan 2026)

The 2026 license isn't just a piece of paper anymore. It's proof that you and your facility are properly insured, upskilled continuously, and fully compliant with a system that's finally catching up to the risks of modern healthcare.

Get it done early, pour yourself something festive and start 2026 knowing your license is the least of your worries.

PROF. FREDRICK WERE

In Conversation with the New KMPDC Chair: Vision, Leadership and the Road Ahead

Prof Fredrick Were is a seasoned health policy researcher and leader, this reflects on his career shift from clinical neonatology to health policy and system management, emphasizing ethical quality of care. He takes pride in having trained many future leaders and aims to enhance continuous professional development by introducing performance-based indicators rather than relying solely on attendance. He plans to position Council to adapt proactively to technological advances like telemedicine and digital health by developing regulatory frameworks in tandem with innovations. Collaboration with other regulatory bodies, the Ministry of Health, and stakeholders is key to supporting Universal Health Coverage (UHC) through primary health care networks. Financial sustainability of the council is a priority, seeking diversified funding sources beyond government allocations. He values selfless leadership, deep thought before decisions, and punctuality.

1. Congratulations on your appointment as the Chairman of the KMPDC Council. Can you share a few highlights of your professional journey that led you to assume the role of Chairman of the Council at KMPDC?

My journey began with my medical training at the University of Nairobi, where I earned my MBChB in 1984, followed by a MMED in Paediatrics. Early in my career, I served as a medical officer in Kericho, witnessing firsthand the challenges of healthcare delivery in underserved areas, which ignited my passion for equitable access.

I served as the Dean School of Medicine at the University and in 2017-2018 doubled up as Acting Principal, College of Health Sciences. I also support the Ministry of Health on several national committees in various areas of child health. I have remained active in the Kenya Paediatric Association where after serving as National Chairman for 11 years was retained as adviser on research projects. In the international arena I have been active in the Child Health Platform including; the World Health Organization's Strategic Advisory Group of Experts (SAGE) in Immunization as well as Maternal and Newborn Health.

These experiences, blending clinical practice, policy-making, academia, and international collaboration underscore my commitment to evidence-based regulation that bridges gaps between policy, practice, and community needs, making me ready to steer the Council toward a more responsive future.

2. Throughout your career, what accomplishment are you most proud of, and how do you believe it reflects your leadership style and capabilities?

Besides being one of the most saluted neonatologists, one of my biggest accomplishments is the large number of students I have trained who are now in leadership positions. It gives a very fulfilling feeling whenever I meet any of my former students. Secondly is my transition from clinical practice to health policy and health systems management,
I see it as moving from looking after individual patients to looking after the bigger population, which is a bigger challenge but more impactful. This is a huge achievement to me because it has moved me from the obvious which was my initial training to a new ground.

3. What leadership qualities from your past experiences do you think will be particularly valuable as you guide the Council in its regulatory functions?

From my roles in academia and government, three qualities stand out: adaptability, integrity, and inclusivity. Adaptability, honed during the COVID-19 response where I coordinated rapid guideline updates for WHO, will help KMPDC nimbly address evolving threats like antimicrobial resistance. Integrity, a cornerstone of my deanship where we upheld ethical research standards amid funding pressures, ensures impartial enforcement of professional codes vital for maintaining public trust in regulation.

Inclusivity, drawn from building diverse teams in health programs, will guide me in engaging practitioners from all regions and specialties. These qualities will enable the Council to regulate not just reactively, but proactively, fostering a profession that is ethical, resilient, and representative of Kenya's diverse population.eer the Council toward a more responsive future.

4. The healthcare sector is currently undergoing significant changes, ranging from policy reforms and digital health adoption all of which are likely to impact the functioning and mandate of KMPDC. How do you plan to position the Council to adapt to these shifts while safeguarding its regulatory role and ensuring it remains effective and relevant?

Dinosaurs became extinct because they failed to adapt when change became inevitable.Today, the health sector is undergoing rapid transformation driven by innovations such as artificial intelligence and telemedicine which brings both immense opportunities and significant risks. These changes will fundamentally affect how the Kenya Medical Practitioners and Dentists Council (KMPDC) fulfils its mandate.

My vision is clear, whatever emerges as new in healthcare must first and foremost be safe for our country and our people. To achieve this, the Council under my leadership will proactively re-engineer our regulatory frameworks to keep pace with sectoral transformation—anticipating change and preparing robust oversight mechanisms before new technologies and practices are widely deployed.

