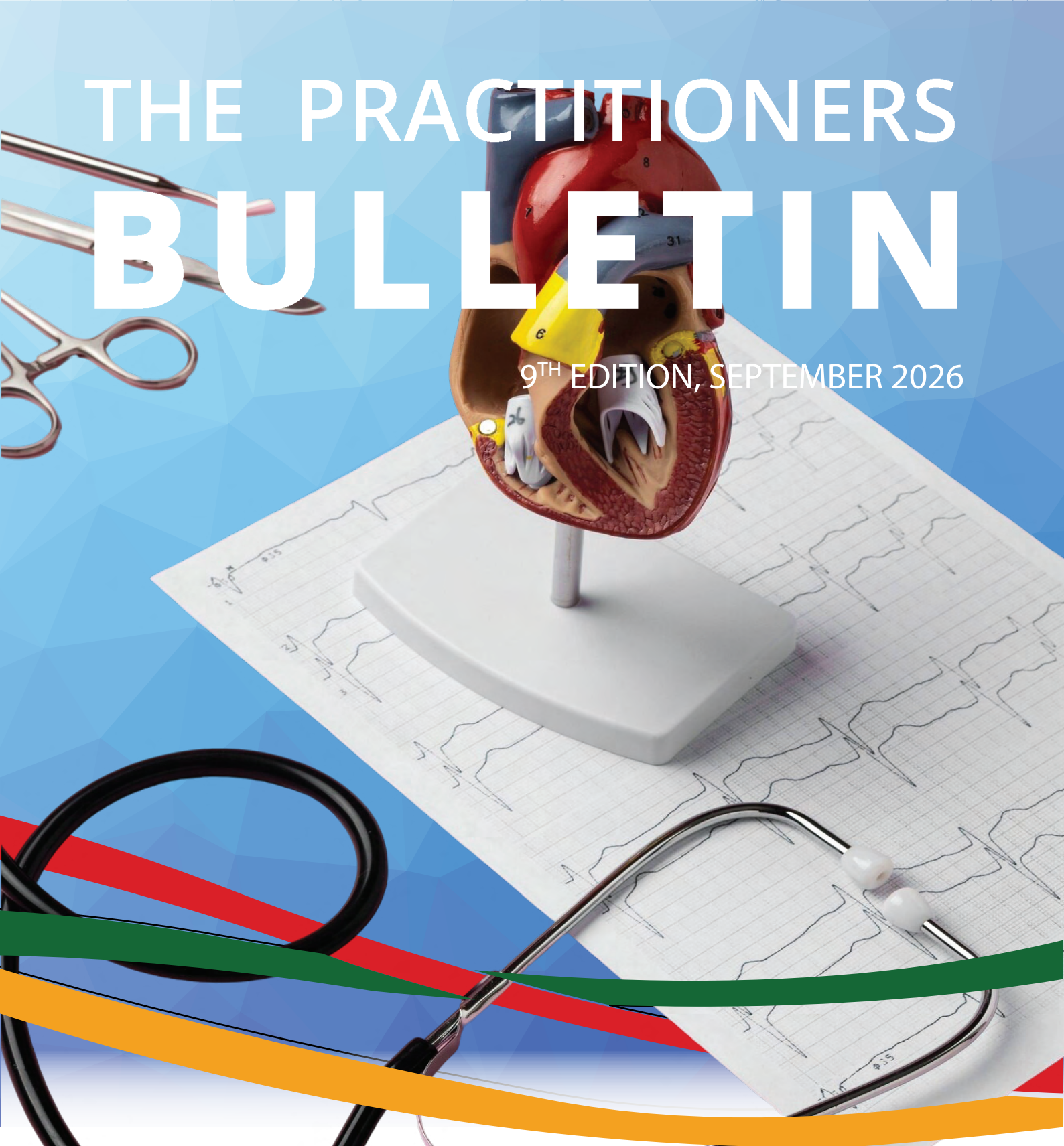
THE PRACTITIONERS BULLETIN

9TH EDITION, SEPTEMBER 2026



KENYA MEDICAL PRACTITIONERS AND DENTISTS COUNCIL

KMPDC

Enhancing Quality Healthcare

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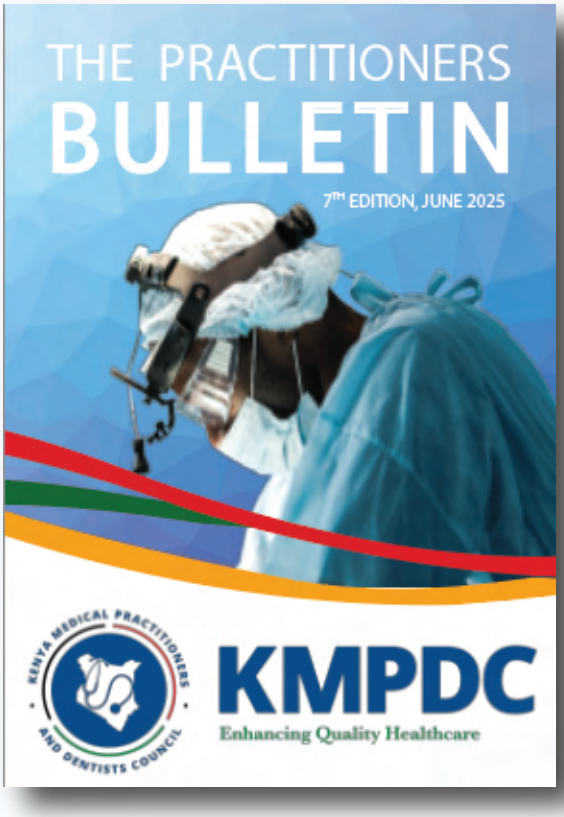
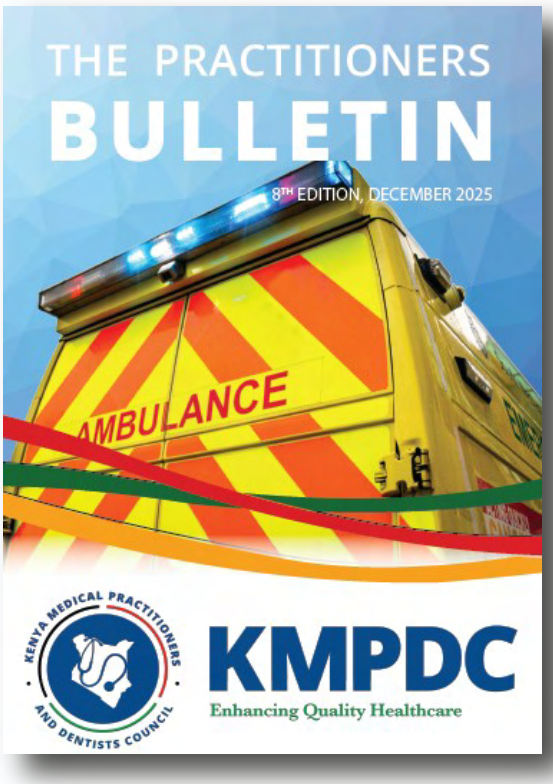




MEDICAL/DENTAL TRAINING SCHOOLS

Inspection Puts Medical And Dental Training Standards To The Test

From the classroom to the clinical ward, the quality of medical and dental training depends on whether institutions have the people, systems and facilities needed to prepare competent health professionals. This is why the Kenya Medical Practitioners and Dentists Council regularly inspects training institutions as part of its mandate to safeguard standards in medical and dental education and practice.

Between 31st March and 7th April 2026, the Council inspected 14 medical schools and two dental schools across Kenya. The exercise sought to establish whether the institutions continued to meet the requirements for quality medical and dental training and whether students were learning in environments capable of supporting the acquisition of the knowledge, skills and competencies required for professional practice.

The assessment covered a wide range of areas, including governance and management, academic programmes and curricula, academic and technical staffing, infrastructure and teaching facilities, student affairs, quality assurance, performance monitoring and evaluation, as well as research and innovation. The assessment also examined student admission and indexing, institutional collaborations and partnerships and the resources available to support effective training.

The exercise extended beyond the university campuses, with each university's teaching hospital also assessed. This was important in determining whether students had access to appropriate clinical learning environments and sufficient exposure to the services and cases necessary for their practical training.

