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REPUBLIC OF KENYA

THE NATIONAL ASSEMBLY

THIRTEENTH PARLIAMENT – FIFTH SESSION – 2026

DIRECTORATE OF DEPARTMENTAL COMMITTEES

DEPARTMENTAL COMMITTEE ON HEALTH

THE NATIONAL ASSEMBLY
PAPERS LAID
DATE: 11 NOV 2026 DAY. WEDNESDA

TABLED BY:	Hon (Dr.) Mtikala MP. (Chairperson)
CLERK-AT THE-TABLE:	DAMACRINE

REPORT ON THE MEDICAL PRACTITIONERS AND DENTISTS (AMENDMENT) BILL, 2026 (NATIONAL ASSEMBLY BILL NO. 10 OF 2026) BY HON. DUNCAN MAINA MATHENGE, MP

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CHAIRPERSON'S FOREWORD

This report contains the proceedings of the Departmental Committee on Health on its consideration of The Medical Practitioners and Dentists (Amendment) Bill, 2026 (National Assembly Bill No. 10 of 2026), which was published **on 11th March, 2026.** The Bill was read the First Time in the House on **Wednesday, 29th April 2026**, 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 Bill seeks to amend The Medical Practitioners and Dentists Act, Cap. 253 to provide for the regulation of community oral health officers, dental technologists and optometrists. The Bill also seeks to provide for the registration of foreign practitioners who are resident in Kenya. The Bill further seeks to curb fraudulent procurement of registration licences by the various practitioners.

Following the placement of an advertisement in the print media on **Thursday, 4th June 2026**, inviting 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 nineteen (19) stakeholders, namely the Ministry of Health (MOH), Office of the Attorney General and Department of Justice (OAG & DOJ), Kenya Law Reform Commission (KLRC), Council of Governors, Optometrists Association of Kenya (OAK), Kenya Medical Association (KMA), Kenya Medical Practitioners and Dentists Council (KMPDC), Kenya Dental Association (KDA), Kenya Dental Technologists Association (KDTA), Kenya Medical Practitioners and Dentists Union (KMPDU), Oral Health Association of Kenya (OHAK), Kenya Healthcare Federation (KHF), Christian Health Association of Kenya (CHAK), Masinde Muliro University of Science and Technology Department of Optometry and Vision Sciences, Coalition of Kenya Eye-Care Providers, Kenya Association of Radiologists, Kenya Association of Opticians, Ophalmological Society of Kenya and Daniel Kanyata.

The Committee subsequently engaged the stakeholders during a meeting held on **Friday,21st August, 2026 and Saturday, 22nd August, 2026** to consider their submissions and views on the Bill.

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 memoranda on the Bill.

Finally, I wish to express my appreciation to the Honourable Members of the Committee and the Committee Secretariat for their valuable contributions towards the consideration of the Bill and the 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 Practitioners and Dentists**

(Amendment) Bill, 2026 (National Assembly Bill No. 10 of 2026) by Hon. Duncan Maina Mathenge, MP.

It is my pleasure to report that the Committee has considered the Medical Practitioners and Dentists (Amendment) Bill, 2026 (National Assembly Bill No. 10 of 2026), 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. NYIKAL JAMES WAMBURA, CBS, MP
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 one of the Departmental Committees of the National Assembly established under Standing Order 216 whose mandates pursuant to Standing Order 216 (5) are as follows:

   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;

   c) on a quarterly basis, monitor and report on the implementation of the national budget in respect of its mandate;

   d) To study and review all legislation referred to it;

   e) 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;

   f) 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;

   g) To vet and report on all appointments where the Constitution or any law requires the National Assembly to approve, except those under Standing Order 204 (Committee on Appointments);

   h) To examine treaties, agreements and conventions;

   i) To make reports and recommendations to the House as often as possible, including recommendations of proposed legislation;

   j) To consider reports of Commissions and Independent Offices submitted to the House pursuant to the provisions of Article 254 of the Constitution; and

   k) To examine any questions raised by Members on a matter within its mandate.

1.2 Subjects under the Committee

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.

1.3 Oversight

3. In executing its mandate, the Committee on Health oversees the:
   i. State Department for Medical Services
   ii. State Department for Public Health and Professional Standards.

1.4 Committee Membership

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

Chairperson
Hon. Dr. Nyikal James Wambura, CBS 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. Maingi Mary, MP
Mwea Constituency
UDA Party

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

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

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

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

Hon. Kipng'ok Reuben Kiborek , MP
Mogotio Constituency
UDA Party

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

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

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

Hon. Mukhwana Titus Khamala, MP
Lurambi Constituency
ODM Party

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

Hon. Julius Ole Sunkuli Lekakeny, MP
Kilgoris Constituency
KANU

1.5 Committee Secretariat

5. The Committee is facilitated by the following staff secretariat:

Dr. Christine Sagini
Senior Clerk Assistant

Ms. Gladys Jepkoech Kiprotich
Clerk Assistant III

Mr. Ellam Omuhinda
Clerk Assistant III

Ms Marlene Ayiro
Principal Legal Counsel I

Ms Sheila Chebotibin
Principal Serjeant-At-Arms

Ms Mercy Kinyua
Legal Counsel I

Ms Abigael Muinde
Research Officer III

Mr Hiram Kimuhu
Fiscal Analyst II

Ms Mercylyn Kerubo
Audio Recording Officer

Mr Eric Lungai
Hansard Reporter II

Mr Daniel Psirmoi
Media Relations Officer III

CHAPTER TWO

2.0 BRIEF ON THE MEDICAL PRACTITIONERS AND DENTISTS (AMENDMENT) BILL, 2026 (NATIONAL ASSEMBLY BILL NO. 10 of 2026)

6. The Medical Practitioners and Dentists (Amendment) Bill, 2026 (hereinafter referred to as "the Bill"), sponsored by Hon. Duncan Maina Mathenge, MP was referred to the Departmental Committee on Health for consideration after First Reading on **Wednesday, 29th April 2026.**

7. The Bill seeks to amend the Medical Practitioners and Dentists Act, Cap. 253 to provide for the regulation of community oral health officers, dental technologists and optometrists. The Bill also seeks to provide for the registration of foreign practitioners who are resident in Kenya. The Bill further seeks to curb fraudulent procurement of registration licences by the various practitioners.

2.1 OVERVIEW OF THE BILL

8. **Clause 1** provides the short title of the Bill.

9. **Clause 2** amends the Medical Practitioners and Dentists Act, Cap 253 by deleting the long title and substituting therefor the following new long title—
"An Act of Parliament to provide for the training, registration and licensing of medical and dental practitioners, community oral health officers, dental technologists, optometrists and health institutions and for connected purposes"

10. **Clause 3** amends section 2 of the Medical Practitioners and Dentists Act, Cap 253—
(a) by inserting the new definitions including:
- "dental technologist" means a person who has undergone the prescribed course or training in an approved institution, and holds a post graduate degree, degree, higher diploma or diploma in dentistry";
- "optometrist" means a person who has undergone the prescribed course or training in an approved institution, and holds a diploma, higher diploma or degree in optometry"; and
- "optometry" means the examination, evaluation, diagnosis, treatment or performance of preventive procedures related to diseases, disorders or conditions of the human visual system".

(b) by deleting the words "Kenya Medical Practitioners and Dentists Council" in the definition of the term "Council" and substituting therefor the words "Medical and Dental Council of Kenya";
(c) by deleting the definition of the words "private practice"; and
(d) by deleting the definition of the words "private practitioner".

11. **Clause 4** amends Section 3 of the Medical Practitioners and Dentists Act, Cap 253 to rename the Council from "Kenya Medical Practitioners and Dentists Council" to "Medical and Dental Council of Kenya".
12. **Clause 5** amends section 4 of the Medical Practitioners and Dentists Act, Cap 253 on expand the functions of the KMPDC to include:

    (a) registration and regulation of community oral health officers, dental technologists and optometrists;
    (b) maintenance of records of students in the added professions; and
    (c) regulation of training, licensing, and professional conduct for the new professions or cadres.

13. **Clause 6** amends section 5 of the Medical Practitioners and Dentists Act, Cap 253 to introduce new registers as follows: a register of dental technologists; and a register of optometrists.
14. **Clause 7** amends section 6 of the Medical Practitioners and Dentists Act, Cap 253 to:

    (a) delete the word "temporary" in subsection (5)(f) and substitute the words "foreign medical and dental practitioner"; and
    (b) introduce a new subsection (5A) to make provisions for the registration of Kenyan residents who hold a degree or other qualification obtained from a university in Kenya or the East African Community which is recognized by the Council as making the person eligible for registration.

15. **Clause 8** amends the Medical Practitioners and Dentists Act, Cap 253 to introduce new sections 6A, 6B, 6C and 6D. These sections set out the separate registration procedures including being a Kenyan citizen, the relevant recognized diploma or degree, moral standing and payment for the prescribed fees for the new professional categories including community oral health officers, dental technologists, and optometrists. The proposed new section 6D introduces a pre-registration examination for all practitioners registered under the Medical Practitioners and Dentists Act, Cap 253.
16. **Clause 9** amends section 8 of the Medical Practitioners and Dentists Act, Cap. 253 to change the timeline for the Registrar to issue a notice to a person registered in the register from 1st July in each year to 31st March. The amendment further seeks to require that this notice be sent via email besides the registered post. The provision further extends the duty of the Registrar-General of Births and Deaths to notify the Registrar of the death of any registered medical practitioner or dentist to the new professional categories including community oral health officers, dental technologists, and optometrists.
17. **Clause 10** amends section 9 of the Medical Practitioners and Dentists Act, Cap. 253 to extend the publication of the names of registered medical practitioners or dentists in the Gazette to the new professional categories including community oral health

officers, dental technologists and optometrists. The clause also seeks to change the publication date from March to January. The clause further seeks to add "license status" as one of the issues to be published in the various registers.

18. **Clause 11** amends section 10 of the Medical Practitioners and Dentists Act, Cap. 253 to extend the provisions that the publication in the Gazette shall be prima facie evidence that the three professionals are registered under the Act.
19. **Clause 12** amends section 11B of the Medical Practitioners and Dentists Act, Cap. 253 to specify that postgraduate training must last at least three years. It also increases subspecialist training experience from six months to twelve months.
20. **Clause 13** amends section 12 of the Medical Practitioners and Dentists Act, Cap. 253 by changing the marginal note from "Specialist" to "Practicing" since the section relates to practicing licences.
21. **Clause 14** amends section 13 of the Medical Practitioners and Dentists Act, Cap. 253 to grant the Council power to issue temporary licenses for a period of three months to practice to eligible medical or dental practitioners.
22. **Clause 15** amends section 13 of the Medical Practitioners and Dentists Act, Cap. 253 to authorizes the Council to suspend a license in addition to declining renewal or revocation of a practising licence.
23. **Clause 16** introduces a new section 15A on professional indemnity to require every practitioner to maintain annual professional indemnity cover, require every health institution to insure against employee professional liability and to permit exemption for practitioners not engaged in practice.
24. **Clause 17** amends section 16 of the Medical Practitioners and Dentists Act, Cap. 253 to require publication in the *Gazette* and electronic media and on the Council's official communication platforms.
25. **Clause 18** amends section 17 of the Medical Practitioners and Dentists Act, Cap. 253 to ensure proper cross-references from section 15 to sections 12 and 14.
26. **Clause 19** amends section 18 of the Medical Practitioners and Dentists Act, Cap. 253 to require that certificates shall be signed by registered and licensed practitioners and to ensure proper cross-references from section 13 to sections 12 and 14.
27. **Clause 20** amends section 20 of the Medical Practitioners and Dentists Act, Cap. 253 to delete the word "permanently" so as to allow greater flexibility in disciplinary sanctions.
28. **Clause 21** amends section 22 of the Medical Practitioners and Dentists Act, Cap. 253 to change the marginal note to "Offences and Penalties". The clause also introduces new offences. First, where a person willfully procures or attempts to procure to be registered or licensed under any of the provisions of this Act by making or producing or causing to be made or produced any false or fraudulent representation or declaration orally or in writing; and aids or assists a person to fraudulently procure a registration or license. This shall attract a fine not exceeding three hundred thousand shillings or to imprisonment for a term not exceeding twelve months or to both. Where this offence is committed, the Registrar shall,

upon conviction of a person remove the person's name from the register or cancel the practitioner's license.

The second offence relates to a person who detains a patient or body of a deceased person due to unpaid medical bills. This offence shall attract a fine not exceeding five million shillings or to a term of imprisonment not exceeding five years or to both.

29. **Clause 22** amends section 26 of the Medical Practitioners and Dentists Act, Cap. 253 to change the name of the council from "Kenya Medical Practitioners and Dentists Council" to "Medical and Dental Council of Kenya". The clause introduces a new subsections on transition as follows:

(a) a person who, immediately before the date of coming into operation of the Act, was in active practice under the style and names of "Community Oral Health Officer", "Dental Technologist" or "Optometrist", having previously been awarded a certificate after a prescribed course of training at an approved training institution, and who had not been the subject of any disciplinary or other criminal proceedings arising from the practice in the three years preceding the commencement of this Act shall be entitled to be registered under the Act.

(b) a person who immediately before the date of commencement of thie Act was engaged in private practice as a community oral health officer, dental technologist or optometrist shall be entitled to continue in such practice without a license under the Act for a period of one year beginning with the date of the commencement of the Act; and if before the expiration of six months, the person applies for a license under this Act, until the license is granted or finally refused or the application is withdrawn.

(c) a holder of a degree or diploma in community oral health, dental technology or optometry who intends to undertake internship training shall, at the commencement of the Act, apply for an internship license to the Council in the prescribed form and the internship license shall be valid for a period not exceeding twelve months within a practicing year.

(d) the Council shall grant temporary licenses to eligible foreign dental technology students to perform specific works or work in a specific institution in Kenya.

CHAPTER THREE

3.0 CONSIDERATION OF THE BILL BY THE COMMITTEE

3.1 LEGAL PROVISION ON PUBLIC PARTICIPATION

30. 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."

31. 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.

32. Standing Order127(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

33. The Medical Practitioners and Dentists (Amendment) Bill, 2026 (National Assembly Bill No. 10 of 2026), was published on **11th March, 2026.** 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 **Wednesday, 29th April 2026.**

34. Pursuant to the aforementioned provisions of the Constitution and the Standing Orders on public participation, the Committee, through local daily newspapers (Nation and Standard) of **Thursday, 4th June, 2026,** published an advertisement inviting the public to submit memoranda on the Bill.

35. The Committee also sought comments on the Bill from relevant stakeholders, namely the Ministry of Health, the Office of the Attorney General and the Department of Justice, and the Kenya Law Reform Commission, vide letter dated **6th July 2026.**

36. Further, vide a letter dated **14th August 2026**, the Committee invited key stakeholders to appear before the Committee to submit their memoranda on the Bill. The meeting to consider their submissions was held on **Friday, 21st August, 2026 and Saturday, 22nd August, 2026**.

3.3 SUBMISSIONS ON THE BILL

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

1) Ministry of Health;
2) Kenya Medical Practitioners and Dentists Council;
3) Office of the Attorney General & Department of Justice;
4) Kenya Law Reform Commission (K.L.R.C);
5) Council of Governors;
6) The Optometrists Association of Kenya (OAK);
7) Kenya Medical Association (KMA);
8) Kenya Dental Association;
9) Kenya Dental Technologists Association (KDTA);
10) Kenya Medical Practitioners, Pharmacists and Dentists Union (KMPDU);
11) Oral Health Association of Kenya, (OHAK);
12) Kenya Healthcare Federation;
13) Oral Health Association of Kenya; Ophthalmological Society of Kenya (OSK);
14) Christian Health Association of Kenya (CHAK);
15) Masinde Muliro University of Science and Technology (MMUST), Department of Optometry and Vision Sciences;
16) Kenya Association of Opticians (KAO);
17) Coalition of Kenya Eye Care Providers;
18) Kenya Association of Radiologists; and
19) Mr. Daniel Kanyata

THE MINISTRY OF HEALTH (MOH)

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

a) Retain the proposed short title as drafted in the Bill in Clause 1 as it maintains standard statutory amendment naming conventions for the principal Act.

Committee resolution: The Committee adopted the proposal. The short title reflects the expanded scope now that the Council's name and regulatory mandate are being expanded to cover allied health professions.

b) Amend the long title Clause 2 by deleting the words "and health institutions" as health facilities (including health institutions) are to be comprehensively regulated under the proposed Quality Healthcare and Patient Safety Bill, 2025; hence they should be deleted from the Long Title of Cap. 253 to avoid duplicate regulation.

Committee resolution: The Committee did not adopt the proposal. The Quality Healthcare and Patient Safety Bill, 2025 has not been enacted into law and removing the regulation of health institutions under the Medical Practitioners and Dentists Act, Cap.