We will not merely react after innovations are launched we will regulate by design. Our approach will be forward-looking, first understanding emerging trends, then rapidly developing and implementing fit-for-purpose regulation to ensure patient safety, professional standards, and public trust are upheld at every stage of healthcare evolution.

5. As Chair of the Council, what is your overarching vision for KMPDC? How will your unique background and experiences contribute to achieving this vision?

I am deeply committed to fostering a culture of continuous, meaningful learning among practitioners. My primary goal is to drive a transformative shift in how we approach Continuing Professional Development (CPD), moving beyond merely accumulating attendance-based points to establishing robust, evidence-based performance indicators that genuinely demonstrate high-quality clinical practice.

My vision is a system rooted in objective evidence that confirms a practitioner is consistently delivering care that is both qualitatively excellent and clinically appropriate. Such evidence, not simply CPD credits, should be the decisive criterion for determining whether an individual remains competent and authorised to practise at their current level.

In today's environment, modern technology enables us to accumulate substantial CPD points sometimes 150 or more through virtual activities without ever attending an in-person meeting. I am not suggesting we eliminate these opportunities, they remain valuable. However, they cannot, on their own, suffice as proof of ongoing competence.

As practitioners and I count myself firmly among them we must hold ourselves to a higher standard and embrace greater accountability if we are to uphold the privilege of practising in this profession.
Achieving this reform is my foremost priority. If, at the end of my tenure, this evidence-based framework is firmly in place, I will consider my service a success and will leave office profoundly satisfied, regardless of any other accomplishments

6. Achieving universal healthcare coverage is a goal for many countries. How do you envision the role of the Council in advancing this critical objective?

UHC is Kenya's north star, and KMPDC's role is pivotal as the gatekeeper of workforce quality. Effective healthcare delivery is the core of any health system. While supporting elements such as governance, human resources, infrastructure, and equipment are essential, their ultimate purpose is to enable high-quality service delivery.

The primary mandate of the Council is to ensure that healthcare reaches citizens with consistent quality and reliability. In line with the national direction toward established Primary Care Networks (PCNs), our focus is to guarantee that these networks deliver services to the required standards.

Within my scope of authority from tertiary-level facilities to community-based care I am committed to implementing robust regulatory mechanisms that assure proper, accountable, and high-quality service delivery at every level.

As a Council, we will uphold this commitment by enforcing effective regulation of Primary Care Networks and multidisciplinary teams, underpinned by strong governance and rigorous oversight, to secure quality healthcare delivery for all.

7. Collaboration among various stakeholders is crucial in the healthcare sector. How do you plan to foster strong partnerships with government bodies, medical professionals, and other organizations to ensure effective regulation and governance?

I am committed to strengthening health sector governance through structured, inclusive collaboration among regulatory bodies and stakeholders.

Collaboration is the cornerstone of effective regulation. To institutionalise this, I will establish periodic forums that bring together the Ministry of Health, fellow regulators, professional associations, academia, and civil society. These platforms will foster dialogue, align priorities, and co-create practical solutions—such as joint compliance audits, harmonised standards, and shared enforcement protocols.

To ensure the voices of frontline professionals are heard, I will support the empowerment of active professional associations, providing structured channels for their input into national policy and regulatory decisions.

Through these deliberate, sustained partnerships, regulation will no longer be imposed in silos but co-owned by all stakeholders. The result will be a governance framework that is responsive, equitable, consistent, and demonstrably impactful for the people we serve.

8. Are there individuals, leaders, or historical figures who have influenced your leadership style and principles? How have their insights shaped your approach to leading?

Several individuals have profoundly influenced my personal and professional development, but two stand out for the depth of their impact. The first is the late Professor Nimrod Bwibo, widely regarded as the father of Paediatrics in Kenya.

His most enduring inspiration to me was his selfless leadership in building the Department of Paediatrics from virtually nothing. He travelled across the country identifying and encouraging talented individuals to pursue paediatrics, often personally recruiting the next generation of specialists. After serving as Deputy Vice-Chancellor of the University of Nairobi, he voluntarily returned to full-time teaching and clinical practice, demonstrating remarkable humility and commitment to his calling. Professor Bwibo lived by two principles that I have also adopted: first, if you have any doubt about a course of action, do not proceed; second, always protect your signature—meaning never sign anything you do not fully understand or believe in. His career trajectory taught me the importance of self-awareness and adaptability: one must recognize when one can be of greater service in a different role or phase of life, and possess the courage to evolve accordingly—or the wisdom to remain where one is truly needed.

