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THE NATIONAL ASSEMBLY

THIRTEENTH PARLIAMENT - FOURTH SESSION – 2025

DIRECTORATE OF DEPARTMENTAL COMMITTEES

.....
REPORT ON THE CONSIDERATION OF THE MEDICAL SOCIAL WORKERS BILL,
2024 (NATIONAL ASSEMBLY BILL NO. 22 OF 2024)

 THE NATIONAL ASSEMBLY PAPERS LAID	
DATE: 17 APR 2025 DAY: Thursday	
TABLED BY:	Hon. Patrick Ntwiga, MP Vice chairperson
CLERK-AT THE-TABLE:	A. Shibuko

CLERK'S CHAMBERS
DIRECTORATE OF COMMITTEE SERVICES
PARLIAMENT BUILDINGS
NAIROBI

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LIST OF ABBREVIATIONS AND ACRONYMS

MOH	- Ministry of Health
KEMSWA	- Kenya Medical Social Workers Association
COG	- Council of Governors
CWR	- County Women Representative
HQ	- Head Quarter
KANU	- Kenya African National Union
KLRC	- Kenya Law Reform Commission
KMTC	- Kenya Medical Training College
MP	- Member of Parliament
ODM	- Orange Democratic Movement
OAG and DOJ	- Office of the Attorney General and Department of Justice
PhD	- Doctor of philosophy
UDA	- United Democratic Alliance

CHAIRPERSON'S FOREWORD

This report contains proceedings of the Departmental Committee on Health on its consideration of the Medical Social Workers Bill, 2024 (National Assembly Bills No. 22 of 2024) by the departmental Committee on Health which was published on 28th March 2024. The Bill was read the First Time in the House on Tuesday, 13th August, 2024 and thereafter committed to the Departmental Committee on Health for consideration and reporting to the House pursuant to the provisions of Standing Order 127.

The principal object of the Bill is to provide a legislative framework for the regulation of the practice of medical social work. The Bill also establishes the Medical Social Workers Council to regulate medical social work and provides for the composition, functions and powers of the Council. The Bill further provides for the training, registration and licensing of Medical Social workers.


Following the placement of an advertisement in the print media on Friday, 16th August, 2024 seeking public and stakeholder views on the Bill pursuant to Article 118(1)(b) of the Constitution and Standing Order 127(3), the Committee received submissions from fourteen (14) stakeholders including; The Ministry of Health (MOH) State Department for Medical Services, the Office of the Attorney General and Department of Justice (OAG and DOJ), the Kenya Law Reform Commission (KLRC), the Kenya Medical workers Association, Mr. Bravington Ogutu, Dr. Jesca Kinoti, Ms. Margaret Siele, Ms. Peninah Kimani, and Dr. Jesca Kinoti,

The Committee is grateful to the Offices of the Speaker and the Clerk of the National Assembly for the logistical and technical support accorded to it during its sittings. The Committee further wishes to thank all stakeholders who submitted their memoranda on the Bill.

Finally, I wish to express my appreciation to the Honourable Members of the Committee and the Committee Secretariat who made useful contributions towards the consideration of the Bill and production of this report.

On behalf of the Departmental Committee on Health and pursuant to the provisions of Standing Order 199 (6), it is my pleasant privilege and honour to present to this House the Report of the Committee on its consideration of the Medical Social Workers Bill, 2024, National Assembly Bill No. 22 of 2024.

It is my pleasure to report that the Committee has considered the Medical Social Workers Bill, 2024, National Assembly Bill No. 22 of 2024 and has the honour to report back to the National Assembly with the recommendation that the Bill be **approved with amendments as reported by the Committee.**


HON. (DR.) JAMES NYIKAL WAMBURA, M.P.
CHAIRPERSON, DEPARTMENTAL COMMITTEE ON HEALTH

CHAPTER ONE

1.0 PREFACE

1.1 ESTABLISHMENT AND MANDATE OF THE COMMITTEE

1. The Departmental Committee on Health is established pursuant to the provisions of Standing Order 216 of the National Assembly Standing Orders and in line with Article 124 of the Constitution which provides for the establishment of the Committees by Parliament. The mandate and functions of the Committee include:
 - a) *To investigate, inquire into, and report on all matters relating to the mandate, management, activities, administration, operations and estimates of the assigned ministries and departments;*
 - b) *To study the programme and policy objectives of ministries and departments and the effectiveness of the implementation;*
 - ba) *on a quarterly basis, monitor and report on the implementation of the national budget in respect of its mandate;*
 - c) ***To study and review all legislation referred to it;***
 - d) *To study, assess and analyse the relative success of the ministries and departments as measured by the results obtained as compared with their stated objectives;*
 - e) *To investigate and inquire into all matters relating to the assigned ministries and departments as they may deem necessary, and as may be referred to them by the House;*
 - f) *Vet and report on all appointments where the constitution or any other law requires the national Assembly to approve, except those understanding Order 204 (Committee on appointments);*
 - g) *To examine treaties, agreements and conventions;*
 - h) *To make reports and recommendations to the House as often as possible, including recommendation of proposed legislation;*
 - i) *To consider reports of Commissions and Independent Offices submitted to the House pursuant to the provisions of Article 254 of the Constitution; and*
 - j) *To examine any questions raised by Members on a matter within its mandate.*
2. In accordance with the Second Schedule of the Standing Orders, the Committee is mandated to consider matters related to health, medical care and health insurance including universal health coverage.
3. In executing its mandate, the Committee oversees the Ministry of Health with its two State Departments namely the State Department for Medical Services and the State Department for Public Health and Professional Standards.

1.2 COMMITTEE MEMBERSHIP

4. The Departmental Committee on Health was constituted by the House on 27th October 2022 and comprises of the following Members:

Chairperson

Hon. (Dr.) Nyikal James Wambura, MP
Seme Constituency
ODM Party

Vice-Chairperson

Hon. Ntwiga, Patrick Munene MP
Chuka/Igambang'ombe Constituency
UDA Party

Hon. Owino Martin Peters, MP
Ndhiwa Constituency
ODM Party

Hon. Muge Cynthia Jepkosgei, MP
Nandi (CWR)
UDA Party

Hon. Wanyonyi Martin Pepela, MP
Webuye East Constituency
Ford Kenya Party

Hon. Kipngok Reuben Kiborek , MP
Mogotio Constituency
UDA Party

Hon. (Dr.) Robert Pukose, MP
Endebes Constituency
UDA Party

Hon. Kibagendi Antoney, MP
Kitutu Chache South Constituency
ODM Party

Hon. Julius Ole Sunkuli Lekakeny, MP
Kilgoris Constituency
KANU

Hon. Maingi Mary, MP
Mwea Constituency
UDA Party

Hon. Mathenge Duncan Maina, MP
Nyeri Town Constituency
UDA Party

Hon. Lenguris Pauline, MP
Samburu (CWR)
UDA Party

Hon. Oron Joshua Odongo, MP
Kisumu Central Constituency
ODM Party

Hon. (Prof.) Jaldesa Guyo Waqo, MP
Moyale Constituency
UPIA Party

Hon. Mukhwana Titus Khamala, MP
Lurambi Constituency
ODM Party

1.3 COMMITTEE SECRETARIAT

5. The Committee is supported by the following secretariat:

Mr. Hassan Abdullahi Arale
Clerk Assistant I/Head of Secretariat

Mr. Timothy Kimathi
Clerk Assistant III

Ms. Gladys Jepkoech Kiprotich
Clerk Assistant III

Ms. Marlene Ayiro
Principal Legal Counsel I

Ms. Faith Chepkemai
Legal Counsel II

Mr. Hillary Mageka
Media Relations Officer III

Ms. Rahab Chepkilim
Audio Recording Officer II

Ms. Abigael Muinde
Research Officer III

Mr. Hiram Kimuhu
Fiscal Analyst II

Ms. Sheila Chebotibin
Principal Serjeant-At-Arms II

Angela Cheror
Public Communication Officer III

Mr. Eric Lungai
Hansard Officer III

CHAPTER TWO

2.0 THE MEDICAL SOCIAL WORKERS BILL, 2024 (NATIONAL ASSEMBLY BILL NO. 22 OF 2024)

6. The Medical Social Workers Bill, 2024 (National Assembly Bill No. 22 of 2024) was published on 28th March 2024 as a Committee-sponsored Bill. The principal object of the Bill is to provide a legislative framework for the regulation of the practice of medical social work. The Bill also establishes the Medical Social Workers Council to regulate medical social work and provides for the composition, functions and powers of the Council. The Bill further provides for the training, registration and licensing of medical social workers.

1.1 OVERVIEW OF THE BILL

7. **Part I Clause 1 and 2** of the Bill contains preliminary provisions on the short title and interpretation of terms such as medical social work as used within the text of the Bill. Clause 2 defines the term “medical social work” to mean the assessment, diagnosis, treatment and evaluation of individual, interpersonal and societal issues through the use of social work knowledge, skills, interventions and strategies in connection with health to facilitate the achievement of optimum psychosocial functioning.
8. **Part II Clause 3-16** of the Bill provides for the establishment of the Medical Social Workers Council in clause 3 with its headquarters in Nairobi. Clause 5 provides for the functions of the Council whose main purpose is to exercise supervision and control over the training and practice of medical social work in Kenya while clause 6 provides for the powers of the Council. Clause 7 of the Bill provides for the composition of the Council and the qualifications for appointment as members of the Council. The members of the Council shall include a Chairperson appointed by the Cabinet Secretary, the Director-General for Health or a representative, the Director of Medical Social Work in the Ministry, the CEO of the Kenya Medical Training College or a representative, the Chairperson of the Kenya Medical Social Workers Association, three medical social workers nominated by the Association, and the Registrar as an *ex-officio* member.
9. The Part also provides for the establishment of Committees and appointment of the Registrar and Staff by the Council for effective performance of its functions.
10. **Part III Clause 17-27** of the Bill focuses on the training and registration of medical social workers. Clause 18 outlines the qualifications required for registration including holding a qualification recognized by the Council and internship under the supervision of a registered medical social worker. Clause 19 outlines the process of application for registration while clause 21 provides for the keeping and maintenance of a register of medical social workers by the Registrar of the Council.
11. The Part also requires medical social workers to hold a valid practicing license, which is subject to renewal, suspension or cancellation based on compliance with the prescribed professional standards.

12. **Part IV Clause 28-33** of the Bill deals with the discipline of medical social workers. It establishes a Disciplinary Committee to handle cases of professional misconduct, negligence, impropriety or misconduct by registered medical social workers. This Committee has the authority to investigate and recommend disciplinary action such as imposition of fines, suspension or removal from the register. Additionally, the Part provides a process for lifting suspensions and restoration of names in the register after a specified period or upon appeal.
13. **Part V Clause 34-38** of the Bill outlines the financial provisions for the Medical Social Workers Council. It details the sources of the Council's funds which include monies vested in the Council in exercise of its powers, monies payable to the Council, gifts, grants, donations or endowments and monies from any other lawful source. The Council is required to manage its funds responsibly, prepare annual financial estimates, and submit its accounts for audit.
14. **Part VI Clause 39-44** of the Bill provides for the miscellaneous provisions related to the practice of medical social work. This Part prohibits individuals from practising without a valid practising licence, with penalties for violations including fines or imprisonment. It also makes provision for subscription fees payable annually to the Council, redress over the decisions of the Council, offences and penalties in relation to compliance with the provisions of the law.
15. **Part VII Clause 45)** of the Bill provides for delegated legislation. It mandates the Cabinet Secretary for Health in consultation with the Council to make Regulations on various matters related to medical social work practice including fees payable, prescribed forms, training and continued professional development of medical social workers, standards and conditions of professional practice.
16. **Part VIII (Clause 46-48)** of the Bill provides for general provisions including a general penalty where any provision of the Act is contravened. It also contains transitional provisions in relation to the coming into force of the law.
17. The **First Schedule of the Bill** provides for the conduct of the business and affairs of the Council in terms of meetings, elections, quorum, contracts and instruments, common seal and conflict of interest.

CHAPTER THREE

3.0 CONSIDERATION OF THE BILL BY THE COMMITTEE

3.1 LEGAL PROVISION ON PUBLIC PARTICIPATION

18. Article 118 (1) (b) of the Constitution of Kenya provides as follows—

“Parliament shall facilitate public participation and involvement in the legislative and other business of Parliament and its Committees.”

19. Standing Order 127(3) provides that—

“The Departmental Committee to which a Bill is committed shall facilitate public participation on the Bill through an appropriate mechanism, including—

- (a) inviting submission of memoranda;*
- (b) holding public hearings;*
- (c) consulting relevant stakeholders in a sector; and*
- (d) consulting experts on technical subjects.*

20. Standing Order 127(3A) further provides that—

“The Departmental Committee shall take into account the views and recommendations of the public under paragraph (3) in its report to the House.”

3.2 PUBLIC PARTICIPATION IN THE REVIEW OF THE BILL

21. The Medical Social Workers Bill, 2024 sponsored by the health Committee was published on 28th March 2024. Pursuant to Standing Order 127(1), the Bill was referred to the Departmental Committee on Health having been read the First Time in the House on 13th August 2024.

