

THE MEDICAL PRACTITIONERS AND DENTISTS (INSPECTIONS AND LICENSING) RULES, 2014

PART I—PRELIMINARY

1. These Rules may be cited as the Medical Practitioners and Dentists (Inspections and Licensing) Rules, 2014.

Citation

Interpretation

2. In these Rules, unless the context otherwise requires—

“advertise” means to issue or cause to be issued a sign, notice, circular, label or wrapper or to make any announcement orally or by means of electronic or print media;

“approved clinical laboratory” means a private clinical laboratory which is covered by a pathologist and is so equipped as to enable the carrying out of investigations in clinical chemistry, haematology and microbiology;

“approved medical institution” means a Government or private hospital or nursing home which has been declared by the Board to be approved institution;

“clinic” means a consulting office or room or an outpatient department without beds used by a medical or dental practitioner for the diagnosis and treatment of diseases or the giving of medical or dental advice and instructions;

“clinical laboratory” means premises or equipment for examining specimens for the purpose of providing information on diagnosis, treatment or prevention of diseases;

“Committee” means the Inspections and Licensing Committee established under rule 3;

“general practice” means the practice of general medicine or dentistry other than specialist practice as defined in these Rules;

“hospital” means an institution which has, in addition to resident medical practitioners or dentists, an operating theatre and a mortuary;

“immediate supervision” means being available to give help and guidance when required;

“ionizing radiation” means rays, x-rays, gamma rays, alpha and beta particles, high speed electrons, neutrons, protons and other nuclear particles or electromagnetic radiation capable of producing ions directly or indirectly in their passage through matter;

“laboratory medicine” means the practice of all or any of the following disciplines namely, pathology, clinical chemistry, microbiology and parasitology, haematology, morbid anatomy and histology, cytology, immunopathology, forensic pathology and other disciplines relevant thereto;

“licence” means a licence to engage in full-time or part-time practice in a calendar year;

“locum” means a registered medical practitioner or dentist substituting and providing services for another registered medical practitioner or dentist;

“maternity home” means any premises used for the reception and management of expectant women or of women who have given birth within the preceding six weeks;

“medical laboratory technician” means a holder of a certificate in medical laboratory technology issued by the Medical Centre or similar institution which is recognized by the Ministry of Health ;

“nursing home” means any premises howsoever named or described which is used for the reception of, and for provision of medical care and nursing for, persons suffering from any sickness, injury or infirmity and having;

“private clinic” means a clinic where a private practice is carried out;

“private practice” means giving medical, surgical or dental advice, attendance or performing an operation, or engaging in radiological or clinical laboratory medicine, for a fee, at a facility that is not for the Government;

“radiographer” means a holder of a diploma in radiography obtained from the Medical Centre or such institution which is recognized by the Ministry of Health;

“radiographic film processor” means a holder of a certificate attesting to his proficiency in radiographic film processing, obtained at the Medical Centre or such similar institution which is recognized by the relevant regulatory authority;

“radiologist” means a specialist in diagnostic medical imaging; “single discipline pathologist” means a medically qualified person whose training has not covered all the disciplines of clinical laboratory medicine, but who is a specialist in any of the disciplines in pathology;

“pathologist” means a specialist in any one or more of the disciplines in clinical laboratory medicine a mortuary and an outpatient department, but does not include premises maintained or directly controlled by the Government or a County;

“specialist” means a medical or dental practitioner who has completed an approved training programme in a particular discipline in medicine or dentistry, and who has acquired a recognized post-graduate qualification or its equivalent, and who thereafter has gained sufficient experience and shown to the Board’s satisfaction, adequate skills, in his chosen discipline; and

“specialist practice” means the practice of medicine or dentistry in a specialized discipline as specified in these Rules.

PART II—ESTABLISHMENT OF THE INSPECTIONS AND LICENSING COMMITTEE

3. (1) There is established a Committee to be known as the Inspections and Licensing Committee.

Establishment of the Committee.

(2) The functions of the Committee shall be to—

- (a) issue licences to all eligible medical and dental practitioners;
- (b) issue licences to private, mission and faith-based hospitals, medical and dental centres, dispensaries, clinics and health centres;
- (c) issue temporary licences to foreign medical and dental practitioners;
- (d) approve and license the premises for the practice by medical and dental practitioners;
- (e) inspect clinics, health centres, medical and dental centres, mortuaries, maternity and nursing homes and give such orders as appropriate;
- (f) inspect all hospitals including faith-based hospitals and Government hospitals and give such orders as appropriate;
- (g) review, whenever it is in its opinion necessary, all applications for licences to engage in private practice by medical and dental practitioners;
- (h) maintain a register of all persons and facilities licensed under these Rules;
- (i) review the fees charged in private practice by medical and dental practitioners, from time to time; and
- (j) undertake any other activity that may be necessary for the fulfillment of its functions under these Rules.

4. (1) The Committee shall be composed of five members appointed by the Board from among its members and the chief executive officer.

Composition of the Committee.