The teaching-hospital assessment considered areas including clinical services, operating theatres, laboratories, radiology, critical care, bed capacity and occupancy, infection prevention and control, staffing, occupational health and safety and clinical teaching spaces.

The inspection also resulted in regulatory action at Pwani University. Following the findings of the assessment, the institution was placed under a moratorium on the admission of new medical students pending corrective action on areas of concern identified during the inspection. The institution will be required to address the identified concerns before new admissions can resume.

For students already enrolled in the programme, progression will be subject to independent assessment. Each student will be evaluated before progression to the subsequent year of training, with continuation dependent on successful completion of the required evaluation. The exercise also saw the Technical University of Mombasa added to the list of approved medical training institutions.

For dental training, there remain only two approved dental training schools in Kenya, Moi University and the University of Nairobi.The Council urges prospective students, parents and other stakeholders to verify the approval status of training institutions before admission.

Pwani University

Admissions on hold
pending corrective action

Dental schools (2)

University of Nairobi
Moi University

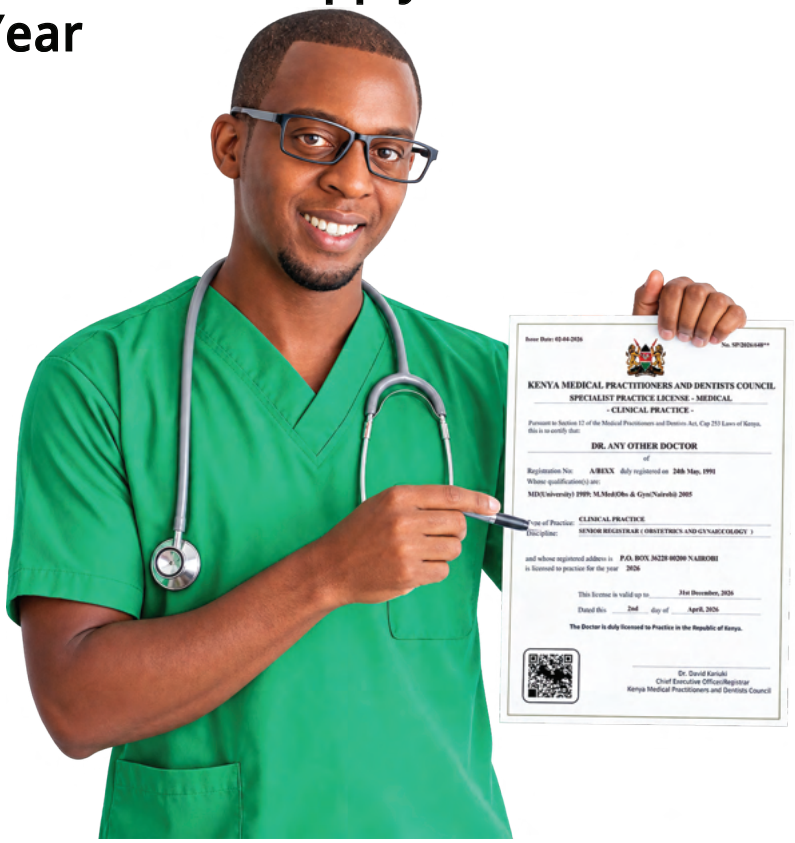
Approved medical schools (13)

University of Nairobi
Moi University
Kenyatta University
Egerton University
Kenya Methodist University
Maseno University
JKUAT
Mount Kenya University
Uzima University
Masinde Muliro University
Kisii University
Aga Khan University

Technical Univ. of Mombasa — newly accredited

2027 PRACTICING LICENCE

Your 2027 License: The Rules That Still Apply and How to Clear Them Before The New Year



It's that time of year again. October to December, the season when every doctor, dentist, community oral health officer and health facility manager in Kenya stares down the barrel of licence renewal. But this isn't just another rubber-stamp exercise. Section 14(1) of the Medical Practitioners and Dentists Act requires that "a medical practitioner or dentist, issued with a practising licence may apply for the renewal of the licence in the prescribed form at least thirty days before the expiry thereof." Since the practising year runs from 1st January to 31st December, this means 30th November is the deadline for renewal applications for licences expiring on 31st December.

