

INTEGRATED
HEALTHCARE
REGULATION
AND
LEADERSHIP
IN BUILDING
RESILIENT
HEALTH
SYSTEMS

# ROLE OF THE REGULATOR IN WORKFORCE MOBILITY: NIGERIA

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# **NUMBER OF DOCTORS PRODUCED (2024)**

**Total Provisionally Registered Practitioners: 4,914** 





Medical Doctors: 4,634 (92.1%)

Locally Trained: 4,033 (82.1%)



**Dentists:** 280 (7.9%)

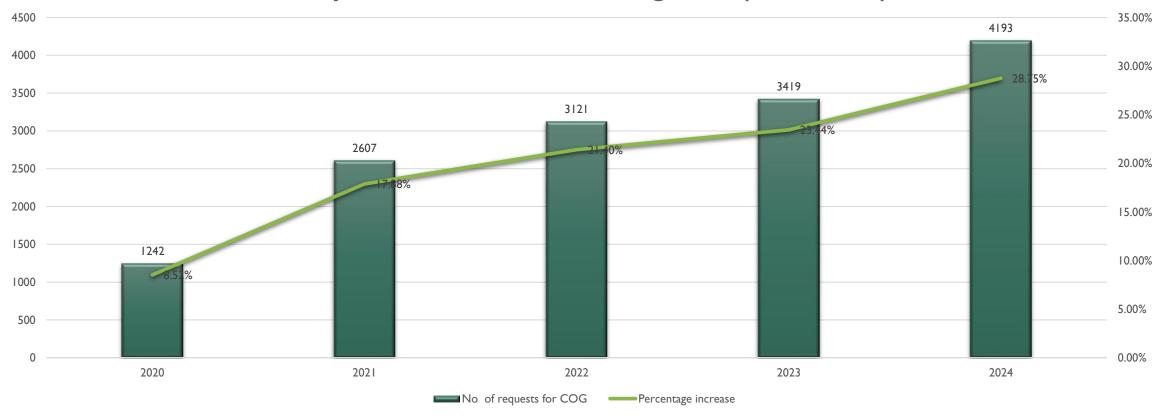
• Foreign Trained: 881 (17.9%)

#### **MIGRATION TREND OVER 5 YEARS**

- **Growth:** COG requests rose 237.5% from 2020 (1,242) to 2024 (4,193).
- Spike in 2021: 109.8% increase post-pandemic.
- **Insight:** Continuous rise in healthcare migration; policy needed to manage workforce loss.

### MIGRATION TREND OVER 5 YEARS

#### **Yearly Distribution of External Migration (Last 5 Years)**



#### **CERTIFICATE OF GOOD STANDING REQUESTS (2024)**

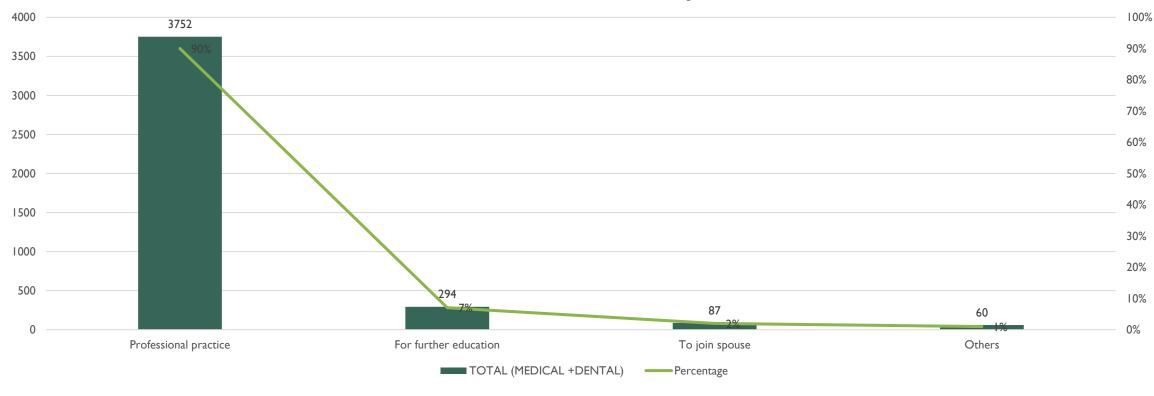
Total Certificates of Good Standing (COGs) Issued: 4,193

