Medical Practitioners and Dentists Board

Strategic Plan 2008-2013

November 2007

Table of Contents

List of Abbreviations **3**
Executive Summary **6**
Chapter 1. Introduction **9**
1.1. The Kenyan Health Policy Framework 1994-2010 9
1.2 The Economic Recovery Strategy 2003-2007 9
1.3. National Health Sector Strategic Plan 2005-2010 10
1.3.1. The challenge: reverse the downward trend 10
1.3.2. Stakeholders in NHSSP II 11
1.4 MPDB Strategic Plan development process 12
Chapter 2. Situation Analysis **13**
2.1 MPDB Background 13
2.1.1 The Medical Practitioners and Dentists Act Chap 253 13
2.1.2 Report on strategic planning workshop 23rd -26th January, 1999 14
2.1.3 Report on workshop to review MPDB Act, Chapter 253 14
Chapter 3. Environmental and Issue Analysis **15**
3.1 SWOT Analysis 15
3.2 Issue Analysis 16
Chapter 4. Strategic Direction **17**
4.1 Vision and Mission 17
4.2 Board Functions and Core Values 17
4.3 Strategic Objectives 17
Chapter 5. Strategic Service Outputs **18**
5.1 Legal Framework 18
5.1.1 To seek the mandate for the Board to oversee the provision of quality health care in the country 18
5.1.2 To restructure the composition of the Board 19
5.2 Communications and linkages with strategic partners 19
5.2.1 To establish strategic partnership with clearly defined roles and responsibilities 20
5.2.2 To develop a communication strategy 20
5.3 Board resources (staffing, offices, financial, ICT, etc) 20
5.3.1 To develop human resource policy 20
5.3.2 To develop appropriate physical infrastructure 21
5.3.3 To develop and implement transport policy 21
5.3.3 To develop a financial resource mobilisation strategy 22
5.4 Education in health care 22
5.4.1 To develop a blueprint for quality education for health professionals 23
5.4.2 To develop framework for CPD implementation 23
5.5 Professional indemnity 24
5.5.1 To ensure that medical & dental practitioners in active practice have a professional indemnity cover 24
Chapter 6. Plan financing **25**
6.1 Projected Income Statement for years 2006/11 25
6.2 Strategies implementation timeframe and budget 26
Chapter 7. Plan monitoring and review mechanisms **28**
References **29**

List of abbreviations

NHSSPII	National Health Sector Strategic Plan 2005-10
MDGs	Millennium Development Goals
ERS	Economic Recovery Strategy for wealth and economic creation
MPDB	Medical Practitioners and Dentists Board
ICT	Information and Communication Technology
DMS	Director of Medical Services
MoH	Ministry of Health
PIC	Preliminary Investigation Committee
EAC	East African Community
FMS	Financial Management System
CPD	Continuing Professional Development

Message from Chairman of the Medical Practitioners and Dentists Board

It gives me great pleasure to communicate this message from the Chair.

Finally, the Board has come round to develop a Strategic Plan after several attempts. The Plan is a product of several and wide consultations among and within the key stakeholders with whom the Board conducts business. It is also a product of several workshops.

The Plan will cover the period 2008 – 2013. It will form the road-map through which the Board will conduct its business within the prescribed legal mandate. The ultimate is to provide efficient and in areas of dispute, fair service to the clients.

The greater challenge comes in the implementation of the plan. Some elements of this will require substantial financial inputs, in addition to reformed organizational management. I believe that we can rise to this challenge.

Monitoring and evaluation has been emphasized in the plan. This is important in ensuring that the key issue emanating from the Boards' environmental (internal and external) interactions are fully addressed through the carefully crafted strategic objectives and strategies. The implementation matrix showing expected outcome, performance indicators, aimed targets, responsible persons/offices for action, planned activities, time frame and estimated budgets, put all aspects of this Strategic Plan in perspective.

Efficient service delivery is vital and paramount in our operations. For this reason, we have gone an extra mile to produce a Service Charter in which we bravely declare the level of service we shall extend to our clients and stakeholders. An in it, we also let them know our expectations.

With this Plan implemented, I see a bright future for our Board in its service delivery, satisfied customers and enthusiastic stakeholders.

Executive Summary

A Strategic Plan is a road-map for an organization to respond to its mandate and thereby justify its very existence. It is focused over specific periods. This is the first Strategic Plans for Medical Practitioners and Dentists Board. Strategic Plan (2008-2013) is designed to achieve the same.