253 would result in a regulatory vacuum regarding the registration, inspection, and licensing of health facilities and severely undermine patient safety, public health standards, and institutional accountability.

c) Retain Clause 3 as drafted in the Bill as it standardizes statutory definitions across the new cadres integrated under the Council.

Committee resolution: The Committee adopted the proposal in part. The inclusion of new healthcare cadres under the Act necessitates the introduction of relevant terms and uniform definitions within the Act to ensure consistency, eliminate legal ambiguity, and support the effective regulation of all cadres governed by the Council.

d) Retain the proposed amendment renaming the Council in Clause 4, as it distinguishes the Council from other entities, provides necessary profession-specific expertise in governance for all regulated cadres, safeguards professional autonomy, and ensures private sector representation.

Committee resolution: The Committee adopted the proposal. The amendment distinguishes the Council from other regulatory bodies within the health sector.

e) Retain the clause 5 as drafted in the Bill as it ensures complete regulatory, educational, and inspection oversight across all integrated cadres, protecting patient safety and institutional quality assurance.

Committee resolution: The Committee adopted the proposal. The amendment ensures complete regulatory, educational and inspection oversight across all integrated cadres. The amendment closes regulatory lacunae by extending statutory oversight to previously unregulated cadres.

f) Retain Clause 6 as drafted in the Bill as it standardizes record-keeping across all health cadres, protects public transparency, and closes regulatory loopholes for technical support sub-cadres.

Committee resolution: The Committee adopted the proposal. The amendment closes regulatory lacunae by extending statutory oversight to previously unregulated cadres.

g) Retain Clause 7 as drafted in the Bill as it standardizes requirements for registration eligibility for Kenyan residents trained locally or within the EAC.

Committee resolution: The Committee did not adopt the proposal. The Committee resolved that foreign practitioners should be subjected to similar standards and qualifications whether they are residents or non-residents in order to protect patient safety.

h) In relation to clause 8, retain Sections 6A, 6B, 6C, and 6D as drafted in the Bill as it clarifies academic entry qualifications, eliminates typographical errors (e.g., specifying dental technology instead of dentistry), ensures clinical readiness via mandatory internship, and provides fair mobility for foreign-trained practitioners while verifying competence.

Committee resolution: The Committee adopted the proposal in part. The Committee adopted the amendments clarifying the academic entry qualifications for each cadre and correcting the reference to dental technology. Further, pre-registration examinations shall apply to foreign-trained applicants only.

i) In relation to clause 10, support the clause, as it enhances public transparency regarding active registration and licensing status across all cadres.

Committee resolution: The Committee noted the Ministry's support of Clause 10 that seeks to include all cadres in the publication of the register.

j) In relation to clause 11, support inclusion of all cadres.

Committee resolution: The Committee noted the Ministry's support of Clause 11 that seeks to include all cadres in the publication of the register.

k) In relation to clause 12, amend Section 11B by deleting "of at least three years" and substituting "recognized by the Council", and deleting "has at least six months training" and substituting "has undergone training for a period recognized by the Council" as training durations vary significantly across specialties; rigid statutory limits remove flexibility and evidence-based standard setting by the Council.

Committee resolution: The Committee adopted the proposal. The training and internship requirements vary across different medical, dental and specialized healthcare cadres. The mandate to prescribe training durations is an administrative mandate that should be exercised by the Council through regulations.

l) In relation to clause 13, concur with the amendment to the marginal note as it clarifies that Section 12 governs all practicing licenses and matches authorization directly to verified practitioner competence.

Committee resolution: The Committee adopted the proposal. The amendment clarifies that Section 12 governs the issuance and regulation of all practicing licenses across all cadres registered and regulated under the Council.

m) Retain Clause 14 as drafted in the Bill as it provides a clear statutory framework for supervised clinical internship, regulates short-term foreign experts, and ensures foreign-trained practitioners are properly adapted before independent practice.

Committee resolution: The Committee adopted the proposal. The clause provides a clear statutory framework for temporary licensing of foreign-trained students and practitioners. The Committee resolved to introduce a mandatory supervised internship for a period prescribed by the Council, which shall not be less than twelve months for foreign-trained students. The internship will help bridge any gap in knowledge of the local clinical practice and health system, and will promote the transfer of skills between foreign-trained and locally trained practitioners. Further, the temporary licenses for general practitioners shall be valid for a period not exceeding three months while for specialists, the temporary license shall be valid for a period not exceeding twelve months.

n) Delete Clause 15 of the Bill in its entirety as the health facilities/institutions are to be regulated under the proposed Quality Healthcare and Patient Safety Bill, 2025; retaining facility regulation under Cap. 253 creates regulatory duplication.

Committee resolution: The Committee did not adopt the proposal. The Quality Healthcare and Patient Safety Bill, 2025 has not been enacted into law and removing the regulation of health institutions under the Medical Practitioners and Dentists Act, Cap. 253 would result in a regulatory vacuum regarding the registration, inspection, and licensing of health facilities and severely undermine patient safety, public health standards, and institutional accountability.

o) Delete proposed Clause 15A(2) requiring health institutions to take indemnity cover as insurance of health institutions against professional liability will be regulated under the Quality Healthcare and Patient Safety Bill, 2025.

Committee resolution: The Committee did not adopt the proposal. The Quality Healthcare and Patient Safety Bill, 2025 has not been enacted into law and removing the regulation of health institutions under the Medical Practitioners and Dentists Act, Cap. 253 would result in a regulatory vacuum regarding the registration, inspection, and licensing of health facilities and severely undermine patient safety, public health standards, and institutional accountability.

p) Retain clause 17 as drafted as it enhances digital access to verified lists of licensed practitioners.

Committee resolution: The Committee adopted the proposal. The amendment modernizes institutional operations by adopting communications through electronic media.

q) In relation to clause 18 Amendment of section 17: No fees recoverable unless person licensed under section 15, the clauses be retained as drafted as it corrects cross-referencing errors within the principal Act.

Committee resolution: The Committee adopted the proposal. The amendment corrects a cross-referencing error in the Act.

r) In relation to clause 19, amendment of section 18 Certificate not valid unless signatory registered etc the clauses be retained as drafted, as it corrects cross-referencing errors within the principal Act.

Committee resolution: The Committee adopted the proposal. The amendment corrects a cross-referencing error in the Act.

s) In relation to new Provision, Amend Section 19A of the principal Act to include community oral health officers, dental technologists, and optometrists to ensures that court convictions for all regulated cadres are reported to the Council for appropriate disciplinary action.

Committee resolution: The Committee adopted the proposal. This consequential amendment is necessary to close the regulatory lacunae by extending statutory oversight to previously unregulated cadres.

t) Retain Clause 20 as drafted in the Bill as it standardizes disciplinary sanction terminology.

Committee resolution: The Committee did not adopt the proposal. The Committee resolved to delete Clause 20 of the Bill as the permanent deletion of errant professionals from the register should be an option available to the Council to exercise in extreme cases.

u) In clause 21, delete proposed sub-section (7) regarding patient/body detention as healthcare and mortuary services are billable services subject to approved fee structures and covered under Social Health Insurance tariffs; penalizing unpaid bill disputes under criminal law is improper and should be handled administratively.

Committee resolution: The Committee did not adopt the proposal. The Courts in the cited cases held that it is unconstitutional for health facilities to detain patients and deceased bodies to recover hospital bills and detention of a person to recover a contractual debt is not sanctioned by law.

v) In relation to clause 22, amend Section 23(f) and (g) of the principal Act to include training, registration, licensing, regulation, and foreign practitioner vetting for community oral health officers, dental technologists, and optometrists as it empowers the Cabinet Secretary to promulgate detailed subsidiary legislation, future-proofs digital health innovations, and prevents regulatory gaps.

Committee resolution: The Committee adopted the proposal. The amendment closes regulatory lacunae by extending statutory oversight to previously unregulated cadres.

w) In clause 22, retain Section 26(5) as drafted in the Bill as it protects existing practitioners from sudden loss of livelihood and ensures uninterrupted service delivery upon enactment.

Committee resolution: The Committee adopted the proposal. The provision protects existing practitioners from sudden loss of livelihood and ensures uninterrupted service delivery upon enactment.

KENYA MEDICAL PRACTITIONERS AND DENTISTS' COUNCIL

39. Kenya Medical Practitioners and Dentists Council, submitted as follows:

a) In relation to clause 3, propose to include definitions for "Council", "College", "dental technologist", "optometrists", "optometry", and "pre-registration examination", while deleting the definitions of "private practice" and "private practitioner. The new definitions accommodate additional cadres and training colleges, clarify that dental technologists study dental technology rather than dentistry, and reflect that the Council no longer issues private practice licenses.

Committee resolution: The Committee adopted the proposal in part. The inclusion of new healthcare cadres under the Act necessitates the introduction of relevant terms and uniform definitions within the Act to ensure consistency, eliminate legal ambiguity, and support the effective regulation of all cadres governed by the Council.

b) In relation to clause 4, the Council concurs with the proposed name change to the Medical and Dental Council of Kenya as it distinguishes the Council from other entities, provides necessary profession-specific expertise in governance for all regulated cadres, safeguards professional autonomy, and ensures private sector representation.

Committee resolution: The Committee adopted the proposal. The amendment distinguishes the Council from other regulatory bodies within the health sector.

c) In relation to clause 5, include community oral health, dental technology, and optometry cadres, training colleges, and pre-registration/peer-review examinations within Council functions as it ensures complete regulatory, educational, and inspection oversight across all integrated cadres, protecting patient safety and institutional quality assurance.

Committee resolution: The Committee adopted the proposal. The amendment closes regulatory lacunae by extending statutory oversight to previously unregulated cadres.

d) In relation to clause 6, the Council concurs and further recommends maintaining registers for foreign medical/dental students and approved training colleges as it standardizes record-keeping across all health cadres, protects public transparency, and closes regulatory loopholes for technical support sub-cadres.

Committee resolution: The Committee adopted the proposal. The amendment closes regulatory lacunae by extending statutory oversight to previously unregulated cadres.

e) In relation to clause 7, recommends inserting a mandatory requirement to demonstrate proficiency in English or Kiswahili under Section 6 as it solves communication barriers caused by non-English/Kiswahili speaking practitioners.

Committee resolution: The Committee adopted the proposal. The requirement for proficiency in English or Kiswahili solves communication barriers caused by non-English/Kiswahili speaking practitioners.

f) In relation to clause 9, support the proposed amendments to Section 8.

Committee resolution: The Committee noted the support for clause 9. The Committee further resolved to adopt a register publication deadline of 31st January since practicing licenses are issued at the commencement of each calendar year.

g) In relation to clause 10, support the clause as it enhances public transparency regarding active registration and licensing status across all cadres.

Committee resolution: The Committee noted the support for clause 10. The amendment modernizes institutional operations by adopting email communications.

h) In relation to clause 11, support inclusion of all cadres in the Bill.

Committee resolution: The Committee noted the support for clause 11. The amendment closes regulatory lacunae by extending statutory oversight to previously unregulated cadres.

i) In relation to NEW Amendment to section 11A, proposes the inclusion of community oral health officers, dental technologists and optometrists in this section for alignment with the rest of the Bill and to align with the objectives of the Bill which seeks to cater for new categories of professionals and provide members of the public real time data on the registered practitioners licensed by the Council.

Committee resolution: The Committee adopted the proposal. The amendment closes regulatory lacunae by extending statutory oversight to previously unregulated cadres.

j) In clause 12, oppose rigid statutory timeframes (3 years / 12 months) and recommend retaining Council discretion as training durations vary significantly across specialties; rigid statutory limits remove flexibility and evidence-based standard setting by the Council.

Committee resolution: The Committee adopted the proposal. The training and internship requirements vary across different medical, dental and specialized healthcare cadres. The mandate to prescribe training durations is an administrative mandate that should be exercised by the Council through regulations.

k) In relation to clause 13, concur with the amendment to the marginal note as it clarifies that Section 12 governs all practicing licenses and matches authorization directly to verified practitioner competence.

Committee resolution: The Committee adopted the proposal. The amendment clarifies that Section 12 governs the issuance and regulation of all practicing licenses across all cadres registered and regulated under the Council.

l) In relation to clause 16, propose including community oral health officers, dental technologists, and optometrists under professional indemnity requirements to aligns new cadres with broader legislative requirements.

Committee resolution: The Committee adopted the proposal. The amendment closes regulatory lacunae by extending statutory oversight to previously unregulated cadres.

m) Retain the clause 17, as drafted to enhances digital access to verified lists of licensed practitioners.

Committee resolution: The Committee adopted the proposal. The amendment modernizes institutional operations by adopting communications through electronic media.

n) In relation to clause 18 Amendment of section 17 No fees recoverable unless person licensed under section 15, the clauses be retained as drafted as it corrects cross-referencing errors within the principal Act.

Committee resolution: The Committee adopted the proposal. The amendment corrects and cross-referencing error in the Act.

o) In relation to clause 19, Amendment of section 18 Certificate not valid unless signatory registered etc the clauses be retain as drafted as it corrects cross-referencing errors within the principal Act.

Committee resolution: The Committee adopted the proposal. The amendment corrects and cross-referencing error in the Act.

p) In relation to new provision, Amend Section 19A of the principal Act to include community oral health officers, dental technologists, and optometrists to ensure that court convictions for all regulated cadres are reported to the Council for appropriate disciplinary action.

Committee resolution: The Committee adopted the proposal. The amendment closes regulatory lacunae by extending statutory oversight to previously unregulated cadres.

q) In relation to clause 22, Amend Section 23(f) and (g) of the principal Act to include training, registration, licensing, regulation, and foreign practitioner vetting for community oral health officers, dental technologists, and optometrists as it empowers the Cabinet Secretary to promulgate detailed subsidiary legislation, future-proofs digital health innovations, and prevents regulatory gaps.

Committee resolution: The Committee adopted the proposal. The amendment closes regulatory lacunae by extending statutory oversight to previously unregulated cadres.

r) Clause 22, propose structured transitional provisions by providing that this cadres shall be eligible for consideration for registration for practicability of implementation of the provision.

Committee resolution: The Committee adopted the proposal. The transitional provisions are essential to prevent legal lacunae, protect existing rights, and ensure institutional continuity upon the commencement of the Act.

OFFICE OF THE ATTORNEY GENERAL & DEPARTMENT OF JUSTICE

40. Office of the Attorney General & Department of Justice submitted as follows:

a) In relation to clause 3, Amend/insert specific definitions for "community oral health officer", "dental technologist", "optometrist", "pre-registration examination", and "specialist" to align with the requirements for registration proposed in Bill and correct technical references to reflect academic progression, establishes clear scope boundaries, prevent jurisdictional overlap amongst professions as follows—

"community oral health officer" means a person who has undergone the prescribed course or training in an approved institution and registered in accordance with section 6A;

"dental technologists" means a person who has undergone the prescribed course or training in an approved institution and registered in accordance with section 6B;

"optometrist" means a person who has undergone the prescribed course or training in an approved institution and registered in accordance with section 6C;

"pre-registration examination" means a written or oral examination or both which determines the suitability for registration under sections 6(3) and 6D of the Act;

"specialist" means a medical practitioner, dentist, community oral health officer, dental technologist or optometrist who has completed an approved post graduate training programme in a particular field of medicine, dentistry, community oral health or optometry, and who has thereafter gained sufficient experience and demonstrated to the Council's satisfaction adequate knowledge and skill, in his chosen field.

Committee resolution: The Committee adopted the proposal in part. The inclusion of new healthcare cadres under the Act necessitates the introduction of relevant terms and uniform definitions within the Act to ensure consistency, eliminate legal ambiguity, and support the effective regulation of all cadres governed by the Council.

b) In relation to clause 8,(New Sections 6A, 6B, 6C & 6D / Registration & Exams) Amend 6A(1)(b) to specify the area of study, that is, "degree or diploma in community oral health/optometry obtained from a university or college in Kenya or the East African Community which is recognized by the Council as making the person eligible for registration" as it clarifies academic entry qualifications, eliminates typographical errors (e.g., specifying dental technology instead of dentistry), ensures clinical readiness via mandatory internship, and provides fair mobility for foreign-trained practitioners while verifying competence.

Committee resolution: The Committee adopted the proposal. The amendment clarifies the requisite academic entry qualifications.

c) Amend 6C(1)(c) to remove the redundant/modifying words "may apply to the Council for registration as an optometrist under this Act"

Committee resolution: The Committee did not adopt the proposal. The amendment relates to registration of optometrists under the proposed section 6C.

d) In relation to NEW Amendment to marginal note to section 11, amend the marginal note to read "registration of higher qualifications **for persons registered under this Act"** to align with the objectives of the Bill which seeks to cater for new categories of professionals.