The second figure is the late President Mwai Kibaki. What impressed me most was his quiet, deliberate style of leadership. He spoke sparingly in public, yet his decisions reflected profound reflection and resolve. While I do not share his extreme reticence—nor do I aspire to—I greatly admire and have sought to emulate his habit of thinking deeply and thoroughly before acting.

These two remarkable Kenyans exemplified integrity, purposeful transformation, and thoughtful decision-making—qualities I continually strive to uphold in my own life and work.

9. What agitates you?

One thing that particularly frustrates me is lateness. I place great importance on punctuality in all situations, whether it's a formal meeting or simply agreeing to meet for a drink. In my view, few things undermine respect and efficiency as much as poor timekeeping. As Chair of the Council, I cannot start a meeting at the scheduled time unless I am in my seat well before it begins. My expectation—and what I believe is professional courtesy—is that if a meeting is set for 8:00 a.m., participants should arrive by 7:50 a.m. at the latest. Arriving exactly at the scheduled start time is, in practice, already late, because it delays the beginning for everyone else.

Unfortunately, many people seem to overlook this principle. True punctuality means being ready to start at the appointed time—not walking in as the clock strikes the hour.

10. Looking ahead, what legacy do you aspire to leave behind as Chairman of the Council? How do you hope your tenure will positively influence the healthcare sector and the Council?

I aspire to leave a legacy of transformative, evidence-driven regulation that places patient safety and professional excellence at its core, while ensuring the Council itself becomes a sustainable, modern, and respected institution.

My primary focus will be to shift the paradigm of Continuous Professional Development (CPD) from mere attendance-based compliance to meaningful, practice-relevant performance indicators. For too long, the system has relied on simplistic metrics—such as hours logged or certificates of attendance—that do not truly reflect competence or impact on patient care. I want to lead the transition toward robust performance indicators that demonstrate actual clinical proficiency, quality improvement, and ongoing contribution to better health outcomes. This will reassure the public that licensed practitioners are not only present, but genuinely competent and actively advancing standards in their practice

Secondly, I am committed to securing the long-term financial sustainability of the Council without compromising its independence or statutory mandate. We cannot remain overly dependent on Exchequer funding alone. Under my leadership, we will ethically and legally diversify revenue streams—through innovative services, strategic partnerships, and efficient resource mobilization—all strictly within the framework of Kenyan law. A financially strong Council will be better positioned to invest in technology, enforcement, stakeholder engagement, and proactive regulation, ultimately serving the profession and the public more effectively.

In summary, I hope my tenure will be remembered as the period when the Council moved decisively from box-ticking regulation to outcome-focused oversight, and from financial vulnerability to institutional resilience. These changes, I believe, will strengthen public trust in healthcare regulation and elevate the quality of healthcare delivery across Kenya for generations to come..

LICENSURE CATEGORIES

Understanding Licensing Categories for Postgraduate Medical and Dental Trainees in Kenya

Understanding the licensing framework for postgraduate medical and dental trainees is essential as they progress toward specialist qualification. Throughout master's or collegiate training, and during the post-graduation period, trainees carry significant patient care responsibilities and must therefore hold valid clinical practice licenses.

These licenses require regular renewal, supported by Continuing Professional Development (CPD) points and professional indemnity cover. Trainees enrolled in accredited postgraduate programmes may submit proof of enrolment—such as a letter from their institution or a valid ID—to earn CPD points, recognising that structured training forms part of professional development.

Two key licensing stages apply before one becomes a recognised specialist. The Registrar Licence is issued during postgraduate training, followed by the Senior Registrar Licence for a mandatory two-year period after completing the programme. This phase supports supervised consolidation of specialist skills before independent practice

Holding either licence does not confer specialist or consultant status. Formal recognition is granted only after the Kenya Medical Practitioners and Dentists Council approves the practitioner's credentials in line with the Medical Practitioners and Dentists (Inspections and Licensing) Rules, 2022.

Practitioners must therefore represent their status accurately. Misidentifying oneself as a specialist before official recognition may mislead patients and breach ethical expectations.

By adhering to these licensing requirements, trainees uphold professionalism, transparency, and patient safety. The progression from registrar to senior registrar to specialist reflects commitment to excellence and the trust placed in practitioners within the health system.