The Strategic Plan was developed through group participation by a select committee of the Board. Discussions were held in group workshop sessions and consensus arrived at. Several reference materials provided rich source of information that anchored the background to the plan. These included but not limited to Kenya's Health Policy Framework (1994); Medical Practitioners and Dentists Act; National Health Sector Strategic Plan (2005-2010); Economic Recovery Strategy for Wealth and Employment Creation (2003-2007); Reports of previous workshops held with the intention of developing strategic plans for the Board (Machakos 1997, Nanyuki 1999).

The background to the plan is laid out against the background of rich resource material in the introductory chapter. This is followed by situational analysis in Chapter 2 , the environmental and issue analysis comprising of, the strengths, weaknesses, opportunities and threats, internal and external to the Board and the interwoven matrix of these are presented. Thereafter strategic issues arise. With a defined Board Strategic direction (vision, mission, functions and core values) strategic objectives have been developed that will address the key issues identified as:-

- Legal framework
- Communications and linkages with strategic partners

- Board resources
- Education in healthcare
- Professional indemnity

In order to address the key issues, the following 11 objectives were developed:

Objective 1. To seek the mandate for the Board to oversee the provision of quality healthcare in the country.

Objective 2. To restructure the composition of the Board.

Objective 3. To establish strategic partnership with clearly defined roles and responsibilities.

Objective 4. To develop communication strategy.

Objective 5. To develop human resource policy.

Objective 6. To develop appropriate physical infrastructure.

Objective 7. To develop and implement transport policy.

Objective 8. To develop a financial resource mobilization strategy.

Objective 9. To develop a blueprint for quality education for health professionals.

Objective 10. To develop framework for CPD implementation

Objective 11. To ensure that medical and dental practitioners in active practice have a professional indemnity cover.

Strategies have been developed with outputs, timeframe and indicators in an implementation matrix to address each strategic objective.

A successful implementation of a Strategic Plan requires a financial out-lay. This has been presented.

The Board is cognizant of the fact that successful implementation of the strategic plan depends to a large extent on how scheduled activities and outputs are effectively and closely monitored.

Chapter 1. Introduction

1.1 The Kenyan Health Policy Framework 1994-2010

The health goals, as formulated in the KHPF, underline the need to pursue the principles of Primary Health Care in improving the health status of the Kenyan population. It sets out the following 'strategic imperatives':

1. Ensure equitable allocation of GOK resources to reduce disparities in health status;
2. Increase cost-effectiveness and efficiency of resource allocation and use;
3. Manage population growth;
4. Enhance the regulatory role of the government in health care provision;
5. Create an enabling environment for increased private sector and community involvement in service provision and financing;
6. Increase and diversify per capita financial flows to the health sector

NHSSP II will re-invigorate the Kenyan Health Policy Framework (KHPF) that was elaborated in 1994.

NHSSP II was formulated with the aim to reverse the downward trends in health indicators observed during the implementation of NHSSP I (1999-2004), applying the lessons learned and searching for innovative solutions.

1.2 The Economic Recovery Strategy 2003-2007

The ERS[1] identifies key policy actions necessary to spur the recovery of the Kenyan economy which are based on four pillars as well as five cross cutting themes reflecting the overall goals of our society. The ERS is anchored on four pillars are: achieving rapid economic growth in a stable macroeconomic environment; strengthening the institutions of governance; rehabilitating and expanding physical infrastructure; and investing in the poor. The fourth pillar is investment in the human capital of the poor, which is based on the belief that a well-educated and healthy population is an important factor in enhancing productivity and the overall performance of the economy.

[1] The Economic Recovery Strategy for Wealth and Employment Creation 2003-2007is the Governments policy for development

1.3. National Health Sector Strategic Plan 2005-2010

1.3.1. The challenge: reverse the downward trend

The overall thrust of the National Health Sector Strategic Plan (NHSSP II) is to firmly address the downward spiral of deteriorating health status. The goal of the NHSSP II therefore is to contribute to the reduction of health inequalities and to reverse the downward trend in the impact and outcome indicators. These health inequalities exist between urban and rural populations, between districts and provinces (compare Western Province having 68% of the population below the poverty line with Central Province at 46%). They are related to gender, education and disability. The goal to reduce health inequalities can only be achieved effectively by involving the population itself in decisions on priority setting and consequently in the allocation of the resources. This requires a fundamental change in the existing governance structures in order to allow such a community ownership to take place.

