

#AMCOA2023



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ASSOCIATION OF MEDICAL COUNCILS OF AFRICA

Team Based Care and Regulation for the Attainment of Universal Health Care

Proudly Hosted By: Rwanda Medical and Dental Council



*“Team Based Care and Regulation for the Attainment of Universal Health Care”*

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# Innovative Technology in Regulation



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# Background

- The Liberia Medical and Dental Council (LMDC) was established by an act of the legislature in 2010
- The act grants LMDC the authority to regulate and monitor medical practice in Liberia<sup>1</sup>
- LMDC sets procedures and requirements for the registration of medical and allied professionals in Liberia
- The Council sets the procedures, guidelines and standards for the accreditation of medical services and health training institutions



1. An Act Amending Part VII, Chapter 61 of and ACT adopting a New Public Health Law Known as Title 33 of the Liberian Code of Laws. March 25, 2010. Ministry of Foreign Affairs, R.L.



# Current Situation in Liberia and ECOWAS Region

- In the ECOWAS Region, access to good quality healthcare services remains a considerable challenge and hinders the attainment of the SDGs<sup>2</sup>
- For Health Care Providers to have the capacity to practice safely and competently they need to engage in mandatory Continuous Professional Development<sup>3</sup>
- Different modes of delivery exist for CPD.
- Face-to-face contact continues to be a well-used mode; however, mHealth is an emerging platform that increases access<sup>4</sup>



2. Hasumi & Jacobsen, 2014

3. Ingwu et al. 2019

4. Botha and Boo, 2016



# Technology in Regulation

- Creates easy accessibility to health information that emerges from the practice of medicine
- Strengthens regulation and support evidence-based decision making
- Enhanced local and regional platforms to advance the production of medicine and vaccines through research



## Best Practices in Africa/International

- The implementation of a system that regulates, monitor the CPD activities of its members
- A system that provides an enabling environment for its members to take on CPD courses and provides good care
- A system where CPD is a pre-requisite for license renewal
  - Mandatory CPD in Ghana, Nigeria, etc

## Worst Practices in Africa/Internationally

- Not having a system to regulate CPD activities or quality of care
- Not having a system that monitors CPD activities done by providers
  - CPD is not mandatory in Liberia



# Innovation and Creativity

- Partnership with the World Continuing Education Alliance to establish open access online CPD platform
  - Can monitor and track engagement of users
- Establishment of a Master Facility Registry
  - Master Facility Registry (MFR) app, which works off two event programs in DHIS2, was built on the DHIS2 platform
  - Designed to streamline the process of creating new facilities and tracking data emerging from health facilities.
  - Electronic Medical Records – easy access to patients file, enhanced information sharing on patients care by multidisciplinary team, leading to early mitigation of complications.



# Innovative and Creativity

- Human resources development –workshops and trainings via online courses for members, promoting regional meetings
- Dissemination of information – stakeholders and decision makers through platforms
- Rational use of health technologies – developing and implementing clinical guidelines to evaluate health technologies in health services
- Promotion of network collaboration – improve regional cooperation among members countries.





# Challenges

- System Level:
  - Lack of funding
  - Structure & qualified HR to coordinate and manage the system
- Environmental Factors:
  - Limited Electricity
  - Difficult transportation
- Individual Level:
  - Participation affected by limited technical skills
  - Competing demands
  - Workplace struggle (schedule and low salaries)



# Summary of Findings

- Sustainability of a CPD system requires buy-in and support from diversity of stakeholders, consistent funding and resources, the establishment of robust regulation, monitoring and accreditation structures.
- The system should be dynamic wherein modifications and improvements can be introduced over time.
- Formats include in-person or distance-learning courses, E-Learning materials, seminars, online platform/mobile applications (e.g., WCEA),
- Self-directed learning activities, tailored programs, workshops, conferences, academic events, formal education, in-service trainings, receiving coaching or mentoring, research-related activities (e.g., publishing) and other types of activities (e.g., participating in policy development).





# Future Recommendation

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- From searching the literature, these recommendations will promote the up take of professional development and enhance health regulation
- Offer diversity of options that are easily accessible and available at low cost
  - In person
  - Recordings
  - Webinar etc.
- Supportive work environment

# End of the Presentation