(2) The Committee shall elect its Chairman and shall have powers to co-opt not more than three other persons who are not members of the Board, for the purposes of transacting the business of the Committee, whenever it is expedient.

(3) The persons co-opted under sub-rule (2) may not vote in any matter before the Committee.

(4) The Committee shall report its findings to the Board.

(5) Subject to these Rules, the Committee may regulate its own procedure.

PART III—GENERAL PRACTICE

5. (1) Subject to section 15 of the Act, no person shall engage in practice as a medical or dental practitioner unless that person holds a valid practising licence issued under these Rules.

Practising licence,
temporary licence, etc.

(2) The Board shall grant temporary licences to eligible foreign medical and dental practitioners to perform specific work or works in specific institutions in Kenya.

(3) A licence issued under sub-rule (2) shall be for a period not exceeding twelve (12) months and shall be renewable for a maximum period of three years.

(4) Notwithstanding the provisions of sub-rule (3), any foreign medical or dental practitioner who seeks to extend his licence beyond the period of three years as specified under sub-rule (3), must apply to the Board for permanent registration.

6. (1) A medical practitioner or dentist shall be eligible for a licence to engage in private practice on his own behalf either full or part-time or in the employment, either full or part-time, of a private practitioner or group of private practitioners, if he has worked continuously in Kenya on a full-time basis in a salaried post in a Government or private hospital or in any non-profit making approved medical institution for a period of not less than one year.

Eligibility to practice.

(2) Notwithstanding anything contained in sub-rule (1), the Board may, if it is satisfied that it is in the public interest to do so, allow a medical or dental practitioner under sub-rule (1) to be issued with a licence entitling him to engage in practice as a salaried employee of a private practitioner or group of private practitioners.

7. (1) An application for a licence to engage in private practice shall be as in Form VI set out in the Medical and Dental Practitioners (Forms and Fees) Rules, and shall be accompanied by the prescribed fee.

Application
for a
licence.

(2) An application for renewal of a licence shall be made under this Part and shall be made not less than six weeks before the date of expiry of the licence.

(3) An application for permission to change the premises to which the licence relates may be made at any time.

(4) The Board may, on application—

- (a) for renewal of a licence; or
- (b) for change of premises,

request such further relevant information from an applicant as it deems fit.

(5) A person who includes, or causes to be included, in the application, or in response to a request for information from the Board, information which he knows or has cause to believe is incorrect, shall be guilty of an offence.

8. (1) The Board may impose any conditions on a licensee under this Part and in particular may impose a condition that the practice of the licensee shall not conflict with the terms and conditions of his employment.

Conditio
ns in
licences

(2) A licence shall be issued in respect only of the premises named therein and may not apply to any other premises unless the authority of the Board for it to do so has previously been obtained.

(3) A licensee shall display the licence in a conspicuous position at the premises to which it relates and any licensee who fails to do so shall be guilty of an offence.

(4) The Board may cancel a licence if any of the conditions imposed in the licence are contravened.

9. (1) The Board shall, before—

- (a) refusing to grant or renew a licence; or
- (b) refusing to allow a change of premises to which the licence relates; or
- (c) canceling the licence,

Notice of
refusal to
grant a
licence, etc

give to the applicant or licensee not less than twenty-eight days' notice in writing stating its intention so to act and such notice shall inform the applicant or licensee that he may within twenty-one days of receipt of the notice inform the Board in writing whether he wishes to be heard on the question of the proposed refusal or cancellation.

(2) Where the applicant or licensee informs the Board in writing under sub-rule (1) that he wishes to be heard, the Board shall not effect a refusal or cancellation before it has given him an opportunity to show cause why the application or licence should not be refused or cancelled.

(3) Where the Board, after complying with this rule, refuses to grant or renew a licence, or cancels a licence, it shall inform the applicant or licensee of its decision within fourteen days of the expiry of the period of twenty-eight days referred to in sub-rule (1) or where the applicant or licensee has been heard, within fourteen days of the hearing; and the Board shall inform the applicant or licensee of the reason for its decision.

(4) An appeal to the High Court under section 15 (6) of the Act against the decision of the Board under this rule shall be made within thirty days of the receipt of the decision.

10. (1) A medical practitioner or dentist who wishes to work as a locum for another practitioner shall be required to satisfy requirements for eligibility for a licence to engage in private practice specified in rule 6.

(2) A prospective locum shall make an application in Form VI set out in the Medical Practitioners and Dentists (Forms and Fees) Rules stating the period during which he requires to work as a locum:

Provided that in the case of an emergency, a medical practitioner or dentist may act as a locum for a period not exceeding fourteen days during which time he shall inform the Board of his action and make a formal application under this rule.

(3) Where the duration of a locum practice is not to exceed six weeks the Registrar or Chairman may give his written consent to the applicant to practice as a locum in the form specified in the First Schedule and no fee shall be payable by the applicant.

(4) Where an applicant wishes to work as a locum for a period exceeding six weeks he shall obtain a licence to engage in private practice in Form VII set out in the Medical Practitioners and Dentists (Forms and Fees) Rules and pay the prescribed fees. The fee payable shall be fifty per cent of the private practice licence in one's category.