The second National Health Sector Strategic Plan (NHSSPII) 2005-10 was developed as the sector response to the aspirations of the ERS. The NHSSPII equally incorporates in its design the Millennium Development Goals to which Kenya is a signatory and especially the three (4-6) goals that are directly related to health. The NHSSPII is based on the ERS/MDG targets as shown in table 1.1

Table 1.1 ERS targets for the health sector

No	Indicator	Baseline 2002/03	Target (value)	Year
A	**Development Outcomes**			
1.1	Reduce Under Five Mortality Rate, MDG 4	115/1000	110	2008
1.2	Reduce Maternal Mortality Rate, MDG 5	590/100,000	560/	2008
1.3	Reduce Malaria morbidity/mortality, MDG 6	30%	10%	2003/08
1.4	Reduce HIV prevalence 15-25 yrs, MDG 6	NA	Down10%	2006
1.5	Reduce HHOOP* expenditure	53%	40 %	2008
B	**Outputs**			
2.1	Increase budget allocation for RHF (MOH)	11%	15 %	2006
2.2	Increase budget allocation to drugs	12% budget	16%	2006
2.3	Sessional paper on NSHIF prepared			2004
2.4	Increase proportion of fully immunized children	74%	85%	2008
2.5	Increased contraceptive prevalence rate	38%	45%	2008
2.6	Increased proportion of delivering in health facilities	56%	70%	2008
2.7	% Population in western and coastal areas and of pregnant mothers using LLITN	5%	50%	2008
2.8	Public share health expenditure increased	5.6%	12%	--

Adopted from NHSSPII

The NHSSPII (Chap 6.2.2) recognizes the key role of the regulatory organization which though operating under specific Acts of Parliament, continues to face challenges. The Plan's strategies to address these challenges are, harmonization of the legal framework and the development of strategic plans to guide their operations.

1.3.2. Stakeholders in NHSSP II

NHSSP II recognises that 'reversing the trends' cannot be achieved by the government health sector alone. Active involvement and partnership with other stakeholders in the provision of care is needed. NHSSP II will establish a well functioning health system that relies upon collaboration and partnership with all those stakeholders, whose policies and services have an impact on health outcomes. Health is defined here in its broad sense, being not only the absence of disease, but the general well-being mentally, physically and socially of an individual. In this definition, the environment in which people live – including access to nutritious food, safe water, sanitation, education and social cohesion – also determines health.

The achievement of the NHSSP II outputs will need the contribution of all actors whose primary purpose is to promote, maintain or restore health. These actors are:

- The public sector, represented by MOH and other government institutions;
- The private health sector (being private for-profit and private not-for-profit)
- Traditional Healers, providing traditional medicine;
- Individuals and households that ensure care and support for their families and the communities they live in;
- Development Partners.

Together these actors had in 2002 the following resources (institutions, beds, and staff):
A total of 4,634 Health Facilities (HF), being 75% Dispensaries; 12% Health Centres; 5% Maternity or Nursing Homes; 6% hospitals and 2% others. The distribution of HF in the country in 2002-2003 is provided in Table 1.2. Registered medical personnel working in these facilities is summarised in Table 1.3

Table 1.2 Health Institutions and Hospital Beds & Cots by Province, 2002-2003.

	Number of Health Institutions						**Total**		**Hospital Beds and Cots**			
	2002			***2003****					***2002***		***2003****	
Province	Hospital	H/Centres	H/Sub Centre & Disp	Hosp	H/Centres	H/Sub Centre & Disp	2002	2003*	Number	No. per 100,000 Population	Number	No. per 100,000 Population
Nairobi	56	53	376	58	54	381	485	493	4891	21.2	5,011	21.6
Central	63	86	368	65	89	372	517	526	8,191	22.4	8,314	22.9
Coast	64	40	331	64	42	334	435	440	7,687	30.6	7,998	31.4
Eastern	63	79	689	65	80	692	831	837	7,412	15.3	7,822	15.4
N/Eastern	7	11	65	8	12	68	83	88	1,707	14	1,914	14.2
Nyanza	97	114	328	98	117	333	539	548	11,922	23.1	12,545	23.2
R/Valley	98	159	1,002	100	161	1,006	1,259	1,267	12,390	16.2	12,832	16.5
Western	66	92	192	68	94	196	350	358	6,457	19.1	6,971	19.4
TOTAL	**514**	**634**	**3,351**	**526**	**649**	**3,382**	**4,499**	**4,557**	**60,657**	**19.2**	**63,407**	**19.5**

Adopted from NHSSPII

Table 1.3 Registered Medical Personnel, 2002 – 2003.

