Bi-Monthly Issue No #05 | May - June 2025

Medicwise Star ★ MAGAZINE

A Kenyan Medics insight Magazine



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LETTER FROM THE CHIEF EDITOR

INSPIRE ☆ EDUCATE ☆ INFORM ☆

Harmonizing Medical Cadres: Advancing Healthcare Through Interprofessional Collaboration

Dear Esteemed Readers,

Welcome to the fifth edition of *MedicWise Star*, and our first under this expanded identity. What began as *Wise Medic*, a space for radiographers' reflections and insights, has now grown into a multidisciplinary platform, *MedicWise Star*, honouring and amplifying the voices of all medical professionals.

This edition's theme, **"Harmonizing Medical Cadres: Advancing Healthcare Through Interprofessional Collaboration,"** reflects a timely and necessary conversation in modern healthcare. We recognize that true progress in patient care does not come from isolated brilliance but from the seamless cooperation of professionals across disciplines. From radiographers to clinicians, pharmacists to lab technologists, nurses to administrators, each cadre contributes a vital note in the symphony of care.

In these pages, we explore stories that celebrate teamwork, feature trailblazers who bridge professional divides, and showcase innovative models of collaborative care. You'll hear from thought leaders, mentors, educators, and retirees whose experiences remind us of the value of unity in diversity.

The rebrand to *MedicWise Star* is more than a name change, it is a call to action. A call to see each other, listen to each other, and work together more intentionally for the sake of those we serve. We are still deeply rooted in our radiographic heritage, but now we widen our lens to include every hand and heart shaping the future of healthcare.

Let this edition be an inspiration. May it prompt new conversations, challenge old silos, and spark collaborative spirits wherever you practice.



Together, we move healthcare forward.

Warm regards,

Didakus Machuka Mochache

Chief Editor, Medicwise Star Magazine

Email: ceo@radmed.co.ke

Phone: 0707795772

The impact of General Healthcare systems

Kenya's Healthcare at a Crossroads: Turning Crisis into Opportunity

The recent suspension of USAID funding in parts of Africa, including Kenya, is more than a financial setback—it's a wake-up call. This crisis exposes the fragility of healthcare systems that rely heavily on donor funding. While the immediate impact has been severe, with an estimated 40,000 healthcare workers losing their jobs, this moment also presents an opportunity to rethink Kenya's approach to healthcare financing and sustainability.

The Impact on Healthcare Workforce & Services

Hospitals across Kenya are already feeling the strain. At Kisii Referral Hospital, approximately 500 healthcare staff have been asked to cease reporting to work due to funding cuts. Moi Teaching and Referral Hospital placed employees on unpaid leave as at February 1, 2025, while over 1,000 staff at the University of Nairobi's Faculty of Health Services face three months of unpaid leave. These job losses are not just numbers they represent disrupted livelihoods and compromised healthcare delivery for millions of Kenyans

Rather than viewing this crisis solely as a loss, it should serve as a catalyst for transformation. The following strategic interventions can help build a resilient, self-sustaining healthcare system:

1. Absorbing Healthcare Workers into National & County Health Systems

The Kenyan government must take proactive steps to integrate displaced healthcare professionals into public hospitals, clinics, and community health programs. Retaining these skilled workers will strengthen the healthcare infrastructure and ensure continuity of care.

2. Designing Innovative & Sustainable Health Programs

Shifting from donor dependency requires creativity and long-term vision. Sustainable models could include:

- **Public-Private Partnerships (PPPs):** Collaborating with private healthcare providers to make treatment more accessible through subsidies, insurance, and innovative financing.
- **Digital Health Solutions:** Leveraging technology to cut costs and improve access, especially with rising internet penetration.
- **Community Ownership:** Strengthening local involvement in healthcare programs to foster self-sufficiency.



3. Advocating for Increased Domestic Health Financing

Kenya's health budget remains significantly below the 15% Abuja Declaration target, hovering around 6-8%. Advocacy efforts should focus on securing increased allocations from both national and county governments. Engaging policymakers before budgets are finalized and ensuring accountability in spending can bolster domestic healthcare funding.



4. Expanding Community-Based Healthcare Models

Programs such as home-based medication distribution and peer support networks for HIV care can enhance service delivery while reducing dependence on foreign aid. Community-led models empower local health systems and promote long-term sustainability.

healthier future for all.

What are your thoughts?

5. Breaking Silos and Strengthening Unified Advocacy

Healthcare challenges are interconnected—yet, advocacy efforts remain fragmented across various specialties such as HIV, maternal health, and mental health. A unified voice pushing for strengthened health systems and financing will have greater impact. Evidence shows that integrated service delivery models not only reduce costs but also improve patient experiences.

A Defining Moment for Kenya's Healthcare Future

This funding crisis is a defining moment for Kenya. It is an opportunity to prove resilience, invest in a self-sustaining healthcare system, and take charge of the country's public health future. Sustainable programs ensure continuity, scalability, and stronger health systems, even in times of financial uncertainty.