The requirements locked in last cycle are now the baseline, and come 1st January 2027, practising without a licence 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. Here is what still applies, what no longer gets a grace period and the smartest way to get it done before the New Year's hangover kicks in.

Remember when only individual practitioners needed professional indemnity (PI) cover? Those days are over. Every registered health facility must hold 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. Last year's certificate does not automatically roll over. The cover must be valid for the 2027 practising year.

The real curveball remains the same; your PI certificate must be in the exact Association of Kenya Insurers (AKI) standard format. Old templates will be rejected at the portal. Call your insurer today and ask for the AKI template version dated for 2027. Many are still issuing last year's layout because they haven't caught up. Beat the December rush.

Doctors and dentists have been earning CPD points for years. Community Oral Health Officers (COHOs) joined the requirement in the 2025 cycle. For 2027 renewal that is no longer new, and there is no second-year discount. If you are a COHO or any other practitioner regulated by the Council and you don't have the mandatory 50 CPD points from the preceding practising year logged on www.icpdkenya.org by 31st December 2026, your licence renewal will be rejected.

You need not to worry though as there are still plenty of free or low-cost webinars, and workshops running right now. Points earned but not captured on iCPD Kenya might as well not exist. Start logging because every point counts.

Foreign practitioners must obtain a "Letter of No Objection" from the Office of the Cabinet Secretary for Health before their licence renewal can be processed. Facilities that have engaged foreign practitioners must write to that office expressing the intention to renew those licences for 2027, then submit the authorisation to KMPDC. This move is meant to align licensing with national workforce planning and immigration rules. Start the process early. It is an additional step in the renewal process and added weeks to many files in the last cycle.

There are some quiet requirements that can still block your renewal. These are not new, but they still stop your applications cold. Good standing with the Council is a must. Any outstanding disciplinary or compliance issues like unpaid fines will block renewal. Practitioners must also update contacts, next of kin, disability declaration, and current place(s) of practice on the portal.

Facilities must complete the online services availability form before the operating licence can be issued. Payments are system-generated on eCitizen and late applications after the start of the practising year attract a 50 percent penalty on the licence fee.

The Clock Is Ticking
- Portal: https://osp.kmpdc.go.ke
- CPD log: https://www.icpdkenya.org
- Deadline: 30th November 2026

The 2027 licence is proof that you and your facility are properly insured and fully compliant with a system that has caught up to the risks of modern healthcare.

Get it done early and start 2027 knowing your licence is the least of your worries.

FITNESS TO PRACTICE

Inside KMPDC Medical Fitness to Practice Rules that Protect Patients and Preserve Public Trust

Public trust in Kenya's doctors and dentists rests on one assumption: that those who treat patients are safe, competent, and fit to practise. When health problems, performance gaps, or behavioural issues undermine that fitness, the Medical Practitioners and Dentists (Fitness to Practice) Rules, 2016 give the Kenya Medical Practitioners and Dentists Council (KMPDC) a structured way to act protecting patients first while offering a path back to safe practice where possible.

Fitness to practise means having the skills, knowledge, and character to work safely. Impairment arises when illness, substance use, declining performance, or conduct puts patients or public confidence at risk. The Rules cover registered practitioners and students. They sit alongside, but are distinct from, disciplinary processes: many fitness cases can be remediated through treatment, supervision, or skills assessment rather than punishment.

Anyone may start the process patients, colleagues, institutions, the public, or the practitioner themselves by submitting the prescribed Fitness to Practice Reporting Form. A multidisciplinary Fitness to Practice Committee reviews each report. After a preliminary inquiry, merited cases proceed to assessment. Outcomes have included referral for treatment before licensing, supervised practice, knowledge-and-skills examinations, or, where necessary, referral to the disciplinary committee. Licence suspension or withdrawal is reserved for cases that cannot be managed safely any other way. Restoration is possible after successful intervention; appeals exist.