PART IV—PRIVATE CLINICS

11. In this Part, "licensee" means a medical and dental practitioner licensed to operate a private clinic under rule 12.

Interpretation

12. (1) No private practitioner shall operate a private clinic unless the premises where the clinic is situated has been inspected and approved by the Board.

(2) A private practitioner who wishes to operate a private clinic shall apply to the Board in writing for permission to use the premises intended for use as a private clinic before applying for a licence to engage in private practice; and the Board shall grant or refuse to grant a licence under this rule within thirty days of receiving the application.

Board to approve Premises

(3) A licence to operate a private clinic shall be in Form VIII set out in Medical Practitioners and Dentists (Forms and Fees) Rules, and shall be issued on payment of the prescribed fee.

13. A licence under rule 12 shall be issued subject to such conditions as the Board prescribes including in any case the conditions that the licensed premises shall—

- (a) be kept in good order and a good state of repair;
- (b) be kept reasonably secure from unauthorized entry;
- (c) conform to the minimum requirements set out in Part A or Part B of the Second Schedule, as the case may be and any other written law, and in particular the Public Health Act (Cap. 242);
- (d) not be a residential building except with special permission from the Board.

Conditions for issue of a licence under this Part.

14. A private medical or dental practitioner shall be licensed to operate by the Board not more than two clinics.

Restriction on number of private Clinics

15. (1) A licensee shall indicate his name and qualifications outside his clinic in an unostentatious manner and in accordance with the "Code of Professional Conduct and Discipline" and the name and qualifications so indicated shall conform with the provisions of paragraph 4 of Part A of the Second Schedule.

Licensee to indicate name, etc

(2) A licensee who—

- (a) uses any words implying that a private clinic is a hospital or a nursing home;
- (b) advertises a private clinic in any manner whatsoever to the general public,

shall be guilty of an offence.

16. (1) A licensee may employ as an assistant any person who has undergone a recognized training in medicine, dentistry, nursing or midwifery in an approved training institution and who is not registered as a medical practitioner or dentist to undertake defined duties under the immediate supervision of the licensee or a registered practitioner employed by him.

Licensee's assistants

(2) Where any assistant employed under sub-rule (1) undertakes or offers to undertake any form of medical or dental treatment independently without the immediate supervision of a medical practitioner or dentist he shall be guilty of an offence.

(3) Sub-rule (2) shall be in addition to and not in derogation of the provisions of section 22 of the Act.

17. (1) A licensee shall keep in his private clinic adequate stocks of essential drugs listed in paragraph 3 of Part A in the Second Schedule.

Keeping of essential drugs

(2) A licensee shall keep an accurate record of all drugs to which the Pharmacy and Poisons Act (Cap. 244) and the Dangerous Drugs Act (Cap. 245) apply.

18. (1) A licensee shall immediately notify the medical officer of health of any of the notifiable diseases set out in Third Schedule to these Rules which he treats in his clinic.

Notification of disease, etc

(2) A licensee shall immediately notify the police in the event of any death occurring in his clinic and supply to them all relevant information concerning the death.

19. A licensee shall, whilst on duty, at all times be dressed and groomed in such a manner as to portray a respectable image to the public and in particular he shall observe the standards of ethics laid down in the "Code of Professional Conduct and Discipline".

Manner of dressing

20. (1) A private clinic may not include a clinical radiological laboratory unless the practitioner who operates the clinic—

Clinical radiological laboratories

(a) is himself qualified in the use of ionizing radiation; or

(b) employs a radiographer,

and in either case the person referred to in paragraph (a) or (b) personally undertakes the radiological examination of patients.

(2) A private clinic may not include a clinical laboratory unless—

(a) examination of the specimens obtained from patients in the laboratory is undertaken by the private practitioner personally or a qualified medical laboratory technician or technologist;

(b) examinations are limited in the way prescribed in sub-rule (3).

(3) A clinical laboratory may only be used for the purposes of undertaking investigations of the following nature—

- (a) haemoglobin;
- (b) blood slides;
- (c) urinalysis;
- (d) stool microscopy;
- (e) occult blood tests;
- (f) gram stains;
- (g) special smears.

(4) Neither a clinical radiological laboratory nor a clinical laboratory may be used as a referral laboratory for a practitioner who does not operate, or is not employed by the clinic concerned and any person who in such laboratory—

- (a) undertakes the examination of patients or specimens from patients; or
 - (b) treats patients, who have been referred from outside the practice concerned,
- shall be guilty of an offence.

PART V—NURSING HOMES AND HOSPITALS

21. (1) All nursing homes and hospitals shall be subject to inspection by the Board.

(2) The operator of a nursing home or hospital shall submit to the Board once in every twelve months lists of—

- (a) all medical practitioners and dentists in their employment; and
- (b) all medical practitioners and dentists who are authorized to use their premises, indicating in each case the authorized place for use as a private clinic.

