AMCOA

ASSOCIATION OF MEDICAL COUNCILS OF AFRICA

RESPONSIVE REGULATION
FOR SAFER COMMUNITIES
TOWARDS UNIVERSAL HEALTH COVERAGE

28TH ANNUAL CONFERENCE
ACCRA, GHANA
23 – 27 AUGUST 2026

DEDICATED TO PROTECTING THE PUBLIC AND ADVANCING PROFESSIONAL STANDARDS IN AFRICA

Balancing Workforce Needs, Professional Standards and Patient Safety

Case Studies: Lessons from The Gambia's COVID – 19 Pandemic and 2016 – 2017 Political Impasse

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Regulation in Humanitarian and Fragile Settings :

Crisis-Responsive Regulation

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When Regulation Was Tested

COVID-19 and the political impasse disrupted:

- Healthcare delivery
- International travel
- Medical workforce mobility
- Medical education and training
- Continuing professional development
- Routine regulatory processes

The Question:

- How do we remain responsive without lowering the regulatory threshold?

The Gambian Regulatory Context

The Gambia faced a particularly difficult situation:

- Limited Medical Workforce
- Dependency on external practitioners
- Demand for healthcare was increasing.
- COVID-19 created additional service requirements.
- International movement of health professionals became more difficult.
- Registration remains legally mandatory

Two Crises, One Regulatory Challenge

COVID-19 Pandemic

- Increased healthcare demand
- Workforce pressures intensified
- International movement became difficult
- Public health emergency

2016–2017 Political Impasse

- Political uncertainty created fear
- Workforce availability became vulnerable
- Practitioners faced difficult choices
- Healthcare continuity became threatened

The Dilemma

OPTION A

Maintain normal processes without adaptation

Risk:

Delays in adding needed practitioners into the health system.

OPTION B

Relax regulatory requirements excessively

Risk:

Unverified practitioners, compromised standards and patient safety concerns.

MDCG'S Approach: Adapt, But Do Not Abdicate

Facilitate addition to the workforce

Reduce administrative barriers

Maintain professional verification requirements

Preserve legal registration and licensing requirements

Practitioner Registration

- Foreign practitioners supported service continuity – *Fee waiver*
- Cuban TAC
- New Medical Graduates
- Foreign Trained

Adaptive Registration: What We Flexed VS What We Did Not

WE DID NOT COMPROMISE ON:

- Identity
- Qualifications
- Professional Standing
- Scope of practice
- Legal authority to practise
- Patient Safety

WE WERE FLEXIBLE ABOUT:

- Administrative timelines
- Communication channels – *Virtual Reviews*
- Coordination with employers and health institutions
- Use of available electronic documentation and communication
- Flexibility on fees

CPD

The pandemic also challenged MDCG's traditional CPD activities.

The regulatory challenge:

How do we maintain professional competence when normal CPD activities are disrupted?

MDCG's experience points towards greater flexibility in:

- ❑ MOU with WCEA
- ❑ CPD Accreditation
- ❑ Recognition of appropriate professional development activities

Inspection and Monitoring

MDCG continued to use inspection and monitoring mechanisms to identify:

- Unregistered practitioners
- Non-compliance
- Professional misconduct
- Risks to patients
- Issues affecting quality of care

What the Two Crises Taught Us

Lesson 1

- Regulators must be agile

Lesson 2

- Emergency does not mean exemption from standards

Lesson 3

- Credential verification becomes more - not less - important during crises

Lesson 4

- Registration without monitoring is insufficient

Lesson 5

- Professional competence must be maintained during disruption

Lesson 6

- Regulators must work closely with government and health institutions

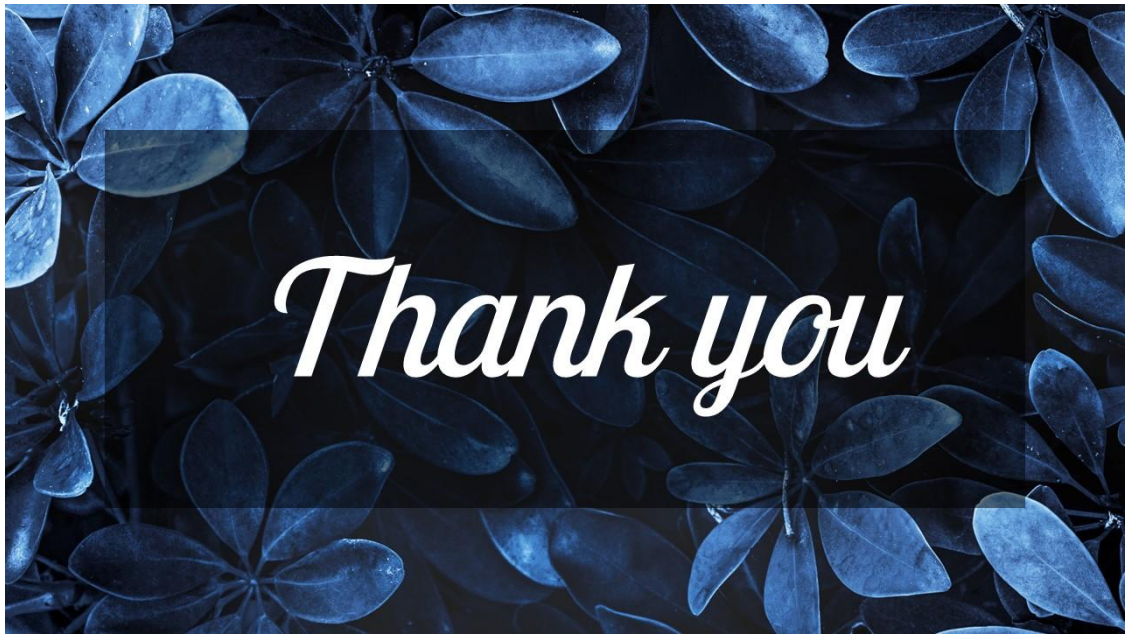
Recommendations For Regulators

- Establish emergency regulatory protocols
- Develop expedited registration mechanisms
- Maintain robust credential verification
- Define exceptional waiver criteria
- Sustain inspection and monitoring
- Preserve continuing professional development

Sign off

- **We learned that good regulation during a crisis is neither rigid nor permissive. *It is proportionate, risk-based and responsive.***
- **We can accelerate registration without abandoning verification.**
- **We can facilitate workforce mobility without compromising professional standards.**
- **And we can adapt the way we regulate without changing why we regulate.**

BECAUSE ULTIMATELY, THE REASON WE REGULATE IS THE PATIENT.


Thank you