THE PRACTITIONERS BULLETIN

7TH EDITION, JUNE 2025



KENYA MEDICAL PRACTITIONERS AND DENTISTS COUNCIL

KMPDC

Enhancing Quality Healthcare

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ONLINE REGISTRATION

KMPDC Health Facility Registration Now Fully Online

The platform is fully compliant with the Data Protection Act, 2019, protecting applicants' sensitive information through encrypted submissions, automated logs, and strict access controls.

In a move to modernize healthcare regulation, the Kenya Medical Practitioners and Dentists Council (KMPDC) has launched a fully digital facility registration system. This initiative aligns with the Council's broader mandate to streamline operations, promote transparency, and enhance service delivery.

The shift from a paper-based process to a secure, user-friendly digital platform is part of KMPDC's long-term strategy to harness technology in line with the government's digital transformation agenda. Applicants are guided through a step-by-step interface to provide institutional information, including facility name, location, and classification, details of director(s), services offered, personnel available, and certified documentation to demonstrate compliance with applicable laws.

The digitized system enhances data accuracy, enables automated validation, and ensures real-time audit trails. Centralized digital records improve retrieval and updates. It also allows 24/7 access for applicants and streamlines internal workflows through automated alerts and approvals.

Importantly, registration is granted only after verification of all submitted information. Any discrepancies result in rejection, underscoring the need for accurate and honest submissions.

Once inspected by KMPDC officers, applications are processed within 21 working days from the date of inspection.

Financially, the online system cuts costs associated with printing, mailing, and storage, while expediting revenue collection via integrated payment tools. It also frees up staff from manual tasks, allowing greater focus on regulatory oversight.

The platform is fully compliant with the Data Protection Act, 2019, protecting applicants' sensitive information through encrypted submissions, automated logs, and strict access controls.

Speaking on the rollout, KMPDC CEO, Dr. David Kariuki said, "This is more than a system upgrade, it's a transformation in how we deliver our mandate. By embracing technology, we're making the process more transparent, efficient, and accessible."

This digital shift not only simplifies access to registration but also reinforces public confidence in Kenya's healthcare regulatory framework.