Type of Personnel	**2002**		**2003***		**In Training (Number)**	
	Number	**No. Per 100,000 Population**	**Number**	**No. Per 100,000 Population**	**2002/2003**	**2003/2004***
Doctors	4,740	15.1	4,813	15.3	848	862
Dentists	761	2.6	772	2.7	169	178
Pharmacists	1,866	5.9	1,881	5.8	221	234
Pharmaceutical Technologists	1,399	4.3	1,405	4.3	155	169
Registered Nurses	9,753	31.0	9,869	33.1	1,267	1,281
Enrolled Nurses	29,094	94.6	30,212	100.2	3,882	3,940
Clinical Officers	4,778	15.2	4,804	15.7	878	891
Public Health Officers	1,174	3.3	1,216	3.6	194	215
Public Health Technicians	5,484	17.3	5,627	19.4	461	489
TOTAL	**59,049**	**189.1**	**60,599**	**192.1**	**8,075**	**8,259**

Adopted from NHSSPII

1.4 MPDB Strategic Plan development process

The MPDB Strategic Plan has been developed in a participatory manner, through deliberation on key strategic concepts by Board members in two workshops, consulting the Act of Parliament that established the Board, two key relevant workshop reports, similar regional plans and Board meetings.

Chapter 2. Situation Analysis

2.1 MPDB Background

2.1.1 The Medical Practitioners and Dentists Act Chap 253

The operations of MPDB are legally mandated by an Act of Parliament of 1978 with several revisions thereafter. The Act provides for the following:

- Registration of medical practitioners and dentists
- Supervisory functions: courses of study to be followed by students for a degree of medicine and dentistry; standards of proficiency; standards of examinations leading to the award of a degree; institutions offering training employment/internship.
- Establishment of a Preliminary Inquiry Committee (PIC) to receive and review complaints against medical practitioners and dentists. PIC determines and reports to the Board whether an inquiry should be held.
- License medical practitioners and dentists to engage in private practice after 3 year of a salaried job.
- Licensing of locums for over 6 weeks and a maximum three months per year.
- Approval of private practice clinics
- Inspection of Nursing homes and hospitals
- Committees established by the Act are
    - Private Practice Committee for licensing and fee setting
    - Specialist Committee for reviewing postgraduate qualification for inclusion in the list of approved specialists
- License to practice clinical laboratory medicine
- License to practice clinical radiological medicine
- Minimum requirements for general practitioners: premises, equipment, stocking of drugs, clinical laboratory and clinical radiological laboratory.
- Notifiable infectious diseases

2.1.2 Report on strategic planning workshop 23rd -26th January, 1999

The MPDB organized a workshop 23rd -26th January, 1997 on strategic planning at the Garden Hotel, Machakos. The workshop achieved the following:

- Developed a mission statement
- Analysis of external environment of the Board
- Analysis of internal environment of the Board
- Setting of Boards objectives/goals for 5 years
- Developed strategies for achieving each objective
- The participants deliberated other administrative issues including fund raising, who should be registered by the Board, rules and regulations for licensing of private practitioners, concern about the quality of the mushrooming health care institutions.

Although the report contained most of the key contents for a strategic plan, the process stopped at the report stage. It is therefore, not surprising that it was not used as a point of reference for the Boards strategic direction inspite the well crafted strategies. The Board unfortunately, lost the opportunity to systematically actualize it objectives.

2.1.3 Report on workshop to review MPDB Act, Chapter 253

The main objective of the workshop that was convened by the Board 14th -16th January, 1999 was to review the MPDB Act Chapter 253 of the Laws of Kenya. The workshop objective was derived from the recommendation of a workshop held in Mombasa 12th -15th November, 1998 by the Task Force established to review the health related laws. The Mombasa workshop recommended that the various professional Boards and Councils within the health sector would be involved in the review exercise by way of deliberating on their parent legislation and other concerns.

A comprehensive review was conducted and possible strategies defined. Unfortunately, not much has progressed with regard to the expected overall review process since then.