To achieve this, we must:

- **Innovate for sustainability**
- **Advocate for domestic resource allocation**
- **Collaborate across healthcare themes**



THE POWER OF BECOMING



By Dr. Joan Kaliti
Mental Health Advocate & Personal Development Coach
*So I was asked recently, "**Daktari, why are you so passionate about personal development?***

Here's a fact I'd love each of you to know, live, breathe, and act on:
Work on being, not just on having, because with who you are, you'll naturally have.

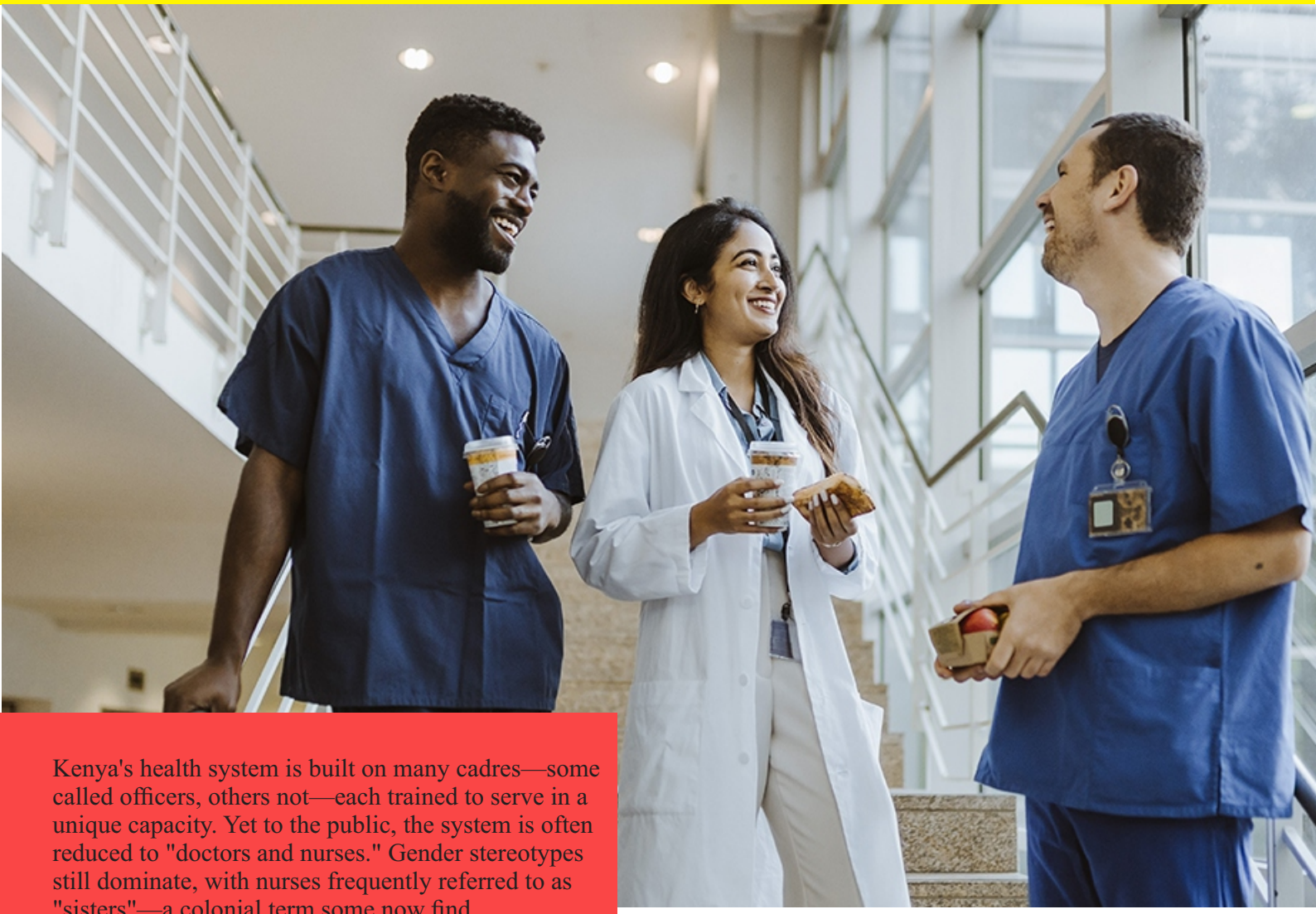
The first step toward increasing your value always begins inward: learning who you really are and aligning with the image you see in the Word.
A desire to grow is essential to both human success and happiness, but don't just learn for learning's sake. Learn with purpose. Plan to apply it. Information is cheap; execution is where the transformation happens.

You won't be compensated merely by how hard you work, but by how much value and impact you bring to the world around you. It's not about the hours clocked in, but the change created. To experience more from life, become more in life.
Stay Tuned
We're excited to feature more empowering reflections and expert insights from Dr. Kaliti in every edition of MedicWise Star. Each piece is designed to nudge you closer to your best self, mind, soul, and purpose.

Keep reading, keep growing.



Harmonizing Medical Cadres: Advancing Healthcare Through Interprofessional Collaboration



Kenya's health system is built on many cadres—some called officers, others not—each trained to serve in a unique capacity. Yet to the public, the system is often reduced to "doctors and nurses." Gender stereotypes still dominate, with nurses frequently referred to as "sisters"—a colonial term some now find uncomfortable.