22. (1) It shall be the responsibility of the owner and the managing body of a nursing home or private hospital to acquaint themselves fully with—

- (a) the qualifications; and
- (b) the professional conduct,

of all medical and dental practitioners working at the nursing home or private hospital and they shall consult the Board in case of any doubt.

Inspections of nursing homes and hospitals.

Responsibilities of owners, etc of nursing homes and hospitals

(2) The owner and the managing body of a nursing home or private hospital, as well as the medical or dental practitioners concerned, shall be responsible for any instance of professional misconduct occurring within the premises about which they know or ought reasonably to have known.

23. The administrators of approved medical institutions shall ensure that no medical or dental practitioners working there engage in private practice outside the area of specialization and competency for which they have been licensed except in cases—

Emergencies, etc

(a) of emergency; or

(b) where practitioners with the requisite specializations are not reasonably available.

PART VI—PRIVATE CLINICAL LABORATORY MEDICINE

24. (1) The Board may grant a licence in the Form VII set out in the Medical Practitioners and Dentists (Forms and Fees) Rules to a medical practitioner to practice private clinical laboratory medicine if the practitioner is both eligible under rule 6 and a pathologist.

Licence to practice clinical laboratory medicine.

(2) The Board shall publish annually in the print or electronic media, a list of licensed private clinical laboratories.

25. (1) Subject to sub-rules (2) and (3), a registered medical practitioner who was operating a private clinical laboratory before the commencement of these Rules may, notwithstanding rule 23 (b), continue to operate.

Savings.

(2) A practitioner referred to in sub-rule (1) shall make application in the Form VI set out in the Medical Practitioners and Dentists (Forms and Fees) Rules within three months of commencement of these Rules, for a licence under rule 24.

(3) Where the Board refuses to issue a licence applied for under this rule, the practitioner concerned shall cease from the date of refusal, to operate the private clinical laboratory concerned.

26. (1) A clinical laboratory shall—

(a) conform to the standards stipulated in the Fourth Schedule;

(b) be approved by the Board before starting to function as such; and

(c) be at all times supervised by a pathologist.

Requirements for clinical laboratories.

(2) The Board may inspect any premises used as a clinical laboratory at any reasonable time.

(3) Any person who hinders or obstructs an officer of the Board acting in the course of his duty under sub-rule (2) shall be guilty of an offence.

27. A general or single discipline pathologist, a general practitioner and a medical laboratory technician may respectively undertake such investigations in clinical laboratory medicine as set out in rule 20 (3) and the Fourth Schedule.

Investigations carried out in clinical laboratory medicine.

28. A medical practitioner operating a clinical laboratory—

- (a) shall provide diagnostic aid services for the community by meeting the needs of hospitals, medical and dental practitioners and other health services and in so doing he may monitor individual patients, when requested to do so, by providing appropriate laboratory control of therapy;
- (b) shall provide consultant advisory services in all aspects of laboratory investigations, including the interpretation of results and shall advise on any further appropriate investigations;
- (c) shall collaborate in systematic education and training for all members of laboratory staff;
- (d) may collaborate in the development study and laboratory control of new methods of treatment, whilst adhering to the laid down medical ethics;
- (e) may provide laboratory facilities for and advise on approved research projects undertaken by clinicians; and
- (f) may undertake basic or applied research on pathology problems.

Duties of a practitioner operating a clinical laboratory.

29. A private practitioner in laboratory medicine may charge fees in accordance with the Board's prescribed fee in private laboratory medicine.

Fees.

30. A person who contravenes any of the provisions of this Part shall be guilty of an offence.

Offences.

PART VII—PRIVATE CLINICAL RADIOLOGICAL LABORATORY MEDICINE

31. (1) The Board may grant a licence in Form VII set out in the Medical Practitioners and Dentists (Forms and Fees) Rules, to a medical practitioner to engage in private practice in clinical radiological medicine if the practitioner is both eligible under rule 6 and a radiologist.

Licence to practice clinical radiological medicine.

(2) The Board shall publish annually in the print or electronic media, a list of licensed private clinical radiological laboratories.

32. (1) Subject to sub-rules (2) and (3), a registered medical practitioner who was operating a private clinical radiological laboratory, other than a laboratory providing only screening facilities, before the commencement of these rules may, notwithstanding rule 31, continue to operate.

Savings.

(2) A practitioner referred to in sub-rule (1) shall make an application in Form VI set out in the Medical Practitioners and Dentists (Forms and Fees) Rules, within three months of commencement of these Rules, for a licence under rule 31.

(3) Where the Board refuses a licence applied for under this rule the practitioner concerned shall cease from the date of refusal to operate the private clinical radiological laboratory concerned.