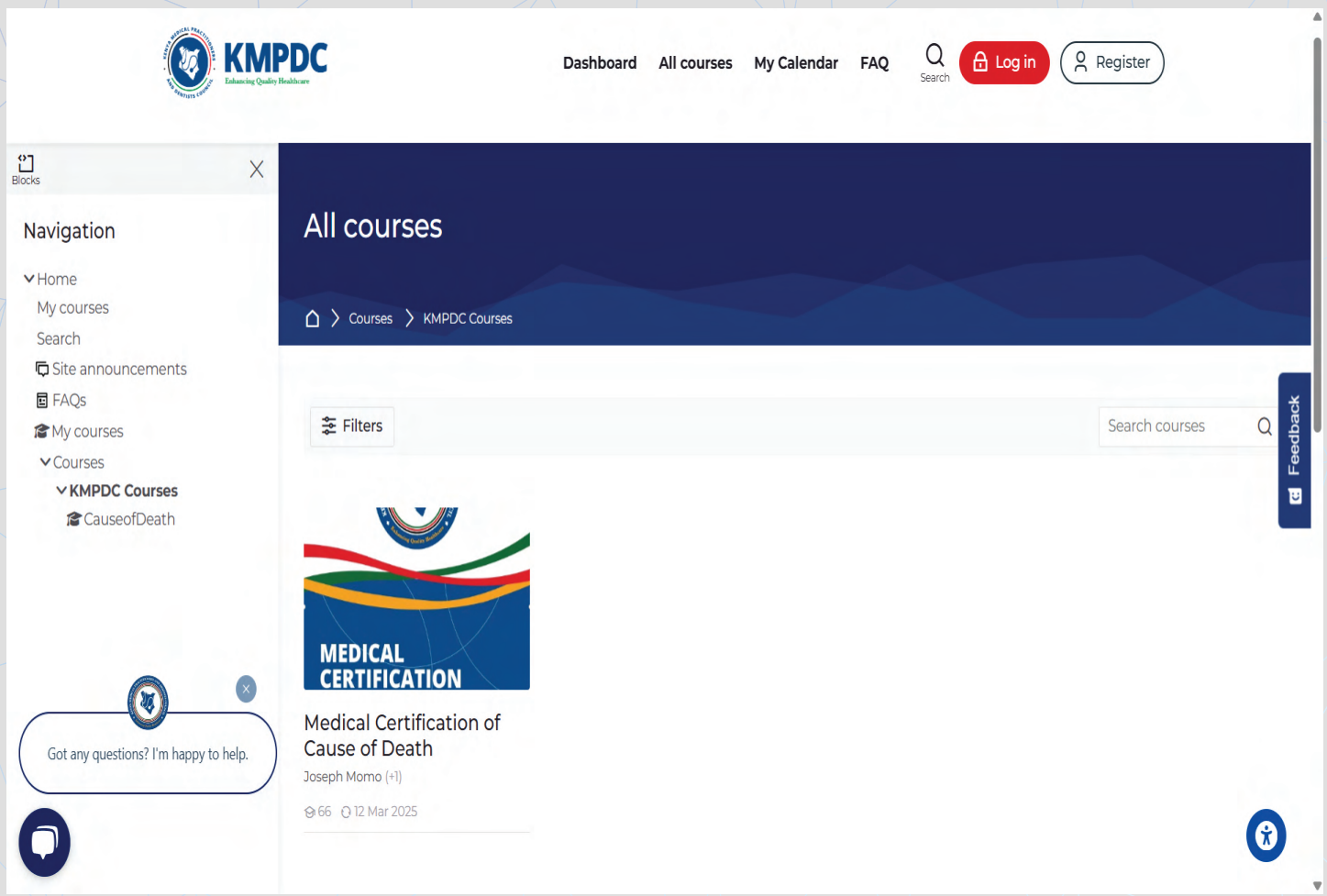
To register a health facility, visit: http://portal.kmpdc.go.ke/register and follow the simple steps.



LEARNING MANAGEMENT SYSTEM

KMPDC Unveils Learning Management System Platform to Strengthen Medical Certification of Cause of Death Practices

Accurate certification is essential for legal, administrative, and public health purposes, helping build mortality statistics and inform disease surveillance.



The Kenya Medical Practitioners and Dentists Council (KMPDC) has launched a new Learning Management System (LMS) aimed at improving Medical Certification of Cause of Death (MCCOD) practices. This initiative follows a nationwide inspection in February 2023 to address gaps in MCCOD processes.

Medical Certification of Cause of Death requires careful documentation of immediate, underlying, and contributing causes of death on Form D1. Accurate certification is essential for policy, legal, administrative, and public health purposes, helping build mortality statistics and inform disease surveillance and prioritize health budgets

The assessment revealed challenges in MCCOD, highlighting the need for continuous education. The new LMS platform, accessible at https://elearning.kmpdc.go.ke, offers periodic MCCOD training and assessments.

Successful participants receive a verifiable certificate and earn Continuing Professional Development (CPD) points automatically."We recognize the critical role accurate death certification plays in strengthening our national health systems," said KMPDC CEO Dr. David Kariuki "This LMS equips medical professionals with the skills to enhance MCCOD accuracy and contribute to improved mortality data."

KMPDC urges all medical practitioners to register on the LMS platform, enhancing their professional competence and safeguarding public health through reliable mortality reporting.

For more information, visit https://elearning.kmpdc.go.ke today.

When Medical Management Goes Wrong: Lessons from Obstetrics & Gynaecology

Introduction

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

Case Study 1: Maria's Missed Diagnosis, A Tragic Oversight

Case Summary

Maria, a 61-year-old postmenopausal woman, sought medical attention for persistent vaginal bleeding that had lasted for six months. The attending obstetrician-gynaecologist conducted a pelvic ultrasound and diagnosed her with symptomatic uterine fibroids. However, crucial diagnostic steps such as an endometrial curettage or a Pap smear were not performed before proceeding with a total abdominal hysterectomy with bilateral salpingo-oophorectomy.
Following surgery, the excised uterus was sent for histopathological examination, but Maria was never informed of this. Discharged after four days, she was later readmitted due to wound sepsis, where a different gynaecologist managed her case. Meanwhile, her histopathology report, which confirmed stage 2 endometrial carcinoma, remained in her file unnoticed for months. Tragically, by the time her cancer was discovered, it had progressed to stage 4, leaving no viable treatment options. Six weeks later, Maria passed away.