Chapter 3. Environmental and Issue Analysis

3.1 SWOT Analysis

3.1.1 Strengths

The participants suggested the following as the key strengths of the Board currently:

- There is an existing Act of Parliament
- The Board has a legally owned office
- The Board members are committed and experienced
- Good image with medical/dental practitioners
- Good working relationship with MoH and Professional Associations
- Established systems within the Board
- Reliable source of income
- Supportive Registrar

3.1.2 Weaknesses

- Not all staff are Board employees and are few
- Inadequate funding
- Debt collection is poor
- Inadequate communication with the medical/dental practitioners
- Inadequate office space
- Inadequate ICT
- Inadequate capacity to enforce and inspect
- Board is not representative of the medical/dentist professional's characteristics (geographical, gender, generation, etc)
- Inadequate advocacy and legal capacities
- Dual role of the DMS (DMS, Registrar and Chairman of PIC)
- PIC cumbersome process, its composition and high tribunal cost
- Low remuneration of Board members
- Poor handing over procedures for Board members
- Dependence on MoH
- Some Committees of the Board lack legal status
- Annual reports are not prepared
- Lack of strategic plan
- Unstructured relationship with the professional associations

3.1.3 Opportunities

- Board has Government mandate
- National Health Sector Strategic Plan (NHSSPII) that supports review of legal framework of regulatory functions
- Expanded medical education –improved human capacity
- Recognition of the MPDB by the public
- Widespread and essential nature of the service that the Board regulates
- A growing private sector
- Increasing awareness of people about quality health care

- Establishment of East African Community (EAC) and the establishment of the Health Ministers' Council
- Existence of supportive recognized professional associations
- Supportive political environment for regulation

3.1.4 Threats

- Increased litigation in the profession
- Absence of mandatory professional indemnity legislation
- Political interference
- Poverty introduces need to go to quacks
- Inadequate regulation of other related professions
- Lack of coordination between the Immigration department and the board
- Conflicting roles of MOH as regulator and provider of medical services
- Lack of functional independence of Board
- Multiplicity of legal frameworks that governs health care
- Lack of umbrella act establishing the MOH
- Increased tendency towards profiteering in health care provision

3.2 Issue Analysis

1. Legal framework
2. Communications and linkages with strategic partners
3. Board resources (staffing, offices, financial, ICT, etc)
4. Education in health care
5. Professional indemnity

Chapter4. Strategic Direction

4.1 Vision and Mission

- The Board's Vision is: *Achieving the highest standards of quality health care for all.*

- The Board's Mission statement is: *To ensure the provision of high quality health care that is safe and ethical, placing high premium on quality of human life through appropriate regulation of training, professional practice and services.*

4.2 Board functions and Core Values

The Board's functions are:

- Register medical & dental practitioners
- Maintain an annual register of medical & dental practitioners
- Supervise medical & dental education
- Enforce continuous professional development
- Supervise internship training
- Inspect & register medical institutions
- Maintain an annual register of medical institutions
- Regulate the practice of medicine and dentistry
- Advise MoH on quality health care.
- Monitor research on human subjects

The MPDB Core Values are:

- Integrity and professionalism
- Utmost respect for human life
- Ethical practice
- Accountability
- Timeliness
- Customer satisfaction
- Justice and fairness

4.3 Strategic Objectives

Issue	**Objective**
Legal framework	To seek the mandate for the Board to oversee the provision of quality health care in the country
	To restructure the composition of the Board
Communication and strategic partnerships	To establish strategic partnership with clearly defined roles and responsibilities
	To develop a communication strategy
Board resources-objectives & strategies	To develop human resource policy
	To develop appropriate physical infrastructure
	To develop and implement transport policy

	To develop a financial resource mobilization strategy
	To develop a financial resource mobilization strategy
Education in health care	To develop a blueprint for quality education for health professionals
	To develop framework for CPD implementation
Professional indemnity	To ensure that medical & dental practitioners in active practice have a professional indemnity cover

Chapter 5. Strategic Service Outputs

5.1 Legal Framework

The key strength of the Board is Act of Parliament that created it and governs it operation. Although the Act has suffered several amendments to make it relevant to the changing external environment, it is still weak with regard to the current health sector situation. It does not adequately provide for adequate regulation to mitigate against the mushrooming of sub-standard health facilities, professional misconduct, inadequate regulation of all health professionals and conflicting roles of MoH as regulator and provider. This situation is further aggravated by the multiplicity of legal frameworks that governs health care providing loop-holes which are exploited by quacks. This reduces the value that Kenyans receive from the health system due to compromised quality of care inspite of the heavy financial burden that they continue to bear. In order to adequately respond to the Boards vision, the legal framework needs to be reviewed to respond to these issues.