22. Pursuant to the aforementioned provisions of the Constitution and Standing Orders on public participation, the Committee, through local daily newspapers (Nation and Standard) of Monday, 19th August 2024, published an advertisement inviting the public to submit memoranda on the Bill.

23. The Committee also sought comments on the Bill from relevant stakeholders namely the Kenya Medical Social Workers Association, Ministry of Health, the Office of the Attorney General and the Kenya Law Reform Commission.

24. Further, the Committee invited various stakeholders including the Office of the Attorney-General and the Ministry of Health to make submissions on the Bill. The meeting was held on Tuesday, 17th September, 2024 at the 5th floor Bunge tower, Parliament Buildings.

3.2.1 SUBMISSIONS ON THE BILL

25. The Committee received submissions through oral presentations and written memoranda from the following institutions:

26. The **Ministry of Health (MOH)** submitted as follows:

Clause 7-

- (a) Delete sub clause 1(d) and replace with the following—"a representative from a training institution approved under the Universities Act 2012, or Technical and Vocational Education and Training Act 2013 offering approved courses in medical social work"

Rationale- Training of medical social workers is offered at various middle level colleges and in public and private universities. The current provision will limit the representation to only one institution (Kenya Medical Training College).

Committee resolution: Adopted: Medical social workers training is offered at various middle level colleges and in public and private universities

- (b) Delete sub clause 1(f) and replace with the following—"three medical social workers registered with the Medical social Workers Council and nominated by the Kenya Medical Social Workers Association."

Rationale- To ensure that the nominated medical social workers are in good standing with the Council.

Committee resolution: Not Adopted. The issues raised shall be addressed by the Association during the nomination.

- (c) Insert a new paragraph (h) in sub clause (1) as follows—" (h) a representative of vulnerable persons."

Rationale- To ensure representation of the users of the medical social work services, majority of whom are vulnerable persons.

Committee resolution: Not Adopted; the proposal raises practicality challenges.

- (d) Insert a new paragraph (i) in sub clause (1) as follows—" (i) a person with the knowledge and expertise in finance"

Rationale- To ensure financial accountability in the Council.

Committee resolution: Not Adopted: This is provided for in the qualifications of the three officers nominated by the Kenya Medical Social Workers Association.

Clause 12- Delete clause 12(2)(c) and substitute with the following—"holds a degree in Medical Social Work, Psychology, Sociology, Social work, counseling or its equivalent from a university recognized in Kenya".

Rationale- To ensure that the position attracts highly qualified professions that are specialized in the field rather than generalized.

Committee resolution: Adopted with amendment: The Clause was amended to reflect the proposals as above.

Clause 17- Insert a new sub clause as follows—" (f) The Council shall approve the training curriculum for medical social workers".

Rationale- To ensure uniformity and quality of training.

Committee resolution: Not Adopted; this is provided for in the clause 5(2) b

First schedule- Agrees with all clauses of the Bill save for the aforementioned highlighted clauses.

27. **The Office of the Attorney-General and Department of Justice (OAG and DOJ)** made the following submissions:

Clause 2-

(a) In the definition of the term “register”, insert the conjunction ‘and’ immediately after the expression “under Section 21”,

Committee resolution: Adopted: For proper drafting

(b) Insert a full stop (.) immediately after the expression “section 12” appearing in the definition of the Registrar.

Committee resolution: Adopted: For proper drafting

Clause 7-

(a) **Amend clause 7(6)** to specify the appointing authority for the members of the Council.

Rationale- To ensure effective implementation of clause 7(6).

Committee resolution: Adopted to specify the appointing authority for the members of the Council.

(b) **Review clause (7) (2).**

Rationale- Clause 7(2) (b) contradicts the requirements under Clause 7(2) (a) since clause (7) (2) (b) requires a person to be appointed as a chairperson to the Council to have proven knowledge and experience of at least ten years in matters of medical social work which overtly discriminates on persons with other qualifications as specified under clause 7(2) (a), which includes mental health, psychology, sociology, social work, counselling and anthropology.

Committee resolution: Adopted: To provide clarity that the chairperson of the Association is appointed by virtue of their office.

(c) **Review clause 7(3).**

Rationale- Clause 7(2) (b) contradicts the requirements under Clause 7(2) (a) since clause (7) (2) (b) requires a person to be appointed as a chairperson to the Council to have proven knowledge and experience of at least ten years in matters of medical social work which overtly discriminates on persons with other qualifications as specified under clause 7(2) (a), which includes mental health, psychology, sociology, social work, counselling and anthropology.

Committee resolution: Adopted with amendments: The qualifications revised to address the contradiction.

(d) **Delete clause 7(4).**

Rationale-The clause empowers the Cabinet Secretary to make regulations for nomination of members referred to in sub clause 1(e) and (f). Clauses 7(1)(e) and 7(1)(f) provides for the Chairperson of the Kenya Medical Social Workers Association and three medical social workers nominated by the Kenya Medical Social Workers Association as forming part of the Council, respectively. The Chairperson of the Kenya Medical Social Workers Association is a member of the Council by virtue of the office hence the requirement to regulate the criteria for nomination of a member under clause 7(1) (e) is unnecessary. Similarly, the members nominated under clause 7(1) (f) are members of a

professional body and the procedures for nomination are better dealt with administratively within the Association. In this regard, while clause 7(1) (e) is self-executing, clause 7(1)(f) does not require subsidiary legislation to operationalize the clause as the nomination can be undertaken administratively within the Association.

Committee resolution: Adopted with amendments: The qualifications revised to address the contradiction.

- (e) **Clause 12-** Delete clause 12(2)(c) and substitute with the following—"holds a degree in Medical Social Work, Psychology, Sociology, Social work, counseling or its equivalent from a university recognized in Kenya".

Rationale- To ensure that the position attracts highly qualified professions that are specialized in the field rather than generalized.

Committee resolution: Adopted with amendment: The Clause was amended to reflect the proposals as above.

28. **The Kenya Law Reform Commission (KLRC)** submitted that;

Clause 1- Delete the provision on commencement date of the Act.

Rationale- There is an urgency to regulate and recognize medical social workers who presently engage in active practice in the health sector. Legislation is developed to cure gaps.

Committee resolution- Adopted: Article 116 of the Constitution makes provision on how a Bill comes into force.

Clause 2-

- (a) Delete the definition of the term "Association".
- (b) Delete the definition of the term "Financial year".
- (c) Delete the definition of the term "gazette".
- (d) Modify the definition of the term "medical social work" by using the term "includes"

Rationale- The definition of Association gives prominence to only one association that is currently existing. In the event another that another there would be conflict if another Association is registered. The terms "gazette" and "financial year" are already defined hence there is no need to lay emphasis. The term "medical social work" is continuously expanding and evolving.

