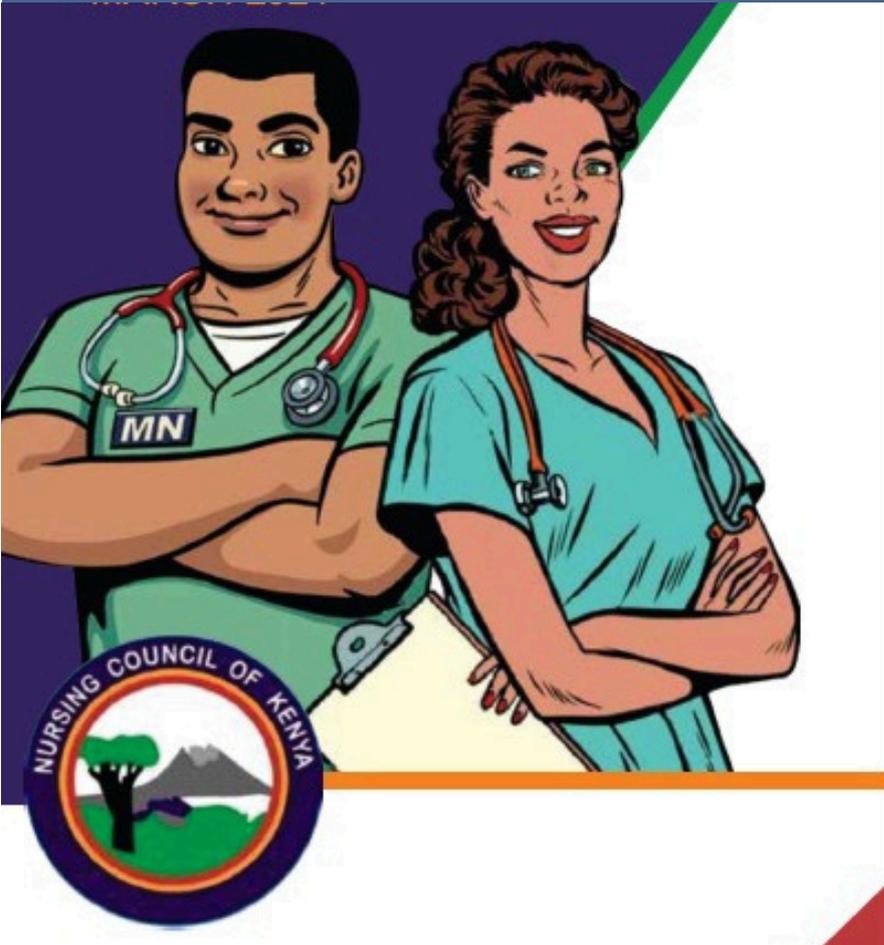




**NURSING
COUNCIL
OF KENYA**



POLICY BRIEF

SCOPE OF PRACTICE FOR NURSES AND MIDWIVES IN KENYA

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1. AUDIENCE



Ministry of Health, County Health Departments, Nursing Council of Kenya (NCK), public/private facility leadership, training institutions

2. PURPOSE



Clarify and strengthen scope of practice (SoP) to improve quality, safety, and efficiency of care across Kenya's health system.

3. EXECUTIVE SUMMARY

Kenya's nursing and midwifery practice is governed by statute and NCK standards, with an official entry-level scope of practice document that delineates roles by cadre. However, variability in implementation across counties, task-shifting without clear protocols, and emerging advanced roles create gaps that can affect quality, safety, and legal exposure. Updating, operationalizing, and enforcing a modern, tiered scope—aligned with the **Nurses Act and Health Act**—will support universal health coverage while protecting the public and the professions.