5.1.1 To seek the mandate for the Board to oversee the provision of quality health care in the country

The challenge in ensuring that standards are consistently upheld and improved for the benefit for the Kenyan people has been hampered by the fragmentation in legal framework within the sector. The Board in the recent past has collaborated with other regulatory Boards and Councils to mount successful joint supervisory visits. This has enhanced the quality of the outcomes of these visits and compliance to the Board recommendations. Lessons learnt from this experience will help guide the development of a sustainable legal framework that governs the entire health sector.

Strategies	Outputs	Time	Indicator
Facilitate the creation of a legal framework that mandates the Board to oversee provision of quality health care	Approved legal framework	4 yrs	Amend mended Act, Cap.253
Develop an implementation plan to support the legal framework	An approved implementation plan	One year after legal framework is approved	Implementation indicators in place and in use

5.1.2 To restructure the composition of the Board

The dual role of the Director of Medical Service as regulator and provider in his/her capacity as the technical advisor on health care in the country/ provider of services through public health facilities and as Registrar has been an obvious conflict of interest. The Board equally recognizes that efficient service shall be provided when a full time Board employed Registrar is in position. This desired arrangement has to be provided for legally.

Strategies	Outputs	Timeframe	Indicator
Review the composition of the Board to include de-linking the position of the Board Registrar from the office of the DMS	1. Reviewed & approved Board composition 2. Approved legal framework	4 yrs	Amended Act Cap. 253

5.2 Communications and linkages with strategic partners

The Board has succeeded in creating a good image with medical/dental practitioners and a good working relationship with MoH and professional associations. This notwithstanding however, communication with its members has been inadequate and far apart. Part of this problem has been worsened by lack of an information and communication strategy to guide the Board and to enable it to keep abreast with developments in the external environment.

The Board recognizes the need to establish strategic partners in the country and within the region to enhance synergy and to keep abreast of national and regional development. The development of this network needs to be structured, deliberate and strategic in nature. In order to respond to this challenge, the Board, during the plan period shall focus on the following two objectives:

5.2.1 To establish strategic partnership with clearly defined roles and responsibilities

Strategies	Outputs	Timeframe	Indicator
Identify strategic partners	An annually updated list of strategic partners	Continuous	List of strategic partners in annual report
Develop a mutually beneficial working relationship(operational guidelines) with each strategic partner	Approved operational guideline	Continuous	No of partners functioning as per guidelines

5.2.2 To develop a communication strategy

Strategies	Outputs	Timeframe	Indicator
Establish a communication policy & plan including public education & awareness	Approved communication policy & plan	One year	Policy & plan in place & in use

5.3 Board resources (staffing, offices, financial, ICT, etc)

The Board in the last decade has made great strides to make itself less reliant on the Ministry of Health by acquiring its own premises at a convenient locality. Part of this achievement is the Board's ability to clear the mortgage against this property. Having attained this milestone, the Board's focus now is the provision of adequate and appropriately equipped office space to effectively discharge its functions that has been hampered by the current small premise with limited space. The functions enumerated in this Plan shall also require a larger Secretariat to enable attainment of the objectives. The Board thus far has relied on Ministry staff who are few in number and with schemes of services that are managed in Government. It is imperative that the Board as part process of facilitating the desired autonomous status recruits and retains its own staff over the Plan period.

5.3.1 To develop human resource policy

Having relied entirely since its creation on Ministry staff, the Board has no policy structure to guide its recruitment and retention of staff to enable implementation of this Plan. Hence the Board shall develop a policy for gradual placement of staff, including a full time Registrar, when the legal framework shall have been developed.

Strategies	Outputs	Timeframe	Indicator
Develop staff establishment including Registrar	Staff establishment in place	One year	Approved staff establishment
Develop criteria for staff recruitment & development	Criteria in place	One year	Approved criteria
Formulate a staff recruitment & development plan	Plan in place	One year	Approved plan
Develop human resource manual	Manual in place	One year	Approved manual

5.3.2 To develop appropriate physical infrastructure

The existing premise is small but sits on land with space. The Board therefore, shall explore the possibility of designing a suitable new equipped premise to accommodate its needs.

