REPUBLIC OF KENY
MINISTRY OF HEALTH

KENYA MEDICAL LABORATORY TECHNICIANS AND TECHNOLOGISTS BOARD

POLICY FRAMEWORK: EMPLOYER FEEDBACK ON MEDICAL LABORATORY SCIENCES GRADUATE READINESS

Pursuant to the Medical Laboratory Technicians and Technologists Act CAP 253 A Laws of Kenya

KMLTTB QUALITY ASSURANCE SERVICES

	POLICY FRAMEWORK: EMPLOYER FEEDBACK ON MEDICAL LABORATORY SCIENCES GRADUATE READINESS		DOCUMENT CONTROL Serial **KMLTTB/ MLS/EMPLOYER/FEED/01** Version 001 Date: 11TH NOVEMBER, 2026
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1st Ngong Avenue, ACK Garden Hse, 4th Floor|P.O.BOX 20889-00202 Nairobi Kenya| Tel: 0202731391; +254713553495; +254713554133; +254706110110;+254733430330|Email: info@kmlttb.org/labs@kmlttb.org| Web: www.kmlttb.org

INTRODUCTION

The Kenya Medical Laboratory Technicians and Technologists Board (KMLTTB) is a body corporate with statutory mandate to exercise general supervision and control over the training, practice, business and employment of medical laboratory technicians and technologists under Cap 253A Laws of Kenya. The Board also advises the Government in relations to all aspects thereof including validation of invitro diagnostics through Legal Notice NO.113 of 2011

Pursuant to the **Medical Laboratory Technicians and Technologists Act, CAP 253A of the Laws of Kenya**, the Kenya Medical Laboratory Technicians and Technologists Board (KMLTTB) establishes TRAINING STANDARDS which are a comprehensive regulatory framework. This standard governs medical laboratory operations for the diagnosis, treatment, clinical management, treatment monitoring, and prevention of all diseases, within the Republic of Kenya.

The main goal of the MLS services is to ensure provision of safe, professional, competent and ethical Medical Laboratory Services in accordance to Cap 253A of the Laws of Kenya.

The **Standards for Medical Laboratory Services in Food and Nutrition Diseases** is one of the guidelines prepared by the KMLTTB prescribing mandatory clinical practice and competencies professionals shall practice in the course of their duty.

Our Vision

"That the Health of every Kenyan will be fully protected through effective regulation of the practice of laboratory medicine."

Our Mission

"To Exercise General Control and Supervision over training, business, employment and practice of Laboratory Medicine and Advise the Government on all related matters."

Our Core Values

Integrity; Selfless service; Innovation and open-mindedness; Sense of belonging; Pride in what we do.

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POLICY FRAMEWORK: EMPLOYER FEEDBACK ON MEDICAL LABORATORY SCIENCES GRADUATE READINESS

1. POLICY STATEMENT AND PURPOSE

All accredited public and private medical laboratories employing newly licensed graduates must submit structured workplace readiness evaluations. This policy bridges the gap between academic curricula, regulatory licensure exams, and real-world diagnostic practice to ensure patient safety and workforce competence.

A. **Core Objective.** Measure how well graduates transition from passing registration exams to handling independent clinical workloads.
B. **Stakeholder Alignment.** Create a continuous quality improvement loop connecting universities/colleges, KMLTTB and diagnostic employers.

2. SCOPE AND APPLICABILITY

This policy applies to:

A. **Employers.** Public referral hospitals, private diagnostic networks, research laboratories, and blood transfusion centers hiring entry-level Medical Laboratory Officers and Technologists.
B. **Graduates.** Newly registered and licensed professionals within their **first 6 to 12 months** of post-licensure employment.
C. **Training and KMLTTB.** Accredited medical training institutions as well as KMLTTB for curriculum approval and examination standard-setting.