In medical ethics class, we were taught about the hierarchy inherited from traditional medicine—mainly rooted in ancient Greek and Roman traditions and reinforced by colonial systems—that shaped how professions train, collaborate, and interact.

Interestingly, African traditional medicine, which once supported community wellness, was excluded and often framed as an opposing force rather than an ally in care.

Over time, newer professions emerged not to compete, but to complement and improve care. Unfortunately, professional ego often overshadowed purpose. And in that toxic mix—especially during training—many health workers have silently suffered. Some have tragically died by suicide, reminding us that mental health must be part of the harmonization agenda.

As 2030 approaches, with Universal Health Coverage as our goal, COVID-19 exposed an uncomfortable truth: no health system, even the wealthiest, is invincible. Kenya's Social Health Authority offers hope, but risks becoming another "Obamacare" if political winds shift or donors retreat.

The question remains—who safeguards our health gains?

We must. As professionals. Together.

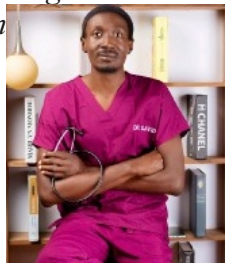
That means moving past silos and toward shared responsibility. We don't have enough workers to waste energy on turf wars. Digital public health systems must support clear, visible roles for every health worker—from radiographers to lab techs, community health workers to consultants.

With fair systems, local ownership, and respectful collaboration, we can deliver care that's not just available—but sustainable. It's how we'll achieve UHC—and the AU 2063 vision of a healthy, integrated Africa.

About the Author:

Dr. David Okello is a general practitioner, storyteller, and mental health advocate working at the intersection of culture, public health, and community care. He is the CEO of HEMAFRIC Consulting championing alternative therapies and financing for mental health

Media kit for Radmed publisher:



By Dr. David Okello
Tel; +254 783 445 232

Serializing the Book "A Medicwise Chronicles"

FINANCIAL EDUCATION

In this 5th edition of Medicwise Star Magazine, we are excited to serialize an excerpt from 'A MEDICWISE CHRONICLES' book, a thought provoking book by Didakus Machuka Mochache, captioned 'Financial Education'. This excerpt provides an in-depth analysis of how financial management is vital in the life of a medic. The insights highlighted are crucial in handling and managing personal finance.

A Medicwise Chronicles Book, Pg 75 - 76

Nothing is important than the world education. Education outside the class. The bible says, "my people perish because of the lack of knowledge". As a wise medic, start searching for this knowledge and this information. During agrarian revolution wealth was measured by the amount of land one owned or the amount of cattle. The larger the herd, the richer you were.

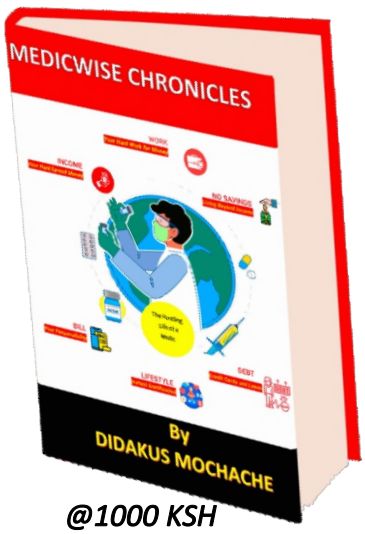
In the 21st century, we are dealing with a totally different situation. A situation where we are dealing with information age. Information is power. The dynamics of money have changed due to the government's high borrowing rate and issue of inflation. You can only survive with information in this digital age. The wealth of today is the amount of information you have. There is a lot of information available on the economy and how to manage the ever-elusive money with wise investment plans.

There is a lot to learn on budgeting savings and investments. Just recently I met a professional colleague from an evening workshop which I attended. An evening session on investment. The attendance fee was hundred US dollars. Which is equivalent to ten thousand Kenyan shillings for a three-hour session.

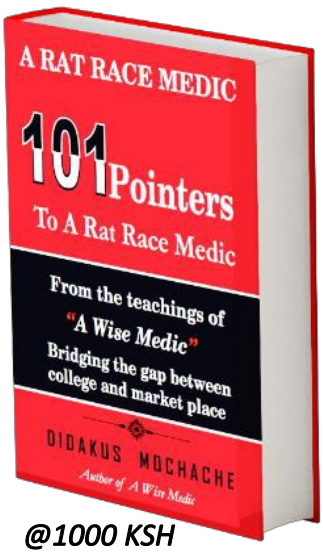
It isn't a pocket change but the knowledge you can get in this forum is enormous. To cut the story short, the friend couldn't believe why I had to pay that amount for three hours only to attend a financial literacy workshop. He wondered aloud. He mumbled tantamountly to suggest I had money to waste. I wish he knew how I direly needed money that I had to pay ten thousand Kenyan shillings for three hours to learn about money.

Remember schools never teach you about money. You must look for knowledge about money within the realm of world education not the class education. The world has changed and knowledge is power. Any investment you may wish to put your money in requires basic information on how to navigate the waters of a tricky investment.

Information is readily available on social media on investment. Don't jump into minding your business without putting some research on your area. Invest in looking for the requisite knowledge on money and its behaviour. Learning begets learning. It is good to always seek opportunities to expand your horizons in the world of education.