33. A clinical radiological laboratory shall—
- (a) conform to the standards stipulated in the Fifth Schedule;
 - (b) be approved by the Board before starting function as such;
 - (c) be at all times supervised by a radiologist;
 - (d) keep an accurate record of all clinical radiological examinations undertaken by it.
34. (1) A radiologist, general practitioner, radiographer or radiographic film processor may undertake such operations in a clinical radiological laboratory as may from time to time be specified by the Board in guidelines to be issued by it.
- (2) A practitioner operating a clinical radiological laboratory shall carry out radiological examinations only at the request of a registered medical or dental practitioner or a practitioner who is licensed under section 15 of the Act.
35. (1) The owner and the management body of a clinical radiological laboratory shall ensure that all staff and the public are protected from the hazards of radiation and that the staff comply with the provisions of the Fifth Schedule.
- (2) All staff employed in radiation work shall undergo periodical medical examination at least once in every two years and a certificate shall be issued in respect thereof.
36. (1) No clinical radiological laboratory which provides only screening facilities shall be licensed under these Rules.
- (2) A person who publicly offers or advertises screening facilities shall be guilty of an offence and liable to a fine not exceeding five thousand shillings or to imprisonment for a term no exceeding three months or to both.
37. A private practitioner in radiological work may charge fees in accordance with the Board's prescribed fees.
- PART VIII—MISCELLANEOUS**
38. (1) The Board shall prescribe the fees to be charged for visits, consultations, surgical, anaesthesia and other related procedures in general practice and specialist practice.
- (2) A receipt shall be issued for any fee charged for any medical or dental services rendered, including laboratory and radiological services.
- (3) The Board shall have powers to arbitrate in all complaints regarding fees in private practice.
39. Where a person is guilty of an offence under these rules for which no penalty is expressly provided he shall be liable to a fine not exceeding ten thousand shillings or imprisonment for a period not exceeding twelve months or to both such fine and imprisonment.
40. Whether or not proceedings are brought against any person for an offence under these rules the Board may, where it is satisfied

Requirements for a clinical radiological laboratory.

Undertaking of operations in a clinical radiological laboratory.

Duties of the owner of a clinical radiological laboratory.

Screening facilities.

Fees

Board to prescribe fees.

General penalty.

Legal proceedings, etc

that there has been a contravention of any of these Rules or of the conditions of any licence granted thereunder, and notwithstanding that such contravention is not an offence, cancel or refuse to renew any licence granted thereunder, and in such case rule 6 shall apply.

41. Wherever under these Rules, notice is to be served on an applicant or information is to be supplied to him, the notice or letter containing the information shall be sent to him either by registered post or by hand delivery, or by email, whichever is convenient.

Mode of serving notices.

42. The Medical Practitioners and Dentists (Private Practice) Rules, 1979, are revoked.

Revocation of L.N. 182 of 1979.

FIRST SCHEDULE

(r. 10(3)) Medical Practitioners and Dentists Board
P.O. Box 30016
NAIROBI

.....

Dr..... (Reg. No.....)

P.O. Box.....

Dear Sir,

**RE:
APPLICATION
FOR LOCUM**

I acknowledge your letter dated

Ref. No.....applying for a locum.

Permission is hereby granted for Dr.....

Reg. No..... to work as a locum in your place of practice during your absence from.....

to Yours

faithfully,

Registrar/Chairman.

.....

SECOND SCHEDULE (r. 13 (c), 15 (1) and 17).**PART A—MINIMUM REQUIREMENTS FOR A GENERAL PRACTITIONER****1. PREMISES:**

(1) Premises should contain the following accommodation—

(a) waiting room;

(b) a consulting room which should be reasonably sound-proofed so that conversations taking place therein are not easily audible outside the consulting room;

(c) an examination room which should be either separate room or a curtained-off part of a consulting room;

(d) a treatment room in which such procedures as the giving of medications and the carrying out of minor surgical operations can be done;

(e) adequate toilet facilities.

(2) These rooms should be adequately furnished and cleaned and—

(a) there shall be sufficient sitting accommodation in the waiting room for the size of the practice;

(b) the consulting room shall have a desk and a chair for the doctor and two or three chairs for the patient(s); and a consulting room should also have a facility for the practitioner to wash his hands, for example, where there is no running water there shall be a washing basin with a jug of water which is periodically topped up;

(c) there shall be an examination couch in the consulting or examination room and another couch in the treatment room and the couches shall be designed so that it is easy for an infirm patient to get on to them, and there shall be adequate lighting, either daylight or artificial light, to enable the practitioner to see his patient fully.

2. EQUIPMENT:

The practitioner shall have the following equipment available at his place of work—

(a) diagnostic instruments such as stethoscope, sphygmomanometer, foetal stethoscope, torch, patella hammer, auroscope, ophthalmoscope, proctoscope, vaginal speculum, disposable tongue depressors;

(b) instruments for carrying out certain procedures, for example, opening abscesses and stitching wounds;

(c) sterilizers for surgical instruments and containers, etc;

(d) a facility to examine urine on the premises, for example, by the use of "labstix" or equivalent reagents; (e) a cabinet for patients' records.

3. STOCKING OF DRUGS:

(1) The practitioner should attempt to keep in his premises a stock of those essential drugs which he considers should be administered in his premises and especially if his practice is not in a location where there may be a dispensing pharmacy. The range of drugs that he should have is wide, but he ought to have at least the following—

- (a) Injections of analgesics (for example, pethidine, morphine, etc.);
- (b) Antibiotics, antihistamines, bronchodilators, antiemetics, antispasmodics, local anaesthetics and corticosteroids;
- (c) For the purpose of administering injections, he should have disposable syringes and needles and surgical spirit.

