

THE PRACTITIONERS



BULLETIN

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New facility categorization rules unveiled

The new health facilities categorization rules gazetted on 31st of December 2021, aim at streamlining services offered by health facilities in the country. The rules which clearly stipulate the services a facility can offer vis a vis the infrastructural and human resource quality and capacity will affect over 15,000 registered health facilities.

In the new categorization, there are 12 levels of health institutions with the primary unit being a Community Health Unit run by a community health extension worker. This facility offers preventive as well as promotive healthcare including early identification and screening of health problems at community level.

This is unlike the previous categorization which had seven (7) levels whose basic unit was a clinic. The clinic was categorized at level 2, the human Resource quality and capacity notwithstanding.



Ministry of Health Cabinet Secretary
Sen Mutahi Kagwe, EGH

The basic level of any facility run by a medical or dental officer is now classified as level 3B, which constitutes of the general practice medical clinic and the general dental practice clinic respectively.

According to John Kariuki, the Deputy Director, Licensing and Accreditation, the new guidelines are to the ultimate benefit of the general public who will now be able to identify where to get specific services.

Health facilities and practitioners are now expected to familiarize themselves with the new rules available at <https://kmpdc.go.ke/>

OLD CATEGORIZATION	
LEVEL	FACILITY TYPE
2	<ul style="list-style-type: none"> Medical Clinic Dental Clinic Dispensary Faith-Based Dispensary Mobile Clinic Eye Clinic
3A	<ul style="list-style-type: none"> Basic health Centre Faith Based Basic Health Centre Funeral Home Stand alone
3B	<ul style="list-style-type: none"> Comprehensive Health Centre Faith Based Comprehensive Health Centre Nursing Home Cottage Hospital Maternity Home
4	<ul style="list-style-type: none"> Primary Care Hospitals Level 4 Faith Based Level 4 Hospital
5	<ul style="list-style-type: none"> Hospital Level 5 County Referral Hospitals Secondary Care Hospitals Faith Based
6A	<ul style="list-style-type: none"> Specialized Tertiary Referral Faith Based Specialized Tertiary Referral Hospital)
6B	<ul style="list-style-type: none"> National Tertiary Referral and Teaching Hospitals and Hospitals National Tertiary Referral and Teaching Faith Based Hospitals

NEW CATEGORIZATION	
LEVEL	FACILITY TYPE
1	<ul style="list-style-type: none"> Community Health Unit
2	<ul style="list-style-type: none"> Health clinic Dental Community Clinic Dispensary Eye Clinic Home based care Service Funeral Homes Stand alone
3A	<ul style="list-style-type: none"> Comprehensive Health Centre
3B	<ul style="list-style-type: none"> General Practice Clinic General Dental practice clinic
3C	<ul style="list-style-type: none"> General Medical Centre
4A	<ul style="list-style-type: none"> Primary care Hospital
4B	<ul style="list-style-type: none"> Specialist medical and dental clinic, Specialist <u>home based</u> care or hospice, Specialist eye clinic
5A	<ul style="list-style-type: none"> Comprehensive Secondary referral Hospital
5B	<ul style="list-style-type: none"> Hospital Level 5(Secondary referral Hospital)
5C	<ul style="list-style-type: none"> Super specialized medical or dental Centre
6A	<ul style="list-style-type: none"> National referral and Teaching Hospitals and specialized Hospitals
6B	<ul style="list-style-type: none"> Specialized Hospitals

First ever scope of practice developed



Stakeholders giving their input during the workshop for the adoption of the scope of practice at the Four Seasons Hotel.

Kenya Medical Practitioners and Dentists Council has developed the first ever scope of practice for general specialist and sub-specialist medical practitioners: general specialist and sub-specialist dental practitioners and diploma community oral health officers practicing. The new policy was adopted during the 132nd Full Council Meeting held on the Friday 25th March, 2022.

Application of the scope of practice is an important milestone in ensuring provision of quality healthcare. The scopes of practice provide the procedures, actions and processes that a medical/dental and community oral health officers is lawfully permitted to undertake in the course of discharging their duties.

According to Dr Margret Mbugua the KMPDC Director, Standards and Professional Practice the scope of practice will also enhance the governments agenda towards the achievement of Universal Health Coverage one of the major developmental pillars of the country.

General expectations of all medical practitioners as per the guidelines include: the need to take appropriate and adequate clinical history, undertake appropriate physical examination, ensure accurate and up to date documentation in a manner that facilitates continued and safe patient care and advocate effectively for patients among others. .

By providing these guidelines the scopes among other benefits works to protect practitioners from taking actions that may result in concerns of medical malpractice

Development of the scope of practice was done through an inclusive and consultative process. Various healthcare stakeholders including medical/dental practitioners, community oral health officers, medical facilities, training institutions and various cadres and specialties represented by their respective medical associations were involved in the process.

The Council will continue to periodically collect feedback regarding the scopes for the various cadres to ensure that they remain relevant and effective at all times.