Key Ethical and Professional Lapses

- Failure to Conduct Proper Diagnostic Tests – The doctor did not perform the necessary investigations to rule out malignancy before opting for surgery.
- Lack of Informed Consent & Communication – Maria was not informed that her uterus was being examined for potential cancerous cells.
- Breakdown in Medical Team Coordination – The histopathology report remained unreviewed in her file, leading to a fatal delay in diagnosis.
- Absence of Specialist Consultation – A gynaecological oncologist was never consulted, depriving Maria of specialized care.

The Disciplinary Hearing & Outcome

The Medical Council's inquiry found the primary obstetrician-gynaecologist guilty of negligence. The doctor was:

- Reprimanded and fined.
- Ordered to compensate Maria's family.
- Required to undertake additional training in oncology-related gynaecology.

Additionally, the second gynaecologist, who attended to Maria during her readmission, was also reprimanded for failing to review and act upon the pathology report.

Lessons Learned

- Thorough diagnostic evaluations are essential, especially for symptoms indicative of malignancy.
- Effective communication with patients about their health and test results is crucial.
- Healthcare teams must ensure proper handover and review critical patient information.
- Regular training and audits can help prevent such lapses in the future.
- Communication between providers is essential.

Maria's case serves as a powerful reminder of the life-or-death impact of medical negligence. Through disciplinary action, the Council aims not only to hold professionals accountable but also to promote safer medical practices.



Case Study 2: Sultana's Unconsented Surgery, A Breach of Trust

Case Summary

Sultana, a 35-year-old single mother, sought treatment at a public Level 4 hospital for heavy menstrual bleeding. An ultrasound revealed uterine fibroids, and after counselling, she consented to a total abdominal hysterectomy (TAH). However, due to hospital scheduling delays, her surgery was postponed for over a year.

Frustrated, she accepted an offer from an obstetrician-gynaecologist to undergo the procedure at a private hospital for a fee. However, no updated imaging was conducted before the surgery. During the operation, no fibroids were found, but a solid ovarian tumour was noted. Without consulting Sultana, the doctor proceeded with a bilateral salpingo-oophorectomy (BSO), removing both her ovaries.

Post-surgery, she was shocked to learn that her ovaries had been removed without her consent. To add to her distress, the doctor asked for additional payment for histopathology tests. When she tried to obtain her pathology results, she discovered that no sample had ever been sent for analysis. Despite multiple attempts to follow up, she never received a clear explanation or her test results.

Key Ethical and Professional Lapses

- Failure to Update Diagnostic Imaging – A new ultrasound or MRI could have provided better clarity and prevented unnecessary surgery.
- Violation of Informed Consent – Sultana had only agreed to a hysterectomy, not the removal of her ovaries.
- Negligence in Post-Surgical Follow-up – The doctor failed to communicate pathology results and did not attend scheduled follow-up appointments.
- Unethical Financial Practices – The doctor bypassed public healthcare systems for personal financial gain.

The Disciplinary Hearing & Outcome

The Medical Council found the obstetrician-gynaecologist guilty of medical negligence and unethical conduct. The doctor was:

- Reprimanded and fined.
- Ordered to compensate Sultana for the harm caused.



- Mandated to undergo further training in patient rights and consent procedures.

Lessons Learned

- Always update diagnostic tests before major surgical decisions.
- Informed consent must be comprehensive, covering all possible surgical actions.
- Ethical medical practice must prioritize patient rights over financial incentives.
- Clear communication and follow-up care are essential for patient trust.