Committee resolution: The Committee adopted the proposal. This consequential amendment is necessary to close the regulatory lacunae by extending statutory oversight to previously unregulated cadres.

e) In relation to NEW Amendment section 14, Section 14 of the principal Act is amended as follows for renewal of licenses to apply to all categories—
   i. In subsection (1) by inserting the words, "community oral health officer, dental technologists and optometrist" immediately after the word "dentist".
   ii. In subsection (2) by inserting the words, "community oral health officer, dental technologists and optometrist" immediately after the word "dentist".
   iii. In subsection (3) by inserting the words, "community oral health officer, dental technologists and optometrist" immediately after the word "dentist".

Committee resolution: The Committee adopted the proposal. This consequential amendment ensures that the provisions on renewal of licences apply to all cadres regulated under the Act.

THE KENYA LAW REFORM COMMISSION (KLRC)

41. The Kenya Law Reform Commission (KLRC) submitted as follows:

a) Amend the short title in clause 1, to read: "The Medical, Dental and Allied Health Professions Act." as it accurately reflects the expanded scope now that the Council's name and regulatory mandate are being expanded to cover allied health professions.

Committee resolution: The Committee did not adopt the proposal. The Committee retained the short title as drafted.

b) Amend the long title in clause 2 to read: "An Act of Parliament to provide for the training, registration, licensing, regulation and practice of medical practitioners, dental practitioners, community oral health officers, dental technologists and optometrists; to establish the Medical, Dental and Allied Health Professions Council of Kenya and provide for its functions; and for connected purposes." as it ensures that the Act's long title accurately matches the expanded regulatory scope, recognizes the full optical spectrum (degree and diploma cadres), and covers specialized services in law.

Committee resolution: The Committee did not adopt the proposal. The Committee retained the long title as amended by the Bill noting that it adequately captures the training, registration, licensing and regulation of all cadres sought to be regulated under the Act and resolved to include ophthalmic opticians.

c) Proposes to include new definitions as follows:

Redraft "dental technologist" to reference qualifications in dental technology rather than dentistry, and refine "optometry" to clearly define visual system management, corrective lens prescription, and surgical referral.

Committee resolution: The Committee adopted the proposal. The inclusion of new healthcare cadres under the Act necessitates the introduction of relevant terms and uniform definitions within the Act to ensure consistency, eliminate legal ambiguity, and support the effective regulation of all cadres governed by the Council.

"dental technologist" means a person who has undergone the prescribed course of training in an approved training institution and holds a postgraduate degree, degree, higher diploma or diploma in dental technology or such other qualification as may be recognized for registration by the Council under this Act.

Committee resolution: The Committee adopted the proposal. The definition clarifies that dental technologists are trained in dental technology rather than dentistry and captures the various levels of qualification in the profession.

"optometry" means the science and practice of examining, assessing and managing the visual system and vision-related disorders through the prescription of corrective lenses, vision therapy, preventive eye care and the identification and referral of optical diseases requiring medical or surgical treatment.

Committee resolution: The Committee adopted the proposal. The definition clearly delineates the scope of optometry from ophthalmology by providing for the identification and referral of eye diseases requiring medical or surgical treatment.

d) In relation to clause 16, amend proposed section 16A to require both medical and dental practitioners to maintain professional indemnity cover as a condition for the issuance of a practicing licence

Committee resolution: The Committee adopted the proposal. Professional indemnity is an important patient protection measure and should apply to all practitioners as a condition for the issuance of a practising licence.

e) In relation to clause 21, amend the proposed section 21(b) to read as follows—
"A person who—
(a)...(b) aids or assists a person to fraudulently procure a registration or licence under this Act, commits an offence and shall be liable upon conviction to a fine not exceeding three hundred thousand shillings or to imprisonment for a term not exceeding twelve months or to both. The phrase "shall be guilty" may be construed as predetermining the guilt of an accused person before the conclusion of judicial proceedings contrary to

Article 50(2)(a) of the Constitution which guarantees every accused person the right to be presumed innocent until the contrary is proved.

Committee resolution: The Committee adopted the proposal. The phrase "shall be guilty" may be construed as predetermining the guilt of an accused person contrary to Article 50(2)(a) of the Constitution which guarantees every accused person the right to be presumed innocent until the contrary is proved.

COUNCIL OF GOVERNORS

42. The Council of Governors submitted as follows:

a) In relation clause 21, proposes deletion of new proposed subsection (7). The proposed subsection (7) if retained will undermine the ability of public health facilities to charge and enforce payment of fees for their services and may leave the facilities struggling with non-payment. The Courts have ruled on the matter in *Stephen Ndwaru Gicheru v The Nairobi Hospital and in the case of Millicent Awuor v Attorney General* rendering the proposed amendment nugatory.

Committee resolution: The Committee did not adopt the proposal. The Courts in the cited cases held that is unconstitutional for health facilities to detain patients and deceased bodies to recover hospital bills and detention of a person to recover a contractual debt is not sanctioned by law.

THE OPTOMETRISTS ASSOCIATION OF KENYA (OAK)

43. The Optometrists Association of Kenya (OAK) submitted **as follows:**

a) In relation clause 2, amend the long title to cover the training, registration, licensing, and regulation of medical practitioners, dental practitioners, optometrists, optometry technologists, and health institutions including optical clinics, optometry practices, and vision-care centres.

Committee resolution: The Committee did not adopt the proposal. The Committee retained the long title as amended by the Bill noting that it adequately captures the training, registration, licensing and regulation of all cadres sought to be regulated under the Act and resolved to include ophthalmic opticians.

b) In relation clause 3, redraft "optometrist" to mean an autonomous primary eye-care practitioner holding a bachelor's degree in optometry as the minimum entry qualification, trained and licensed to examine, diagnose, manage, rehabilitate conditions of the visual system, and use/prescribe diagnostic and therapeutic pharmaceutical agents. Expand

"optometry" to align with WHO, WCO, and AFCO global standards. Define "optometry technologist" as a diploma holder in optometry.

Committee resolution: The Committee adopted the proposal in part. The Committee adopted the definition of "optometry" as proposed by the Kenya Law Reform Commission, which clearly delineates the scope of optometry from ophthalmology by providing for the identification and referral of eye diseases requiring medical or surgical treatment. The Committee did not adopt the proposal to restrict entry to degree holders, as diploma holders form part of the existing eye-care workforce, nor the proposal to authorise the prescription of therapeutic pharmaceutical agents, as this would create overlap with ophthalmology.

c) New Definitions (Proposed under Clause 3) Insert definitions for "optical clinic", "optometry practice", "vision-care centre", "Head of Optical Practice", "regulated optical services", "optometry technologist", "refraction", and "digital eye care" as it enables precise statutory regulation of optical facilities, protects digital eye care and tele-optometry from misuse by untrained operators, establishes clinical accountability at facility levels, formally recognizes diploma/allied cadres, and confirms refraction as a function rather than a standalone cadre.

Committee resolution: The Committee adopted the proposal in part. The inclusion of new healthcare cadres under the Act necessitates the introduction of relevant terms and uniform definitions within the Act to ensure consistency, eliminate legal ambiguity, and support the effective regulation of all cadres governed by the Council

d) In relation to New Provisions establish a dedicated Optometry and Optical Practice Committee under Section 4A with authority on training standards, internship, CPD, scope of practice, and facility standards as it provides structured professional input on matters unique to optometry, protects professional identity, and prevents inter-professional subordination while maintaining collaboration within health governance frameworks.

Committee resolution: The Committee did not adopt the proposal. The Council has the mandate to constitute committees for the better carrying out of its functions, including on profession-specific matters. Establishing a statutory committee for a single cadre would set a precedent for each regulated cadre to seek a dedicated statutory committee.

e) Clause 4, amend Section 3A to add at least two optometry representatives to the Council: one registered optometrist nominated by the Optometrists Association of Kenya (OAK) and one representative of optometry training institutions as it distinguishes the Council from other entities, provides necessary profession-specific expertise in governance for all regulated cadres, safeguards professional autonomy, and ensures private sector representation.

Committee resolution: The Committee did not adopt the proposal. The representation on the Council as provided in section 3A of the Act is sufficient.

f) In relation to clause 5, add functions empowering the Council to establish professional standards, scope of practice guidelines, ethical codes, and CPD requirements specific to optometry as it ensures complete regulatory, educational, and inspection oversight across all integrated cadres, protecting patient safety and institutional quality assurance.

Committee resolution: The Committee did not adopt the proposal. The functions of the Council under section 4 of the Act, as amended by Clause 5 of the Bill, apply to all cadres regulated under the Act, including optometrists. Matters such as professional standards, continuing professional development and internship requirements are administrative in nature and should be prescribed by the Council through regulations.

g) In relation clause 6, adopt the register for optometrists (with annotations for specialties/scope), and create sub-registers or enabling provisions to register optometry technologists, ophthalmic opticians, dispensing opticians, and optical technicians as it standardizes record-keeping across all health cadres, protects public transparency, and closes regulatory loopholes for technical support sub-cadres.

Committee resolution: The Committee adopted the proposal in part. The Council shall maintain a register of optometrists as they are cadre proposed to be regulated under the Bill.

h) In relation clause 8, redraft Section 6C to mandate a bachelor's degree in optometry, a compulsory 12-month paid internship, and a pre-registration exam for full optometrist registration. Introduce Section 6C2 for Optometry Technologists (diploma entry). Re-draft Section 6D to detail clinical and written examination components as it clarifies academic entry qualifications, eliminates typographical errors (e.g., specifying dental technology instead of dentistry), ensures clinical readiness via mandatory internship, and provides fair mobility for foreign-trained practitioners while verifying competence.

Committee resolution: The Committee adopted the proposal in part. Both degree and diploma holders in optometry are eligible for registration under the Bill. Further, pre-registration examinations shall apply to foreign-trained applicants only.

i) New Provisions (Proposed under Clause 8), insert Section 6E (Protection of Titles for Optometrists/Optometry Technologists), Section 6F (Regulations on fees and guidelines within 12 months), Section 6G (Protection against unfair regulatory fees), and Section 9(4) (Publicly searchable online digital register) as it prevents patient deception, eliminates administrative delays in issuing regulations, and guarantees financial fairness and transparency in public verification.

Committee resolution: The Committee adopted the proposal in part. The Council shall maintain a publicly searchable online register in addition to publication in the

Gazette. The protection of titles is adequately provided for under section 22 of the Act as amended by Clause 21 of the Bill, while the fees chargeable by the Council and the timelines for issuance of regulations are administrative matters to be addressed through regulations.

j) In relation clause 12, extend specialist recognition to optometrists and optometry subspecialties (e.g., pediatric optometry, low vision, ocular therapeutics, contact lenses) as it formally recognizes advanced clinical competencies and sub-specialties in optometry and dental technology.

Committee resolution: The Committee adopted the proposal in part. The specialist recognition extends to optometrists and ophthalmic opticians under the Bill. However, the recognised specialties and subspecialties shall be prescribed by the Council.

k) In relation clause 13, add subsection (1A) establishing tiered practicing licenses for optometrists: (a) general optometry, (b) therapeutic optometry, and (c) subspecialty optometry, linked to mandatory CPD.

Committee resolution: The Committee did not adopt the proposal. Practising licences under section 12 are issued to all regulated cadres. Tiered licensing based on scope of practice is an administrative matter that should be prescribed by the Council through regulations.

l) In relation clause 14, formalize mandatory 12-month supervised internship for optometry graduates, specify approved internship sites, and provide temporary licenses and supervised adaptation pathways for foreign-trained optometrists as it provides a clear statutory framework for supervised clinical internship, regulates short-term foreign experts, and ensures foreign-trained practitioners are properly adapted before independent practice.

Committee resolution: The Committee adopted the proposal in part. The temporary licensing and supervised framework for foreign-trained practitioners in Clause 14 of the Bill apply to optometrists. The approval of internship sites are administrative matters that should be prescribed by the Council through regulations. The Committee resolved to introduce a mandatory supervised internship for a period prescribed by the Council, which shall not be less than twelve months for foreign-trained students. The internship will help bridge any gap in knowledge of the local clinical practice and health system, and will promote the transfer of skills between foreign-trained and locally trained practitioners. Further, the temporary licenses for general practitioners shall be valid for a period not exceeding three months while for specialists, the temporary license shall be valid for a period not exceeding twelve months.

m) In relation clause 15, retain and amend Section 15 to state that optical clinics, optometry practices, and vision-care centres are health institutions subject to registration, inspection,

and minimum facility standards (staffing, equipment, records) as Optical facilities house primary eye-care delivery; statutory recognition ensures equipment and quality standards, protects capital investment while safeguarding patient safety, and enforces strict clinical independence.

Committee resolution: The Committee did not adopt the proposal. Optical clinics, optometry practices and vision-care centres fall within the scope of health institutions regulated under section 15 of the Act and are subject to registration, inspection and licensing by the Council.

n) In relation to New Facility Ownership Provision , clarify that non-professionals/investors may own optical businesses/facilities provided clinical services are delivered/supervised by licensed optometrists/opticians. OAK requires every licensed facility to designate a registered optometrist as "Head of Optical Practice" for clinical governance.

Committee resolution: The Committee did not adopt the proposal. Ownership and clinical governance of health institutions are adequately provided for under section 15 of the Act and the regulations made thereunder.

o) In relation clause 16, extend professional indemnity requirements to optometrists and optical facilities, with cover levels tailored to the risk profile of optometric practice (e.g., therapeutics, contact lenses) as it protects patients from clinical negligence and aligns risk management with actual scope of practice.

Committee resolution: The Committee adopted the proposal. The amendment extends the requirement for professional indemnity to optometrists, which protects patients from clinical negligence. The levels of cover appropriate to the risk profile of each cadre shall be prescribed by the Council through regulations.

p) Clause 20, amend Section 20 to mandate that disciplinary or technical proceedings involving optometrists, optometry technologists, or optical facilities must include registered optometrists as the peer majority on the committee as it guarantees technical competence, fairness, and peer-led review in professional disciplinary cases.

Committee resolution: The Committee did not adopt the proposal. The Council has the mandate to co-opt persons with the relevant technical expertise into its disciplinary proceedings. Prescribing a peer majority for a single cadre would compromise the independence and uniformity of the Council's disciplinary process.

q) Clause 21, amend Section 22 to protect titles ("Optometrist", "Optometry Technologist", "Ophthalmic Optician", "Dispensing Optician", "Optical Technician", "Head of Optical Practice") and create offences (fine up to KES 5M / 5 years prison) for unregistered optometry practice or operating an unlicensed optical establishment.as it protects the public from unqualified eye-care providers and prevents deceptive use of professional titles.

Committee resolution: The Committee adopted the proposal in part. The offence provisions in section 22 of the Act, as amended by Clause 21 of the Bill, apply to all cadres regulated under the Act, including optometrists and ophthalmic opticians, and are adequate to protect the public from unqualified practice.

r) In relation clause 22, mandate the Cabinet Secretary, in consultation with the Council and optometry stakeholders, to issue regulations within 12 months covering scope of practice, facility standards, CPD, fees, tele-optometry, AI screening, remote supervision, and digital eye care as it empowers the Cabinet Secretary to promulgate detailed subsidiary legislation, future-proofs digital health innovations, and prevents regulatory gaps.

Committee resolution: The Committee adopted the proposal in part. The Committee extended the regulation-making power under section 23 to all cadres regulated under the Act, including optometrists and ophthalmic opticians, in respect of scope of practice, facility standards, continuing professional development and fees. Digital health, tele-health and the use of Artificial Intelligence are regulated under the Digital Health Act, 2023 and the Data Protection Act, 2019.

s) Clause 22, refine transitional pathways: Degree holders receive full registration; Diploma holders receive provisional registration for up to 3–10 years while completing an accredited degree-upgrading pathway. Experienced practitioners with more than 3 years are exempt from pre-registration exams but must complete bridging CPD within 18 months as it balances protection of the existing workforce with progressive upgrading of educational and clinical standards across Kenya's eye-health sector.

Committee resolution: The Committee adopted the proposal in part. The Committee resolved that persons currently practising shall be eligible for consideration for registration. Diploma holders are eligible for registration under the Bill, hence a provisional registration and mandatory degree-upgrading framework is not necessary. Further, experienced practitioners trained in Kenya shall not be required to sit pre-registration examinations.

KENYA MEDICAL ASSOCIATION (KMA)

44. Kenya Medical Association (KMA) submitted as follows:

a) In relation clause 1, opposes any change to the title or structure that severes the Council's identity from medical and dental practitioners as removing the focus on medical practitioners and dentists dilutes the established identity and governance standards of the medical and dental regulatory body.

Committee resolution: The Committee did not adopt the proposal. The amendment in the Bill to include regulation of other cadres in the health sector is

necessary to close the regulatory lacunae by extending statutory oversight to previously unregulated cadres.

b) In relation clause 3,oppose expanding Cap. 253 to absorb these non-doctor cadres, arguing KMPDC is the wrong regulatory home as Kenya already has 12 cadre-specific regulatory bodies under KHPOA; absorbing allied cadres into Cap. 253 sets a bad precedent and creates scope-of-practice confusion.