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"Entrepreneurial Vision in Healthcare Education
A Conversation with the Founder of the Institute of Healthcare Management"



Founder's Background & Motivation

1. ***Can you tell us a bit about your personal journey professional background and what inspired you to start the Institute of Healthcare Management?***

   I graduated from the University of Nairobi with a degree in Dental Surgery way back in 1984. After a short stint working as a dentist with the Government, I was invited to join the University of Nairobi School of Dentistry as a Tutorial Fellow. I later did my masters in Dental and maxillofacial radiology at King's College London and later Fellowship with the Royal College of Radiologists and another Fellowship with the South African College of Medicine. I have been a Senior Lecturer at the University of Nairobi since then where I train undergraduate and postgraduate medical and dental students in imaging, radiology and forensic science.

   In 2001, me together with other partners founded the Institute of Healthcare Management which is a private middle level medical college to train Dental Assistants as well as other healthcare support personel. That college has been instrumental in providing a huge majority of dental health auxiliary staff in the country and region.

2. ***What gap in the healthcare education sector were you aiming to fill when founding the college?***

At the time, all dental care support staff were trained on the job and thus there was a huge skills gap in the sector which led to very unpredictable care standards particularly in dental care settings. Iam now proud to say that as we speak practically all dental assistants, nurses and hygienists working in dental clinics and hospitals are required to have been trained and licensed by the relevant authorities.

3. ***Did you have any entrepreneurial or healthcare background prior to launching the institute?***

Our objective of launching the Institute at that time was to produce personnel who could provide the necessary dental nursing support in our individual clinics. We realized only later that the demand for this cadre was growing and that we had to invest in new skills such as business and college administration, curriculum development, social sciences and psychology.



The Birth and Growth of the Institute

4. ***How did you transition from concept to opening the doors of the college?***

Our first campus was right in the CBD on Mama Ngina street, Nairobi at the premises where I was operating an imaging centre and a dental practice. We were fortunate to get accreditation by the Minsitry of Education to operate a college within the facility. In actual fact we were operating three businesses, namely a dental practice, an imaging centre and a college all under one roof. Ultimately we were able to split these entities and right now they operate as separate yet complimentary services.

4. ***What challenges did you face in the early stages of setting up the institution, and how did you overcome them?***

The biggest challenges we faced was the fact that this was an innovation and most people had not visualized such entities. One we started the very first specialize maxillofacial imaging centre in the country and perhaps the whole continent. Secondly ours was the very first college for dental assisting in the entire continent. This posed challenges in terms of licensing as there were no categories under which to license us. However, it took very progressive thinking officials in the Ministries of Education and Ministry of Health to provide us with the necessary accreditation that has allowed us to operate now for close to 25 years. We have also been able to partner with other institutions internationally and to share best practices which has enabled us to continuously provide very high quality skills training.

5. ***How has the college evolved since its inception in terms of programs offered, student numbers, and faculty growth?***

Over 25 years we have undergone gradual but significant growth. We started off with just a handful of students mainly studying dental assisting. We now offer a whole range of other TIVET and NITA approved healthcare courses to a bigger number of students. We have also expanded our reach. In 2023, we opened another campus at Kariobangi South on Outer Ring Road where we have incorporated not only healthcare courses but also Technical and vocational courses to cater for various interests.

This campus has grown to become an independent college on its own known as Southern Medical and Technical College.

In addition, we have also partnered with Great Lakes University of Kisumu which is a private chartered University operating in Kenya and East Africa and together we intend to start a new Dental School which shall offer undergraduate and postgraduate degrees in Dental Surgery and related subjects

Impact on Healthcare and the Community

7. ***What role do you see the Institute playing in shaping Kenya's healthcare workforce?***

The Institute has been instrumental in developing the dental assisting and nursing cadre in Kenya and shall continue to do so. We have a massive library of books, journals and digital content collected over years of training. We are open to partnering with like minded institutions who may be interested in sharing data for mutual benefit.

8. ***How do you ensure that your curriculum remains relevant to the current healthcare landscape?***

We have a robust curriculum development and research department which is constantly reviewing our content and aligning with current trends and technologies. For example, We are working on incorporating AI in our teaching and learning processes.

7. ***Could you share some success stories or notable alumni who have made an impact in the field?***

Every single graduate from IHM who has been transformed into a skilled and ethical health worker is a success story. We have notable alumnae who dot clinics and hospitals all over the country. We also have our graduates working in Dubai, Quatar, Singapore, Canada, USA etc.

Leadership & Vision

10. ***As a founder, how would you describe your leadership style?***

11. ***What values or principles guide the operation and culture of your institution?***

We embrace and encourage innovation and initiative. We believe in teamwork. Particularly we encourage continuing professional development and life long learning among all our staff.

12. ***How do you balance educational excellence with running a sustainable business?***

Innovation & Strategy

13. ***How do you approach continuous improvement and innovation in healthcare training?***

14. ***What strategies have helped you stay competitive in the increasingly crowded educational space?***

While the need and demand for educational services continue to grow each year, we realize that Kenyans want quality and relevance. We train relevant courses which are marketable in Kenya and internationally. We have kept our classes small and ensured robust and immersive experience for our students who have remained our ambassadors.