3. CORE ASSESSMENT DOMAINS

Employers must evaluate graduates across five standardized pillars of workplace readiness:

Domain	Key Workplace Competencies Evaluated
1. Technical and Analytical Skills	Execution of standard operating procedures (SOPs), manual vs. automated testing accuracy, specimen handling, and reagent management.
2. Quality Management and Biosafety	Internal quality control (IQC) troubleshooting, external quality assessment (EQA) compliance, infection prevention, and biohazard waste disposal.
3. Laboratory Information Systems (LIS)	Digital result entry, turnaround time (TAT) adherence, critical value reporting, and data confidentiality.
4. Critical Thinking and Problem Solving	Identifying pre-analytical/analytical errors, correlating clinical results with patient history, and managing instrument downtime.
5. Professionalism and Ethics	Interdisciplinary communication with clinicians/nurses, workload prioritization under pressure, teamwork, and ethical conduct.

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PART 1: STATUTORY AND REGULATORY ALIGNMENT (KMLTTB and ISO 15189)

This feedback framework directly operationalizes statutory mandates across Kenya's medical laboratory regulatory ecosystem:

Regulatory Mandate / Standard	Statutory Authority / Reference	How Employer Feedback Aligns
Control of Training and Practice	Medical Laboratory Technicians and Technologists Act (Cap 253A)	Fulfills KMLTTB's statutory mandate to supervise training, employment, and practice standards across public and private facilities.
Bi-Annual Competency Assessments	KMLTTB National Regulatory Standard for All Medical Laboratory Operations (KMLTTB/ALL/MED/LABS/01)	Directly satisfies Section 2.3 requiring documented **bi-annual competency assessments** for every diagnostic assay or platform a newly licensed professional operates.
Curriculum Harmonization and Review	KMLTTB Institutional Curriculum Development and Harmonization Guide (KMLTTB/TRN/CURR/HARM/06)	Provides empirical employer data from Level 4–6 hospitals, private Medical laboratories, and research centers to inform mandatory curriculum.
Scope of Practice and Quality Improvement	KMLTTB Scope of Practice (KMLTTB/DC/10) and **ISO 15189:2022**	Verifies whether diploma technicians and degree technologists safely execute their defined scope of practice and adhere to ISO 15189:2022 quality requirements.
CPD and Remedial Training Triggers	KMLTTB CPD Guidelines (KMLTTB/TRN/03)	Identifies early post-licensure skill deficits so employers and accredited CPD providers can assign targeted work-based learning points before annual license renewal.

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EMPLOYER EVALUATION QUESTIONNAIRE

Instructions for Medical Laboratory Managers / Quality Officers: Complete this form at **Month 6** post-licensure for each newly hired Medical Laboratory Technician or Technologist. Anonymized, aggregated data is submitted annually to KMLTTB and the graduate's training institution.

SECTION A: FACILITY AND GRADUATE PROFILE (ANONYMIZED FOR EXTERNAL REPORTING)

A. **Facility KEPH Level / Sector:** [ ] Level 4 [ ] Level 5 [ ] Level 6 [ ] Private Lab [ ] Research/NGO
B. **Graduate Cadre:** [ ] Diploma (Technician) [ ] BSc (Technologist) [ ] Foreign-Trained
C. **Training Institution:** _____
D. **Months Since KMLTTB Registration and First Practice License:** [ ] 3 Mos [ ] 6 Mos [ ] 12 Mos
E. **Primary Bench Assignment(s):** [ ] Clinical Chemistry [ ] Hematology/Blood T [ ] Microbiology/Parasitology [ ] Molecular/Immunology [ ] Histopathology

Section B: Standardized Competency Scoring Matrix

Rate the graduate's observed workplace readiness on a **1 to 5 scale**:

A. **Unsatisfactory** (Unsafe/inaccurate; requires constant supervision)
B. **Developing** (Knows exam theory but slow or struggles with real-world execution)
C. **Competent** (Expected baseline for independent, safe practice)
D. **Proficient** (Handles complex workflows and troubleshooting independently)
E. **Exemplary** (Exceeds entry-level standards; peer mentor capability)