Sultana's ordeal highlights the devastating consequences of medical negligence and unethical behaviour. The Council's ruling reinforces the importance of maintaining professionalism, ensuring that patients' rights are never compromised.

Conclusion

These cases underscore the vital role of medical ethics and accountability in healthcare. The Medical Council remains steadfast in its mission to uphold patient rights and maintain high standards in the medical profession. By enforcing disciplinary actions, the Council not only seeks justice for affected patients but also ensures that such failures serve as cautionary lessons for the broader medical community.

Key Takeaways for Medical Practitioners:

- Always conduct thorough investigations before making major medical decisions.
- Prioritize clear and honest communication with patients.
- Maintain ethical integrity, ensuring patients' rights are upheld at all times.
- Implement strong internal review systems to prevent and communication failures.
- Through vigilance and ethical commitment, we can work towards a safer, more trustworthy healthcare system for all.



SPECIALTIES AND SUB-SPECIALTIES

KMPDC's New Specialties Set to Transform Medical Practice in Kenya.

The Kenya Medical Practitioners and Dentists Council (KMPDC) becomes the first African Healthcare Regulator to achieve ISO 17024:2012 certification, the international standard for personnel certification.

In a bid to enhance healthcare quality and specialization in Kenya, the Kenya Medical Practitioners and Dentists Council (KMPDC) has announced a new list of approved medical and dental specialties. This initiative aims to streamline the healthcare profession by providing practitioners with clear pathways to specialize in high-demand fields, ultimately improving patient care standards across various disciplines. The new list, effective immediately for qualifying practitioners, includes criteria for recognizing both specialists and subspecialists.

A specialist is defined as a medical or dental practitioner who has completed an approved postgraduate training program in a specific area of medicine or dentistry, followed by substantial experience and demonstrated competency. The recognition process involves rigorous scrutiny to ensure candidates meet the Council's stringent standards.

To attain specialist status, practitioners must satisfy several prerequisites. These include holding a registrable basic qualification under the Medical Practitioners and Dentists Act Cap. 253 Laws of Kenya, such as an MBChB for doctors or a BDS for dentists, along with completing an internship and maintaining active registration. Candidates are also required to finish a recognized clinical specialty training program, typically lasting a minimum of three years, and work under the supervision of a recognized specialist for at least two years. For subspecialty recognition, a more advanced set of criteria applies where applicants must already be licensed specialists, complete an approved subspecialty program, and work under a recognized subspecialist's supervision for at least one year.

Among the newly approved specialties are those that reflect the evolving needs and advancements in healthcare. Aviation Medicine (Aerospace Medicine) has been introduced, recognizing the critical role of medical expertise in aviation safety and health for pilots and crew members. This specialization addresses the physical and psychological stresses associated with flight and space travel, marking a significant development in Kenyan healthcare.

Another notable addition is Clinical Genetics and Genomics, which allows for the diagnosis and management of genetic disorders. As precision medicine continues to grow, this specialty will enable Kenyans to access personalized care based on their unique genetic profiles, essential for effectively managing complex genetic conditions.

Nuclear Medicine is also now included, promising to enhance diagnostics and treatment options, especially for cancer patients. By utilizing small amounts of radioactive material for imaging and therapy, this specialty offers minimally invasive yet highly effective treatment options, improving patient outcomes through timely access to advanced diagnostic tools and therapies.

KMPDC has established a robust structure for recognizing subspecialties, offering practitioners opportunities to narrow their focus within high-demand medical niches. Starting in 2026, all specialty and subspecialty training programs must meet specified minimum duration requirements to qualify for recognition. This rule allows current trainees a transition period while ensuring future professionals are well-prepared for the evolving healthcare landscape.

While introducing new specialties, KMPDC is also phasing out certain previously recognized areas, notably Immunology/Allergy, which will no longer be recognized as stand-alone specialties. However, practitioners can still register additional qualifications in these fields, allowing them to enhance their knowledge and skills in areas critical to Kenya's public health landscape. None specialist health related qualifications such as public health, leadership, management, academia, policy, and research, can also be recognized, provided they demonstrate benefits to the healthcare sector and Kenyans' health outcomes.