Committee resolution: The Committee did not adopt the proposal. The amendment in the Bill to include regulation of other cadres in the health sector is necessary to close the regulatory lacunae by extending statutory oversight to previously unregulated cadres.

c) In relation clause 4,oppose the name change and expansion, asserting that it severs the Council's identity from medical practitioners and dentists, Converts a practitioners' Council into a diluted state council without legal coherence or structural boundaries.

Committee resolution: The Committee did not adopt the proposal. The amendment distinguishes the Council from other regulatory bodies within the health sector while retaining its identity as the regulator of medical and dental practice. The amendment in the Bill to include regulation of other cadres in the health sector is necessary to close the regulatory lacunae by extending statutory oversight to previously unregulated cadres.

d) In relation clause 6, opposes creating permanent registration pathways for foreign practitioners as it protects local practitioners in an already constrained domestic job market.

Committee resolution: The Committee adopted the proposal in part. Foreign practitioners shall be subjected to similar standards and qualifications whether they are residents or non-residents in order to protect patient safety. The Council shall, however, maintain a register of foreign practitioners for purposes of regulation and public transparency.

e) In relation, clause 7, opposes proposed subsection (5A) in its entirety, existing temporary licensing is sufficient; full registration threatens local doctor employment.

Committee resolution: The Committee adopted the proposal. The Committee resolved that foreign practitioners should be subjected to the similar standards and qualifications whether they are residents or non-residents in order to protect patient safety.

f) Clause 8, oppose regulation of community oral health officers, Dental Technologists, and Optometrists under Cap. 253.as each cadre is subject to pre-registration examination before enrolment.

Committee resolution: The Committee did not adopt the proposal. The amendment in the Bill to include regulation of other cadres in the health sector is necessary to close the regulatory lacunae by extending statutory oversight to previously unregulated cadres.

g) In relation to clause 9, support the proposed amendments to Section 8.

Committee resolution: The Committee noted the support for clause 9. The Committee further resolved to adopt a register publication deadline of 31st January since practicing licenses are issued at the commencement of each calendar year.

h) In relation to clause 10, support the clause as it enhances public transparency regarding active registration and licensing status across all cadres.

Committee resolution: The Committee noted the support for clause 10. Real-time electronic databases enhance public transparency regarding the registration and licensing status of practitioners across all cadres.

i) Oppose rigid statutory timeframes (3 years / 12 months) and recommend retaining Council discretion in clause 12 as training durations vary significantly across specialties; rigid statutory limits remove flexibility and evidence-based standard setting by the Council.

Committee resolution: The Committee adopted the proposal. The training and internship requirements vary across different medical, dental and specialized healthcare cadres. The mandate to prescribe training durations is an administrative mandate that should be exercised by the Council through regulations.

j) Clause 16, propose to provide exemption of the professional indemnity requirement in cases where a medical practitioner proves that they are not engaging in practice. as professional indemnity is an important patient protection measure. KMA calls for prescribed minimum cover levels, a Council-maintained list of approved providers, and a transitional period of at least twelve months before enforcement. Further, KMA proposes exemptions for practitioners who are not engaging in practice.

Committee resolution: The Committee adopted the proposal in part. Practitioners who demonstrate to the Council that they are not engaged in practice shall be exempted from the professional indemnity requirement. The minimum levels of cover and the approved providers shall be prescribed by the Council through regulations.

k) In relation to clause 21, provide penalties for persons who detain a patient or body of a deceased person due to unpaid medical bills and persons who attempt or aid a person to fraudulently procure a registration or license to protects the public from unqualified practice and protects the integrity of the profession.

Committee resolution: The Committee adopted the proposal. The penalties protect the public from unqualified practice, protect the integrity of the profession and deter the unlawful detention of patients and deceased bodies for unpaid medical bills.

KENYA DENTAL ASSOCIATION

45. Kenya Dental Association, submitted as follows:

a) In relation to Clause 1, rejects the amendment as proposed and awaits a dedicated law to be established for all paraprofessionals, as well as a regulatory framework in accordance with the Ministry of Health Policy on Regulation of Professionals as removing the focus on medical practitioners and dentists dilutes the established identity and governance standards of the medical and dental regulatory body.

Committee resolution: The Committee did not adopt the proposal. The amendment in the Bill to include regulation of other cadres in the health sector is necessary to close the regulatory lacunae by extending statutory oversight to previously unregulated cadres.

b) In relation to Clause 2, rejects the proposal, noting that piecemeal amendments water down the regulatory standards of the primary medical/dental regulator as regulatory frameworks for auxiliary or paraprofessional cadres should be created under a separate, comprehensive Ministry of Health policy framework rather than altering Cap. 253.

Committee resolution: The Committee did not adopt the proposal. The amendment in the Bill to include regulation of other cadres in the health sector is necessary to close the regulatory lacunae by extending statutory oversight to previously unregulated cadres.

c) In relation clause 3, oppose expanding Cap. 253 to absorb these non-doctor cadres, arguing KMPDC is the wrong regulatory home as Kenya already has 12 cadre-specific regulatory bodies under KHPOA; absorbing allied cadres into Cap. 253 sets a bad precedent and creates scope-of-practice confusion.

Committee resolution: The Committee did not adopt the proposal. The amendment in the Bill to include regulation of other cadres in the health sector is necessary to close the regulatory lacunae by extending statutory oversight to previously unregulated cadres.

d) In relation clause 4, oppose the name change and expansion, asserting that it severs the Council's identity from medical practitioners and dentists, as it converts a practitioners' Council into a diluted state council without legal coherence or structural boundaries.

Committee resolution: The Committee did not adopt the proposal. The amendment in the Bill to include regulation of other cadres in the health sector is necessary to close the regulatory lacunae by extending statutory oversight to previously unregulated cadres.

e) In relation clause 5, 6, 7,8,9, opposes the amendment as Dental Technologists and Optometrists are paraprofessionals, belonging to a group of approximately 40 cadres in the country. A dedicated law to be established for all paraprofessionals, as well as a regulatory framework in accordance with the Ministry of Health Policy on Regulation of Professionals.

Committee resolution: The Committee did not adopt the proposal. The amendment in the Bill to include regulation of other cadres in the health sector is necessary to close the regulatory lacunae by extending statutory oversight to previously unregulated cadres.

f) In relation to clause,8,9,10,12 and 13 opposes the amendment as Dental Technologists and Optometrists are paraprofessionals, belonging to a group of approximately 40 cadres in the country, as a regulatory framework for auxiliary or paraprofessional cadres should be created under a separate, comprehensive Ministry of Health policy framework rather than altering Cap. 253.

Committee resolution: The Committee did not adopt the proposal. The amendment in the Bill to include regulation of other cadres in the health sector is necessary to close the regulatory lacunae by extending statutory oversight to previously unregulated cadres.

g) In clause 14, opposes the amendment and proposes deletion of the clause as the amendment creates room for unclear types of practices by foreigners and persons who are likely to abuse national labor standards through temporary work licensures and permits.

Committee resolution: The Committee did not adopt the proposal. The provision on temporary licences provides a clear legal framework for regulating visiting foreign practitioners and short-term foreign experts, and ensures that they are subjected to the oversight of the Council.

h) Clause 16, opposed to the amendment and proposes deletion of the Clause as professional indemnity is already provided for, and exemptions are granted under existing regulations at section 23, making the proposed amendment unnecessary.
Committee resolution: The Committee did not adopt the proposal. Professional indemnity is an important patient protection measure and extending it to all cadres regulated under the Act protects patients from clinical negligence.

i) Clause 17, opposes the amendment and proposes deletion of the clause as the proposal is unnecessary, as all gazetted communications are routinely released through all communication channels of the regulator.

Committee resolution: The Committee did not adopt the proposal. The amendment modernizes institutional operations by adopting communications through electronic media and enhances public access to verified lists of licensed practitioners.

j) In relation to Clause 18 Amendment of section 17 No fees recoverable unless person licensed under section 15, KDA, opposes the amendment and proposes deletion of the clause as the section is clear, and the law strictly provides for medical practitioners and dentists to collect service fees as per gazetted rates. The amendment is unnecessary, and Parliament should await the publication of the law on paraprofessional regulations.

Committee resolution: The Committee did not adopt the proposal. The amendment corrects a cross-referencing error in the Act and ensures that only persons licensed under the Act recover fees for services rendered.

k) In relation to Clause 19 Amendment of section 18 Certificate not valid unless signatory registered etc, KDA opposes the amendment and proposes deletion of the clause as this section is clear as the law strictly provides for medical practitioners and dentists to be certified, registered, and licensed to practice. The proposal is unnecessary, and Parliament should await the publication of the framework on paraprofessional regulations.

Committee resolution: The Committee did not adopt the proposal. The amendment corrects a cross-referencing error in the Act and ensures that only certificates signed by persons licensed under the Act are valid.

l) In clause 20, opposes the amendment and proposes deletion of the clause as the section is clear, and the law already provides for the permanent deletion of errant professionals, making this amendment unnecessary.

Committee resolution: The Committee adopted the proposal and resolved to delete Clause 20 of the Bill as the permanent deletion of errant professionals from the register should be an option available to the Council to exercise in extreme cases.

m) In clause 21, propose the deletion of the Clause and re-structuring as the section is unclear and merely repeats provisions already established in the Penal Code regarding abuse of office, fraudulent representations, and false pretences. Additionally, issues relating to the detention of bodies should be addressed under the Coroner's Service Act, while the detention of patients is already covered under the Penal Code as illegal imprisonment.

Committee resolution: The Committee did not adopt the proposal. The Courts have held that is unconstitutional for health facilities to detain patients and

deceased bodies to recover hospital bills and detention of a person to recover a contractual debt is not sanctioned by law.

n) In clause 22, oppose the amendment and propose deletion of the clause to enable establishment of a new framework for paraprofessionals regulations as per the MoH policy on regulation of professionals as the law provides for clear savings and transitions. Provide for the establishment of a new framework for paraprofessionals regulations as per the MoH policy on regulation of professionals

Committee resolution: The Committee did not adopt the proposal. The amendment in the Bill to include regulation of other cadres in the health sector is necessary to close the regulatory lacunae by extending statutory oversight to previously unregulated cadres.

o) Propose deletion of the clause 23 as the section is unclear, whereas the existing law provides clear savings and transition provisions. Parliament should delete the clause and instead provide for the establishment of a new framework for paraprofessionals awaiting the Ministry of Health HRH Policy on Regulation.

Committee resolution: The Committee did not adopt the proposal. The provision protects existing practitioners from sudden loss of livelihood and ensures uninterrupted service delivery upon enactment.

KENYA MEDICAL PRACTITIONERS, PHARMACISTS AND DENTISTS UNION (KMPDU)

46. Kenya Medical Practitioners, Pharmacists and Dentists Union (KMPDU), submitted as follows:

a) In relation to Clause 2, rejects the proposal, noting that piecemeal amendments water down the regulatory standards of the primary medical/dental regulator as regulatory frameworks for auxiliary or paraprofessional cadres should be created under a separate, comprehensive Ministry of Health policy framework rather than altering Cap. 253.

Committee resolution: The Committee did not adopt the proposal. The amendment in the Bill to include regulation of other cadres in the health sector is necessary to close the regulatory lacunae by extending statutory oversight to previously unregulated cadres.

b) In relation clause 3, oppose expanding Cap. 253 to absorb these non-doctor cadres, arguing KMPDC is the wrong regulatory home as Kenya already has 12 cadre-specific regulatory bodies under KHPOA; absorbing allied cadres into Cap. 253 sets a bad precedent and creates scope-of-practice confusion.

Committee resolution: The Committee did not adopt the proposal. The amendment in the Bill to include regulation of other cadres in the health sector is necessary to close the regulatory lacunae by extending statutory oversight to previously unregulated cadres.

c) In relation clause 4, oppose the name change and expansion, asserting that it severs the Council's identity from medical practitioners and dentists, as it converts a practitioners' Council into a diluted state council without legal coherence or structural boundaries.

Committee resolution: The Committee did not adopt the proposal. The amendment distinguishes the Council from other regulatory bodies within the health sector while retaining its identity as the regulator of medical and dental practice. The amendment in the Bill to include regulation of other cadres in the health sector is necessary to close the regulatory lacunae by extending statutory oversight to previously unregulated cadres.

d) Clause 8, oppose regulation of community oral health officers, Dental Technologists, and Optometrists under Cap. 253 as each cadre is subject to pre-registration examination before enrolment

Committee resolution: The Committee did not adopt the proposal. The amendment in the Bill to include regulation of other cadres in the health sector is necessary to close the regulatory lacunae by extending statutory oversight to previously unregulated cadres.

e) In clause 14, opposes the amendment and proposes deletion of the clause as the amendment creates room for unclear types of practices by foreigners and persons who are likely to abuse national labor standards through temporary work licensures and permits.

Committee resolution: The Committee did not adopt the proposal. The provision on temporary licences provides a clear legal framework for regulating visiting foreign practitioners and short-term foreign experts, and ensures that they are subjected to the oversight of the Council.

f) Delete Clause 16 on professional indemnity as it is an unnecessary amendment as it is already provided for and exemptions granted under Regulations at section 23

Committee resolution: The Committee did not adopt the proposal. Professional indemnity is an important patient protection measure and extending it to all cadres regulated under the Act protects patients from clinical negligence.

g) Clause 17, opposes the amendment and proposes deletion of the clause as the proposal is unnecessary, as all gazetted communications are routinely released through all communication channels of the regulator.

Committee resolution: The Committee did not adopt the proposal. The amendment modernizes institutional operations by adopting communications through electronic media and enhances public access to verified lists of licensed practitioners.

h) In relation to Clause 18 Amendment of section 17 No fees recoverable unless person licensed under section 15, KMPDU opposes the amendment and proposes deletion of the clause as the section is clear, and the law strictly provides for medical practitioners and dentists to collect service fees as per gazetted rates. The amendment is unnecessary, and Parliament should await the publication of the law on paraprofessional regulations.

Committee resolution: The Committee did not adopt the proposal. The amendment corrects a cross-referencing error in the Act and ensures that only persons licensed under the Act recover fees for services rendered.

i) In relation to Clause 19 Amendment of section 18 Certificate not valid unless signatory registered etc, KMPDU opposes the amendment and proposes deletion of the clause as this section is clear as the law strictly provides for medical practitioners and dentists to be certified, registered, and licensed to practice. The proposal is unnecessary, and Parliament should await the publication of the framework on paraprofessional regulations.

Committee resolution: The Committee did not adopt the proposal. The amendment corrects a cross-referencing error in the Act and ensures that only certificates signed by persons licensed under the Act are valid.

j) In clause 20, opposes the amendment and proposes deletion of the clause as the section is clear, and the law already provides for the permanent deletion of errant professionals, making this amendment unnecessary.

Committee resolution: The Committee adopted the proposal and resolved to delete Clause 20 of the Bill as the permanent deletion of errant professionals from the register should be an option available to the Council to exercise in extreme cases.

k) In clause 22, oppose the amendment and propose deletion of the clause to enable establishment of a new framework for paraprofessionals regulations as per the MoH policy on regulation of professionals as the law provides for clear savings and transitions. Provide for the establishment of a new framework for paraprofessionals regulations as per the MoH policy on regulation of professionals.

Committee resolution: The Committee did not adopt the proposal. The provision protects existing practitioners from sudden loss of livelihood and ensures uninterrupted service delivery upon enactment.

KENYA DENTAL TECHNOLOGISTS' ASSOCIATION (KDTA)

47. Kenya Dental Technologists Association (KDTA), submitted as follows:

a) In relation to clause 3, redraft "dental technologist" to reflect postgraduate degree, degree, higher diploma, or diploma in dental technology; insert definition for "dental technology".

Committee resolution: The Committee adopted the proposal to re-draft and include the definitions of terms used in the Bill.

b) Clause 4, amend Section 3A to add one nominee from the Kenya Dental Technologists Association to the Council, and delete Section 3A(1)(d)(ii) regarding private practice seats. As it distinguishes the Council from other entities, provides necessary profession-specific expertise in governance for all regulated cadres, safeguards professional autonomy, and ensures private sector representation.

Committee resolution: The Committee did not adopt the proposal. The representation on the Board as provided in section 3A of the Act is sufficient.

c) In relation to Clause 5, extend mandate of the Council to inspect and approve dental technology training institutions as it ensures complete regulatory, educational, and inspection oversight across all integrated cadres, protecting patient safety and institutional quality assurance.

Committee resolution: The Committee noted that Section 4 of the Act mandates the Council to approve and register medical and dental schools and inspect and accredit new and existing institutions for medical and dental internship training in Kenya.

d) Clause 6, inserts dental technologists into foreign practitioner registration and vetting provisions under Section 5(3) as it standardizes record-keeping across all health cadres, protects public transparency, and closes regulatory loopholes for technical support sub-cadres.