Since 2016, 45 cases have been lodged, 38 completed and 7 ongoing. They have involved depression and other mental-health conditions, substance-use disorders, physical illness, abscondment, and perceived skills deficits. The system only works if concerns reach the Council early. Delayed or silent cases leave patients exposed and often make recovery harder for the practitioner. Self-reporting is particularly powerful. It lets a doctor or dentist seek help before an incident occurs, reduces stigma around mental health and addiction, and usually produces better, less restrictive outcomes. Colleagues, training institutions, and facility managers have an equal duty: professional silence is not loyalty; it is a risk to patients. Confidential reporting channels exist precisely so that raising a concern is safe and responsible.

Challenges remain stigma still deters some self-referrals, and reports are not always timely. KMPDC continues awareness work and procedure refinement. Every stakeholder can help: report concerns promptly, support colleagues who come forward, and treat fitness issues as a shared professional responsibility rather than a private failing.

As Kenya pursues universal health coverage, fitness to practise must remain a lived standard, not merely a regulation. Reporting especially early self-reporting is how that standard is kept.

> **"fitness to practice"** in relation to a medical or dental practitioner or student, means a person having the necessary skills, knowledge and character to practice safely and effectively and includes acts that may affect public protection or confidence in the profession.

DIGITAL TRANSFORMATION

Going Digital: How KMPDC's Online Attestation Is Transforming Medical Certification in Kenya

For years, medical certificate attestation in Kenya meant paperwork, queues, and waiting. That era has ended. The Kenya Medical Practitioners and Dentists Council has completed its shift from manual attestation to a fully online system, and the change is designed to deliver real, tangible benefits for practitioners, patients, and institutions alike. The transition period ran from 20 July to 31 July 2026. From 3 August 2026, all medical certificate attestations are now being processed exclusively online. The service is available only through the Practitioner Portal and is restricted to licensed medical practitioners who remain in good standing with the Council. This is not simply a change of format. It is a deliberate move toward greater accountability, speed, and accessibility.

When a practitioner attests a certificate online, the process is tied directly to their verified professional identity. This strengthens personal and professional responsibility for the accuracy and integrity of the documents they issue. Online requests move through a streamlined digital workflow, so practitioners and the institutions that rely on attested certificates can expect significantly shorter turnaround times compared with the old paper-based route. Practitioners can submit attestation requests from anywhere with internet access, while patients and requesting bodies employers, immigration authorities, educational institutions, and others benefit from a more reliable and predictable process without the friction of physical submissions. Digitisation also reduces the risks associated with lost documents, manual handling errors, and inconsistent record-keeping, supporting KMPDC's broader goal of automating services so that stakeholders can trust both the process and the outcome.

It is important to note that attestation is not required for every medical certificate, report, or clinical note. It is needed only when another institution, employer, or authority specifically requires verification by the Council. Understanding this distinction helps practitioners and the public avoid unnecessary steps while ensuring that genuine verification requests are handled efficiently online. KMPDC's move to exclusive online attestation reflects a wider commitment to modernising regulatory services. By placing ownership with licensed practitioners, speeding up processing, and improving access, the Council is making medical certification more accountable, efficient, and user-friendly. Practitioners are encouraged to familiarise themselves with the Practitioner Portal if they have not already done so. The Council remains available to provide guidance as the new system becomes the sole channel for attestation. The shift is complete, and the benefits clearer accountability, faster service, and greater convenience are now available to those who use the system.

BRIDGING QUALIFICATIONS

Don't Let Bridging Qualifications Block Your Path into Medicine or Dentistry

If you or someone close to you is preparing to enter medicine or dentistry in Kenya, a recent notice from the Kenya Medical Practitioners and Dentists Council (KMPDC) deserves careful attention. The Council has set out clear rules on the acceptance of bridging qualifications for three programmes: Bachelor of Medicine and Bachelor of Surgery (MBChB), Bachelor of Dental Surgery (BDS), and Community Oral Health (COH).

KMPDC will only recognise bridging qualifications that have been obtained through programmes and examinations recognised by the Kenya National Examinations Council (KNEC). Applicants must also achieve the prescribed minimum entry grades and the required cluster subject grades. Critically, these bridging qualifications must be completed before the student begins the degree programme itself. Any bridging undertaken after enrolment will not be accepted.