Committee resolution:

Not Adopted: The terms association, financial year and gazette are defined for clarity purposes since they are used within the text of the Bill.

D was adopted: This is to provide for continuous expansion of the profession.

Clause 4- (a) Delete clause 4 and substitute with the following new clause—

4(1) The headquarters of the Council shall be in Nairobi, but the Council may establish offices at any other places in Kenya.

(2) The Council shall ensure access to its services in all parts of the Republic in accordance with Article 6(3) of the Constitution.

Rationale- The use of the word 'units' and the general phrasing of the provision creates ambiguity. Given that the provision deals with the headquarters, the word 'offices' is more appropriate.

Committee resolution: Not Adopted: The term unit sufficiently provides for the establishment of offices, departments and even branches at any other place in Kenya.

Clause 5- (a) Delete the words "exercise supervision and control over the training and practice of medical social workers" in clause 5(1) and replace with the words—"Regulate the practice of medical social work"

Rationale- To bring clarity on the regulatory functions of the Medical Social Workers Council.

Committee resolution: Not Adopted: The clause as drafted provides for the regulation of the medical social workers.

(b) Delete the words "minimum educational qualification" in clause 5(2)(a) and substitute with the words "develop, establish and maintain qualifications for members".

Rationale- It is not the work of the Council to prescribe minimum educational qualification.

Committee resolution: Adopted with Amendments: To broaden the function of the council to include developing and maintenance of the qualifications relating to the practice of medical social workers as follows in Kenya.

c) Delete clause 5(2)(e) and substitute with a new paragraph—

"(e) To receive and investigate complaints against members of the Council and to deal with issues of discipline, professional misconduct, incompetency and incapacity".

Rationale- One cannot formulate and purport to accredit one self. Accreditation must be undertaken independently. Publication in this clause can done through the website.

Committee resolution: Not Adopted: The clause is broader than what has been proposed.

(d)Delete the word "accredit" in clause 5(2)(g).

Committee resolution: Not Adopted: The council needs to accredit for uniform and controlled development and progression within the profession.

(h) Delete the requirement to gazette in clause 5(2) (g).

Rationale: Publication in this clause can done through the website.

Committee resolution: Adopted: Its more cost effective to publish on its website.

d)Clause 7- Consider amending Clause (7) (3) (b) since in the event that the Association nominates three persons with minimum qualification, it would mean that no one would be qualified to be a Chairperson of the Council.

Rationale- Paragraph (a) of subclause 1 provides that the Chairperson of the Council will be nominated from persons listed under paragraph (f), which provides that the Kenya Medical Social workers Association will nominate three people to the Council. Paragraph 2(b) provides that the person nominated for the position of Chairperson should have at least ten years' experience. Paragraph (3) (b) on the other hand provides that the three persons nominated by the Association should have at least five years' experience.

Committee resolution: Adopted with Amendments; by reducing the qualifications of the chairperson in 7(2) b to at least five years' experience.

(b) Delete the reference to paragraph (1) (e) in clause 7(3).

Rationale- Paragraph (1) (e) provides that the chairperson of the Association shall be a member of the Council. Paragraph 3 provides for the qualifications of the person nominated under paragraph (1) (e). By prescribing the qualification relating to the Association, the Bill infringes the right of the Association's members under Article 36 of the Constitution. The qualifications of the leadership of an Association should be provided for in that Association's constitution.

Committee resolution: Adopted: To provide clarity that the chairperson of the Association is appointed by virtue of their office.

(c) Delete reference to paragraph (1) (e) in clause 7(5) (f).

Rationale- The Chairperson of the Association holds the position in the Council by virtue of the office. Should they lose their license but the Association's constitution allows them to remain in office, then that position in the Council will remain vacant. Given that the provision does not apply to other persons who are members of the Council by virtue of their offices, it should not apply to the Chairperson of the Council either.

Adopted: To provide clarity that the chairperson of the Association is appointed by virtue of their office.

Clause 8- Delete reference to clause 7 (1) (e) in clause 8(2).

Rationale- Clause 7(1) (e) provides that the Chairperson of the Association shall be a member of the Council. Clause 8(2) provides that the person nominated under clause 7(1) (e) shall serve for a term of three years but shall be eligible for reappointment for a further term. The Chairperson of the Association is a member of the Council by virtue of the office and therefore should remain in the Council for as long as he or she remains in office.

Committee resolution: Adopted to address the error in cross-referencing

Clause 9- Delete the reference to clause 7(1) (e) in clause 9(2).

Rationale- The replacement of the Chairperson of the Association in the Council can only be subject to the election of a new Chairperson of the Association in accordance with the Association's Constitution.

Committee resolution: Adopted to address the error in cross-referencing.

Clause 19- Insert the following new sub clause immediately after clause 19(5)—

"(6) Any person who, while making an application under this section, makes a false or misleading statement or submits a forged certificate commits an offence and shall, upon conviction, be liable to a fine not exceeding five hundred thousand shillings, or to imprisonment for a term of not less than one year, or to both."

Rationale- The clause is provided for in the miscellaneous provisions however for the proper order of the Act, it should be brought to clause 19.

Committee resolution: Not Adopted: The clause ought to remain in part on the miscellaneous provisions.

Clause 21-

a) Review clause 21(5) (b).

Rationale- The clause as currently phrased implies that a person who is not in the published register or whose name has been removed from the register, is registered under the Act.

Committee resolution: Adopted: The clause was redrafted to address the ambiguity.

b) Correct the cross-referencing in clause 21(9).

Rationale- The provision on consensual removal from the register is contained in sub clause (8) and sub clause (5).

Clause 22-

(a) **Insert a new sub clause immediately after clause 22(2)—**“(3) No person shall, while in charge of any institution or any other health organization in Kenya, allow a person who is not registered and licenced under this Act to practice as a medical social worker in that institution.”

Rationale- The clause is provided for in the miscellaneous provisions however for the proper order of the Act, it should be brought to clause 22 since all provisions on licensing should be under one clause.

Committee resolution: Not Adopted: The clause ought to remain in part on the miscellaneous provisions.

(b) **Delete clause 22(3) and replace with the following new clause—**

“(4) A person who contravenes the provisions of this clause commits an offence and shall, upon conviction, be liable to a fine not exceeding five hundred thousand shillings, or to imprisonment for a term of not less than 2 years, or to both.”

(c) Renumber the existing sub clause (3) as sub clause (4) and amend it.