Committee resolution: The Committee noted KTDA's support of the provision in the Bill.

e) Clause 8, amend Section 6B(1)(b) to state "diploma in dental technology" instead of "dentistry"; amend Section 6D to delete dental technologists from pre-registration exams as it reasserts that allied cadres belong under KHPOA or separate statutory frameworks.

Committee resolution: The Committee adopted the proposal. The amendment clarifies that dental technologists are trained in dental technology rather than dentistry. Further, pre-registration examinations shall apply to foreign-trained applicants only.

f) Clause 12, amend Section 11B to extend specialist recognition to dental technologists as it formally recognizes advanced clinical competencies and sub-specialties in optometry and dental technology.

Committee resolution: The Committee adopted the proposal. The amendment formally recognises advanced clinical competencies and is consistent with the definition of "specialist" under the Act, which extends to all cadres regulated under the Act. The recognised specialties and subspecialties shall be prescribed by the Council.

g) Clause 13, amend Section 12 to require dental technologists to hold annual practicing licenses as it clarifies that Section 12 governs all practicing licenses and matches authorization directly to verified practitioner competence.

Committee resolution: The Committee adopted the proposal. The amendment clarifies that Section 12 governs the issuance and regulation of all practicing licenses across all cadres registered and regulated under the Council.

h) In relation to New proposed amendment to section 19A, include dental technologists to include all cadres sought to be regulated under the Act.

Committee resolution: The Committee adopted the proposal. This consequential amendment is necessary to close the regulatory lacunae by extending statutory oversight to previously unregulated cadres.

ORAL HEALTH ASSOCIATION OF KENYA (OHAK)

48. Oral Health Association of Kenya submitted as follows:

a) In relation to clause 3, Insert "/Oral Health" after "Community Oral Health"; define "Community Oral Health Officer/Oral Health Officer", "Dentist", "Dental Technology", "Dental Technologist", "Dental Practitioner", "Optometry", and "Optometrist" to capture diploma, higher diploma, degree, and postgraduate levels.

Committee resolution: The Committee adopted the proposal. This amendment is necessary to close the regulatory lacunae by extending statutory oversight to previously unregulated cadres.

b) In relation to clause 5, amend Section 4(a)-(h) by inserting "/Oral Health Officer" immediately after "Community Oral Health Officer" wherever it appears to ensures complete regulatory, educational, and inspection oversight across all integrated cadres, protecting patient safety and institutional quality assurance.

Committee resolution: The Committee adopted the proposal. This amendment is necessary to close the regulatory lacunae by extending statutory oversight to previously unregulated cadres.

c) Clause 8, amend 6A(b) and 6C(b) to include postgraduate degrees and higher diplomas; amend 6D so pre-registration exams apply only to foreign-trained applicants. Reasserts that allied cadres belong under KHPOA or separate statutory frameworks.

Committee resolution: The Committee adopted the proposal. This amendment is necessary to close the regulatory lacunae by extending statutory oversight to previously unregulated cadres.

d) Clause 14, grant temporary licenses to foreign community oral health officers, Oral Health, and Optometry students for training/exchanges as it provides a clear statutory framework for supervised clinical internship, regulates short-term foreign experts, and ensures foreign-trained practitioners are properly adapted before independent practice.

Committee resolution: The Committee adopted the proposal. The amendment provides a legal framework for foreign students in community oral health, oral health and optometry to undertake training and exchange programmes under the supervision of the Council.

e) Clause 23, section 26(5) to include community oral health, oral health and optometry to promote fairness and inclusivity by extending opportunities to students undertaking training in community oral health, oral health and optometry.

Committee resolution: The Committee adopted the proposal. The amendment promotes fairness and inclusivity by extending the transitional provisions to students undertaking training in community oral health, oral health and optometry.

KENYA ASSOCIATION OF OPTICIANS (KAO)

49. Kenya Association of Opticians (KAO)submitted as follows:

a) Clause 2, amend the long title to cover optometrists, ophthalmic opticians, dispensing opticians, optical technologists, optical practice, optical facilities, and related allied optical cadres to ensures that the Act's long title accurately matches the expanded regulatory scope, recognizes the full optical spectrum (degree and diploma cadres), and covers specialized services in law.

Committee resolution: The Committee adopted the proposal in part. The Committee retained the long title as amended by the Bill noting that it adequately captures the training, registration, licensing and regulation of all cadres sought to be regulated under the Act and resolved to include ophthalmic opticians.

b) In relation to clause 3, expand definitions of "optometrist" and "optometry" to expressly cover primary eye care, refraction, dispensing, contact lenses, low-vision care, binocular-

vision care, ocular abnormality detection, non-invasive management, rehabilitation, and referral.

Committee resolution: The Committee adopted the proposal in part. The Committee adopted the definition of "optometry" as proposed by the Kenya Law Reform Commission, which clearly delineates the scope of optometry from ophthalmology by providing for the identification and referral of eye diseases requiring medical or surgical treatment. The detailed scope of practice of optometrists, including refraction, dispensing, contact lenses, low-vision and binocular-vision care, shall be prescribed by the Council through regulations.

c) In relation to New Definitions(Proposed under Clause 3)Insert definitions for "refraction", "optical clinic/vision care centre", "optometry technologist", "ophthalmic optician", "dispensing optician", "optical technician", "allied optical cadre", and "regulated optical service" as it enables precise statutory regulation of optical facilities, protects digital eye care and tele-optometry from misuse by untrained operators, establishes clinical accountability at facility levels, formally recognizes diploma/allied cadres, and confirms refraction as a function rather than a standalone cadre.

Committee resolution: The Committee adopted the proposal in part. The inclusion of new healthcare cadres under the Act necessitates the introduction of relevant terms and uniform definitions within the Act to ensure consistency, eliminate legal ambiguity, and support the effective regulation of all cadres governed by the Council.

d) In relation to clause 4, insert a new clause amending Section 3A to include at least two optometry/optical representatives nominated by recognized professional associations as it distinguishes the Council from other entities, provides necessary profession-specific expertise in governance for all regulated cadres, safeguards professional autonomy, and ensures private sector representation.

Committee resolution: The Committee did not adopt the proposal. The representation on the Council as provided in section 3A of the Act is sufficient.

e) In relation to New Provisions Require the Council to act through an Optometry and Optical Practice Committee on all profession-specific matters and insert a statutory non-subordination clause ensuring optometrists are not professionally subordinate to other cadres to provides structured professional input on matters unique to optometry, protects professional identity, and prevents inter-professional subordination while maintaining collaboration within health governance frameworks.

Committee resolution: The Committee did not adopt the proposal. The Council has the mandate to constitute committees for the better carrying out of its functions, including on profession-specific matters. Establishing a statutory committee for a single cadre would set a precedent for each regulated cadre to seek a dedicated statutory committee. In addition, Optometrists are regulated as an autonomous cadre under the proposed Act and a statutory non-subordination clause is therefore unnecessary.

f) Clause 5, amend Section 4 to require the Council to act through or in consultation with an Optometry and Optical Practice Committee on scope, inspection, standards, discipline, and digital eye health as it ensures complete regulatory, educational, and inspection oversight across all integrated cadres, protecting patient safety and institutional quality assurance.

Committee resolution: The Committee did not adopt the proposal. The Council has the mandate to constitute committees for the better carrying out of its functions, including on profession-specific matters. Establishing a statutory committee for a single cadre would set a precedent for each regulated cadre to seek a dedicated statutory committee.

g) Clause 6, adopt the register for optometrists (with annotations for specialties/scope), and create sub-registers or enabling provisions to register optometry technologists, ophthalmic opticians, dispensing opticians, and optical technicians as it standardizes record-keeping across all health cadres, protects public transparency, and closes regulatory loopholes for technical support sub-cadres.

Committee resolution: The Committee adopted the proposal in part. The Council shall maintain a register of optometrists and ophthalmic opticians as these cadres to be regulated under the proposed Act.

h) Clause 8, revise Section 6C to cover citizens, EAC-trained, and foreign-trained practitioners, and amend Section 6D to clarify that pre-registration exams should be proportionate and exempt experienced practitioners, as reasserts that allied cadres belong under KHPOA or separate statutory frameworks.

Committee resolution: The Committee adopted the proposal in part. The pre-registration examinations shall apply to foreign-trained applicants only. The proposal to exempt experienced practitioners is addressed in the transitional provisions.

i) Clause 14, formalize mandatory 12-month supervised internship for optometry graduates, specify approved internship sites, and provide temporary licenses and supervised adaptation pathways for foreign-trained optometrists as it provides a clear statutory framework for supervised clinical internship, regulates short-term foreign experts, and ensures foreign-trained practitioners are properly adapted before independent practice.

Committee resolution: The Committee adopted the proposal in part. The temporary licensing and supervised framework for foreign-trained practitioners in Clause 14 of the Bill apply to optometrists. The approval of internship sites are administrative matters that should be prescribed by the Council through regulations. The Committee resolved to introduce a mandatory supervised internship for a period prescribed by the Council, which shall not be less than twelve months for foreign-trained students. The

internship will help bridge any gap in knowledge of the local clinical practice and health system, and will promote the transfer of skills between foreign-trained and locally trained practitioners. Further, the temporary licenses for general practitioners shall be valid for a period not exceeding three months while for specialists, the temporary license shall be valid for a period not exceeding twelve months.

j) Clause 15, recognize optical clinics and vision care centres as health institutions under Section 15 as optical facilities house primary eye-care delivery; statutory recognition ensures equipment and quality standards, protects capital investment while safeguarding patient safety, and enforces strict clinical independence.

Committee resolution: The Committee did not adopt the proposal. Optical clinics, optometry practices and vision-care centres fall within the scope of health institutions regulated under section 15 of the Act and are subject to registration, inspection and licensing by the Council.

k) In relation to New Facility Ownership Provision Clarify that non-professionals/investors may own optical businesses/facilities provided clinical services are delivered/supervised by licensed optometrists/opticians. OAK requires every licensed facility to designate a registered optometrist as "Head of Optical Practice" for clinical governance.

Committee resolution: The Committee did not adopt the proposal. Ownership and clinical governance of health institutions are adequately provided for under section 15 of the Act and the regulations made thereunder.

l) Clause 16,extend professional indemnity requirements to optometrists and optical facilities, with cover levels tailored to the risk profile of optometric practice (e.g., therapeutics, contact lenses) as it protects patients from clinical negligence and aligns risk management with actual scope of practice.

Committee resolution: The Committee adopted the proposal. The amendment extends the requirement for professional indemnity to optometrists, which protects patients from clinical negligence. The levels of cover appropriate to the risk profile of each cadre shall be prescribed by the Council through regulations.

m) Clause 20,amend Section 20 to mandate that disciplinary or technical proceedings involving optometrists, optometry technologists, or optical facilities must include registered optometrists as the peer majority on the committee as it guarantees technical competence, fairness, and peer-led review in professional disciplinary cases.

Committee resolution: The Committee did not adopt the proposal. The Council has the mandate to co-opt persons with the relevant technical expertise into its disciplinary proceedings. Prescribing a peer majority for a single cadre would compromise the independence and uniformity of the Council's disciplinary process.

n) Clause 21,amend Section 22 to protect titles ("Optometrist","Optometry Technologist", "Ophthalmic Optician", "Dispensing Optician", "Optical Technician", "Head of Optical Practice") and create offences (fine up to KES 5M / 5 years prison) for unregistered optometry practice or operating an unlicensed optical establishment as it protects the public from unqualified eye-care providers and prevents deceptive use of professional titles.

Committee resolution: The Committee adopted the proposal in part. The offence provisions in section 22 of the Act, as amended by Clause 21 of the Bill, apply to all cadres regulated under the Act, including optometrists, and are adequate to protect the public from unqualified practice. The protection of titles of other optical cadres was not adopted as those cadres are not regulated under the Bill.

o) Clause 22,mandate the Cabinet Secretary, in consultation with the Council and optometry stakeholders, to issue regulations within 12 months covering scope of practice, facility standards, CPD, fees, tele-optometry, AI screening, remote supervision, and digital eye care as it empowers the CS to promulgate detailed subsidiary legislation, future-proofs digital health innovations, and prevents regulatory gaps.

Committee resolution: The Committee adopted the proposal in part. The Committee extended the regulation-making power under section 23 to all cadres regulated under the Act, including optometrists, in respect of scope of practice, facility standards, continuing professional development and fees. Digital health, tele-health and the use of artificial intelligence are regulated under the Digital Health Act, 2023 and the Data Protection Act, 2019.

p) Clause 23, broaden transitional provisions to cover qualified practicing optometrists and allied cadres via verification of qualification, experience, CPD, and certificate of proficiency, as it balances protection of the existing workforce with progressive upgrading of educational and clinical standards across Kenya's eye-health sector.

Committee resolution: The Committee adopted the proposal. The transitional provisions are essential to protect existing rights and ensure that qualified practising optometrists are absorbed into the regulatory framework upon verification of their qualifications and experience.

OPHTHALMOLOGICAL SOCIETY OF KENYA (OSK)

50. **Ophthalmological Society of Kenya (OSK)** submitted as follows:

a) Clause 3, oppose expanding Cap. 253 to absorb these non-doctor cadres, arguing KMPDC is the wrong regulatory home as Kenya already has 12 cadre-specific regulatory

bodies under KHPOA; absorbing allied cadres into Cap. 253 sets a bad precedent and creates scope-of-practice confusion.

Committee resolution: The Committee did not adopt the proposal. The amendment in the Bill to include regulation of other cadres in the health sector is necessary to close the regulatory lacunae by extending statutory oversight to previously unregulated cadres.

b) In relation to clause 8, Oppose regulation of community oral health officers, Dental Technologists, and Optometrists under Cap. 253 as each cadre is subject to pre-registration examination before enrolment.

Committee resolution: The Committee did not adopt the proposal. The amendment in the Bill to include regulation of other cadres in the health sector is necessary to close the regulatory lacunae by extending statutory oversight to previously unregulated cadres.

KENYA HEALTHCARE FEDERATION

51. **Kenya Healthcare Federation submitted as** follows:

a) In relation to clause 3, opposes the deletion of the definitions of "private practice" and "private practitioner", recommending their retention or replacement as deleting the definitions of "private practice" and "private practitioner" creates legal ambiguity and uncertainty for private health sector investors, practitioners, and institutions supporting UHC

Committee resolution: The Committee adopted the proposal. The definitions of "private practice" and "private practitioner" are retained to provide legal certainty to private health sector practitioners, investors and institutions.

b) In relation to clause 4, proposes that any member representing the private healthcare sector on the Council under Section 3A be formally nominated through KHF as it distinguishes the Council from other entities, provides necessary profession-specific expertise in governance for all regulated cadres, safeguards professional autonomy, and ensures private sector representation.

Committee resolution: The Committee did not adopt the proposal. The representation on the Council as provided in section 3A of the Act is sufficient. The nomination of members to the Council is guided by the procedure provided under the Act.

c) In relation to clause 4, proposed that Section 3A of the Act be amended to reserve dedicated seats on the Medical and Dental Council of Kenya for Community Oral Health

officers, Dental Technologists, and Optometrists. submitted that while the Bill creates three newly regulated professions and expands the Council's remit, Section 3A governing Council composition remains untouched as consequently, these new cadres gain no institutional voice or representation on the regulatory body tasked with registering, licensing, and disciplining them.

Committee resolution: The Committee did not adopt the proposal. The representation on the Council as provided in section 3A of the Act is sufficient.

d) In relations to clause 7, recommends establishing statutory timelines for processing registration applications, publishing exam schedules, and providing appeal mechanisms as regulation should promote quality assurance without creating unnecessary barriers to workforce entry. Lack of statutory timelines may result in administrative delays that worsen health workforce shortages.

Committee resolution: The Committee did not adopt the proposal. The timelines for processing applications and publication of examination schedules are administrative matters that should be prescribed by the Council through regulations.

e) In relations to clause 7, proposed that new Section 6(5A) be amended to clearly define "resident" by referencing an objective test, such as a valid work permit or a specified period of lawful residence as "resident" is left completely undefined in the Bill without any immigration status, work permit, or tax residency criteria. This ambiguity leaves room for inconsistent Council practice and potential litigation regarding eligibility for full registration.

Committee resolution: The Committee did not adopt the proposal. The Committee resolved that foreign practitioners should be subjected to similar standards and qualifications whether they are residents or non-residents, which renders the definition of "resident" unnecessary.

f) Clause 8 recommends establishing statutory timelines for processing registration applications, publishing exam schedules, and providing appeal as regulation should promote quality assurance without creating unnecessary barriers to workforce entry. Lack of statutory timelines may result in administrative delays that worsen health workforce shortages.