(2) Further the doctor should provide himself with a bag which he can carry with him when visiting patients, when travelling or to be available for him to use whenever his services may be needed. This bag should contain as a minimum the following—

- (a) Such drugs as injections of analgesics, antibiotics, bronchodilators, tranquilisers, local anaesthetics, antipasmotics, antiemetics;
- (b) oral preparations such as antipyretics, analgesics, gastrointestinal sedatives, antidiarrhoeals, antihistamines, bronchodilators, antibiotics, muscle relaxants, etc.

(3) For the purpose of the doctor's bag it should be the practice to carry disposable syringes and needles rather than steel and glass syringes which require sterilization. The bag will be adequately furnished if it carries a supply of 2ml disposable syringes and 25g (1 in) and 21g (1½in) disposable needles. It is also convenient to carry strips of spirit swabs rather than carrying a supply of surgical spirit and pieces of cotton wool. Practitioners shall take steps to destroy all disposable equipment to avoid their possible use.

4. APPROVED DESCRIPTION OF NAME:

Dr./Mr.....MBChB, BDS*

Medical Practitioner/Dentist/Clinical Laboratory/Clinical Radiological

Laboratory*. Dr./Mrs.....MBChB,DCH,MRCP,FRCS, M.MED,

FRCR*, etc.

Specialist* Physician, Paediatrician, Dermatologist*, Anaesthetist, Radiologist, Psychiatrist, Pathologist, Obstetrician and Gynaecologist, Surgeon (Orthopaedic, Urologist, Neurosurgeon, Thoracic, Plastic, Ophthalmology*), etc.

**Delete where not applicable.*

PART B—MINIMUM REQUIRMENTS FOR A DENTAL SURGERY

1. WAITING ROOM: with basic furniture, telephone etc.

2. LABORATORY/WORKSHOP:

(a) Basic Laboratory Requirement-

Investing flasks; Press and clamp; Polishing motor; Laboratory motor and hand piece; Bunsen burner; Pliers, wax knife etc; Denture materials; Plaster for models; Model trimmer; Polishing brushes, cone felt etc.

(c) Basic Requirements in filling materials

1. Amalgams;

2. Dental cements;

- (i) Zinc oxide Engenel;
- (ii) Zinc and copper phosphates;
- (iii) Calcium hydroxides;
- (iv) Silicate and silicophosphate cements;
- (v) Filling resins.

3. TOILET—with wash basin and water borne sanitation.

4. SURGERY - composed of the following basic essentials—

- (i) Dental unit with low and high speed drills which are water cooled;
- (ii) Wash-basin with running water;
- (iii) Sterilizer unit
- (iv) Cabinet with basic dental instruments;
- (v) Basic drugs and medicaments used in dentistry including antimicrobials, corticosteroids, analgesics, haemostatic and anesthetic drugs, in addition to antiseptics disinfectants;
- (vi) Lockable cabinet, containing essential emergency drugs;
- (vii) Emergency oxygen cylinder;
- (viii) Cabinet for patients' records and card system.

5. INTRA-ORAL RADIOLOGICAL UNIT.

THIRD SCHEDULE

(r.18)

RETURN OF NOTIFIABLE INFECTIOUS DISEASES

The following diseases are notified on Med. 25 Forms. These forms are obtainable from Kenya Medical Supplies Agency or any Government medical institution-

Acute poliomyelitis
Anthrax
Cerebro-spinal fever (meningococcal meningitis)
Cholera
Diphtheria
Infective hepatitis
Malaria S.T. (in high altitude areas)
Plague (human)
Plague (rodent)
Rabies
Severe diarrhoeal diseases
Sexually transmitted diseases, including HIV
Smallpox (variola major)
Smallpox (variola minor)
Trypanosomiasis
Tuberculosis
(all forms) Yellow fever

FOURTH SCHEDULE

(r. 26)

MINIMUM STANDARDS FOR A CLINICAL LABORATORY

1. CATEGORIES AND RESPONSIBILITIES OF PATHOLOGISTS

(a) General Pathologist:

- (i) This is a specialist whose basic training has covered all the disciplines of clinical laboratory medicine and who ultimately has attained a recognizable higher qualification in any one or all other disciplines.
- (ii) General pathologists shall run laboratories that carry out the following investigations—

1. Morbid anatomy, histopathology and cytology;
2. Haematology and blood transfusion;
3. Clinical chemistry;
4. Medical microbiology and parasitology;
5. Immunopathology;
6. Forensic pathology;
7. Other allied laboratory investigations

(b) Single Discipline Pathologist:

This is a medically qualified person whose training shall not have covered all the disciplines of clinical laboratory medicine but who shall be a holder of a postgraduate qualification in only one discipline. He shall practise only in his particular discipline of specialization.