Rationale- Given that there is more than one offence in the clause with the proposed amendment, it is necessary to generalize the penalty provision.

Committee resolution: Not Adopted: The clause ought to remain in part on the miscellaneous provisions.

Clause 28-

(a) **Delete clause 28(2) and replace with the following new sub clause—**“(2) The quorum of the Committee shall be three members, provided that the members appointed under section (1) (c) shall not constitute a quorum in the absence of any other member. In the event that the chairperson is absent, but the meeting has quorum under this section, the members present shall nominate one member from amongst their number to preside over the meeting.”

Rationale- For the purpose of balance it is undesirable for the three members of the Committee nominated by the Association to constitute quorum in the absence of the Chairperson, the Director-General for health, the Attorney-General or the Registrar.
The provision should also indicate how a Chairperson is arrived at in a meeting where the substantive Chairperson is absent.

Committee resolution: Adopted with Amendment to provide that the three members of the Committee nominated by the Association cannot constitute a quorum in the absence of any other member.

(b) Amend clause 28(3) by inserting the words “appointed under subsection 1(c)” immediately after the word “Committee”.

Rationale- The three medical social workers elected by the members of the Association are members of the Disciplinary Committee by virtue of their offices and therefore can only leave the Committee if they cease holding their respective offices.

Committee resolution: Adopted: the appointment of the other members of the disciplinary committee is by virtue of their office.

Clause 29-

Delete clause 29 (a)

Rationale- Conviction by a court of law is a fact that need not be tried again under a disciplinary procedure. Subjecting a convicted person to a disciplinary procedure violates Article 50(2) (o) of the Constitution. It is further sufficient that clause 21(6) (a) of the Bill provides for the removal of a convicted person from the register.

Committee resolution: Not Adopted: the clause as drafted is in order and there is no unfairness.

Clause 40- Delete clause 40.

Rationale- Insistence on sealed physical certificates seems a bit archaic in a world that is increasingly becoming digital. The issuance of a practice number upon renewal of a licence should be enough proof that a person is licensed to practice.

Committee resolution: Not Adopted. The seal is necessary for the purpose of authentication of certificates issued by the council including those provided through digital platforms.

Clause 42- Delete clause 42.

Rationale- The provisions of clause 42 (1) (2) (3) and (4) should be covered under clause 22 as per the KLRC's proposed amendment. The provisions of clause 42(5) should be covered under clause 19.

Committee resolution: Not Adopted: The clause ought to remain in part on the miscellaneous provisions.

Clause 45- Amend the cross reference in clause 45(2) (a) from “section 9 (1) (e) and (f)” to “section 7(1) (f)”.

Rationale- The provision relating to the nomination of Council members is section 7 and not section 9. Section 7(1) (e) further relates to the Chairperson of the Association and hence no regulation is necessary to provide for the criteria for his or her nomination to the Council.

Committee resolution: Adopted for proper cross-referencing.

Clause 46- Delete clause 46 and replace with the following new clause—

“A person contravenes the provision of this Act commits an offence and shall, where no other penalty is applicable, be liable upon conviction to a fine not exceeding five hundred thousand shillings, or to imprisonment for a term not less than one year, or both.”

Rationale- There are other penalties within the Bill and hence it is important to specify that the general penalty applies where no other penalty applies.

Committee resolution: Adopted the clause applies where there are no other penalties.

First Schedule- Delete the expression “section 12(1)” and substitute the expression “section 11(1)”.

Rationale- The First Schedule relates to section 11(1) of the Act and not section 12(1) as indicated.

Committee resolution: Adopted for proper cross-referencing.¹

29. Kenya Medical Social Workers Association (KEMSWA)

In Clause 7

- a) Amend clause 7 on the composition of the Council by inserting a new subclause (h) to include a representative of universities in Kenya that offer medical social work education.

Committee resolution: Adopted with Amendments: to provide for a representative from a training institution approved under the Universities Act 2012, or Technical and Vocational Education and Training Act 2013 offering approved courses in medical social work”.

- b) Delete the words “psychology”, “counselling and “mental health” and allow them to be taken care by the statement “or its equivalent and add the word “medical” before anthropology and sociology.

Rationale: A substantive law on counselling and psychology already exists. Medical social workers practice embedded counselling.

Committee resolution: Adopted: A substantive law on counselling and psychology already exists.

In Clause 12-

- a) Delete the words “psychology”, “counselling” and “mental health” and allow them to be taken care of by the statement “or its equivalent”.
- b) Insert the word “medical” before anthropology and sociology.

Rationale- A substantive law on counselling and psychology already exists. Medical social workers practice embedded counselling.

Committee resolution: Adopted with amendment: The Clause was amended to reflect the proposals as above.

In clause 17- Add the "KMTC Act "

Rationale- KMTC is a training institution.

Committee resolution: Not Adopted. Accreditation of training institutions is provided for under the Universities Act and the Technical and Vocational Education and Training Act.

In Clause 18- Add KMTC Act in clause 18(4) and (5).

Rationale- KMTC is a training institution.

Committee resolution: Not Adopted. Accreditation of training institutions is provided for under the Universities Act and the Technical and Vocational Education and Training Act.

In Clause 47-

(a) Clause 47(2) should come before clause 47(1).

Committee resolution: Not an Adopted; the clause as drafted is in order.

(b) Delete the words "ninety days" and replace with the words "twenty four months" in clause 47.

Rationale: If the prescribed course by the Council as per the Bill was to take twelve months at minimum with all practicing medical social workers required to go through, there is a very high likelihood of interference with service delivery. Training would only be feasible in groups even with the use of online or distance learning.

Committee resolution: Adopted: to increase the timelines of medical social workers' transition to comply with the Act to twenty-four months.

(c) Delete the word "twelve" and replace with the words "thirty six" in clause 47(2).

Rationale- If the prescribed course by the Council as per the Bill was to take twelve months at minimum with all practicing medical social workers required to go through, there is a very high likelihood of interference with service delivery. Training would only be feasible in groups even with the use of online or distance learning.

Committee resolution: Adopted to increase the timelines from twelve months to thirty-six months.

30. **Dr. Jesica Kinoti- Medical Social Work Lecturer, Researcher and Consultant**

In Clause 2- Include the recognition of the profession as an academic discipline in the definition of the term "medical social work".

Rationale- To pave way for the development the profession to PhD levels so as to strengthen research and policy formulation and implementation.

Committee resolution- Not Adopted: The Bill seeks to regulate the medical social worker profession which includes training in medical social work and hence no need for it to be mentioned in the definition.

In Clause 7- Provide for the representation of the university in the Medical Social Workers Council with a minimum qualification of a PhD in clause 7(1).