The Council has issued a firm warning against fraudulent certificates. Bridging qualifications obtained through examinations that were not administered by KNEC will be rejected. Using non-recognised or forged documents risks derailing a student's entire training path and can create serious obstacles when the time comes to register as a medical or dental professional. Prospective students, parents, sponsors, scholarship agencies and training institutions are therefore strongly advised to study the approved requirements thoroughly before any admission or enrolment takes place. Confirming that a bridging programme is properly recognised and that the necessary grades have been achieved in good time is the surest way to avoid delays, rejected applications, or complications with professional registration after graduation.

The path into medicine and dentistry is already demanding. Ensuring that bridging qualifications meet KMPDC's standards is one of the most important steps a student can take to keep that path clear.

CONTINUOUS PROFESSIONAL DEVELOPMENT

CPD & Licence Renewal: Your Questions Answered

Q: Why do I need CPD points to renew my licence?

A: CPD ensures every practitioner stays current with evolving medical knowledge, treatment protocols, and best practices. It's not just a renewal requirement; it's how KMPDC safeguards the quality and safety of care patients receive across Kenya.

Q: How many CPD points do I need annually?

A: Practitioners are required to accumulate a minimum of 50 points per year, made up of both token-based and non-token-based points.

Q: What's the difference between token-based and non-token-based points?

A: Token points come from pre-registered and pre-approved events offering an instant digital code. Such events include hospital CMEs, structured activities such as conferences, seminars, webinars and approved courses, verified through the official CPD system.

Non-token-based points on the other hand are earned from activities that are not pre-registered or automated. Approval of these points by KMPDC relies on manual verification. The applicant is expected to upload the proof on the CPD platform for verification. Activities that fall under non-token CPD may include research publications, academic contributions and other untokenized events for which one must upload evidence such as Certificate of participation and attendance.

Q: How do I check my CPD points balance?

A: Log in to the Integrated CPD management System, https://icpdkenya.org/ to view your accumulated points and confirm they meet the renewal threshold.

Q: What happens if I don't meet the CPD requirement?

A: If you do not attain the mandatory 50 CPD points by December 31st, your licence renewal may be delayed or denied until the shortfall is addressed. This could affect your ability to practise legally.

Q: Can I transfer my CPD points to another practitioner?

A: No. CPD points are earned individually and are non-transferable. They reflect your personal professional development and cannot be assigned, gifted, or shared with another practitioner.

Q: Can I carry forward my CPD points to the following year?

A: No, excess CPD points cannot be carried forward. Under official KMPDC rules, CPD points are strictly tied to a single calendar year running from January 1st to December 31st.

Q: What should I do to stay on track?

A: Review your points balance early, not just before the deadline. Confirm any course or provider is KMPDC-accredited before enrolling. Keep certificates and supporting documents organized for verification.

Q: Who can I contact if I'm unsure about my CPD status?

A: Reach out to the Council's licensing department for guidance on your points balance, accredited activities, or renewal requirements.

KMPDC remains committed to supporting practitioners in meeting these standards, as part of our broader mandate to uphold professionalism and quality care in Kenya.

For inquiries, contact cpd@kmpdc.go.ke

COUNCIL MEMBERS APPOINTED

KMPDC Council Welcomes Four New Members as Experienced Leadership Continues

Dr. Tonnie Kituku Mulli

Prof. Marion Wanjiku Mutugi, EBS

Mr. Joseph Gathura Kiarii

Dr. Charles Jakait Sangalo

The Kenya Medical Practitioners and Dentists Council (KMPDC) has welcomed four new members to its Council, bringing fresh expertise in clinical practice, healthcare quality, medical genetics and bioethics, dental policy, and public finance. The new members join a Council that retains a strong core of experienced members, providing a blend of continuity and new perspectives in the regulation of medicine, dentistry and healthcare institutions in Kenya.

The Council continues to be chaired by Professor Fredrick Namenya Were, EBS, a Professor of Paediatrics and Child Health at the University of Nairobi with more than four decades of experience in medicine, health systems research and regulation. A specialist in perinatal and neonatal medicine, Prof. Were has held senior academic leadership positions and advised national and international organisations, including WHO, GAVI and PATH. He has also chaired national immunisation bodies and served on WHO's Strategic Advisory Group of Experts on Immunization.

The new Council members bring diverse expertise that strengthens the breadth of experience around the Council table.