Committee resolution: The Committee did not adopt the proposal. The timelines for processing applications and publication of examination schedules are administrative matters that should be prescribed by the Council through regulations.

g) Clause 12 recommends a prospective transitional clause protecting current specialist trainees enrolled in specialist training programmes as it protects legitimate expectations of current trainees enrolled in specialist training programmes.

Committee resolution: The Committee adopted the proposal. A transitional provision protects the legitimate expectations of persons currently enrolled in specialist training programmes.

h) Clause 15,amend the Clause on suspension of health institution licences to include administrative sanctions as before suspension of license, the Council should be required to undertake administrative measures such as graduated sanctions, corrective action timelines, re-inspection, rights of representation and appeal mechanisms and only undertake suspension where patient safety is at immediate risk or when corrective actions are not implemented.

Committee resolution: The Committee adopted the proposal. Article 47 of the Constitution guarantees the right to fair administrative action. The Council should undertake graduated administrative measures, including corrective action timelines and re-inspection, before suspension of a licence, save where patient safety is at immediate risk.

i) Clause 16: propose deletion of the Clause on professional indemnity as the Bill requires professional indemnity cover for practitioners and professional liability insurance for institutions. This may create duplication and significantly increase the cost of health care delivery. It is important to clarify the interaction between practitioner and employer-provided cover.

Committee resolution: The Committee did not adopt the proposal. Professional indemnity for practitioners and professional liability insurance for institutions are important patient protection measures. Further, institutional indemnity does not extinguish the responsibility of individual practitioners and it should apply to all practitioners as a condition for the issuance of a practising licence.

j) Clause 21, amend the Clause to review the fine with the aim of reducing the same as the Bill does not establish alternative debt recovery mechanisms. The burden of unpaid bills should not be transferred entirely to healthcare providers.

Committee resolution: The Committee did not adopt the proposal. The Courts have held that it is unconstitutional for health facilities to detain patients and deceased bodies to recover hospital bills and detention of a person to recover a contractual debt is not sanctioned by law. The detention of patients and deceased bodies for unpaid medical bills is a matter of public interest that requires a specific offence and deterrent penalty. Health facilities may pursue civil debt recovery mechanisms to recover unpaid bills.

CHRISTIAN HEALTH ASSOCIATION OF KENYA (CHAK)

52. Christian Health Association of Kenya (CHAK) submitted as follows:

a) Proposed the following amendments to clause 3,

   i. Expressly delineate the definition of "optometry" to distinguish its scope of practice clearly from ophthalmology; as the new definition of "optometry" extends to the diagnosis, treatment, and performance of preventive procedures for eye disease, which directly overlaps with ophthalmology and risks generating ill-defined boundary disputes.

   ii. Revise the definition of "dental technologist" to ensure it cannot be interpreted or read as equivalent to a dentistry qualification as the proposed definition of "dental technologist" is tied to a qualification "in dentistry"—the exact same phrase used elsewhere in the Act to define a dentist—creating a significant risk that a dental technology diploma could be wrongly construed as conferring dentist-equivalent competence, thereby raising patient-safety concerns.

Committee resolution: The Committee adopted the proposal. The inclusion of new healthcare cadres under the Act necessitates the introduction of relevant terms and uniform definitions within the Act to ensure consistency, eliminate legal ambiguity, and support the effective regulation of all cadres governed by the Council.

b) In relation to clause 12, proposed that the Committee request a comprehensive impact assessment from the Ministry of Health regarding the proposed changes to specialist and sub-specialist recognition criteria before commencement as requiring postgraduate training of "at least three years" under Section 11B(2)—(a) and doubling minimum supervised sub-specialist training from six to twelve months under Section 11B(4) and (b) replaces flexible Council case-by-case assessments. This change risks disqualifying internationally trained specialists and diaspora returnees with shorter overseas fellowships who currently serve in mission and rural hospitals.

Committee resolution: The Committee did not adopt the proposal. The Committee resolved to delete the rigid statutory timeframes for specialist and sub-specialist recognition noting that training and internship requirements vary across different medical, dental and specialized healthcare cadres. The mandate to prescribe training durations is an administrative mandate that should be exercised by the Council through regulations.

c) Clause 13, proposed that Section 12 be substantively amended (beyond mere adjustment of its marginal note) to establish an operative licensing mechanism for Community Oral Health Officers, Dental Technologists, and Optometrists. The marginal note to Section 12 is amended to "Practising licences," the operative text of the section remains unchanged and continues to speak only to medical practitioners and dentists. Thus, the Bill registers three new cadres without actually enacting a legal statutory mechanism to license them to practise.

Committee resolution: The Committee adopted the proposal. A substantive amendment to section 12 is necessary to establish an operative mechanism for licensing community oral health officers, dental technologists and optometrists to practise.

d) Clause 14 proposed that new Section 13(6)-(7) be amended to allow for at least one renewal of the temporary licence granted to foreign medical or dental practitioners as the proposed three-month temporary licence appears on its face to be non-renewable, which is overly restrictive and insufficient to accommodate visiting specialists and short-term mission medical teams who regularly perform multi-month rotations in faith-based health facilities.

Committee resolution: The Committee adopted the proposal in part. The Committee resolved that the temporary license granted to a foreign medical or dental practitioner under the new section 13(6) and (7) shall be valid for a period not exceeding twelve months in the case of a specialist or sub-specialist, and for a period not exceeding three months in the case of a general practitioner. Further, the Committee did not adopt the proposal for renewal of the temporary license, having extended the validity period for specialists and sub-specialists.

e) Clause 15, Amend Section 15(9) to mandate that the Council issue prior written notice and grant a fair opportunity to be heard before declining to renew, suspending, cancelling, withdrawing, or revoking a health institution's licence. In addition, reserve immediate licence suspension strictly for cases involving demonstrated imminent risk to patient safety.

Section 15(9) empowers the Council to shut down or revoke a health facility's licence upon being merely "satisfied" of a contravention, without granting administrative due process or a prior hearing. The sole remedy—an appeal to the High Court within 30 days—takes effect after punitive action, which could abruptly sever health access for underserved communities where faith-based facilities are the primary providers.

Committee resolution: The Committee adopted the proposal. Article 47 of the Constitution guarantees the right to fair administrative action. The Council should issue prior written notice and afford a health institution an opportunity to be heard before taking adverse action against its licence, and immediate suspension should be reserved for cases of imminent risk to patient safety.

f) Clause 16, proposed that Section 15A(2) be amended to expressly define "employees" to clarify its application to volunteers, missionary or visiting practitioners, short-term mission teams, and interns and provide a phased compliance timeline for health institutions to secure the required institutional indemnity coverage. As shifting the institutional liability insurance duty to the "owner or operator" places statutory compliance on sponsoring church bodies/dioceses rather than hospital administrators. Additionally, failing to define "employees" creates severe ambiguity regarding liability

coverage for volunteers and short-term mission staff who form a core part of faith-based health delivery.

Committee resolution: The Committee did not adopt the proposal. The provisions apply to all medical and dental practitioners under the Act, including volunteers, short-term mission staff, visiting practitioners and interns.

g) In relation to Clause 18 Amendment of section 17 No fees recoverable unless person licensed under section 15, proposed that the financial recovery condition under Section 17 be reviewed to prevent immediate operational and revenue disruptions for health facilities, as tying the lawfulness of fee recovery directly to whether a practitioner holds a current Section 12 or 14 licence transforms what was traditionally an internal HR compliance matter into direct billing exposure and financial/revenue recognition risk for facilities.

Committee resolution: The Committee did not adopt the proposal. Only persons who hold a valid practising licence should recover fees for services rendered in order to protect patients from unlicensed practice. Health institutions have a responsibility to ensure that practitioners in their employment are duly licensed.

h) In relation to clause 19, Amendment of section 18 Certificate not valid unless signatory registered etc proposed that Section 18 be adjusted to account for clinical documentation signed by medical and dental interns, as strictly to those signed by practitioners licensed under Sections 12 and 14 creates severe operational uncertainty for records, sick sheets, and death notifications routinely completed by medical interns who are licensed under Section 13.

Committee resolution: The Committee adopted the proposal. Medical and dental interns licensed under section 13 routinely complete clinical documentation in the course of supervised practice and documents signed by them should be recognised.

i) In relation to clause 21, proposed the following amendments to new Section 22(7)—
    i. Attach criminal liability directly to the health institution as a corporate entity, holding individual officers accountable only upon proof of personal, wilful conduct; and
    ii. Clearly define the terms "detain" and "unpaid medical bills" to expressly exclude routine, lawful documentation and fee-recovery practices

As that targeting "a person" exposes individual hospital administrators, credit controllers, and mortuary workers to severe personal criminal penalties (fines up to KES 5 million- or 5-years imprisonment). Furthermore, leaving key terms undefined criminalises essential financial recovery levers at a time when facility solvency is already strained by delayed national health insurance claim disbursements.

Committee resolution: The Committee did not adopt the proposal to limit liability to the health institution, as officers who direct or participate in the unlawful detention should be held personally accountable.

MASINDE MULIRO UNIVERSITY OF SCIENCE AND TECHNOLOGY (MMUST), DEPARTMENT OF OPTOMETRY AND VISION SCIENCES

53. **Masinde Muliro University of Science and Technology (MMUST), Department of Optometry and Vision Sciences, submitted as follows:**

a) Amend the long title to cover the training, registration, licensing, and regulation of medical practitioners, dental practitioners, optometrists, optometry technologists, and health institutions including optical clinics, optometry practices, and vision-care centres to ensures that the Act's long title accurately matches the expanded regulatory scope, recognizes the full optical spectrum (degree and diploma cadres), and covers specialized services in law.

Committee resolution: The Committee did not adopt the proposal. The Committee retained the long title as amended by the Bill noting that it adequately captures the training, registration, licensing and regulation of all cadres sought to be regulated under the Act and resolved to include ophthalmic opticians.

b) Clause 3, redraft "optometrist" to mean an autonomous primary eye-care practitioner holding a bachelor's degree in optometry as the minimum entry qualification, trained and licensed to examine, diagnose, manage, rehabilitate conditions of the visual system, and use/prescribe diagnostic and therapeutic pharmaceutical agents. Expand "optometry" to align with WHO, WCO, and AFCO global standards. Define "optometry technologist" as a diploma holder in optometry. To align with the requirements for registration proposed in Bill and correct technical references to reflect academic progression, establishes clear scope boundaries, prevent jurisdictional overlap amongst professions

Committee resolution: The Committee adopted the proposal in part. The inclusion of new healthcare cadres under the Act necessitates the introduction of relevant terms and uniform definitions within the Act to ensure consistency, eliminate legal ambiguity, and support the effective regulation of all cadres governed by the Council.

c) In relation to New Definitions, insert definitions for "optical clinic", "optometry practice", "vision-care centre", "Head of Optical Practice", "regulated optical services", "optometry technologist", "refraction", and "digital eye care" to enable precise statutory regulation of optical facilities, protect digital eye care and tele-optometry from misuse by untrained operators, establish clinical accountability at facility levels, formally recognize diploma/allied cadres, and confirm refraction as a function rather than a standalone cadre.

Committee resolution: The Committee adopted the proposal in part. The inclusion of new healthcare cadres under the Act necessitates the introduction of relevant terms and uniform definitions within the Act to ensure consistency, eliminate legal ambiguity, and support the effective regulation of all cadres governed by the Council.

d) Clause 4, amend Section 3A to add at least two optometry representatives to the Council: one registered optometrist nominated by the Optometrists Association of Kenya (OAK) and one representative of optometry training institutions as it distinguishes the Council from other entities, provides necessary profession-specific expertise in governance for all regulated cadres, safeguards professional autonomy, and ensures private sector representation.

Committee resolution: The Committee did not adopt the proposal. The representation on the Council as provided in section 3A of the Act is sufficient.

e) In relation to the new provisions, establish an Optometry Training and Accreditation Committee under Section 4A to prescribe curricula, accredit schools, and approve internship sites as it provides structured professional input on matters unique to optometry, protects professional identity, and prevents inter-professional subordination while maintaining collaboration within health governance frameworks.

Committee resolution: The Committee did not adopt the proposal. The Council has the mandate to constitute committees for the better carrying out of its functions, including on profession-specific matters. Establishing a statutory committee for a single cadre would set a precedent for each regulated cadre to seek a dedicated statutory committee.

f) Clause 5,add functions empowering the Council to establish professional standards, scope of practice guidelines, ethical codes, and CPD requirements specific to optometry as it ensures complete regulatory, educational, and inspection oversight across all integrated cadres, protecting patient safety and institutional quality assurance.

Committee resolution: The Committee did not adopt the proposal. The functions of the Council under section 4 of the Act, apply to all cadres regulated under the Act, including optometrists. Matters such as scope of practice, professional standards, continuing professional development and internship requirements are administrative in nature and should be prescribed by the Council through regulations.

g) Clause 6, adopt the register for optometrists (with annotations for specialties/scope), and create sub-registers or enabling provisions to register optometry technologists, ophthalmic opticians, dispensing opticians, and optical technicians as it standardizes record-keeping across all health cadres, protects public transparency, and closes regulatory loopholes for technical support sub-cadres.

Committee resolution: The Committee adopted the proposal in part. The Council shall maintain a register of optometrists and ophthalmic opticians as these cadres are regulated under the Bill.

h) Clause 8, rewrite Section 6C to mandate a bachelor's degree in optometry, a compulsory 12-month paid internship, and a pre-registration exam for full optometrist registration. Introduce Section 6C2 for Optometry Technologists (diploma entry). Re-draft Section 6D to detail clinical and written examination components as it clarifies academic entry qualifications, eliminates typographical errors (e.g., specifying dental technology instead of dentistry), ensures clinical readiness via mandatory internship, and provides fair mobility for foreign-trained practitioners while verifying competence.

Committee resolution: The Committee did not adopt the proposal. Both degree and diploma holders in optometry are eligible for registration under the Bill. Further, pre-registration examinations shall apply to foreign-trained applicants only. The duration of internship is an administrative matter that should be prescribed by the Council through regulations.

i) In relation to New Provisions, insert Section 6E (Protection of Titles for Optometrists/Optometry Technologists), Section 6F (Regulations on fees and guidelines within 12 months), Section 6G (Protection against unfair regulatory fees), and Section 9(4) (Publicly searchable online digital register) as it prevents patient deception, eliminates administrative delays in issuing regulations, and guarantees financial fairness and transparency in public verification.

Committee resolution: The Committee adopted the proposal in part. The Council shall maintain a publicly searchable online register in addition to publication in the Gazette. The protection of titles is adequately provided for under section 22 of the Act as amended by Clause 21 of the Bill, while the fees chargeable by the Council and the timelines for issuance of regulations are administrative matters to be addressed through regulations.

j) Clause 12, extend specialist recognition to optometrists and optometry subspecialties (e.g., pediatric optometry, low vision, ocular therapeutics, contact lenses) Formally recognizes advanced clinical competencies and sub-specialties in optometry and dental technology and dental technology.

Committee resolution: The Committee adopted the proposal. The amendment formally recognises advanced clinical competencies and is consistent with the definition of "specialist" under the Act, which extends to all cadres regulated under the Act. The recognised specialties and subspecialties shall be prescribed by the Council.

k) Clause 13, add subsection (1A) establishing tiered practicing licenses for optometrists: (a) general optometry, (b) therapeutic optometry, and (c) subspecialty optometry, linked to

mandatory CPD as it clarifies that Section 12 governs all practicing licenses and matches authorization directly to verified practitioner competence.

Committee resolution: The Committee did not adopt the proposal. Practising licences under section 12 are issued to all regulated cadres. Tiered licensing based on scope of practice is an administrative matter that should be prescribed by the Council through regulations.

l) Clause 14, formalize mandatory 12-month supervised internship for optometry graduates, specify approved internship sites, and provide temporary licenses and supervised adaptation pathways for foreign-trained optometrists as it provides a clear statutory framework for supervised clinical internship, regulates short-term foreign experts, and ensures foreign-trained practitioners are properly adapted before independent practice.

Committee resolution: The Committee adopted the proposal in part. The temporary licensing and supervised framework for foreign-trained practitioners in Clause 14 of the Bill apply to optometrists. The approval of internship sites are administrative matters that should be prescribed by the Council through regulations. The Committee resolved to introduce a mandatory supervised internship for a period prescribed by the Council, which shall not be less than twelve months for foreign-trained students. The internship will help bridge any gap in knowledge of the local clinical practice and health system, and will promote the transfer of skills between foreign-trained and locally trained practitioners. Further, the temporary licenses for general practitioners shall be valid for a period not exceeding three months while for specialists, the temporary license shall be valid for a period not exceeding twelve months.

m) Clause 15, retain and amend Section 15 to state that optical clinics, optometry practices, and vision-care centres are health institutions subject to registration, inspection, and minimum facility standards (staffing, equipment, records) as optical facilities house primary eye-care delivery; statutory recognition ensures equipment and quality standards, protects capital investment while safeguarding patient safety, and enforces strict clinical independence.