The introduction of these new specialties and subspecialties is more than an administrative update, it reflects KMPDC's strategic response to Kenya's dynamic healthcare needs. By formalizing specialties like Clinical Genetics, Nuclear Medicine, and Sports Medicine, the Council empowers practitioners to deliver targeted and effective patient care. These changes promise to elevate healthcare standards nationwide, preparing Kenya's medical sector to address emerging health challenges while fostering a culture of professional excellence. The complete list can be accessed at https://kmpdc.go.ke/specialities/

ONLINE PORTAL REQUIREMENTS

KMPDC Updates Online Portal Requirements for Practitioners and Facilities

To complete a renewal, all dental and medical practitioners will need to update their personal contact information, disability declaration, next of kin details, and practice station information.

The Kenya Medical Practitioners and Dentists Council (KMPDC) has introduced key updates to its online services portal to improve the user experience for medical and dental practitioners, community oral health officers, and facility administrators. These changes are designed not only to enhance communication but also to make the renewal process smoother and more intuitive for all users.

To complete a renewal, all dental and medical practitioners will need to update their personal contact information, disability declaration, next of kin details, and practice station information. Additionally, practitioners must now have an indemnity cover, which will come with a certificate displaying a unique Professional Indemnity (P.I.) number tied specifically to each practitioner's registration number. This unique identifier is mandatory, and without it, practitioners cannot proceed with the renewal of their licences.

These updates will allow KMPDC to maintain an accurate, up-to-date database that supports better planning and ensures that all user needs are considered, including those related to accessibility and effective communication. The system's streamlined design makes it easy to navigate, with on-screen prompts guiding applicants through each step.

Facility administrators will also notice changes in the renewal process. Applicants must now provide detailed information about the facility's offered services, its medical personnel, and the contact details of the facility director.

Practitioners and administrators are encouraged to log in and review these updates to ensure a smooth renewal process and maintain compliance with KMPDC's requirements for quality healthcare delivery.

ALTERNATIVE DISPUTE RESOLUTION

Council Advocates For ADR In Resolving Medical Malpractice Cases

These methods offer a less adversarial, more efficient, and often more cost-effective alternative to formal disciplinary proceedings.

KMPDC has increasingly recognized the value of Alternative Dispute Resolution as an effective mechanism for addressing complaints related to medical malpractice. At the beginning of October 2024, six cases were scheduled to be resolved through ADR and by February 2025 five of them had already been resolved. The process involves informing the party in a case of the Council's decision to refer the matter for mediation. The parties are then invited to a preliminary meeting where they are guided on the Council's mediation process and their consent is sought. If they consent to mediation, they agree on a date for the first session.

The mediator takes the parties through various sessions until the parties either agree, call of mediation, reach a stalemate or the time set for mediation lapses. If the parties reach an agreement, a mediation agreement is drafted and the parties involved sign it. Where the parties fail to agree or the matter is time barred, the mediator refers the matter to the Disciplinary and Ethics Committee for further action or guidance.

Alternative Dispute Resolution includes methods like mediation and arbitration. These methods offer a less adversarial, more efficient, and often more cost-effective alternative to formal disciplinary proceedings. The Council's is currently using the mediation methodwhich is aligned with its mandate to regulate medical and dental practice while ensuring justice for patients and fairness for practitioners.

The push for ADR also responds to broader challenges in Kenya's medical malpractice landscape. The rising number of complaints evidenced by 130 cases received in 2024 alone, the highest since KMPDC's inception has strained the traditional disciplinary system. Public awareness of patient rights has grown, leading to an increase in the number of cases reported. Alternative Dispute Resolution offers a way to streamline resolutions, reduce backlogs, and provide restorative justice, addressing both the practitioner's accountability and the patient's need for redress.

Critics might argue that ADR could undermine accountability if not properly regulated. However, ADR is a progressive step, especially if paired with transparency and oversight to ensure fairness. By rooting for ADR, KMPDC is signaling a shift toward a more balanced, patient-centered approach while maintaining its regulatory authority. This evolution could reshape how medical malpractice disputes are resolved in the country

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