Dr. Charles Jakait Sangalo joins the Council as a medical practitioner, healthcare executive and national health-sector leader. He serves as Vice-President of the Kenya Medical Association and Medical Director at Cedar Clinical Associates and Cedar Hospital in Eldoret. His experience spans clinical management, healthcare quality, occupational health and professional governance, alongside his involvement in healthcare policy and advocacy.

Prof. Marion Wanjiku Mutugi, EBS brings extensive experience in medical genetics, bioethics, research, health sciences education and human rights. She holds a PhD in Medical Genetics from the University of Edinburgh and has held senior academic leadership positions, including serving as the inaugural Vice Chancellor of Amref International University.

She is also a Commissioner with the Kenya National Commission on Human Rights and has represented Kenya at the UNESCO Intergovernmental Global Bioethics Committee. Her experience adds considerable depth to the Council's work at the intersection of scientific advancement, ethical practice and human rights.

Dr. Tonnie Kituku Mulli, a specialist periodontist, Senior Lecturer and dental policy expert, brings more than 25 years of experience in clinical practice, academia, research and professional regulation. He has contributed to major national policy and regulatory documents, including the BDS and MBChB Core Curriculum, guidelines for inspection and accreditation of dental schools and teaching hospitals, and guidelines for dental interns. His expertise in dental education, accreditation, governance and evidence-based policy strengthens the Council's oversight of dental training and practice.

Mr. Joseph Gathura Kiarii brings more than 30 years of public-sector experience in public finance and investment management. He currently serves as Deputy Director in the National Assets and Liabilities Management Department at the National Treasury, with responsibilities spanning public investments, government lending, state corporations and national asset and liability management.

His background in public finance, financial oversight, governance and institutional management adds an important dimension to the Council's governance and stewardship responsibilities.
The four new members join experienced Council members whose continued service provides institutional memory and sector expertise.

Dr. Patrick Amoth, CBS, Director General for Health at the Ministry of Health and Vice President of the WHO Executive Board, brings extensive experience in public health, health-sector coordination, policy development and health service delivery.

His career has included senior leadership roles within the Ministry of Health and management of health services at both national and county levels.

Prof. Rose Jepchumba Kosgei, an Obstetrician-Gynecologist and Gynecologic Oncologist, brings more than two decades of experience across clinical care, academia, health systems research and policy development. She has authored more than 120 peer-reviewed publications and contributed to national standards, guidelines and strategic health frameworks. She currently serves as the Associate Dean at the University of Nairobi, School of Medicine.

Mr. Musa Kiptanui, a senior oral health professional serving his second term on the Council, brings more than two decades of experience in clinical practice, leadership and professional regulation. He currently serves as Principal Oral Health Officer at Moi Teaching and Referral Hospital and has contributed to curriculum development, professional development and institutional quality initiatives.

Mr. Ashford Mwiti Kirimi Kathaara contributes expertise in fiscal governance, financial planning and financial management, with a professional record centred on fiscal prudence and effective financial oversight.

Dr. David G. Kariuki, Chief Executive Officer and Registrar of KMPDC, serves as the Secretary to the Council and an ex officio member. With more than 30 years of experience in the health sector, Dr. Kariuki has worked across health systems management, healthcare financing, human resources for health and policy development. His previous leadership roles at the Ministry of Health included Universal Health Coverage coordination, health financing, policy planning and health-sector intergovernmental affairs.

The current Council therefore brings together a combination of new perspectives and established experience, spanning medicine, dentistry, oral health, academia, research, ethics, public health, finance and governance.

EMERGENCY MEDICAL SERVICES

Strengthening Kenya's Emergency Medical Response

When an emergency strikes, the first people to arrive can shape what happens next. Before a patient reaches hospital, Emergency Medical Technicians (EMTs), paramedics and emergency response drivers are already making decisions that can influence the outcome.

The Kenya Medical Practitioners and Dentists Council (KMPDC) is strengthening this critical first link in the healthcare chain through the registration and inspection of ambulance services and emergency care personnel.

The requirements ensure that personnel have the appropriate training for their roles. EMTs must hold a certificate or diploma in Emergency Medical Technology from a Council-accredited institution.