Committee resolution: The Committee did not adopt the proposal. Optical clinics, optometry practices and vision-care centres fall within the scope of health institutions regulated under section 15 of the Act and are subject to registration, inspection and licensing by the Council.

n) In relation to New Facility Ownership Provision, clarify that non-professionals/investors may own optical businesses/facilities provided clinical services are delivered/supervised by licensed optometrists/opticians. OAK requires every licensed facility to designate a registered optometrist as "Head of Optical Practice" for clinical governance

Committee resolution: The Committee did not adopt the proposal. Ownership and clinical governance of health institutions are adequately provided for under section 15 of the Act and the regulations made thereunder.

o) Clause 16, extend professional indemnity requirements to optometrists and optical facilities, with cover levels tailored to the risk profile of optometric practice (e.g., therapeutics, contact lenses) Protects patients from clinical negligence and aligns risk management with actual scope of practice as it protects patients from clinical negligence and aligns risk management with actual scope of practice.

Committee resolution: The Committee adopted the proposal. The amendment extends the requirement for professional indemnity to optometrists, which protects patients from clinical negligence. The levels of cover appropriate to the risk profile of each cadre shall be prescribed by the Council through regulations.

p) In relation to clause 20, oppose deleting "permanently" under Section 20(6)(f) to retain permanent striking off for severe professional misconduct as retaining permanent striking off is necessary to protect the public from dangerous or unethical practitioners.

Committee resolution: The Committee adopted the proposal and resolved to delete Clause 20 of the Bill as the permanent deletion of errant professionals from the register should be an option available to the Council to exercise in extreme cases.

q) In relation to clause 20, amend Section 20 to mandate that disciplinary or technical proceedings involving optometrists, optometry technologists, or optical facilities must include registered optometrists as the peer majority on the committee as it guarantees technical competence, fairness, and peer-led review in professional disciplinary cases.

Committee resolution: The Committee did not adopt the proposal. The Council has the mandate to co-opt persons with the relevant technical expertise into its disciplinary proceedings. Prescribing a peer majority for a single cadre would compromise the independence and uniformity of the Council's disciplinary process.

r) Clause 21, Amend Section 22 to protect titles ("Optometrist", "Optometry Technologist", "Ophthalmic Optician", "Dispensing Optician", "Optical Technician", "Head of Optical Practice") and create offences (fine up to KES 5M / 5 years prison) for unregistered optometry practice or operating an unlicensed optical establishment as it protects the public from unqualified eye-care providers and prevents deceptive use of professional titles. Protects the public from unqualified eye-care providers and prevents deceptive use of professional titles.

Committee resolution: The Committee adopted the proposal in part. The offence provisions in section 22 of the Act, as amended by Clause 21 of the Bill, apply to all cadres regulated under the Act, including optometrists and ophthalmic opticians, and are adequate to protect the public from unqualified practice.

s) Clause 22, mandate the Cabinet Secretary, in consultation with the Council and optometry stakeholders, to issue regulations within 12 months covering scope of practice, facility standards, CPD, fees, tele-optometry, AI screening, remote supervision, and digital eye care as it empowers the CS to promulgate detailed subsidiary legislation, future-proofs digital health innovations, and prevents regulatory gaps.

Committee resolution: The Committee adopted the proposal in part. The Committee extended the regulation-making power under section 23 to all cadres regulated under the Act, including optometrists, in respect of scope of practice, facility standards, continuing professional development and fees. Digital health, tele-health and the use of artificial intelligence are regulated under the Digital Health Act, 2023 and the Data Protection Act, 2019.

t) Clause 23, refine transitional pathways: Degree holders receive full registration; Diploma holders receive provisional registration for up to 3–10 years while completing an accredited degree-upgrading pathway. Experienced practitioners (>3 years) are exempt from pre-registration exams but must complete bridging CPD within 18 months as it balances protection of the existing workforce with progressive upgrading of educational and clinical standards across Kenya's eye-health sector.

Committee resolution: The Committee adopted the proposal in part. The Committee resolved that persons currently practising shall be eligible for consideration for registration. Diploma holders are eligible for registration under the Bill and experienced practitioners trained in Kenya shall not be required to sit pre-registration examinations.

COALITION OF KENYA EYE CARE PROVIDERS

54. **Coalition of Kenya Eye Care Providers** submitted as follows:

a) In relation to clause 3, insert a definition for "certified community refractionist" to mean a licensed health professional certified by the Council upon passing a Council approved competency examination to provide functional refraction under Section 6E to formally establishes a statutory definition for mid-level refractionists operating under supervision to expand refractive error care nationwide.

Committee resolution: The Committee did not adopt the proposal. The Bill seeks to regulate community oral health officers, dental technologists and optometrists. The proposed cadre of certified community refractionists, drawn from nurses and clinical officers who are regulated by their own regulatory bodies, was not part of the Bill and requires further public participation and consultation with the relevant regulatory bodies to avoid jurisdictional overlap.

b) Clause 5, amend Section 4(1) paragraphs (d), (g), (h), (i), (j) and (o) to insert "and certified community refractionists" to extend Council oversight, disciplinary measures and public registers to certified refractionists to Integrates certified community refractionists into the Council's regulatory and disciplinary architecture without requiring Council approval of basic training schools.

Committee resolution: The Committee did not adopt the proposal. The Bill seeks to regulate community oral health officers, dental technologists and optometrists. The proposed cadre of certified community refractionists, drawn from nurses and clinical officers who are regulated by their own regulatory bodies, was not part of the Bill and requires further public participation and consultation with the relevant regulatory bodies to avoid jurisdictional overlap.

c) Clause 6, amend Section 5(3) to include a register of certified community refractionists, recording the practitioner's designated professional supervisor as it maintains public transparency and regulatory traceability by recording every certified refractionist alongside their licensed supervisor.

Committee resolution: The Committee did not adopt the proposal. The Bill seeks to regulate community oral health officers, dental technologists and optometrists. The proposed cadre of certified community refractionists, drawn from nurses and clinical officers who are regulated by their own regulatory bodies, was not part of the Bill and requires further public participation and consultation with the relevant regulatory bodies to avoid jurisdictional overlap.

d) Clause 7, insert New Sections 6E (Certification of community refractionists upon passing Council competency exam for licensed nurses/clinical officers);
New Section 6F (Scope of practice limited to simple spherical correction, mandatory referral protocols, named supervisor, prohibition of 'optometrist' title);
New Section 6G (Mandatory regulations within 12 months in consultation with named stakeholders); and New Section 6H (Savings clause for vision screening and supply of simple glasses).
As it closes the refractive care gap for 14M Kenyans by task-sharing simple refraction to nurses/clinical officers under strict Council safeguards, telemedicine supervision and mandatory referral rules without creating certificate mills.

Committee resolution: The Committee did not adopt the proposal. The Bill seeks to regulate community oral health officers, dental technologists and optometrists. The proposed cadre of certified community refractionists, drawn from nurses and clinical officers who are regulated by their own regulatory bodies, was not part of the Bill and requires further public participation and consultation with the relevant regulatory bodies to avoid jurisdictional overlap.

e) In clause 21, insert Subsection (8) creating a proportionate offence (fine up to KES 100,000 or 6 months imprisonment) for uncertified or out-of-scope practice of functional refraction, while protecting certified community refractionists acting within scope and

referral protocols, as it establishes clear legal boundaries and criminal deterrence against illegal optical practice while granting explicit legal protection to certified mid-level refractionists.

Committee resolution: The Committee did not adopt the proposal. Consistent with the Committee's resolution not to introduce the cadre of certified community refractionists, the proposed offence is unnecessary. The offence provisions in section 22 of the Act, as amended by the Bill, adequately address unregistered practice of optometry.

f) In clause 23, amend Section 26(5) to insert paragraph (e) allowing persons currently providing functional refraction to apply for certification under Section 6E subject to passing the Council's competency examination as provides a practical, competency-verified transitional mechanism to absorb existing experienced refraction workers into the formal legal framework.

Committee resolution: The Committee did not adopt the proposal. Consistent with its resolution not to introduce the cadre of certified community refractionists, the proposed transitional provision is unnecessary.

KENYA ASSOCIATION OF RADIOLOGISTS

55. Kenya Association of Radiologists submitted as follows:

a) In relation to clause 12, amend Section 11B to grant Council discretion to waive additional supervised practice for subspecialties where an applicant completed an accredited fellowship incorporating substantial clinical practice, assessing competence rather than merely counting years. For foreign specialists, require passing local university specialist exit exams where available, while permitting exemptions for reciprocal agreements or portfolio reviews. This ensures objective national benchmarks for specialist competence, prevents redundant training for fellowship-trained doctors and creates a flexible, fair pathway for foreign and locally trained specialists.

Committee resolution: The Committee adopted the proposal in part. The Committee resolved to delete the rigid statutory timeframes for specialist and sub-specialist recognition and to grant the Council discretion to assess competence, including fellowship training. The requirements for recognition of foreign specialists, including examinations and exemptions, shall be prescribed by the Council through regulations.

b) In relation to clause 14, Strengthen temporary licence provisions by mandating clear definition of authorized practice scope, designated supervising institutions and direct accountability as it safeguards clinical quality and prevents unmonitored practice by visiting foreign practitioners.

Committee resolution: The Committee did not adopt the proposal. The authorised scope of practice, designated supervising institutions and accountability for temporary licence holders should be a matter for the Council to prescribe in regulations

and oversight in order to safeguard clinical quality and prevent unmonitored practice by visiting foreign practitioners.

c) In relation to clause 15, mandate strict facility requirements for institutions using electronic medical records, PACS, RIS, LIS, AI, or digital health systems, including mandatory digital audit logs (user identity, access time, report creation/validation, AI usage) retained for 7 years and verifiable electronic signatures uniquely attributable to practitioners as it protects data integrity, prevents medical report fraud, enforces individual clinical accountability and ensures traceability in digital healthcare settings.

Committee resolution: The Committee did not adopt the proposal. Digital health systems, electronic health records and health data governance are regulated under the Digital Health Act, 2023 and the Data Protection Act, 2019. Including the proposal in the Bill would result in regulatory duplication.

d) In relation to clause 16, clarify in the Act that institutional indemnity does not extinguish individual practitioner responsibility, individual indemnity does not remove institutional liability and liability may be shared per applicable law as it prevents legal ambiguity regarding corporate versus individual negligence, ensuring dual-layered protection for patients and providers.

Committee resolution: The Committee adopted the proposal. Professional indemnity for practitioners and professional liability insurance for institutions are important patient protection measures. Further, institutional indemnity does not extinguish the responsibility of individual practitioners and it should apply to all practitioners as a condition for the issuance of a practising licence.

e) In relation to clause 19, amendment of section 18 Certificate not valid unless signatory registered etc.; insert provision stating that a registered practitioner shall not authenticate, sign, approve, or issue any report, prescription, or clinical opinion unless they personally reviewed the clinical data or exercised direct supervision. Making fraudulent/unreviewed validation professional misconduct attracting fines, suspension, or prosecution as it curbs false reporting and delegation of diagnostic reports to unqualified personnel or unvalidated AI systems thus safeguarding diagnostic accuracy.

Committee resolution: The Committee did not adopt the proposal. Section 18 requires that a person who signs a medical certificate must be qualified and registered under the Act.

f) Clause 22, empower Council to make regulations governing Artificial Intelligence (AI) diagnosis, clinical decision support systems, mandatory human oversight, validation of AI tools, digital health data governance, cybersecurity, cloud storage, cross-border data transfers and interoperable digital registration/CPD systems. To safely govern emerging digital health technologies, AI diagnostics and patient data protection.

Committee resolution: The Committee did not adopt the proposal. Artificial intelligence in health care, digital health data governance, cybersecurity and cross-border

data transfers are regulated under the Digital Health Act, 2023 and the Data Protection Act, 2019. Including the proposal in the Bill would result in regulatory duplication.

g) Insert provision on service of notices to authorize electronic communication (email) alongside postal service. Mandate all practitioners and institutions to maintain valid email addresses, postal addresses and phone contacts as a prerequisite for annual licence renewal as it eliminates service disputes and administrative delays caused by reliance on postal mail in a modern digital health environment.

Committee resolution: The Committee adopted the proposal. Electronic service of notices modernizes institutional operations, consistent with the adoption of electronic communications in the Bill, and eliminates delays caused by reliance on postal mail.

h) Insert an enabling provision empowering the Council to prescribe regulations governing the education, scope, licensing and conduct of emerging healthcare professions that materially affect diagnosis, treatment, or patient safety as it creates an agile regulatory mechanism to absorb new technological/clinical cadres without requiring frequent primary statutory amendments.

Committee resolution: The Committee did not adopt the proposal. The regulation of new health professions should be undertaken by Parliament through primary legislation following public participation and consultation. Delegating that mandate to the Council through regulations would limit parliamentary oversight over the creation of new regulated professions.

MR. DANIEL KANYATA

56. **Mr. Daniel Kanyata** submitted as follows:

Clause 4, amend Section 3A to establish a Governance Framework comprising eleven (11) members some of whom are directly elected by the represented cadres: Director General for Health (ex-officio), Chairperson 4 Clinical Members elected via secret ballot (1 medical practitioner, 2 dentists, 1 ophthalmologist), 4 Appointed Lay/Institutional Members (1 university representative, 1 KNCHR representative to safeguard consumer interests, 1 corporate governance/private healthcare specialist, 1 ICPAK financial expert) and the CEO/Registrar (ex-officio secretary) and provide for strict eligibility criteria (minimum experience, clinical leadership and clean ethical records) for all elected clinical seats as the executive appointments strip the medical profession of its independent professional nature. A hybrid framework of appointment and election balances public oversight with directly elected professional representatives thus preserving professional autonomy and institutional stability.

Committee resolution: The Committee did not adopt the proposal. The composition of the Council as provided in section 3A of the Act is sufficient and balances public oversight with professional representation.

CHAPTER FOUR

4.0 COMMITTEE OBSERVATIONS

57. The Committee observes that:

a) Community oral health officers, dental technologists, ophthalmic opticians and optometrists play a critical, frontline role in Kenya's healthcare system, particularly in preventive, diagnostic and primary eye and dental care. However, these cadres have historically lacked a statutory framework to regulate their training, registration, licensing, and professional regulation. Therefore, integrating these professions under the Medical Practitioners and Dentists Act (Cap. 253) will promote professionalism in the health sector, ensure uniform standards of practice and provision of the highest quality of care to the public while advancing Universal Health Coverage (UHC).

b) The Bill provides a clear legal framework for supervised clinical internship and for the temporary licensing of foreign-trained general practitioners and specialists. A mandatory supervised internship is necessary to familiarize foreign-trained students with local clinical practice, disease patterns and health systems, and should therefore run for a period prescribed by the Council of not less than twelve months. Granting temporary licenses is equally important to enable foreign-trained practitioners to practice in Kenya and such temporary licenses for general practitioners shall be valid for a period not exceeding three months, while those for specialists shall be valid for a period not exceeding twelve months. These provisions are expected to promote skills transfer between foreign-trained and locally trained practitioners while safeguarding employment opportunities for locally trained practitioners.

c) Section 15 of the Medical Practitioners and Dentists Act, Cap. 253, mandates the Council to register, inspect and license health institutions. While the regulation of health facilities is intended to be transferred to the proposed Quality Healthcare and Patient Safety Bill, (National Assembly Bills No. 41 of 2025), the Bill is yet to be enacted into law. Consequently, removing the regulatory mandate from the Medical Practitioners and Dentists Act, Cap. 253 at this stage would create a regulatory vacuum in the registration, inspection and licensing of health facilities. This would severely undermine patient safety, public health standards and institutional accountability. The regulation of health institutions should therefore be retained under Cap. 253 until an alternative legal framework for the regulation of healthcare facilities is duly enacted by Parliament and operationalized.

CHAPTER FIVE

5.0 COMMITTEE RECOMMENDATIONS

58. The Committee having considered the Medical Practitioners and Dentists (Amendment) Bill, 2026 (National Assembly Bill No. 10 of 2026) **recommends that the House approves the Bill with amendments.** The amendments are set out in Chapter Six of this report.

CHAPTER SIX

6.0 SCHEDULE OF AMENDMENTS

59. Upon considering the **Medical Practitioners and Dentists (Amendment) Bill, 2026 (National Assembly Bill No. 10 of 2026)** and submissions from stakeholders, the Committee proposes the following amendments—

CLAUSE 2

THAT, Clause 2 of the Bill be amended in the proposed new Long Title by inserting the words ", ophthalmic opticians" immediately after the word "technologists".

Justification: To provide for the regulation of ophthalmic opticians alongside the other cadres of practitioners covered by the Bill.