Conference on harmonization of the curriculum and training of health professionals charts the way forward in healthcare reforms



KMPDC CEO Daniel Yumbya EBS, giving remarks during a press conference on the sidelines of HWC 2022. He is flanked on the right by KHPOA CEO Dr Jackson Kioko and to the left by Dr Kgose Letlape, AMCOA president and Edna Tallam CEO of the Nursing Council of Kenya. At the back is KMPDC Director of Corporate Services CPA Philip Ole Kamwaro .

The inaugural Health Workforce Conference 2022 was a major milestone towards realization of health care reforms aimed at strengthening technical and soft skill competencies.

The conference whose theme was 'Repositioning today's health workforce for the future' focused on strengthening the technical and soft skill competencies and enhancing the global competitiveness and future job readiness of health professionals. It also focused on ensuring adequate response to the Country's changing healthcare needs and strengthening capability and technical support from health professionals for the Universal Health Coverage (UHC) agenda.

KMPDC played a key role as the secretariat to the conference with its Chair Dr Eva Njenga serving as the conference Co-Chair and CEO Daniel Yumbya as the head of the Secretariat.

The conference which ran from the 7th to 9th of February 2022 attracted over 1,000 local and international delegates. After three-days of deliberations, the following resolutions which are expected bring transformative change to the health sector were made:

- The need to revise curricular of training the health workforce with a view to enrich it with skills-based training and other competencies including specialist training to enhance patient centered care.
- Better harmonization in training amongst training institutions and promotion of affordable training

through establishment of a training fund and medical education fund for teaching hospitals to fund trainees.

- Development of a comprehensive integrated health workforce information system and institutionalization of HRH tools such as Workload Indicators of Staffing Need (WISN) and Health Labour Market Analysis (HLMA). This will enable evidence decision making so as to effectively manage the human resource for health labour market.
- Streamlining the supply and demand of health workforce in the labour market for quality healthcare through guidelines on absorption, specialist training, retention of medical graduates and migration of health workers.
- The need for collaboration between universities and tertiary hospitals which are uniquely placed to support and prioritize research and implement research findings to improve patient outcomes.
- Development of a regulatory framework and standards to guide task sharing and common learner based curricular.
- Standardization and harmonization of scopes of practice for all cadres of health workers to match health professional competencies aligned to career progression pathways

To ensure implementation of the conference resolutions, it was recommended that a Standing Implementation Oversight Committee (SIOC) be established.



Names of compliant practitioners and facilities to be published annually

Names of all registered practitioners and facilities will have their licensure statuses published by 31st March of every year. This is in line with Section 9 and 10 of CAP 253 Laws of Kenya which mandates the Council to register and maintain a record of all practitioners in the country. This is inclusive of the records of retired and deceased practitioners. The number of registered practitioners has been rising over the years due to the increase in the local universities offering Bachelor of Medicine and Bachelor of Surgery (MBChB) and Bachelor of Dental Surgery (BDS). There are 15,485 registered local doctors out of which 9,665 are licensed as at 11th April 2022. Further, out of the 1,259 registered foreign doctors, 327 are licensed.

Currently, the country has 11 medical and 2 dental approved schools offering undergraduate medical and dental training respectively. Students on internship are normally issued with internship licenses before acquiring a practicing license, which comes after successful registration with the Council.

It is a contravention of the law for a practitioner to fail to renew their license as required. All licenses including those of facilities expire on the 31st of December every year and one is required to initiate renewal before this date. Failure to adhere to this licensure rule attracts a fifty per cent (50%) penalty imposed on the license fees. The license renewal process has been simplified as it is done online. A doctor only needs to have attained a minimum of fifty (50) CPD Points, have secured an indemnity cover and be in good standing to be eligible for a practicing license.

Automation of services boosts service delivery

With the rapidly evolving technological space, KMPDC has kept pace in implementing digital solutions to both internal and external processes. A key milestone is that of the Online Service Portal (<https://osp.kmpdc.go.ke>) which allows medical and dental practitioners, community oral health officers and health facilities to renew their licenses remotely. The portal is fast and easy to use.

In addition, the Council has adopted the Electronic Board (E-Board) in conducting its meetings. The solution which was recently used during the 132nd Full Council Meeting is cost effective as it eliminates the use of paper. The E-Board also ensures security of documents by restricting access to unauthorized users.

Management of internship has been revolutionized, thanks to the introduction of the internship management system which integrates all the internship related aspects such as balloting, application of internship licenses and internship centers transfers into one. According to Duncan Mwai, Assistant Director ICT, already four (4) Cohorts have successfully balloted through the Internship Management System since its inauguration in November 2021. Further, the written part (Multiple Choice Questions-MCQ's) of the pre-registration and internship qualifying Examinations for foreign doctors is conducted online.

To consolidate all internal operations, the Council has invested in an Enterprise Resource Planning (ERP) System, which seeks to provide essential office solutions such as Financial Management, Supply Chain Management, Human Resource Management, Customer Relationship Management just to mention a few. This is expected to streamline processes, save on costs, increase productivity and achieve efficiency.