UNIVERSAL HEALTHCARE COVERAGE

KMPDC: The Quiet Guardian Driving Kenya's Universal Health Coverage Revolution

Kenya's journey toward Universal Health Coverage (UHC) – a core pillar of the Big Four Agenda and Vision 2030 – rests on one indispensable foundation: a trusted, competent, and accountable medical workforce. At the heart of this foundation stands the Kenya Medical Practitioners and Dentists Council (KMPDC), the regulator quietly reshaping the country's health landscape. Far from being a mere licensing body, KMPDC has positioned itself as a strategic enabler of UHC by raising professional standards, curbing quackery, and building systems that allow scarce health workers to deliver maximum impact.

Its 2023–2028 Strategic Plan places UHC front and centre, with clear commitments to competency-based regulation, digital transformation, and elimination of fake practitioners – all essential ingredients for a health system that reaches every Kenyan without pushing families into poverty.

A historic milestone came in June 2024 when KMPDC became the first healthcare regulator in Africa to earn ISO/IEC 17024:2012 accreditation for personnel certification. This global seal of approval validates the rigor of its licensing and examination processes, boosts international confidence in Kenyan-trained doctors and dentists, and eases the cross-border movement of professionals desperately needed to address workforce shortages.

On the ground, KMPDC has delivered practical innovations that directly support UHC rollout for example, in 2022, it published Africa's first comprehensive Scope of Practice guidelines, clarifying roles across cadres and enabling task-sharing in chronically understaffed facilities.Challenges remain acute – rural doctor shortages, uneven facility readiness, and financing gaps –yet KMPDC continues to punch above its weight through stakeholder forums, and relentless enforcement against illegal practice.

As the country transitions from UHC pilot counties to nationwide scale-up under the Social Health Authority, KMPDC's regulatory backbone offers the best guarantee of quality and trust. When professionals are competent, facilities are staffed appropriately, and patients can verify their doctor's credentials in seconds via the online portal, out-of-pocket expenditure falls, preventable deaths decline, and the promise of "health for all" moves from slogan to reality.

In the end, KMPDC is not just regulating medicine in Kenya – it is engineering the trust and competence that will make Universal Health Coverage irreversible. By 2030, its work may well be remembered as the difference between a fragile health system and a resilient one that truly leaves no one behind.

APPRECIATION OF SERVICE

The Quiet Giant: Farewell to John Ireri Kariuki, the Man Who Was the Memory of the Council

He was, in the truest sense, the institutional soul and now the soul is retiring

For 36 years, if you wanted to know anything about any doctor or health facility ever registered in Kenya, there was only one sure address: John Ireri Kariuki's desk. Ask him at 7 a.m. over his first cup of tea or wake him at midnight and he could reel off registration number A00001 like it was his own birthday. That extraordinary mind, paired with an even more extraordinary work ethic, has just stepped into retirement, and the Council is figuring out how to replace its walking, talking hard drive.

Picture this, it's 1993 and the Medical Practitioners and Dentists Council is not yet the imposing regulator it is today. It's four people in a three-room office somewhere inside Afya House, drowning in paper files. Into this chaos walks a young clerical officer seconded from the Ministry of Health. His name is John Ireri Kariuki, staff number soon to become legendary KMPDC/1993/003.

He starts as the guy who knows where every file is buried. Within a few years he's the guy who knows why every file is there in the first place. Promotions follow quietly but steadily: Higher Clerical Officer, Senior Clerical Officer, and then, when the Board finally become semi-autonomous from the Ministry and becomes a proper authority, something far bigger.

They make him Registration and Licensing Manager, which sounds tidy on paper. In reality he becomes a one-man engine room of the institution. Then 2019 arrives like a storm. The old Board is dissolved and reborn as a sleek state corporation with six directorates and fourteen departments. Chaos again. Most people would panic. John Ireri simply becomes Deputy Director of Licensing and Accreditation and keeps the ship sailing straight, because he has been the ship's memory since 1993.

His fingerprints are on everything that works smoothly today: the online portal where thousands of doctors renew their licences without queuing from 4 a.m.? That was John Ireri dragging a manual system, kicking and screaming, into the 21st century;

the registry that lets you pull any practitioner's file from 1969 to yesterday in seconds? He built and babysat it; the Doctors' Fees Guidelines, the Code of Conduct, internship rules, inspection checklists—he either wrote them or shepherded them into existence, then made sure they were actually followed.