1. TECHNICAL AND ANALYTICAL COMPETENCE (CORE DISCIPLINES)

Item	Competency Statement	Score (1–5)	N/A
1.1	Accurately evaluates specimen acceptability (hemolysis, clotting, volume, labeling) before processing.	[ ]	[ ]
1.2	Executes manual bench procedures (e.g., Gram stains, peripheral blood films, and microscopy) with diagnostic accuracy.	[ ]	[ ]
1.3	Operates automated analyzers safely, including daily start-up, calibration checks, and routine maintenance.	[ ]	[ ]
1.4	Demonstrates adequate practical readiness across core KMLTTB disciplines (Chemistry, Hematology, Microbiology, and Blood Transfusion).	[ ]	[ ]
1.5	Manages reagent reconstitution, storage temperatures, and lot-to-lot inventory tracking accurately.	[ ]	[ ]

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2. QUALITY MANAGEMENT SYSTEMS (QMS) AND BIOSAFETY (ISO 15189 / ISO 15190)

Item	Competency Statement	Score (1–5)	N/A
2.1	Runs and interprets Internal Quality Control (IQC) using Westgard rules before releasing patient results.	[ ]	[ ]
2.2	Documents Out-of-Control (OOC) events and initiates corrective/preventive actions (CAPA) appropriately.	[ ]	[ ]
2.3	Handles External Quality Assessment (EQA / Proficiency Testing) panels using routine patient workflows.	[ ]	[ ]
2.4	Consistently adheres to PPE protocols, biosafety cabinet operation, and spill/exposure response procedures.	[ ]	[ ]
2.5	Segregates and disposes of biohazardous and chemical waste in compliance with national biosafety standards.	[ ]	[ ]

3. LABORATORY INFORMATION SYSTEMS (LIS) AND TURNAROUND TIME (TAT)

Item	Competency Statement	Score (1–5)	N/A
3.1	Navigates Laboratory Information Systems (LIS) accurately for order entry, result verification, and delta checks.	[ ]	[ ]
3.2	Consistently meets established facility Turnaround Times (TAT) for STAT and routine requests.	[ ]	[ ]
3.3	Promptly flags, verifies, and escalates **critical/panic values** to requesting clinicians with documented read-back.	[ ]	[ ]
3.4	Maintains strict patient confidentiality and data security when handling electronic or paper records.	[ ]	[ ]

4. CLINICAL CORRELATION AND TROUBLESHOOTING

Item	Competency Statement	Score (1–5)	N/A
4.1	Correlates abnormal laboratory findings with clinical notes and other lab parameters to spot pre-analytical errors.	[ ]	[ ]
4.2	Troubleshoots basic analyzer flags, clot errors, or reagent failures before escalating to senior staff/engineers.	[ ]	[ ]
4.3	Executes manual backup protocols seamlessly during power outages, LIS downtime, or analyzer breakdown.	[ ]	[ ]

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5. ETHICS, COMMUNICATION AND WORKPLACE RESILIENCE

Item	Competency Statement	Score (1–5)	N/A
5.1	Practices strictly within their KMLTTB-gazetted Scope of Practice without unauthorized sign-offs.	[ ]	[ ]
5.2	Communicates clearly and professionally with physicians, nurses, and patients regarding sample rejections or delays.	[ ]	[ ]
5.3	Prioritizes high-volume workloads calmly during peak hours, night shifts, or staffing shortages.	[ ]	[ ]

SECTION C: LICENSURE EXAMINATION VS. WORKPLACE REALITY GAP ANALYSIS

Qualitative feedback to inform KMLTTB Registration Exam blueprinting and college practicals:

1. **Overall Readiness Verdict:** Did the KMLTTB Registration Examination accurately predict this graduate's ability to practice safely on Day 1?
   - [ ] Yes, fully aligned [ ] Partially aligned (strong theory, weak practicals) [ ] No, significant gaps observed
2. **TOP 3 PRACTICAL DEFICITS OBSERVED (CHECK ALL THAT APPLY):**
   I. [ ] Automated analyzer operation and troubleshooting
   II. [ ] Microscopy / manual morphology (blood films, parasitology, microbiology)
   III. [ ] IQC interpretation and root-cause analysis
   IV. [ ] Blood grouping and cross-matching under pressure
   V. [ ] Molecular diagnostics / PCR workflows
   VI. [ ] LIS and digital documentation
   VII. [ ] Clinical communication and critical value escalation
3. **SPECIFIC RECOMMENDATIONS FOR TRAINING INSTITUTIONS AND KMLTTB:**
   Briefly describe any curriculum topics, clinical attachment hours, or exam components that require strengthening:

_____

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SECTION D: SCORING SUMMARY AND ACTION THRESHOLDS

Domain	Total Points Earned	Max Possible Points	Domain Percentage
1. Technical and Analytical (Max 25)			
2. QMS and Biosafety (Max 25)			
3. LIS and Turnaround Time (Max 20)			
4. Clinical Correlation (Max 15)			
5. Ethics and Resilience (Max 15)			
OVERALL READINESS SCORE	**/ 100**	**100**	**_____%**

A. **80% – 100% (Fully Workplace Ready):** Graduate cleared for independent shift duties and routine bi-annual KMLTTB competency sign-off.
B. **60% – 79% (Conditional Readiness):** Requires targeted 90-day mentorship and internal bench retraining in flagged domains.
C. **Below 60% (Critical Readiness Gap):** Graduate restricted from unsupervised sign-offs; employer assigns structured remedial CPD and flags institution-level patterns in the annual KMLTTB tracer report.

4. OPERATIONAL GUIDELINES AND FEEDBACK TIMELINE

Phase 1: Baseline Assessment (Month 3)

A. **Initial Onboarding Review.** The direct laboratory supervisor completes a brief **90-day readiness checklist** focusing on safety compliance, basic bench competence, and orientation gaps.
B. **Purpose.** Identify immediate training deficits requiring on-the-job mentorship before independent shift assignment.

PHASE 2: COMPREHENSIVE READINESS EVALUATION (MONTH 6)

A. **Formal Competency Audit.** The Laboratory Manager and Quality Officer conduct a structured evaluation using a standardized **1-to-5 Likert scale** across all five core domains.
B. **Examination-to-Practice Gap Analysis.** Employers specifically note areas where a graduate passed licensure exams theoretically but struggles practically (e.g., interpreting complex blood films or troubleshooting automated analyzers).

PHASE 3: ANNUAL EMPLOYER TRACER REPORT (MONTH 12)

A. **Institutional Submission.** Employers aggregate anonymized performance data by training institution and submit an annual summary to the regulatory board and respective colleges.
B. **Curriculum Review Trigger.** If **>20% of graduates** from a specific institution score below the competency threshold in a domain, the regulator triggers a mandatory curriculum or clinical attachment audit.

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5. GOVERNANCE, DATA PRIVACY AND ROLES

A. **Employer Responsibilities.** Designate a Laboratory Quality Officer or Supervisor to submit unbiased, evidence-based evaluations without penalizing individual employees.
B. **Data Anonymization.** Feedback shared with universities must be aggregated and anonymized to protect graduate privacy and prevent workplace retaliation.
C. **Regulatory Oversight.** The licensing board integrates employer feedback into its **annual exam blueprint review** to ensure licensing exams test practical, real-world scenarios rather than rote memorization.
D. **Academic Integration.** Training institutions must establish **Curriculum Advisory Committees** with employer representation to update practical manuals and clinical rotation standards within one academic cycle.

6. STANDARDIZED EVALUATION RUBRIC (TEMPLATE)

Employers should rate graduate performance using the following definitions:

A. **Unsatisfactory.** Requires constant supervision; makes frequent procedural or safety errors despite licensure.
B. **Developing.** Understands theoretical concepts from exams but struggles with speed, workflow volume, or troubleshooting.
C. **Competent (Expected Baseline).** Performs routine bench tasks safely, accurately, and independently within standard turnaround times.
D. **Proficient.** Consistently handles complex cases, troubleshoots QC failures effectively, and communicates well with clinical teams.
E. **Exemplary.** Exceeds entry-level expectations; demonstrates leadership and advanced diagnostic acumen.

.....THE END.....

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