Strategies	Outputs	Timeframe	Indicator
Design appropriate office facilities	Design in place	Two years	Approved design
Develop appropriate office facilities	Office facilities completed	Five to ten years	Occupied office facilities
Develop infrastructure & equipment maintenance plan	Plan in place	Immediately after construction	Approved Plan

5.3.3 To develop and implement transport policy

One of the core functions of the Board in ensuring that health standards are maintained is the facilitation of structured supervision nationally. This requires a suitable and reliable transport system. With the current system that is dependent on a single van, that has many limitations, the supervisions are cost inefficient. A system that incorporates the varied terrain and distances nationally needs to be designed so that this objective can be delivered not only more effectively but also more efficiently.

Strategies	Outputs	Timeframe	Indicator
Transport needs assessment	Needs assessment report	One year	Needs identified & agreed upon
Develop transport & maintenance policy	Policy document in place	One year after approval of needs assessment report	Approved policy
Develop transport & maintenance implementation plan	Plan in place	One year after approval of needs assessment report	Approved plan

5.3.4 To develop a financial resource mobilization strategy

Although the Board has prudently maintained it finances, it is recognized that the fulfillment of this Plan's aspirations shall require a higher stream of cash flow. As a result of this realization, a deliberate resource mobilization strategy needs to be instituted to satisfy recurrent and development financial requirements. In tandem with this, an efficient financial management system needs to be established. To ensure that as the organization grows and embarks on larger projects that require more prudent management of funds, an investment policy and plan shall be developed.

Strategies	Outputs	Timeframe	Indicator
Develop expenditure & cash flow projection statement for recurrent & development	Statement in place	Annual recurrent & development statements after approval of various policy documents	Approved statements
Identify sources of funding	Sources identified	Continuous	No of positive funding sources identified
Develop & implement a financial management system	FMS in place with implementation indicators	Six months	Quarterly statements generated by the system
Mobilize financial resources	Resources mobilized	Continuous	Amount of funds raised
Develop an investment policy &plan	Policy & plan in place	One year	1. Approved policy & plan 2. Periodic statements

5.4 Education in health care

The Kenyan health sector has benefited from over four decades of consistent development of a health training infrastructure which in the last decade has expended at a fast pace in an attempt to cope with the national demand. The output of this system has been respected within the region for its quality. With the on-going expansion, concern about professional quality has been a challenge to key sector players. The quality of training requires high standards observed by the training institutions, trainers and supervision of the trainees. Kenya like many countries in the region is battling with the issue of brain drain that affects quality of health care and professional development of health workers.

As a key regulator, the Board is cognizant of its mandate to ensure that standards of education of health professionals are maintained and improved to ensure provision of quality health care to Kenyans and to continuously improve the skills of its manpower, thereby maintaining its international comparative advantage. The standards for both basic, post-basic training and continuous professional development are one of the Board's priorities.

5.4.1 To develop a blueprint for quality education for health professionals

Strategies	Outputs	Timeframe	Indicator
Develop & implement criteria & guidelines for registration/licensing of medical & dental graduates	Criteria & guidelines in place	One year	Registers for medical students, doctors/dentists register, retention, various specialists, general practitioners
Develop guidelines for education of health professionals (including code of conduct)	Guidelines in place	One year	1. Approved guidelines 2. No of institutions using guidelines
Develop monitoring system for quality education for health professionals	System in place	One year	1. Approved document. 2. No of institutions compliant with system

5.4.2 To develop framework for CPD implementation

Strategies	Outputs	Timeframe	Indicator
Develop standards for accreditation of CPD programmes	Standards in place	Six months	1. Approved standards 2. No of accredited providers annually
Develop implementation structure for CPD	Structure in place	Six months	Approved structure
Develop monitoring system for CPD implementation	Monitoring system in place	Six months	No of practitioners who attained the required points through accredited providers
Review and implement guideline for professional code of conduct	Guideline in place	Three months	Reviewed document

5.5 Professional indemnity

As the health sector expands in response to the increasing population numbers, the awareness of the people about the quality of care that they receive has equally increased. As a result of this amongst other factors, the sector has been invaded by an increase in litigation.

The increased litigation has rendered professional indemnity cover high risk. This has affected the premium rates and the willingness of the corporate world to offer professional indemnity cover.