But these achievements only tell half the love story. Ask anyone who worked with him and the anecdotes tumble out. How his office light was the first to flicker on every morning usually before security had even opened the gate and often the last to go off. How he never raised his voice, never needed to; one calm sentence from John Ireri could stop a departmental war faster than any shouting match. How he remembered not just registration numbers but birthdays, family illnesses, the names of everyone's children.

He was, in the truest sense, the institutional soul and now that soul is retiring. The corridors feel a little quieter already. Someone joked that they're installing extra servers just to store what used to live in his head. Another colleague whispered, only half-joking, "We should preserve his brain for the nation." John Ireri Kariuki leaves behind systems that will outlast any of us, processes that hum because he tuned them daily for three-and-a-half decades, and a standard of quiet, relentless excellence that younger officers will be chasing for years.

So here's to the man who started as a clerical officer in a three-room office and ended up as the indispensable heartbeat of an entire regulatory regime. Mr Kariuki, your file may now read "retired," but everything else at KMPDC will keep beating to the rhythm you set. Thank you and enjoy the retirement, you have earned it.

When Medical Management Goes Wrong: Lessons Learnt

Introduction

Patient safety and ethical responsibility are the cornerstones of medical practice. When healthcare professionals fail to uphold these principles, oversight bodies like the Medical Council must step in to investigate and take corrective action. These cases highlight the importance of thorough diagnosis, timely communication, and professional accountability in medical practice. The Council reminds all practitioners to always uphold their "duty of care" to the patients they attend to an obligation that lies at the heart of ethical and responsible healthcare delivery.

Case Study 1: Maternal Death Following Emergency CS and Inter-Facility Delays

Case Summary

Sophia (not her real name), a 32-year-old G6P5+0 at term with one previous Caesarean scar, was admitted to a rural sub-county hospital in labour. Her pregnancy had been uneventful and vitals were normal, but she was 6cm dilated with meconium-stained liquor grade II, prompting a diagnosis of foetal distress. An emergency Caesarean section was performed under spinal anaesthesia by a Medical Officer assisted by a nurse. Numerous adhesions were found, but a healthy 3,000g infant was delivered. A 3cm uterine tear was repaired and haemostasis achieved, though the estimated blood loss was high at 1.6L. She received the one available pint of blood as the facility requested for more from the regional blood bank located in the County Hospital.

About 90 minutes later, Sophia was found in shock with unrecordable blood pressure and deteriorating consciousness, though there was no active bleeding. The Medical Officer decided to refer her to the county hospital, which accepted the case, and she was transferred by ambulance within 30 minutes. On arrival two hours later, she was alive but worsening. A dispute arose among county hospital staff over where to admit her caused a two-hour delay, during which tensions escalated resukting in a scuffle between staff, relatives, and the ambulance team. She was finally admitted to the postnatal ward and transfusion commenced, but her condition continued to deteriorate and she died about 90 minutes later. Her relatives filed a complaint with KMPDC alleging negligence by both hospitals.

Findings

a. Standard of care given

i. The sub-county hospital responded promptly to the patient and instituted the available management, up to referring her for specialised care when the need arose.

ii. Despite the sub-county hospital calling to inform the county hospital of the referral, and the county hospital accepting to take in the patient, the county hospital did not make arrangements to receive the patient.

iii. The county hospital delayed admission of the patient, continuation of the blood transfusion and administration of required specialized care

iv. Despite the county hospital having five specialist Obstetrician/Gynaecologists on the rota, none was called in to examine or manage the patient.

b. Miscommunication between health professionals at the county hospital led to delay in admission and management of the patient, and conflict with the ambulance team and the patient's relatives.

c. Miscommunication with the patient's relatives – who could see that the patient was in critical condition but did not understand why there was a delay in admission and institution of further management – led to conflict.

Determination

- KMPDC found that the sub-county hospital had done its best to manage the patient given the available resources.

- The Council found that the county hospital was culpable of negligence resulting in the patient's death. The hospital was ordered to pay a fine to the Council and enter into a mediation agreement with a view to compensate the patient's family. In addition, the Council conducted a for-cause inspection of the county hospital, and the hospital was advised to institute measures to improve the receipt, admission and management of referred patients.