Eleven new COSECSA training sites approved

Thirteen College of Surgeons of East & Central Africa (COSECSA) and internship training institutions were inspected by the Council in the third quarter of the 2021-2022 financial year. Out of these, eleven were approved.

The inspections that took place between 2nd and 5th March, 2022. This is in line with the Council's mandate to regulate training of all medical and dental practitioners and community oral health officers.

Some of the institutions approved as training sites for COSECSA orthopaedic and trauma surgery included the Jaramogi Oginga Odinga Teaching and Referral Hospital, Tenwek Mission Hospital, Kisii County Referral Hospital, AIC Kijabe Mission Hospital, PCEA Kikuyu Hospital, Defence Forces Memorial Hospital and Kenyatta National Hospital among others. Lodwar County Referral Hospital was also evaluated for readiness for accreditation as an Internship Training Centre.

Postgraduate training by COSECSA is offered under a collegiate system which involves a training programme with a common examination offered through a number of accredited constituent training sites.

The collegiate system of training under COSECSA is aimed at increasing the number of surgeons in the country and consequently enhancing Universal Healthcare Coverage by having the residents distributed across the country during their training. This improves the human resource capacities of the counties as the specialists are trained on site and not in centralized stations as is the case with university training.

An added advantage of the collegiate training arrangement is that it provides flexible training program in terms of location and continued employment for the residents providing even more incentive for practitioners to seek specialty training.

Council revamps its human resource capacity



Following KMPDC's categorization as a regulator agency by the State Corporation Advisory Committee (SCAC) in 2020, the Council has embarked on revamping its human resource capacity to enable a more efficient delivery of its mandate. This comes after adoption of a revamped organizational structure aimed at enhancing coordination of all activities, building synergy between directorates/departments and divisions, eliminating duplication of work and rationalizing staff for optimal utilization.

The structure has also put in place standards for recruitment and career advancement on the basis of knowledge, competence, merit, experience and ability. In line with this, the Council advertised and filled three new positions of Director Standards, Deputy Director Strategy Research and Quality Assurance and Deputy Director Corporate Communication and Public Relations. The new employees Dr. Margaret Mbugua, Director Standards, Ms Jeanne Mathenge, Deputy Director Strategy Research and Quality Assurance and Simon Kiraithe, Deputy Director Corporate Communication and Public Relations were officially received by Daniel Yumbya KMPDC CEO on 15th March, 2022.



KMPDC officers conducting inspection. File photo.

Dispensation of cases by the discipline and ethics committee

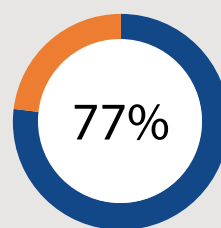
The Council received 26 complaints of alleged professional medical malpractice in the third quarter of the year 2021-2022. Of these complaints, 20 have had case files opened and are awaiting submissions from the respective respondents. In hearings held in January and February 2022, which involved complaints which had been filled previously, the D&EC Sub-Committees determined nine (9) cases and one (1) case was adjourned.

KMPDC is mandated to regulate health training, practice of medicine and dentistry as well as regulate healthcare standards in hospitals, medical centers and clinics through the Disciplinary and Ethics Committee.

The Disciplinary and Ethics Committee (D&EC) is established by the Medical Practitioners and Dentists Act, Chapter 253 of the Laws of Kenya, Section 4A (1) (b) which mandates the D&EC to conduct inquiries into complaints submitted to it.

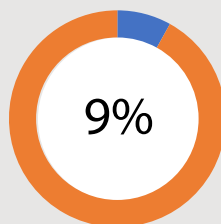
In hearing and determining complaints of alleged medical negligence, the D & E Committee goes through several stages including receiving of a complaint, opening of a D&EC case file, expert review and committee stage all while allowing both the complainant and respondents have adequate time to file submissions to ensure an impartial process.

According to Ms. Eunice Muriithi Assistant Director, Discipline and Ethics, "the determination of cases involves intense investigation based on medicine and backed by a thorough analysis of the patient journey by critically evaluating the complainant and respondents' statements, patient files and records to ensure a fair outcome for each complaint presented to the committee."



Allocated Cases

20 of the complaints lodged this year have been allocated case numbers. Only 6 are pending.



Active Complaints

Only 119 of 1356 cases lodged at KMPDC since 1997 remain active as at March 31st, 2022. Of these the longest running complaint is from 2017

Medical practitioners are encouraged to ensure that:

- They keep accurate documentation and patient notes
- Engage in continuous and honest communication with their patients and their families
- Take up indemnity covers as is mandated in the Health Laws Amendments Act of May 2019. This safeguards the practitioners should there ever be any complaint lodged against them

The Council commits itself to do everything within the law to ensure that every matter is determined in the shortest time possible. However, a number of factors such as inadequate documentation by complainants, lack of cooperation from defendants and need of review by multiple specialties can extend the duration before final determination of a case.