Entrepreneurship Advice

16. ***What advice would you give to aspiring healthcare entrepreneurs or those looking to start institutions in this sector?***

When one wishes to enter a business, such as being an educational provider as in any other business, the question should always be Is there a problem? And how can your business solve it?

17. ***What do you wish someone had told you when you were starting out?***

The Future

19. ***What are your future plans for the Institute in the next five to ten years?***

The Institute is partnering with Great lakes University as well as Enerst Cook University in Uganda to offer undergraduate and postgraduate degree courses. This will expand opportunities for young East Africans to enjoy high quality training for professional employment.

19. ***Are there plans to expand to other regions or diversify your offerings?***

We have put in place plans to open a new Campus in Bungoma and Siaya.

Closing Thoughts

21. ***In one sentence, how would you define the mission of the Institute of Healthcare Management***

The mission of Institute of Healthcare Management and Southern Medical and Technical College is simply to provide 21st Century skills for life

22. ***What legacy do you hope to leave behind through this institution?***

In the next twenty or so years, one quarter of the world's population will be in sub-Saharan Africa. Africa will have the youngest, the most skilled and most employable population on the planet. I hope our institutions shall continue to spearhead this transformation by preparing our youth for their role in this emerging reality.

Dr.ocholla
Founder:Institute Of Healthcare Management
Tel: +254 722 763 433

SORK LATEST NEWS

SORK President Visits Kapkatet Hospital

The President of the Society of Radiography in Kenya (SORK) Mr. Jevas Kenyanya recently paid a courtesy call to radiographers at Kapkatet Level 4 Hospital and the academic staff at KMTC Kapkatet. The visit provided an opportunity to interact, encourage professional growth, and discuss key issues affecting radiography practice on the ground. It was a moment of connection, collaboration, and appreciation for the incredible work radiographers are doing in rural settings. Such engagements reflect SORK's continued commitment to strengthening relationships and advancing radiography across all regions.





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Leadership Corner: Oduor Kevin on Public Health, Research and Championing NCDs



Kevin Oduor
Founder afyalytics,
CPO Stowelink Foundation
0790 551 124

1. ***Kevin, congratulations on being named among Top 100 Kenyans 2024 and for receiving global recognitions in public health. What does this mean to you?***
Thank you. Being recognized nationally and globally is deeply humbling. It affirms the importance of the work we're doing in non-communicable diseases (NCDs) and public health. It serves as an assurance the work we do is being noticed and is impacting lives.

2. ***Tell us about your journey into public health. What inspired your dedication to this field?***
I initially aspired to become a clinical doctor, but after narrowly missing the required cluster points, a cyber café attendant encouraged me to consider public health. I took the chance, and it changed my life. During my studies at Kenyatta University, I fell in love with the course. However, my real drive came from personal loss, losing my mother in 2008 to hypertension during pregnancy, and my father to carcinoma cancer in 2016. Those experiences gave my work in NCDs deep personal meaning. These tragic moments inspired me to delve into the realm of NCDs to find innovative ways of preventing other people from experiencing similar heart-breaking circumstance. I must also acknowledge that my work in NCDs was also enriched by the people I met, specifically, Ogweno Stephen, the CEO of Stowelink foundation who we have worked with in the NCDs space and learnt a lot from.

3. ***Your focus on NCDs is notable. What professional experiences have fuelled this passion?***
Learning that 74% of all deaths globally and 55% of all hospital deaths in Kenya are attributable to NCDs showed me how urgent this issue is. I realized that addressing NCDs requires practical interventions that helps people manage and address their exposure to NCDs.

4. ***You've presented in key UHC and NCD forums in Kenya and globally. What role do these platforms play in promoting health systems collaboration?***
Presenting at events like the 3rd UHC Conferences in Kisumu, and the 5th Commonwealth Nurses and Midwives Conference, taught me the importance of sharing research across professional lines. Across all these conferences, I saw great projects being presented, innovative, impactful work that unfortunately sometimes ends there. I've always wished that all the abstracts could be made accessible to the wider public. Having an online repository where all abstracts are freely available would go a long way in harmonizing implementation efforts and inspiring others to build on existing knowledge.

6. ***Many systems in Africa still operate in silos. What's your vision for integrated care?***
We need health systems that talk to each other. An integrated system leverages the strengths of each cadre and ensures patients move seamlessly between levels of care. We must adopt collaborative models and align our strategies, especially in the face of limited resources.

8. ***What leadership values do you think health professionals must embrace today?***
Empathy is fundamental, especially in patient-centred care. Integrity and accountability, particularly with resources, are also key. We must be strategic with what we have and deliver maximum impact, even with limited budgets.

9. ***What would you say to young professionals who want to get into research?***
First, research isn't just for PhDs. It's for anyone curious and committed. You don't need massive funding to start, a personal undertaking can still generate impactful findings. I've done most of my research with minimal external support. Passion, dedication, and boldness matter more than prestige.