Rationale- To strengthen the development of the curriculum for teaching and research in the field of medical social worker.

Committee resolution: Adopted with Amendment to provide for a representative from a training institution approved under the Universities Act 2012, or Technical and Vocational Education and Training Act 2013 offering approved courses in medical social work”

First Schedule- Expressed support for the Bill and requested that it is enacted and thanked the Chairperson of the Committee for introducing the Bill.

Rationale- Medical social work is a noble profession and has been recognized by the Ministry of Health and the government scheme of service. The profession deals with sensitive matters in bridging the gap between patients and resources in different set ups and in particular in health centres. Issues of handling patient Medical social work is a noble profession and has been recognized by the Ministry of Health and the government scheme of service. The profession deals with sensitive matters in bridging the gap between patients and resources in different set ups and in particular in health centres. Issues of handling patient data that involve ethical issues, supporting patients in hospital and in community and managing care and support services are all sensitive matters among others which needs the Bill to regulate the same.

The medical social work profession, which focuses majorly on prevention and management, resonates well with the worldwide principles of primary health care are to be upheld in order to realize optimal health within the resource constraints.

The Committee noted.

31. Mr. Bravingtone Ogutu

Clause 2- Adopt the following as the definition of the term “medical social worker”—

“A medical social worker is a professional who works within healthcare settings to support patients and their families in coping with the social, emotional, and financial challenges that arise from the illness, injury, or hospitalization.

Rationale- They are trained in social work and specialize in the intersection of healthcare and social services, helping to ensure that patients receive comprehensive care that addresses not just their medical needs but also their psychological well-being.”

Committee resolution: Adopted with Amendments: the term redefined to bring clarity to its meeting as follows: A healthcare professional registered under this Act who works within a healthcare setting and supports patients and their families

in coping with social, emotional and economic challenges occasioned by an illness, injury or hospitalization”

Clause 12-

Anthropologists cannot be included in the Bill.

Psychologists have their Board and cannot be included in this Bill.

Rationale: While both medical social workers and anthropologists are concerned with human well-being, their focus, methods and work environment are distinct. Medical social workers provide direct care and support within health care settings, while anthropologists study human behavior and cultures often in a research or academic context.

Committee resolution: Adopted with amendment: The Clause was amended to reflect the proposals as above.

32. Ms. Margeret Siele- Medical Social Work Services Coordinator, Nakuru County

Clause 7- Delete “mental health, psychology, counseling and anthropology” from the qualifications to be appointed as the Chairperson and members of the Medical Social Workers Council in clause 7(2) and 7(3) and only retain “medical social work, social work, sociology or its equivalent from a university recognized in Kenya”.

Rationale- Medical social workers provide psychosocial support services and play various roles including educators, counsellors, facilitators, advocates and problems solvers in the health facilities. They provide insight to social dimension in medical services.

Committee resolution: Adopted with Amendments: the chair and the members of the Council will have knowledge in medical social work, medical social sociology, medical anthropology or finance.

First Schedule: Expressed strong support for the Bill and thanked the Chairperson of the Committee for introducing the Bill. Urged all Members of Parliament to prioritize the passage of the Bill to support the professional growth and advancement of medical social workers in Kenya.

Rationale: Medical social work services complete the definition of health according to WHO that states that health encompasses the physical, social, psychological and mental wellbeing of a person. Many at times the social component is left out, yet it is the most critical since 90% of health cases are social in nature. By investing in the regulation and promotion of medical social work, the country can enhance the quality of care, improve patient treatment outcomes and contribute to the well-being of our communities and the nation at large.

Medical social workers are a link between the hospital and the community and counterpart organizations and institutions like children homes, rescue centres, police, children offices, NGOs and CBOs etc. with the objective of providing holistic healthcare services. The Bill is a crucial step towards recognizing and enhancing the profession of medical social work in Kenya. It will provide for standards for education, training, licensing and ethical conduct for medical social work practice

which translates to well-equipped and empowered medical social workers who will deliver high-quality care to individuals and families in healthcare settings.

The Committee noted:

33. Mr. Leonard Ngeno- Medical Social Worker stationed at Nakuru County Referral and Teaching Hospital-

Appreciated the Chairperson of the Committee for introducing the Bill.

Rationale- To regulate the medical social workers' profession for better service delivery. Medical social workers offer services including:

- (a) conducting social economic assessment of patients;
- (b) health education;
- (c) adolescence issues; and follow up on neglected, abused and abandoned children.

The Committee noted

34. Ms. Penina Kimani- Medical Social Worker practicing in Nakuru County

First schedule:

Expressed strong support for the Bill and thanked the Chairperson of the Committee for introducing the Bill. Urged all Members of Parliament to prioritize the passage of the Bill.

Rationale- The Bill aims to regulate and promote the practice of medical social work in Kenya. Medical social workers play a critical role in addressing the psychosocial economic needs of patients, providing emotional as well as material support, and connecting them with essential services and resources they need. They are instrumental in advocating for patient's right to access healthcare, ensuring their holistic well-being, and facilitating their access to necessary services.

The Bill is therefore a crucial step towards recognizing and enhancing the profession of medical social work in the country. By establishing standards for education, training, licensing, and ethical conduct, the Bill will ensure that medical social workers are well-equipped and empowered to deliver high-quality care to individuals and families in healthcare settings.

The Bill will therefore support the professional growth and advancement of medical social workers in Kenya. By investing in the regulation and promotion of medical social work, the country can enhance the quality of care, improve patient's outcomes, and contribute to the well-being of our communities.

The Committee noted

35. Mr. Kelwon Kandie- Medical Social Worker Kenyatta National Hospital

Urged the National Assembly to pass the Bill as it will significantly contribute to the well-being of Kenyan citizens and the efficiency of the healthcare system. In his memorandum, Mr. Kelwon gave a historical overview of medical social work and the global and Kenyan situation on medical social work, justified the need for regulation and highlighted the public benefits of this proposed legislation.

He also attached the Medical Social Workers Code of Ethics and Professional Standards which will guide the conduct and practice of medical social workers in providing essential psychosocial services within healthcare settings.