Paramedics require a Higher Diploma or Bachelor's degree in Paramedic Science or Emergency Medical Care from an accredited institution, together with valid recognition. Emergency response drivers must hold a valid NTSA driving licence and a certificate in Emergency Driving and First Aid from an accredited institution, with Basic Life Support training an added advantage.

These requirements recognise that an ambulance is not simply a vehicle; it is part of the emergency care system. The competence of the people inside it matters.

KMPDC's registration and inspection processes provide an important layer of quality assurance and accountability, helping establish who is providing emergency services and whether they meet the required standards.

The work comes as Kenya strengthens its national emergency response system. Following the President's launch of the SHA 922 Lifeline and National Ambulance Dispatch Centre on 5th August 2026, at least 713 ambulances had been registered by KMPDC. Emergency response is also supported through TaifaCare Emergency Services, SHA's emergency care product.

For KMPDC, the priority remains clear: ensuring that the people and services entrusted with the first response are appropriately trained, recognised and accountable.

Patient safety depends on what happens before, during and after a clinical encounter. Adequate preparation, accurate documentation and appropriate follow-up help ensure that care is coordinated, informed and responsive to the patient's needs.

In this edition the following cases will illustrate how gaps in preparation, record-keeping and follow-up can compromise continuity and quality of care. The Council reminds practitioners to plan appropriately, maintain complete clinical records and ensure that necessary follow-up is undertaken in accordance with professional standards.

Case 1: When Preparation and Professional Accountability Fail

A 35-year-old woman with two previous Caesarean sections was scheduled for an elective Caesarean section at a Level 4 hospital. She presented a day before the planned procedure and requested that the surgery be performed that evening, despite not having undergone the required preparation. The obstetrician she had selected also did not have admitting privileges at the hospital.

The procedure proceeded under general anaesthesia. Shortly after surgery, the patient suffered cardiac arrest and, despite resuscitation, was later diagnosed with a hypoxic brain injury.

Key issues identified
• No documented pre-anaesthetic examination.
• Incomplete anaesthetic records.
• No documentation of the patient's condition at the end of surgery.
• An elective procedure was undertaken without adequate pre-operative preparation.
• The hospital allowed a doctor without admitting privileges to perform surgery.
• The anaesthesia provider was not competent to safely provide general anaesthesia for the case.
• The obstetrician left theatre immediately after closing the skin without confirming adequate recovery from anaesthesia or transfer to the recovery area.

Council determination
The Council found the hospital culpable of negligence. It reprimanded the hospital for the administrative and clinical lapses, directed it to establish protocols to prevent recurrence, and undertook a for-cause inspection to identify further corrective measures.

The takeaway
Patient safety does not begin when surgery starts. Proper preparation, credentialing, competent staffing, complete documentation and continuous responsibility for the patient are all essential components of safe care.

Case 2: A Procedure Completed on Paper, but Not in Practice

A 67-year-old woman with hypertension and other medical considerations was treated for bilateral renal stones. She underwent uretero-renoscopy and laser lithotripsy, with DJ stents placed in both ureters. Her initial recovery was uneventful, and she was scheduled to return after three months for removal of the stents.

Four months later, she underwent a day procedure at the same hospital. The surgeon's records stated that a DJ stent had been removed, and she was discharged without further appointments or post-discharge instructions.

Four months after that procedure, the patient presented to another hospital with left flank pain. A CT scan revealed that a left DJ stent was still in place. A second urologist subsequently removed it.

Key issues identified
• The operative and discharge documentation recorded removal of a single DJ stent.
• The retained left DJ stent was subsequently identified and removed at another hospital.
• The discharge summary did not provide further follow-up appointments or post-discharge instructions.
•The case highlighted the importance of accurate documentation and ensuring that the procedure performed corresponds with what is documented.

Council determination
The Council found the urologist culpable and ordered the practitioner to enter into mediation with the patient, with a view to compensation, and to pay a fine to the Council.

The takeaway
Good clinical care extends beyond the procedure itself. Accurate records, clear discharge instructions and appropriate follow-up are critical to ensuring continuity of care and protecting patients from avoidable complications.

Look out for more case studies in the next edition.

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