10. What's your message to healthcare professionals on the importance of collaboration?
Goal 17 of the SDGs is about partnerships, and for a reason. None of us have all the resources needed to solve every problem. Collaboration allows us to leverage each other's strengths, financial, technical, or human and achieve more together. Healthcare must be a team effort.

11. ***Looking ahead, what's your dream for healthcare in Africa?***
I envision an Africa that can effectively respond to both emerging and long-standing health threats, particularly NCDs. We must prioritize budget allocations; Kenya currently spends about 11% of total health expenditure on NCDs. My hope is to see that increase to at least 35% in the next decade, allowing us to prevent more than we treat.

12. ***What do you do outside work, any hobbies or interests?***
I enjoy spending time with friends, working out, and watching investigative movies and aviation documentaries films. I also enjoy visiting property shows when I can. But a big part of my downtime still goes to reading and working on research around NCDs.

13. ***Finally, what's your parting message to governments and policy-makers?***
Governments across Africa must prioritize NCDs. We need to shift focus from treatment to prevention. Prevention is not only more effective, it's more affordable. Let's enact policies that save lives now and in the future. Let us #LeadOnNCDs.

Legislative Corner

Understanding medical negligence in the health sector



Article 43 of the Constitution of Kenya (2010) provides that every person has the right to the highest attainable standard of health, which includes right to health care services, including reproductive health care.

In Kenya, medical negligence cases, are handled under the tort of negligence. They require a plaintiff to prove a duty of care, breach of duty and the resulting damage.

The law stipulates that medical complaints are filed with Kenya Medical Dentists and Practitioners Council (KMPDC) or directly with the courts.

In the previous editions, we have been defining various acts of legislation in relation to radiographers, but in this edition, we widen the scope by venturing into the general medical spectrum.

Definition of medical negligence:

i) *This can be defined as and of when, the actions of health professional fall below expected levels of care of a competent professional that led to a patient's harm.*

-The negligence needs to be demonstrated and proven that indeed the said professional caused the patient injury or damage.

ii) Complaint filing; The affected can lodge a formal complaint with kmpdc, which will investigate and take disciplinary action against the culprit. Patients can also file a lawsuit directly with courts or both simultaneously.

iii)Burden of proof; In such cases, the plaintiff i.e. the patient has the burden of proving that the healthcare professional was negligent. This involves presenting the evidence that the doctor's actions deviated from the standard procedures.

iv) Role of kmpdc; It's a statutory body mandated to regulate medical and dental profession in Kenya. They receive complaints, investigate misconduct and take disciplinary action.

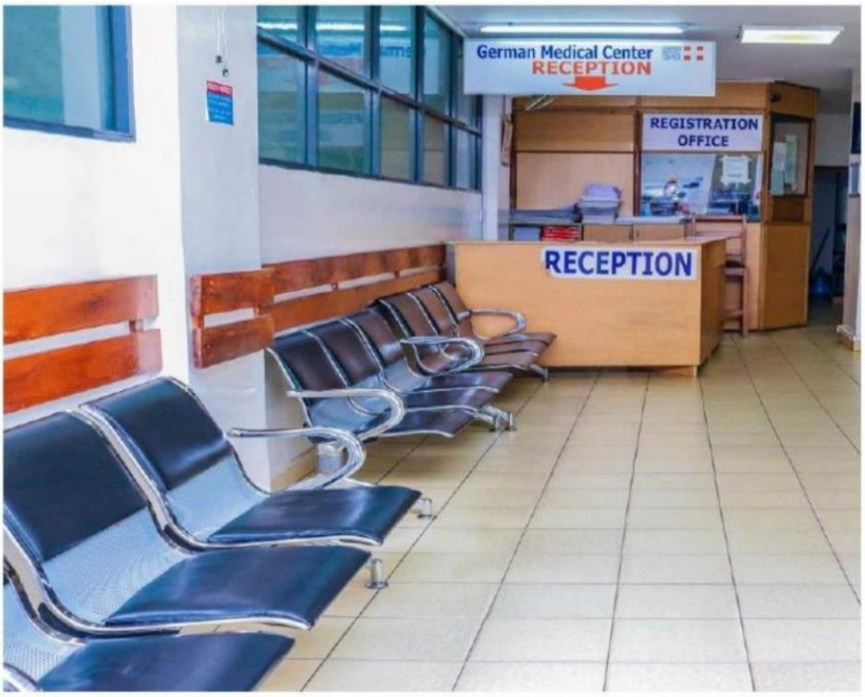
v)Examples of medical negligence;

i) wrongful diagnosis
ii)medication errors
iii)leaving foreign objects in a patient after surgery
iv)inappropriate treatment
v) Rape of patient

vi) Compensation; if a patient successfully proves negligence, they may be awarded compensation for their injuries.

vii) Challenges in litigation of medical negligence; They are complex in nature; therefore, they require medical expertise and legal procedures. Proving negligence can be tedious, that they often require analysis of medical records. Court rulings too can be favourable to the doctor even if the medical procedure wasn't ideal.

GERMAN MEDICAL CENTRE CLINIC



The German Medical Center in Nairobi is a comprehensive medical and diagnostic facility located at KMA Centre, Mara Road, and Upper Hill.

It was established by healthcare professionals with extensive international and local experience, aiming to provide all medical and diagnostic services under one roof – a concept they refer to as a "One Stop Clinic."