(c) Categories of Pathology Laboratories:

For purposes of the practice of clinical laboratory medicine, the following categories of laboratories shall be recognized—

- (i) Government hospitals and County laboratories;
- (ii) Non-profit making missionary hospital laboratories;
- (iii) Non-governmental or private hospital laboratories charge economical fees;
- (iv) Private clinical laboratories not attached to hospitals;
- (v) Nursing home laboratories;
- (vi) Other non-profit making laboratories.

4. MINIMUM FACILITIES FOR A PRIVATE CLINICAL LABORATORY

- (a) A minimum of any three of the following disciplines should be offered— (i)

Haematology and blood transfusion;
 (ii) Medical microbiology and parasitology; (iii)
 Clinical chemistry;
 (iv) Morbid anatomy, histopathology and cytology.

(b) STAFF:

- (i) At least one pathologist;
- (ii) At least one qualified technologist for each of the disciplines.

(c) PHYSICAL FACILITIES:

- (i) Waiting room;
- (ii) Specimen collection room with a couch;
- (iii) Adequate laboratory space dictated by activities.

(d) SAFETY REQUIREMENTS:

- (i) Autoclave for sterilization of specimens before disposal; (ii)
 Fire-fighting equipment;
- (iii) Sinks with both cold and hot water.

(e) EQUIPMENT:

- (i) At least one microscope; (ii)
 Refrigerator;
- (iii) Incubator; (iv)
 Centrifuge;
- (v) Haemoglobinometer; (vi)
 Counting chamber; (vii) E.S.R.
 tube;
- (viii) Disposable syringes and needles;
- (ix) Calorimeter;
- (x) Water bath;
- (xi) Still;
- (xii) Burners;

- (xiii) Electrophoresis tank;
- (xiv) Necessary laboratory glassware;
- (xv) Chemical balance;

(f) REAGENTS AND CHEMICALS:

There should be minimum reagents and chemicals to enable a confirmatory diagnosis to be reached in each of the disciplines offered.

(g) DOCUMENTATION:

All specimens must be recorded in a register. Such registration should show the following—

- (i) date;
- (ii) patient's name;
- (iii) attending doctor's name;
- (iv) nature of the specimen; and
- (v) tests required.

FIFTH SCHEDULE

(r. 33)

1. MINIMUM REQUIREMENTS FOR A CLINICAL RADIOLOGICAL LABORATORY

For the purpose of considering radiological protection facilities, the following should be adopted as a general guide—

- Level 0 - Clinics and health stations operated by a nurse or medical assistant without any direct medical supervision - no radiological facility required.
- Level 1 - Small clinics, health stations or general practices under supervision of a general practitioner who can undertake emergency work and refer patients to other levels - radiography only for chest, fractures (mainly extremities), and in exceptional cases plain abdomen necessary. No fluoroscopy should be undertaken.
- Level 2 - Sub-county hospitals, or rural hospitals staffed by a small number of doctors and undertaking general medical care and minor surgery, some private hospitals, clinics and non-profit making hospitals may be included in this group - radiographic examinations required include chest, simple abdomen, fractures and possibly some fluoroscopic examinations.
- Level 3 - Medium sized County hospital that undertakes routine hospital work such as general medical care and routine surgery including abdominal surgery. The medical staff should include specialists in main fields as defines in these Rules.

All general radiographic work is needed which would include some special examinations e.g. tomography, angiography, urography etc.

Level 4 & 5-National referral, County and private referral hospitals including teaching hospitals where all types of radiological procedures are required.

2. **For a properly organized radiation protected programme to succeed**, it is strongly recommended that—

- (a) In hospitals at levels 3, 4 and 5, all x-ray diagnostic examinations should be carried out by the diagnostic radiology department;
- (b) Even when an x-ray equipment is installed in other departments the head of the radiology department should have responsibility for radiological aspects of any examination performed;
- (c) Level 1 refers to a rural or remote area where no other radiological service is available and the supervision is that of a general practitioner with limited skill in radiology. A fully qualified radiographer may not be available at this level and the x-ray equipment may be operated by a nurse or laboratory technician. Such a nurse or technician should have had additional training in radiography;
- (d) In areas where a more comprehensive radiological service is available, no attempt should be made to provide a level 1 radiological service.

5. PREMISES:

- (a) The x-ray room should provide adequate radiation protection for people outside the room, who may have no knowledge of radiation or radiation requirements;
- (b) The basic x-ray room for general purposes should be about 6 x 4 x 3 metres in size, with wall thickness in all directions of 2mm. lead equivalent;
- (c) The doors, the darkroom hatch, and covers for services and other instructions through the wall should have the same lead equivalent protection;
- (e) Windows should be at least 2 metres from the ground outside the x-ray room and 1.6 metres from the floor level of the room;
- (f) If the control panel is within the x-ray room, the protective shield should be positioned such that neither "once scattered" radiation nor direct radiation can pass round the edge of the shield from any part of the room where x-ray procedures are carried out;
- (g) The darkroom should be at least 6sq. meters in area;
- (h) There should be at least two protected changing cubicles of 1.5sq metres minimum size, preferably outside the x-ray room;
- (i) If ordinary building materials are used, they should be thick enough e.g. in the range 70.25 KV, 15cm of concrete or 25cm of brick with plaster is sufficient;
- (j) However, if a prefabricated wood or metal building is being planned, it will need lead lining, preferably supported by plywood to prevent sagging (2mm. lead sheet is adequate);
- (k) Converting an old building for an x-ray room will need a review by a radiation protection expert.