Medical Doctors: 3,919

**Dentists: 274** 

# **REASONS FOR COGS REQUESTS**

#### **Reasons For COGS Request**

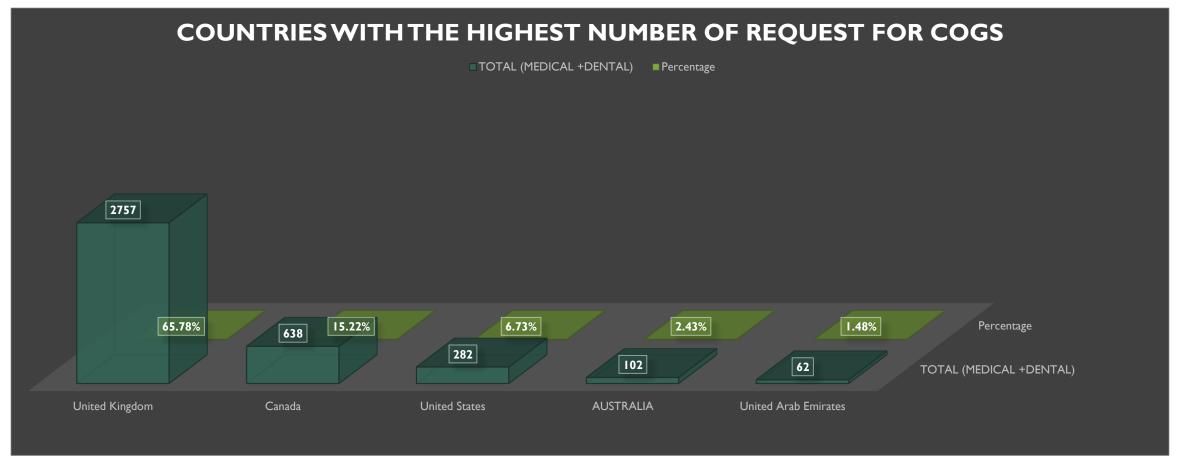


#### MIGRATION DESTINATIONS

### **Top Countries Where Doctors Are Heading:**

- United Kingdom 66%
- Canada 15.22%
- USA, Australia, UAE 10.64% combined
- Other Destinations 8.14%

## MIGRATION DESTINATIONS



### **REASONS FOR LEAVING**

### Main Stated Reasons for Requesting COGs:

- Professional practice
   89.52%
- Further Education 7.01%
- Family Reunification 2.08%
- Other 1.43%

Insight: Career advancement is the main migration driver.

### **KEY TAKEAWAYS**

### Main Stated Reasons for Requesting COGs:

- To Practice Abroad 89.52%
- To Pursue Further Studies 7.01%
- Family Reunification 2.08%
- Other 1.43%

# **REGISTERED TEMPORARY DOCTORS (2024)**

#### Total: 21 doctors

- 76% male, 24% female
- From 14 countries (UK, India, USA top contributors 14.3% each)

#### **Practice locations:**

- FCT 19%
- Lagos 14.3%
- 52.4% unspecified

#### Mission

Increase the reach and quality of health services to Nigerians by medical and dental professionals

#### Outcomes we want to achieve:

[Production of doctors], [Reduction of migration], [Patient safety], [Requests handled via digital self-services]

Shape the healthcare workforce ecosystem, incl. migration

Increase patient safety by increasing good practices

Innovate and professionalise MDCN core service functions

- Expansion of medical schools -Increase production of HCWs by expanding training institutions
- Create supply and demand incentives to manage migration
- Strengthening the oversight of patient safety
- Expand certification across practitioners
- Improve education and engagement on good practice

- Revamp of the enterprise architecture, and key interfaces (web, portal etc.)
- Enhance archiving
- Safeguard data (cyber security and QA/QC systems)

Operating model, Culture & Talent within MDCN: Improve the ways of working, strengthen skills, capabilities & values and drive a performance-based culture

Expansion; Education and Engagement; Digitalisation and Digitisation



**The ultimate goal** for MDCN is to increase the reach (e.g. effectively increase the number of medical doctors working in Nigeria) and the quality (e.g. ensuring oversight of patient safety and ethical practices by doctors) of the health services to Nigerians by Medical and Dental professionals.

# DISTRIBUTION OF MEDICAL SCHOOLS BY GEO-POLITICAL ZONE

Total schools: 63

Top zones by number of schools:

Southwest, Southsouth, Southeast – 15 each (24%)

Top zones by student intake:

- Southsouth 1,825 (25%)
- Southeast 1,715 (24%)
- Southwest 1,695 (23%)

#### Lowest zones:

- Northeast 4 schools, 360 intake (6%)
- Northwest 6 schools, 750 intake (9%)

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# SIX KEY AREAS TO BE ADDRESSED IN THE STRATEGIC EXPANSION PROGRAMME

- Infrastructure for capacity expansion
- Human Resources
- Enhancing workforce retention
- Curriculum delivery
- Scholarships and research funding
- Advocacy