Rationale- The regulation of medical social workers is essential to ensuring that professional standards are upheld and that patients receive quality care through structured, ethical practices. The Bill represents a crucial step in strengthening Kenya's healthcare system by formalizing and regulating the role of medical social workers. By addressing the social determinants of health that often go unaddressed in clinical settings, the Bill will enhance healthcare service delivery, improve patient outcomes, and ensure comprehensive care that meets the medical, social, and emotional needs of patients. Additionally, regulating the training, practice, and licensing of medical social workers will promote ethical and accountable service delivery while elevating the professional standing of the field. Through the Bill:

- (a) The Council shall set clear standards for the profession, ensuring that medical social workers are adequately trained and equipped to meet the needs of the healthcare system which will improve the quality of services provided to patients and ensure accountability among practitioners;
- (b) The healthcare system will benefit from a more holistic approach to patient care, reducing hospital readmissions, improving treatment adherence, and enhancing overall clinical outcomes;
- (c) There will be a framework for integrating medical social work services into mainstream healthcare, which will directly impact public health goals, such as reducing the burden of non-communicable diseases and mental health conditions; and
- (d) There will be inclusion of medical social workers in multidisciplinary teams, particularly in managing complex cases such as cancer, HIV, and mental health disorders which will lead to more comprehensive care and better health outcomes for patients.
- (e) The Bill is aligned to, and has complementarity with the existing laws in the health sector namely the Health Act, the Public Health Act, the Mental Health Act, HIV and AIDS Prevention and Control Act, Community Health Services Act, Health Records and Information Managers Act, Occupational Safety and Health Act, Nutritionists and Dieticians Act, Primary Health Care Act, Digital Health Act, Facility Improvement Financing Act and Social Health Insurance Act.

CHAPTER FOUR

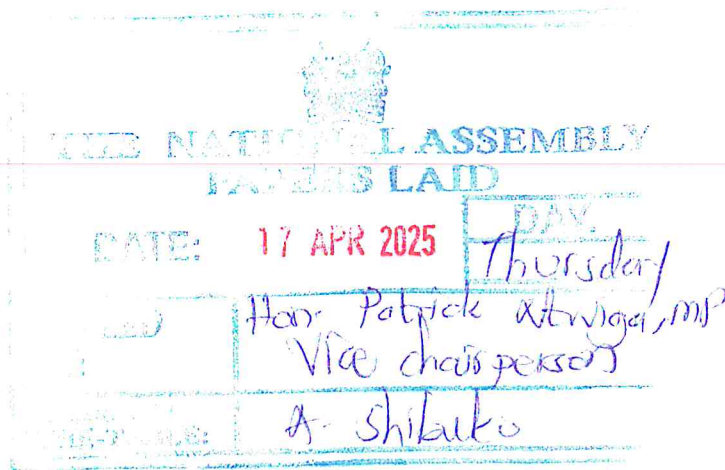
4.0 COMMITTEE OBSERVATIONS

36. The Committee, having considered the Medical Social Workers Bill, (National Assembly Bill No. 22 of 2024) and submissions from stakeholders, made the following observations:
- a) Medical social workers are trained at institutions including Kenya Medical Training College (KMTTC), Nairobi Women's Hospital College (Diploma level), Jomo Kenyatta University of Agriculture and Technology (JKUAT), and Masinde Muliro University of Science and Technology (MMUST) (Degree level). The University of Nairobi offers a Postgraduate Diploma in Psychiatric Social Work. As of 2023, there were approximately 1,650 medical social workers in the country.
 - b) The Bill seeks to establish a structured framework for training, registering, licensing, and regulating medical social workers in Kenya. Its primary aim is to enhance professionalism within the sector, ensure standardization, and safeguard public welfare by promoting ethical practices among medical social workers.
 - c) Medical social workers play a critical role in delivering psychosocial support, enhancing patient welfare, and contributing to holistic healthcare. The profession is aligned with the ongoing shift toward evidence-based healthcare, supporting comprehensive service delivery through the integration of social determinants of health. By professionalizing the sector, the Bill will improve service quality and support the realization of universal health coverage.
 - d) The proposed legislation complements the Constitution of Kenya and the Health Act (Cap. 241), particularly the right to the highest attainable standard of health. Additionally, the profession contributes to the achievement of key Sustainable Development Goals (SDGs):
 - (i) SDG 1: Eradicating poverty;
 - (ii) SDG 3: Ensuring healthy lives and promoting well-being for all;
 - (iii) SDG 8: Promoting decent work and sustainable economic growth.
 - e) Unlike other health professions, medical social work currently lacks a regulatory body, thus the Bill seeks to provide the necessary legislative foundation to institutionalize, professionalize, and standardize the practice of medical social work in Kenya.

CHAPTER FIVE

5.0 COMMITTEE RECOMMENDATION

The Committee, having considered the Bill clause by clause and submissions by the various stakeholders recommends to the House that the Medical Social Workers Bill, 2024 (National Assembly Bill No. 22 of 2024) should be proceeded with amendments. The amendments are set out in Chapter Six of this report.



CHAPTER SIX

6.0 SCHEDULE OF AMENDMENTS

Upon considering the Medical Social Workers Bill, 2024 (National Assembly Bill No. 22 of 2024) and submissions from stakeholders, the Committee proposes the following amendments:

CLAUSE 1

THAT, Clause 1 of the Bill be amended by deleting the words “and shall come into force twelve months after publication in the Gazette”.

Justification: Article 116 of the Constitution makes provision on how a Bill is to come into force.

CLAUSE 2

THAT, Clause 2 of the Bill be amended—

- (a) in the definition of the term “medical social work”, delete the word “means” and substitute therefor the word “includes”.

Justification: To ensure the broad and inclusive use of the term as the medical social work profession keeps growing.

- (b) by deleting the definition of the term “medical social worker” and substituting therefor the following new definition—

“medical social worker” means a healthcare professional registered under this Act who works within healthcare settings and supports patients and their families in coping with social, emotional and economic challenges occasioned by an illness, injury or hospitalization.

Justification: The term “medical social worker” amended to bring clarity on its meaning.

CLAUSE 5

THAT, Clause 5 of the Bill be amended in sub clause (2) by —

- (a) deleting the words “prescribe the minimum educational requirements for persons wishing to be registered as” appearing in paragraph (a) and substituting therefor the words “establish and maintain qualifications for”; and

Justification: To broaden the functions of the Medical Social Workers Council to include development and maintenance of the qualifications relating to the practice of medical social work in the country.

- (b) deleting the words “in the Kenya Gazette” appearing in paragraph (h) and substituting therefor the words “on its website”.

Justification: Publication on the Medical Social Workers Council’s website is more cost-effective and practical.

CLAUSE 7

THAT, Clause 7 of the Bill be amended—

- (a) in sub-clause (1) by deleting paragraph (d) and substituting therefor the following new paragraph (d)—

“(d) a representative from a training institution accredited under the
Cap. 210. Universities Act or the Technical and Vocational Education and Training
Cap. 210A. Act offering approved courses in medical social work;

Justification: The current provision will limit the representation to only one institution, the Kenya Medical Training College) and yet the training of medical social workers is offered at various middle level colleges and in public and private universities.