Case Study 2: Dental Procedure Complications Overlapping with Undiagnosed Systemic Illness

Case Summary

Luwi, a 47-year-old man, visited a dental clinic complaining of upper left jaw pain. A COHO found painful, mobile fused roots of teeth 27 and 28 and extracted them, suturing the wound and prescribing azithromycin and analgesics. Two hours later, Luwi returned with persistent bleeding and concern that the wrong tooth had been removed. The COHO reopened, flushed, and re-sutured the wound, applied adrenaline-soaked gauze, observed him, and discharged him once the bleeding stopped.

Six hours later, Luwi fainted at home and was bleeding from the nose. His wife called the clinic for an ambulance, but due to COVID-19 curfew, none was available.

The clinic dentist advised a cotton pack and review the next day. Instead, his wife took him to a nearby Level 3 hospital where he received IV fluids and was discharged stable. The next day at the dental clinic, the dentist noticed a suspicious red patch on his forearm and referred him to the national hospital, but Luwi—then not bleeding—went home.

That evening, his wife found him in pain and heavily bleeding. She obtained a curfew pass and took him to a Level 4 hospital, from which he was referred to the national hospital.

There, he was examined and found to have dizziness, odynophagia, night sweats, cough, rhinorrhoea, skin discoloration and mild facial swelling.

Labs showed high WBC, severe anaemia (Hb 6.3), thrombocytopenia (27×10^9/L), high CRP, and markedly elevated urea and creatinine. He was diagnosed with acute kidney injury with thrombocytopenia, started on antibiotics, tranexamic acid, and analgesics, and admitted. After x-rays and a long delay before reaching a ward bed, his condition worsened, and he died about two hours later. No postmortem was done. His wife filed a negligence complaint against the dental clinic, alleging that the extraction and subsequent bleeding led to his death.

Findings

a. The care provided to the patient fell below the expected standard:

i. While a diagnosis of fractured fused roots was made, no dental x-ray was done prior to or after the extraction.

ii. Such persistent bleeding as seen in this case is not routinely observed following extraction of roots. It is possible that the scanty clinical history taken/documented missed an underlying bleeding disorder as evidenced by the excessive bleeding and suspicious red patch on his forearm.

iii. The full haemogram done at the national hospital showed signs of severe infection, possibly a dental abscess, which may have been going on before the extraction was done. This may have led to the patient perceiving pain from the adjacent teeth – hence the allegation that the wrong tooth was extracted.

iv. The antibiotic prescribed after the extraction is not routinely used for dental infections or prophylaxis.

b. Communication with patients and involvement of patients in their own care – The patient ignored the initial referral to the national hospital, perhaps for lack of understanding of the urgency or importance of this referral. Had he gone, he may have had an earlier definitive diagnosis and initiation of treatment.

c. In the absence of a postmortem report, the cause of death was not established. From the clinical report, the cause of death is likely to be the persistent bleeding caused by an underlying bleeding disorder.

Determination

- KMPDC found that while the care provided to the patient was below the expected standard, the actions or inactions of the staff of the dental clinic were not directly linked to the patient's death.

- A for-cause inspection was carried out at the clinic, following which the clinic staff were reprimanded and advised to institute measures to improve the standard of care given specifically in form of:

i. Taking adequate clinical history and appropriate documentation

ii. Use of dental imaging

iii. Emergency preparedness and refferral

HEALTH FACILITY LEVEL

Guidance on Contesting Facility Level and Bed Capacity Allocation

The Kenya Medical Practitioners and Dentists Council (KMPDC) has received several inquiries from facility owners and stakeholders regarding the levels and bed capacities assigned to their facilities. We wish to clarify the following:

- Any facility that wishes to contest its assigned level is required to submit an official written request for inspection to compliance@kmpdc.go.ke.
- Likewise, any facility seeking to challenge its assigned bed capacity must submit an official written request for inspection to compliance@kmpdc.go.ke.
- A verification process is currently ongoing to confirm the status of facilities based on these requests. All applications will be processed in the order received.
- Once a request has been submitted, applicants are advised to exercise patience as their matter is scheduled and addressed in due course.

We thank all stakeholders for their cooperation and remain committed to ensuring transparency, consistency and accuracy in facility classification.

Dr. David G. Kariuki
Chief Editor

CPA Philip Meeli Ole Kamwaro &
Simon Kiraithe
Editors

Winnie Owino, Joyce Romona &
Jerry Wamulla
Writers

Jerry Wamulla
Graphic Design