6. CHOICE OF X-RAY EQUIPMENT:

- (a) The x-ray equipment should be adequate for its purposes e.g. at level 1 of radiological care, a good stationery x-ray tube and generator should be

employed. Improvisation of a mobile machine in an old room used for other purposes should not be tolerated under any circumstances;

(b) For routine general radiography, necessary ancillary apparatus should be provided e.g. chest stand and a stationary couch with grid and film x-ray;

(c) To avoid mains voltage drops, the power supply to an x-ray unit should be separated from, say, that for lifts, etc;

(d) Where power supplies are particularly unreliable, battery operated or condenser discharge equipment should be used;

(e) An x-ray tube head of lower rating than that of generator should be installed;

(f) For exposure controls, meters giving clear indication of voltage, current and milliampere-seconds at all times are required;

(h) The timing device must be capable of making sufficiently short exposures (say down to 0.04 sec) must terminate a present exposure, and must be "dead man" type;

(i) All x-ray, fluoroscopic and dental equipment must further meet the protection standards as laid down by the International Commission on Radiation Protection;

(j) The normal output for radiographic units should lie from 60 KV and above with preferably not less than 50mA. For fluoroscopic units without image intensifiers, 75 KV and 2-3mA is the normal order. 3mA should not be exceeded at 100 KV.

7. SAFETY PROCEDURES: RADIOGRAPHY

(a) Staff positions should be behind protective shields preferably outside the x-ray room providing there is adequate view through a lead glass and communication device for speaking to the patient during exposure;

(b) During special techniques, where staff need be in the x-ray room, protective aprons and gloves should be worn;

(c) Films should be supported mechanically. Beam size should be reduced to cover by means of light beam diaphragms or variable cones only areas under investigation.

FLUOROSCOPY

(a) Only essential persons who must wear protective aprons, should be present in the room during fluoroscopy;

(b) The fluoroscopy switch should be spring loaded so that it is not left on unnecessarily or accidentally;

(c) A cumulative timing device that gives an audible warning and finally switches off after a few minutes to restrict the total switch-on time of the equipment;

(d) A properly darkened room;

- (e) A fluoroscopy switch coupled with the rooms red light;
- (f) If sufficient information can be obtained from radiography alone (e.g. as in chest examinations) then fluoroscopy should not be done;
- (g) There should be effective coning devices;
- (h) With conventional equipment, adequate dark adaptation of at least 15 minutes prior to screening is necessary.

ROOM LAYOUT

- (a) Primary x-ray beam should not fall on the darkroom wall and should not routinely point towards doors or windows;
- (b) Where there is more than one piece of equipment in the same room—
 - (i) only one generator per room should be installed;
 - (ii) a warning device should be mounted on each x-ray tube and control panel of the generator;
 - (iii) an adequate protective screen should be provided between each x-ray tube area;
- (c) For special techniques such as tomography, angiography, etc a special room should be provided;
- (d) Record room, office and waiting room should be provided outside the main x-ray room at all levels;
- (e) Protective screens should be provided for all the positions in which staff are required to be during exposure in the x-ray room;
- (f) Persons required to assist during fluoroscopic procedures should wear a protective apron of at least 0.25mm. lead equivalent;
- (g) The physician performing the fluoroscopic procedures should wear a protective apron of at least 0.25mm lead equivalent;
- (h) When a new x-ray facility goes into operation, all staff members who at any time may enter the department should be issued with radiation monitoring badges;
- (i) Site monitoring during the radiation surveys should be done before commissioning the unit;
- (j) Persons likely to receive three tenths (3/10) of the annual maximum permissible dose should be monitored regularly;
- (k) Radiation personnel should be medically examined on initial appointment and at any time when the exposure levels as indicated by personnel monitoring are sufficiently high.

PROTECTION OF THE GENERAL PUBLIC

- (a) Careful attention must be paid to the protection of all areas around, above and below x-ray rooms;
- (b) Apart from adequate protective thickness of walls, floors, ceilings and doors, unprotected windows should not allow the public outside to be irradiated;
- (c) Stray radiation should not reach the waiting rooms or other occupied areas;
- (d) One patient must not use a curtained corner of an x-ray room to change clothing while another is being radiographed in the same room;
- (e) Separate protected cubicles should be provided preferably outside x-ray room;
- (f) Lead protected doors must always be closed during x-ray examinations;
- (g) Particular care should be taken to avoid irradiating patients in adjacent beds during mobile radiography; and
- (h) Protective clothing should be worn by parents holding children undergoing x-ray examinations. They should not stand in the path of a primary beam.