The center is equipped with high quality equipment and conducts regular quality control to ensure reliable and valid test results. Their mission is to offer excellent and affordable medical services of international standards based on medical evidence, striving for maximum client satisfaction.

Our Services



CT Scan



Ultrasound



X-Ray



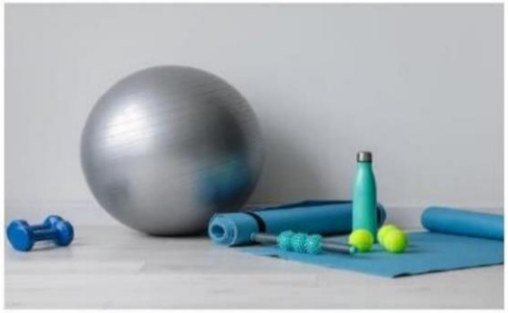
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KMTC LATEST NEWS
POCUS Workshop Sharpens Skills of Educators in Nakuru



From March 31st to April 4th, Nakuru hosted a dynamic Point-of-Care Ultrasound (POCUS) workshop, bringing together educators and lecturers from various medical training institutions. This hands-on training equipped participants with the latest POCUS techniques, aimed at strengthening ultrasound education and ensuring future healthcare providers are well-versed in bedside imaging.

POCUS is transforming healthcare by offering real-time, accessible diagnostics that enhance clinical decision-making. As its relevance grows across specialties from emergency response to maternal care so does the need for competent training at the foundational level.

This workshop emphasized the crucial role educators play in shaping harmonized, cross-disciplinary practice. By empowering medical lecturers with up-to-date POCUS skills, the ripple effect will be felt in classrooms, hospitals, and patient care settings alike.

In line with *MedicWise Star's* mission of advancing integrated healthcare delivery, this initiative underscored a key truth when educators lead with innovation and collaboration, the entire health system moves forward.











Dr. Solomon Kilaha,
Phd (Medical Education, Moi University)
Msc (Medical Education, University of Dundee)
Hdip (Medical Education, KMTC)
DipCR (College of Radiographers, London)

Let's shift our focus on the evolution of radiography training in Kenya, that is historical shifts, institutional changes, curriculum reforms, and technological advancements with Dr. Kilaha offering expert commentary as someone who has *witnessed and contributed* to that transformation.

1. The Origins

Q: Dr. Kilaha, how did formal training in medical imaging first begin in Kenya, and what was it called then?

"I've worn many hats in the radiography space, from assistant radiographer to trainer, and now a consultant," Dr. Kilaha begins. "But to understand how it all started, I've had to listen, read, and study those who came before me."

He explains that formal training began around 1952 in Kisumu, back when the town's main hospital was called Port Florence. "It's not quite clear why Kisumu was chosen," he notes, "but what is clear is that six radiographers were trained during that time. The colonial government aimed to support medical officers and settler communities."

Of the six pioneers, "about four were flown to the United Kingdom for hands-on training," he recalls. By the time they returned, radiography training had shifted to King George IV Hospital, today's Kenyatta National Hospital. "Its proximity to what became the Kenya Medical Training College (KMTC) made it a natural hub," he adds.

2. Early Curriculum and Setup

Q: What was the early curriculum like? How long was the training and who designed it?

"We heavily borrowed from the United Kingdom's College of Radiographers," says Dr. Kilaha. "The syllabus, examiners, even the final exams, came from London. Training lasted about two years, and the title awarded was 'Assistant Radiographer'."

By 1978, when Dr. Kilaha joined the largest cohort at the time, the class had grown to about 15 trainees. "We were the last class examined by the College of Radiographers in London. Our diploma was called the Diploma of the College of Radiographers (DCR)."

After 1981, training became more localized. "We transitioned to certificates awarded by the University of Nairobi, then later, KMTC itself began awarding diplomas. Eventually, the course name evolved to 'Medical Imaging Sciences' around 1986 or so, in response to the expanding scope of modalities."

3. Student Experience and KMTC's Role

Q: When did Kenya Medical Training College (KMTC) become central to radiography education, and how did it respond to national training demands?

"KMTC Nairobi was naturally central due to its population and infrastructure," he explains. "It remained the primary training center until 1989–1990 when Kisumu and Nyeri campuses joined in."

Dr. Kilaha reflects on the growth: "By 2009, more campuses had opened. KMTC was responding to rising demand from counties, particularly from students who couldn't join universities but were passionate about healthcare."

4. Recognition and Regulation

Q: Was radiography a standalone profession back then? How did certification and licensing work?

"Radiography has *always* been a standalone profession," he states firmly. "There were support roles like film processors, but radiography itself never branched off from other cadres."

On certification: "Before 1982, you either received the UK DCR or a local diploma. Licensing was under the Kenya Nuclear Regulatory Authority (KNRA), but the societies, first the Association of Radiographers of Kenya (ARAK), then the Kenya Radiographers Association, and now the Society of Radiography in Kenya (SORK) advocated for us."

"The Radiation Protection Board, and later KNRA, issued practice licenses. But regulation of training? That's what we now look forward to under the Radiographers Board of Kenya."