Kenya Law+2Kenya Law+2

4. CONTEXT & LEGAL

Nurses Act (Cap. 257):



Establishes NCK, regulates training, registration, licensing, and professional conduct. [Kenya Law+1](#)

Health Act (2017):



Provides health system governance and standards, requiring regulators to set and enforce practice norms. [Kenya Law](#)

NCK Standards:



Entry-level SoP and complementary guidance (e.g., Code of Conduct & Ethics, neonatal scope, compliance mechanisms).

nckkenya.com+3
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Global alignment:



ICN positions emphasize clear, nationally articulated scopes and evolving definitions consistent with education and service needs. [ICN - International Council of Nurses+1](#)

5. PROBLEM STATEMENT

Despite existing instruments, frontline reality shows:

1. **Role ambiguity & county variation** in duties and delegation across facilities;
2. **Task-shifting without protocols** (e.g., diagnostics/prescribing) in resource-constrained settings;
3. **Emerging advanced practice roles** lack formalized scopes and recognition;
4. **Medicolegal risk** rises where standards, supervision, and documentation are inconsistent;
5. **CPD and competence assurance** unevenly linked to renewal and role expansion. [PMC+2Wiley Online Library+2](#)

6. POLICY OPTIONS

A. Status quo: Maintain current SoP and rely on facility policies (low cost; perpetuates variation).

B. Incremental update: Refresh SoP by cadre; issue national task-sharing protocols; strengthen CPD/ethics enforcement.

C. Comprehensive reform (recommended): Tiered national SoP covering entry-level to advanced practice (APN/APM), standardized delegation/supervision rules, and integrated medicolegal safeguards—harmonized with Health Act and county HR practices. [nkenya.com+2Kenya Law+2](#)

7. RECOMMENDATIONS (ACTIONABLE)

- 1. Update & publish a tiered national SoP** by cadre (EN, KRCHN, BScN, RM) including procedure lists, decision authority, and limits; map to competencies and curricula. nckkenya.com
- 2. Formalize advanced practice (APN/APM) pathways** with education requirements, registration categories, and defined privileges (e.g., limited prescribing, diagnostics) where appropriate. [PubMed](https://pubmed.ncbi.nlm.nih.gov/)+1
- 3. National task-sharing protocols** for common gaps (triage, maternal-newborn care, NCDs), with clear delegation & supervision rules and documentation standards. [Kenya Law](https://kenyalaw.org/)
- 4. Strengthen professional integrity & ethics enforcement**—operationalize NCK Code of Conduct with practical facility checklists; require incident reporting and case reviews to reduce litigation risk. nckkenya.com
- 5. Link CPD to scope and license renewal:** competency-based CPD targets (e.g., obstetric emergencies, medication safety), tracked at NCK renewal. nckkenya.com
- 6. Standardize county job descriptions** aligned to SoP, including workload norms and supervision ratios, to reduce variation and protect staff and patients. [The Task Force for Global Health](https://www.thetaskforceforglobalhealth.org/)
- 7. Digital registry & privilege management:** integrate NCK registers with facility HR systems to verify cadre, competencies, and authorized procedures at point of care. nckkenya.com

8. IMPLEMENTATION ROADMAP

0–6 months: Multi-stakeholder taskforce (MoH, NCK, counties, unions, private sector); draft tiered SoP & task-sharing protocols; legal review against Cap. 257 & Health Act. [Kenya Law](https://kenyalaw.org/)+1

6–12 months: Pilot in selected counties; roll out CPD packages; align county JDs and supervision policies; set up incident-review templates. nckkenya.com

12–24 months: National scale-up; APN/APM regulatory category launch; integrate digital registry and privilege verification; periodic audit and public reporting. [PubMed](https://pubmed.ncbi.nlm.nih.gov/)

8. RISKS & MITIGATION

Legal challenges/role resistance:



Co-create with professional bodies; phased privilege expansion tied to training. [PubMed](#)

County implementation variability:



Link conditional grants/scorecards to adherence; provide technical assistance. [The Task Force for Global Health](#)

Litigation risk during transition:



Emphasize ethics, documentation, supervision, and incident learning while protections are clarified. [nckeny.com](#)

9. MONITORING INDICATORS

- % facilities with formally adopted SoP & task-sharing protocols
- % nurses/midwives with CPD compliant to role & license renewal
- Number of reported adverse events per 10,000 encounters and % with completed case reviews
- Time to verify staff privileges (digital registry)
- County compliance rate with standardized JDs/supervision norms

10. REFERENCES

- **Nurses Act (Cap. 257)—establishes NCK, registration, licensing, conduct.** [Kenya Law+1](#)
- **Health Act (2017)—system governance and standards.** [Kenya Law](#)
- **NCK Scope of Practice (Entry-Level, 2020).**nckkenya.com
- **NCK Code of Conduct & Ethics (2024).**nckkenya.com
- **Advanced practice policy evidence (2024).**[PubMed+](#)

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