- (b) in sub-clause (2) by—

- (i) deleting the words “Mental Health, Psychology, Sociology, Social Work, Counselling, Anthropology” appearing in paragraph (a) and substituting therefor the words “medical sociology, social work, medical anthropology”.

Justification: To ensure that the Medical Social Workers Council has the relevant qualifications for the effective regulation of the practice of medical social work in the country.

- (ii) deleting the words “ten years in matters of medical social work;” appearing in paragraph (b) and substituting therefor the word “five years”.

Justification: The Chairperson of the Medical Social Workers Council is to be nominated from a section of the members and hence the need to ensure that the latter are also qualified to be appointed as the Chairperson.

- (c) in sub-clause (3) by deleting the words “Mental Health, Psychology, Sociology, Social Work, Counselling, Anthropology” appearing in paragraph (a) and substituting therefor the words “medical sociology, social work, medical anthropology, finance”.

Justification: To ensure that the Medical Social Workers Council has the relevant qualifications for the effective regulation of the practice of medical social work in the country.

- (d) by inserting the words “by the Cabinet Secretary” immediately after the expression “1(e) and (f)” appearing in sub-clause (6).

Justification: To specify the appointing authority for the Members of the Medical Social Workers Council.

CLAUSE 12

THAT, Clause 12 of the Bill be amended in sub-clause (2) by deleting the words “Mental Health, Psychology, Sociology, Social Work, Counselling, Anthropology” appearing in paragraph (c) and substituting therefor the words “medical sociology, social work, medical anthropology, finance”.

Justification: To ensure that the Medical Social Workers Council has the relevant qualifications for the effective regulation of the practice of medical social work in the country including on financial accountability.

CLAUSE 28

THAT, Clause 28 of the Bill be amended in—

- (a) subsection (2) by inserting the words “provided that the members appointed under subsection (1)(c) shall not constitute a quorum in the absence of any other member” immediately after the word “members”; and

Justification: For the purpose of balance and fair administrative action it is undesirable for the three members of the Disciplinary Committee nominated by the Association to constitute quorum in the absence of the Chairperson, the Director-General for health, the Attorney-General or the Registrar.

- (b) subsection (3) by inserting the words “appointed under subsection 1(c)” immediately after the word “Committee”.

Justification: Besides the three elected medical social workers, the rest of the members of the Disciplinary Committee including the Director-General for health, the Attorney-General and the Registrar are members of the Disciplinary Committee by virtue of their offices and can only leave the Committee when they cease holding their respective offices.

CLAUSE 29

THAT, the Bill be amended by deleting Clause 29 and substituting therefore the following new Clause 29—

Reference of matters to the Disciplinary Committee.	29. The Council may refer any disciplinary matter relating to a person registered under this Act to the Disciplinary Committee.
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Justification: To expand the scope of the disciplinary matters that the Disciplinary Committee may handle in relation to the registered medical social workers.

CLAUSE 46

THAT, the Bill be amended by deleting Clause 46.

Justification: There is no need for a general penalty as the specific offences and penalties are already provided for in clauses 17(2), 22(3), 39, 40(4), 41 and 42 of the Bill.

CLAUSE 47

THAT, Clause 47 of the Bill be amended in—

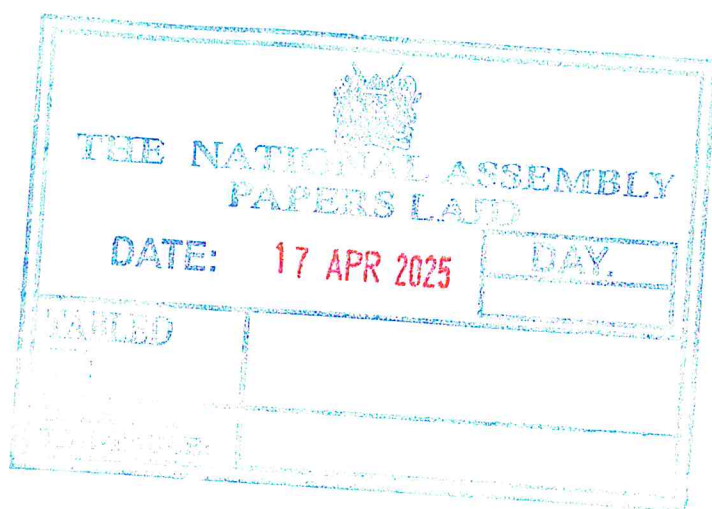
- (a) sub-clause (1) by deleting the words “ninety days” and substituting therefor the words “twenty four months”; and
- (b) sub-clause (2) by deleting the words “twelve” and substituting therefor the word “thirty six”.

Justification: The current timelines are too short and need to be enhanced so as to facilitate effective and seamless transition and compliance with the provisions.

Sign..... *J. Wambura* Date..... *17th April 2025*

HON. DR. NYIKAL JAMES WAMBURA, M.P.

CHAIRPERSON, DEPARTMENTAL COMMITTEE ON HEALTH





THE NATIONAL ASSEMBLY

13TH PARLIAMENT – FOURTH SESSION (2025)

DIRECTORATE OF DEPARTMENTAL COMMITTEES

DEPARTMENTAL COMMITTEE ON HEALTH

**REPORT ON THE CONSIDERATION OF THE MEDICAL SOCIAL WORKERS
BILL, 2024 (NATIONAL ASSEMBLY BILL NO. 17 OF 2024)**

We, the undersigned Members of the Departmental Committee on Health do hereby append our
signatures to adopt this Report.....Date: 15/4/2024

NO	NAME	SIGNATURE
1.	The Hon. Dr. Nyikal James Wambura, M.P-Chairperson	
2.	The Hon. Ntwiga Patrick Munene, M.P -Vice-Chairperson.	
3.	The Hon. Dr. Pukose Robert, CBS, M.P	
4.	The Hon. Titus Khamala, M.P	
5.	The Hon. Sunkuli Julius Lekakeny Ole, EGH, EBS, M.P.	
6.	The Hon. Prof. Jaldesa Guyo Waqo, M.P.	
7.	The Hon. Owino Martin Peters, M.P.	
8.	The Hon. Wanyonyi Martin Pepela, M.P	
9.	The Hon. Lenguris Pauline, M.P	
10.	The Hon. Mary Maingi, MP	
11.	The Hon. Muge Cynthia Jepkosgei, M.P	
12.	The Hon. Oron Joshua Odongo, M.P.	
13.	The Hon. Kibagendi Antony, M.P.	
14.	The Hon. Mathenge Duncan Maina, M.P	
15.	The Hon. Kipngor Reuben Kiborek, M.P	