5. Challenges and Breakthroughs

Q: What were the major challenges in early training?

"First, there was no oversight," Dr. Kilaha explains. "The government and colleagues had to be convinced that imaging wasn't just a side job. Then came the push to keep training up to global standards."

He also highlights an internal challenge: "Getting all radiographers to join the Society of Radiography in Kenya (SORK). This is *our* profession. If we don't protect it, who will?"

Another issue was academic elitism. "Some university professionals viewed KMTC-trained radiographers as inferior. That mind set holds us back. We should focus on patient care, not pedigree."

6. Transitioning to Modern Radiography

Q: What led to the shift from 'Medical Imaging' to 'Radiography,' and the rise of CT, MRI, and ultrasound in training?

"Our profession is one of the fastest-evolving," Dr. Kilaha says. "With every tech shift, Computed Tomography (CT), Magnetic Resonance Imaging (MRI), ultrasound, the curriculum had to adapt."

He emphasizes the impact of innovation: "The biggest change now? Artificial Intelligence (AI). AI is not here to replace us but to challenge us to grow. Many of my former students are ahead of me in AI, and that's a good thing."

7. KMTC's Continued Influence

Q: What role has Kenya Medical Training College (KMTC) played in shaping and standardizing radiography training across Kenya?

"KMTC has been the backbone," he says. "It's the largest government training institution, with a culture of revising curricula to meet global standards. It's always encouraged research and academic inquiry."

8. Looking Ahead

Q: What marked the beginning of the modernization shift in radiography training?

"Technology," he answers without hesitation. "AI, in particular, marks a new era. But professionals must lead that transition with open minds and flexibility."

Q: Finally, how is inter-professional collaboration shaping radiography training and practice today?

"In training today, we embrace collaborative learning," Dr. Kilaha explains. "Inter-professionalism, student-centered learning, community-based care—these are now embedded in the curriculum. It's not just about machines. It's about serving people better, together."

Closing Remarks

"Radiography has come a long way," Dr. Kilaha concludes. "But the journey is far from over. We must stay committed to professionalism, innovation, and unity if we want this field to keep thriving."

Coming Up in Our Next Issue

We shift focus to the *digital revolution*, policy reforms, and the rise of *degree-level training*. Don't miss the next chapter of Kenya's radiography evolution!

Interview conducted by Felix Omboki, Assistant Editor at MedicWise Media.

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Tips for Medical Officers nearing retirement

- ✔ Plan early—ensure financial stability and healthcare.
- ✔ Stay active—teach, consult, or mentor.
- ✔ Keep learning—radiography evolves, stay updated.
- ✔ Invest—explore business opportunities.
- ✔ Network—stay connected with SORK.
- ✔ Prioritize health—maintain well-being.
- ✔ Discover hobbies—enjoy a fulfilling life.

Radiography in Sports



Radiography plays a crucial role in sports medicine, it provides valuable insight for diagnosing and injury management, especially those affecting bones, joints and soft tissues like tendons and ligaments.

It allows for quick assessment of the extent of damage and can help determine the best course of treatment and rehabilitation.

Benefits Accrued in sports by radiography.

Accuracy in analysis:
Radiography helps in identifying, fractures, dislocations and other bony injuries, which may not be apparent through physical examination alone.

Assessing Serenity of injury:
Radiography helps in revealing the extent of damage to bones and joint by guiding treatment decisions and recovery timeliness.

Monitoring recovery:
Radiography can track the healing process of fractures, helping to determine when an athlete can safely resume activity.

Guidance for treatment:
They can determine the need surgery or other interventions and guide rehabilitation programs.
However, just like in every other field, radiography has its own drawbacks, namely
Soft tissues damage; Radiography is less effective at visualizing soft tissue injuries like ligament tears or muscle strains. Other imaging modalities like MRI or Ultrasound are better for these types are preferable in these instances.

Cost and Accessibility; Radiography can be more expensive than other imaging techniques and may not be as readily available in all areas.
Radiation exposure; While the radiation exposure from a single X-ray is relatively low, repeated X-rays can increase the risk overtime.
Not always necessary; In most cases, a thorough physical examination and patient history can provide adequate information to make a diagnosis and radiography may not be necessary.

Catchy radiography highlights.
When radiography is recommended, there would be a high suspicion of a fracture, dislocation or bone injury.
Uncertain clinical diagnosis; when diagnosis is unclear, and radiography can help to confirm or rule out specific conditions.
Failed treatments; when a treatment plan is not working and help assess the cause of treatment failure.
Monitoring healing; to track the progress of fracture or other injuries and determine when an athlete can safely return to activity.



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TRIVIA QUESTION

Can You Answer It ?

What MRI feature suggests Fatty liver?
(a) Signal Increase in out-of-phase
(b) Signal drop in out-of-phase
(c) Dark on all sequences
(d) Enhancing after contrast



To participate, send your answers to radmedconnectlimited@gmail.com with a copy of you holding the Magazine or with a screenshot of the E-Magazine and stand a chance to Win Prizes from Radmed

We would like to congratulate the Winner of Issue #03 who is Sammy Musyoki and the correct answer provided was X-ray as it is considered the most basic imaging modality for bones.

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