CLAUSE 3

THAT, Clause 3 of the Bill be amended—

(a) in paragraph (a)—

(i) in the proposed definition of "dental technologist", by deleting the word "dentistry" appearing immediately after the words "diploma in" and substituting therefor the words "dental technology";

(ii) by inserting the following new definitions in their proper alphabetic sequence—

"dental technology" means the design, fabrication, repair and modification of dental prostheses, orthodontic appliances and other dental devices on the prescription of a dentist;

"ophthalmic optician" means a person who has undergone the prescribed course or training in an approved institution, holds a diploma, higher diploma or degree in ophthalmic optics and provides vision care in subjective refraction and the dispensing of optical prescriptions and devices; and

"ophthalmic optics" means the prescribed course of study and training in the science of light, lenses and the human visual system, including subjective refraction, the interpretation and dispensing of optical prescriptions and the fitting and adjustment of spectacles and other optical devices, which qualifies a person for registration as an ophthalmic optician under this Act;

(iii) by deleting the proposed definition of "optometry" and substituting therefor the following new definition—

"optometry" means the examination, assessment, evaluation, diagnosis, treatment or management of the visual system and vision-related disorders through the prescription of corrective lenses and vision therapy for optical disorders;

Justification: To align the qualification for a dental technologist with the profession of dental technology, rather than dentistry. To define the cadre of ophthalmic opticians, consistent with the Ministry of Health Scope of Practice for Ophthalmic Workers (October 2022). To provide a clearer and more focused definition of optometry.

(b) by deleting paragraph (c) and substituting therefor the following new paragraph—

(a) in the definition of the term "private practice", by deleting the words "medicine or of dentistry" and substituting therefor the words "medicine, dentistry, community oral health, dental technology, ophthalmic optics or optometry"; and

Justification: To retain the definition of "private practice" in the Act and to extend to community oral health officers, dental technologists, ophthalmic opticians and optometrists, so that they are consistent with the other cadres regulated under the Bill.

(c) by deleting paragraph (d) and substituting therefor the following new paragraph—

(b) by deleting the definition of the term "private practitioner" and substituting therefor the following new definition—

"private practitioner" means a person registered under this Act as either as a medical practitioner, dentist, community oral health officer, dental technologist, ophthalmic optician or optometrist and who is also licensed under section 15 to practice medicine, dentistry, community oral health, dental technology, ophthalmic optics or optometry for fees either in cash or in kind.

Justification: To retain the definition of "private practitioner", in the Act and to extend the application of the provision to community oral health officers, dental technologists, ophthalmic opticians and optometrists, so that they are consistent with the other cadres regulated under the Bill.

(d) by inserting the following new paragraph immediately after paragraph (d)—

(e) by deleting the definition of the term "specialist" and substituting therefor the following new definition—

"specialist" means a medical practitioner, dentist, community oral health officer, dental technologist, ophthalmic optician or optometrist who has completed an approved post graduate training programme in a particular field of medicine, dentistry, community oral health, dental technology, ophthalmic optics or optometry and who has gained sufficient experience and demonstrated to the Council's satisfaction adequate knowledge and skill, in his or her chosen field;

Justification: To extend the definition of "specialist" to community oral health officers, dental technologists, ophthalmic optician and optometrists, so that it is consistent with the other cadres regulated under the Bill.

CLAUSE 5

THAT, clause 5 of the Bill be amended—

(i) in paragraph (a) by inserting the words "ophthalmic opticians" immediately after the word "technologists";
(ii) in paragraph (b) by inserting the words "ophthalmic opticians" immediately after the word "technologists";
(iii) in the proposed new paragraph (d) by inserting the words "ophthalmic optics" immediately after the word "technology";
(iv) in paragraph (d) by inserting the words "ophthalmic optics" immediately after the word "technology";
(v) in paragraph (e) by inserting the words "ophthalmic opticians" immediately after the word "technologists";
(vi) in paragraph (f) by inserting the words "ophthalmic opticians" immediately after the word "technologists";
(vii) in paragraph (g) by inserting the words "ophthalmic opticians" immediately after the word "technologists"; and
(viii) in paragraph (h) by inserting the words "ophthalmic opticians" immediately after the word "technologists".

Justification: To extend the application of the Act to ophthalmic opticians.

CLAUSE 6

THAT, clause 6 of the Bill be amended by inserting the following new paragraph immediately after paragraph (cb)—

(cc) a register of ophthalmic opticians.

Justification: To require the Registrar to maintain registers of ophthalmic opticians.

CLAUSE 7

THAT, clause 7 of the Bill be amended—

(a) in paragraph (b) by deleting the new proposed subsection 5A and substituting therefor the following new subsection—

"(5A) A person applying for registration under subsections (2), (3), (4) or (5) shall, in addition to the requirements specified in the subsections—

(a) undertake a pre-registration examination; and
(b) demonstrate to the satisfaction of the Council proficiency in the English or Kiswahili language."

Justification: To require foreign-trained applicants to undertake a pre-registration examination and demonstrate proficiency in English or Kiswahili language for purposes of registration under the Act.

(b) by deleting paragraph (c).

Justification: To delete the consequential reference to subsection (5A) in subsection (6) of section 6.

CLAUSE 8

THAT, clause 8 of the Bill be amended by deleting the proposed new section 6D and substituting therefor the following new section—

Registration of ophthalmic opticians.

6D. (1) A person who—

(a) is a citizen of Kenya;

(b) is a holder of a degree or diploma in ophthalmic optics obtained from a university or college in Kenya or the East African Community which is recognised by the Council as making the person eligible for registration; and

(c) satisfies the Council that the person is of good moral standing,

may apply to the Council for registration as an ophthalmic optician under this Act.

(2) An application under subsection (1) shall be in the prescribed form and shall be accompanied by the prescribed fee.

(3) The Council shall consider every application made under this section and shall register the applicant if satisfied that the applicant is—

(a) duly qualified in terms of this section; and

(b) a fit and proper person to be registered.

Justification: The amendment provides for the registration of ophthalmic opticians under the proposed new section 6D.

CLAUSE 9

THAT, clause 9 of the Bill be amended—

(a) in paragraph (a) by deleting the word "March" appearing in sub-paragraph (i) and substituting therefor the word "January"; and

(b) in paragraph (b) by inserting the words "ophthalmic opticians" immediately after the word "technologist".

Justification: To extend the application of the Act to ophthalmic opticians and to align the timelines for correction of the register with other proposed provisions in the Bill, that is 31st January.

CLAUSE 10

THAT, clause 10 of the Bill be amended—

(a) in paragraph (a) by—

(i) inserting the words "ophthalmic optician" immediately after the word "technologist" appearing in subparagraph (i);

(ii)) inserting the words "ophthalmic optician" immediately after the word "technologist" appearing in subparagraph (iv); and

(b) in paragraph (b) by inserting the words "ophthalmic optician" immediately after the word "technologist";

Justification: To extend the application of the Act to ophthalmic opticians.

CLAUSE 11

THAT, the Bill be amended by deleting clause 11 and substituting therefor the following new clause—

11. Section 10 of the principal Act is amended in subsection (1) by inserting the words "community oral health officers, dental technologists, ophthalmic opticians and optometrists" immediately after the word "practitioners".

Justification: To extend the application of the Act to ophthalmic opticians.

NEW CLAUSE 11A

THAT, the Bill be amended by inserting the following new clauses immediately after clause 11—

Amendment of section 11 of Cap. 253.

11A. Section 11 of the principal Act is amended—

(a) by deleting the marginal note and substituting therefor the following new marginal note—

"Registration of higher qualifications for persons registered under this Act.";

Justification: To align the marginal note with the provisions of section 11, which applies to every person registered under the Act, consistent with the inclusion of new cadres.

11B. Section 11A of the principal Act is amended—

(b) in subsection (1) by deleting the words "or dentistry" and substituting therefor the words "dentistry, community oral health, dental technology, ophthalmic optics or optometry" immediately after the word "medicine";

(c) in subsection (2)—

(i) in paragraph (a) by deleting the words "or dentistry" and substituting therefor the words "dentistry, community oral health, dental technology, ophthalmic optics or optometry" immediately after the word "medicine";

(ii) in paragraph (b) by deleting the words "or dentistry" and substituting therefor the words "dentistry, community oral health, dental technology, ophthalmic optics or optometry" immediately after the word "medicine"; and

(iii) in paragraph (c) by deleting the words "or dentistry" and substituting therefor the words "dentistry, community oral health, dental technology, ophthalmic optics or optometry" immediately after the word "medicine".

Justification: To extend the supervisory functions of the Council to community oral health, dental technology, ophthalmic optics or optometry.

CLAUSE 12

THAT, the Bill be amended by deleting clause 12 and substituting therefor the following new clause—

Amendment of section 11B of Cap. 253.

12. Section 11B of the principal Act is amended—

(a) in subsection (1) by inserting the words "community oral health officer, dental technologist, ophthalmic optician or optometrist" immediately after the words "dental practitioner";

(b) in subsection (2) by inserting the words "community oral health officer, dental technologist, ophthalmic optician or optometrist" immediately after the words "dental practitioner";

(c) in subsection (3) by inserting the words "community oral health officer, dental technologist, ophthalmic optician or optometrist" immediately after the words "dental practitioner";

(d) in subsection (4)—

(i) by inserting the words "community oral health officer, dental technologist, ophthalmic optician or optometrist" immediately after the words "dental practitioner" in the opening statement;

(ii) by deleting paragraph (b) and substituting therefor the following new paragraph—

(b) has undergone training for a period recognized by the Council.

Justification: The amendment deletes the rigid statutory timeframes proposed in the Bill and retains the Council's discretion noting that training durations for specialist and sub-specialist recognition vary across medical, dental and other specialised cadres.

CLAUSE 13

THAT, the Bill be amended by deleting clause 13 and substituting therefor the following new clause—

Amendment of section 12 of Cap. 253.

13. Section 12 of the principal Act is amended—

(a) in the marginal note, by deleting the word "Specialist" and substituting therefor the word "Practicing";

(b) by deleting subsection (1) and substituting therefor the following new subsection—

(1) The Council shall issue in accordance with this section and rules made under this Act, general, specialist and any other practising licences as the Council shall determine from time to time authorizing medical or dental practitioners, community oral health officers, dental technologists, ophthalmic opticians or optometrists to practice medicine, dentistry, community oral health, dental technology, ophthalmic optics or optometry;

(c) in subsection (3) by inserting the words "community oral health officers, dental technologists, ophthalmic opticians or optometrists" immediately after the word "dentists".

CLAUSE 14

THAT, the Bill be amended by deleting Clause 14 and substituting therefor the following new clause—

14. The principal Act is amended by deleting section 13 and substituting therefor the following new sections—

Amendment of section 13 of Cap. 253.

Internship licences

13. (1) A graduate of medicine, dentistry, community oral health, dental technology, ophthalmic optics or optometry who intends to undertake internship training shall apply to the Council in the prescribed form and upon payment of the prescribed fee for an internship licence.

(2) If the Council is satisfied that the graduate meets the set requirements, it shall issue the graduate an internship licence with or without conditions on the licence.

(3) An internship licence issued under subsection (2) shall be for a period not exceeding twelve months within a practising year.

Temporary licences

13A. (1) The Council shall grant temporary licences to eligible foreign students studying medicine, dentistry, community oral health, dental technology, ophthalmic optics and optometry, to perform specific work or works in specific institutions in Kenya.

(2) A temporary licence issued under subsection (1) shall be for a period not exceeding twelve months within a practising year and may be renewed.

(3) The Council may grant temporary licences to practise to eligible medical and dental practitioners, community oral health officers, dental technologists, ophthalmic opticians and optometrists to perform specific work or works in specific institutions in Kenya.

(4) A temporary licence issued under subsection (3) shall be—

(a) for a period not exceeding three months for general practitioners;
(b) for a period not exceeding twelve months for specialists.

Justification: The amendment extends internship licenses and temporary licenses to community oral health officers, dental technologists, ophthalmic opticians and optometrists.

NEW CLAUSE 14A

THAT, the Bill be amended by inserting the following new clause immediately after clause 14—

Amendment of section 14 of Cap. 253

14A. Section 14 of the principal Act is amended—

(a) in subsection (1) by inserting the words "community oral health officer, dental technologist, ophthalmic optician or optometrist" immediately after the word "dentist";
(b) in subsection (2) by inserting the words "community oral health officer, dental technologist, ophthalmic optician or optometrist" immediately after the word "dentist"; and
(c) in subsection (1) by inserting the words "community oral health officer, dental technologist, ophthalmic optician or optometrist" immediately after the word "dentist".

Justification: To extend the application of the provision to community oral health officers, dental technologists, ophthalmic opticians and optometrists registered and licensed under the Act.

CLAUSE 15

THAT, the Bill be amended by deleting clause 15 and substituting therefor the following new clause—

Amendment of section 15 of Cap. 253.

15. Section 15 of the principal Act is amended—

(a) in subsection (9), by inserting the word "suspend," immediately before the word "decline"; and
(b) by inserting the following new subsection immediately after subsection (9)—

(9A). Before suspending or cancelling a licence under this section, the Council may issue to the licensee a written administrative notice specifying the grounds on which the Council proposes to suspend or cancel the licence and requiring the licensee to take the corrective action specified in the notice within a period of not more than thirty days from the date of service of the notice.

Justification: To give effect to the right to fair administrative action under Article 47 of the Constitution and the Fair Administrative Action Act, 2015 by requiring the Council to give written notice and a period for corrective action before suspending, cancelling or revoking a license unless where it is demonstrated that public safety is at risk.

NEW CLAUSE 19A

THAT, the Bill be amended by inserting the following new clause immediately after clause 19—

Amendment of section 19A of Cap. 253.

19A. Section 19A of the principal Act is amended by inserting the words "community oral health officer, dental technologist, ophthalmic optician or optometrist" immediately after the word "dentist".

Justification: To require courts to notify the Council of the conviction of a practitioner of any cadre regulated under the Act, so that the Council may take appropriate disciplinary action.

CLAUSE 20

THAT, the Bill be amended by deleting clause 20.

Justification: To retain the power of the Council under section 20(6)(f) of the principal Act to permanently remove the name of an errant practitioner from the register, as an option available to the Council in extreme cases of professional misconduct.

NEW CLAUSE 21A

THAT, the Bill be amended by inserting the following new clause immediately after clause 21—

Amendment of section 23 of Cap. 253.

21A. Section 23 of the principal Act is amended in paragraph (f) by inserting the words "dental technologists, ophthalmic opticians and optometrists" immediately after the word "officers".

Justification: To empower the Cabinet Secretary to make regulations on registration of dental technologists, ophthalmic opticians and optometrists.

CLAUSE 22

THAT, clause 22 of the Bill be amended in paragraph (c), by deleting the proposed new subsection (5) and substituting therefor the following new subsection—

"(5) Notwithstanding anything in this Act—

(a) a person who, immediately before the date of coming into operation of this Act, was in active practice as a community oral health officer, dental technologist, ophthalmic optician or optometrist, having previously been awarded a certificate after a prescribed course of training at an approved training institution, and who had not been the subject of any disciplinary or other criminal proceedings arising from the practice in the three years preceding the commencement of this Act shall be eligible for consideration for registration under this Act upon verification by the Council of the qualifications and experience of the person;

(b) a person who, immediately before the date of commencement of this Act was engaged in private practice as a community oral health officer, dental technologist, ophthalmic optician or

optometrist shall be entitled to continue in such practice without a license under this Act—

(i) for a period of one year beginning with the date of the commencement of this Act; and

(ii) if before the expiration of six months, the person applies for a license under this Act, until the license is granted or finally refused or the application is withdrawn;

(c) a holder of a degree or diploma in community oral health, dental technology, ophthalmic optics or optometry who intends to undertake internship training shall, at the commencement of this Act, apply to the Council for an internship license in the prescribed form, and the internship license shall be valid for a period not exceeding twelve months within a practicing year; and

(d) the Council shall grant temporary licences to eligible foreign students studying community oral health, dental technology, ophthalmic optics and optometry students to perform specific works or work in specific institutions in Kenya.

Justification: To align the name of the Council in section 26 of the principal Act with the name of the Council in section 2, as amended. The amendment provides that persons currently practising in the new cadres, including ophthalmic opticians, shall be eligible for consideration for registration upon verification of their qualifications and experience, rather than being automatically entitled to registration, and exempts those trained in Kenya from pre-registration examinations. The amendment further clarifies the period within which a person in private practice must apply for a license and extends temporary licences under the transitional provisions to foreign students in community oral health, oral health, ophthalmic optics and optometry, in addition to dental technology.

SIGNED..... **DATE**.....10/11/2026

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

THE NATIONAL ASSEMBLY
PAPERS LAID
DATE: 11 NOV 2026 DAY. WEDNESDAY

TABLED BY:	HON. (DR.) NYIKAL W, MP Chairperson.
CLERK-AT THE-TABLE:	Damacrine.