Litigation does not spare those who work in public sector, a sub-sector that previously was perceived not to require individual cover.

The Board proposes to collaborate with professional associations, insurance providers and other key stakeholders to facilitate the provision of professional indemnity cover to all practicing professionals. This would put to check the possible instability in the sector that can be occasioned by the high litigation costs that is uninsured.

5.5.1 To ensure that medical & dental practitioners in active practice have professional indemnity cover

Strategies	Outputs	Timeframe	Indicator
Develop regulation & legislate	Legislation in place	One year	Approved legal framework
Facilitate the development of guidelines for awards and premiums	Guidelines in place	Two years	Approved guidelines

Chapter 6. Plan Financing

To enable the Board to ensure financial stability, rational resource mobilization and planned expenditure, the required budget for each strategy and source of its financing are provided below for regular monitoring and updates.

6.1 Projected Income Statement for years 2008/2013

	2008/09	2009/10	2010/11	2011/12	2012/13
Revenue at 2004/05					
Additional income from new strategies					
Total revenue					
Strategy costs					
Total costs					
Net income					

6.2 Strategies implementation timeframe and budget

Objective	Strategy	Timeframe					Budget
		08/09	09/10	10/11	11/12	12/13	
To seek the mandate for the Board to oversee the provision of quality health care in the country	Facilitate the creation of a legal framework that mandates the Board to oversee provision of quality health care						
	Develop an implementation plan to support the legal framework						
To restructure the composition of the Board	Review the composition of the Board to include the de-linking the position of the Board Registrar from the office of the DMS						
To establish strategic partnership with clearly defined roles and responsibilities	Identify strategic partners						
	Develop a mutually beneficial working relationship (operational guidelines) with each strategic partner						
To develop a communication strategy	Establish a communication policy & plan including public education & awareness						
To develop human resource policy	Develop staff establishment including Registrar						
	Develop criteria for staff recruitment & development						
	Formulate a staff recruitment & development plan						
	Develop human resource manual						
To develop appropriate physical infrastructure	Design appropriate office facilities						
	Develop appropriate office facilities						
	Develop infrastructure & equipment maintenance plan						
To develop and implement transport policy	Transport needs assessment						
	Develop transport & maintenance policy						
	Develop transport & maintenance implementation plan						
To develop a financial resource mobilization	Develop expenditure & cash flow projection statement for recurrent & development						

strategy	Identify sources of funding						
	Develop & implement a financial management system						
	Mobilize financial resources						
	Develop an investment policy & plan						
To develop a blueprint for quality education for health professionals	Develop & implement criteria & guidelines for registration/licensing of medical & dental graduates						
	Develop guidelines for education of health professionals (including code of conduct)						
	Develop monitoring system for quality education for health professionals						
To develop framework for CPD implementation	Develop standards for accreditation of CPD programmes						
	Develop implementation structure for CPD						
	Develop monitoring system for CPD implementation						
	Review and implement guideline for professional code of conduct						
To ensure that medical & dental practitioners in active practice have a professional indemnity cover	Develop regulation & legislate						
	Facilitate the development of guidelines for awards and premiums						

Chapter 7. Plan Monitoring and Review Mechanisms

This Plan outlines the key strategic objectives that MPDB seeks to attain during the next five years. The Plan equally provides strategies, outputs, indicators and timeframe during which they shall be implemented.

The Board shall develop costed Annual Work Plans that shall spell out detailed activities per quarter and that shall be implemented as part of this Plan's objective attainment.

The Board shall receive quarterly and annual reports of projected costed activities and achievements/constraints during implementation of the last period's detailed plan.
The Board shall develop performance contracts with the Ministry of Health on the one side and with its staff on the other. The performance matrix implementation shall also be monitored each quarter and annually, using the Government-wide format.

References

1. Kenya's Health Policy Framework (KHPF), 1994
2. Report on Strategic Planning Workshop held at Garden Hotel – Machakos on January 23rd-26th, 1997: Dafina Consultants Limited
3. Report of the Workshop of the Medical Practitioners and Dentists Board held at Mount Kenya Safari Club – Nanyuki, 14th-16th January, 1999: Prof. Arthur A. Eshiwani
4. The Medical Practitioners and Dentists Act, Chapter 253, 1983 edition
5. National Health Sector Strategic Plan 2005-2010: Ministry of Health
6. Economic Recovery Strategy for Wealth and Employment Creation 2003-2007