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

Building Inclusive and Responsive Regulatory Frameworks

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Introduction

Central Proposition

- Regulatory legitimacy depends not only on the standards imposed, but also on how those standards are developed, communicated, applied, reviewed and experienced.
- Inclusive regulation does not mean lowering professional standards. It means applying appropriate standards fairly, transparently and responsively throughout the professional life cycle.

Why inclusive regulation matters now

- **The African health-professional regulatory environment is changing:**
  - Increasing movement of healthcare professionals across countries and regions.
  - Growth in foreign-trained, diaspora and returning practitioners.
  - Greater diversity in professional education and training pathways.
  - Persistent workforce shortages and unequal geographical distribution.
  - Expansion of digital, private and multidisciplinary healthcare.

Why inclusive regulation matters now

- Culturally, linguistically and socioeconomically diverse populations.
- Increasing recognition of disability and different learning and workplace needs.
- Greater public expectations of fairness, transparency and accountability.
- The imperative of achieving universal health coverage without compromising patient safety.

- **Regulatory systems designed for relatively uniform, locally trained workforces may no longer be adequate for today's diverse profession and population.**

What inclusive regulation means

- Inclusive regulation maintains consistent standards of **competence, conduct and patient safety** while recognising legitimate differences in education, experience, culture, language, disability, professional background and practice context.
- Inclusive regulation brings together four obligations:
  - **Public protection**
  - **Fairness**
  - **Transparency**
  - **Responsiveness**
- Inclusiveness is not an alternative to patient safety. It is part of achieving patient safety fairly and sustainably.

What inclusive regulation means

- **Inclusive regulation is not**
- Preferential treatment
- Automatic acceptance of every qualification
- Lowering professional standards
- Avoiding accountability
- Excusing unsafe or unethical practice
- Requiring identical pathways for everyone

- **Inclusive regulation is**
- Fair and proportionate
- Transparent and explainable
- Responsive to evidence and context
- Accessible and participatory
- Sensitive to disadvantage and bias
- Focused on equivalent outcomes

The two diversity lenses

- Inclusive regulation must address both the diversity of the workforce and the diversity of the population being served.

- **Regulatory questions**
  - Does the framework provide fair pathways for different practitioners to demonstrate the same required standard of competence and conduct?

  - Does regulation ensure that every population group can receive safe, respectful, culturally appropriate and accessible care?

The two diversity lenses

Lens 1: The diverse healthcare workforce

- Regulators should consider differences relating to:
  - Country and institution of training.
  - Professional category and scope of practice.
  - Language and cultural background.
  - Gender and disability.
  - Rural, urban and remote practice.
  - Socioeconomic circumstances.
  - Career breaks and return to practice.
  - Refugee or displaced status.
  - Diaspora and cross-border mobility.
  - Access to technology and professional development.

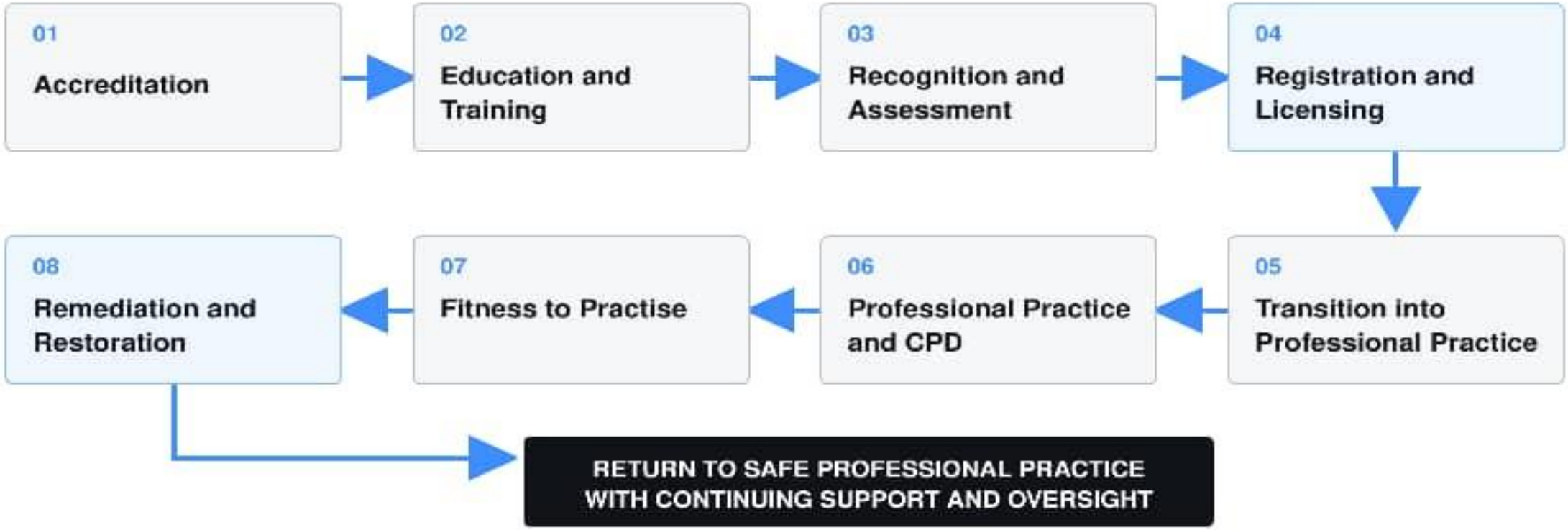
The two diversity lenses

Lens 2: The diverse population

- Regulators should consider:
  - Cultural and religious beliefs.
  - Language and health literacy.
  - Disability and accessibility.
  - Gender and age.
  - Rural and underserved communities.
  - Socioeconomic disadvantage.
  - Indigenous and traditional health beliefs.
  - Stigma and discrimination.
  - Patient participation and community expectations.
  - Unequal access to safe and competent care.

Inclusive Regulation Across the Professional Life Cycle

If inclusion begins only when a practitioner applies for registration, the regulatory system has started too late.



ONE TRUSTED STANDARD · FAIR PATHWAYS · CONTINUOUS PUBLIC PROTECTION

Inclusion across the professional life cycle

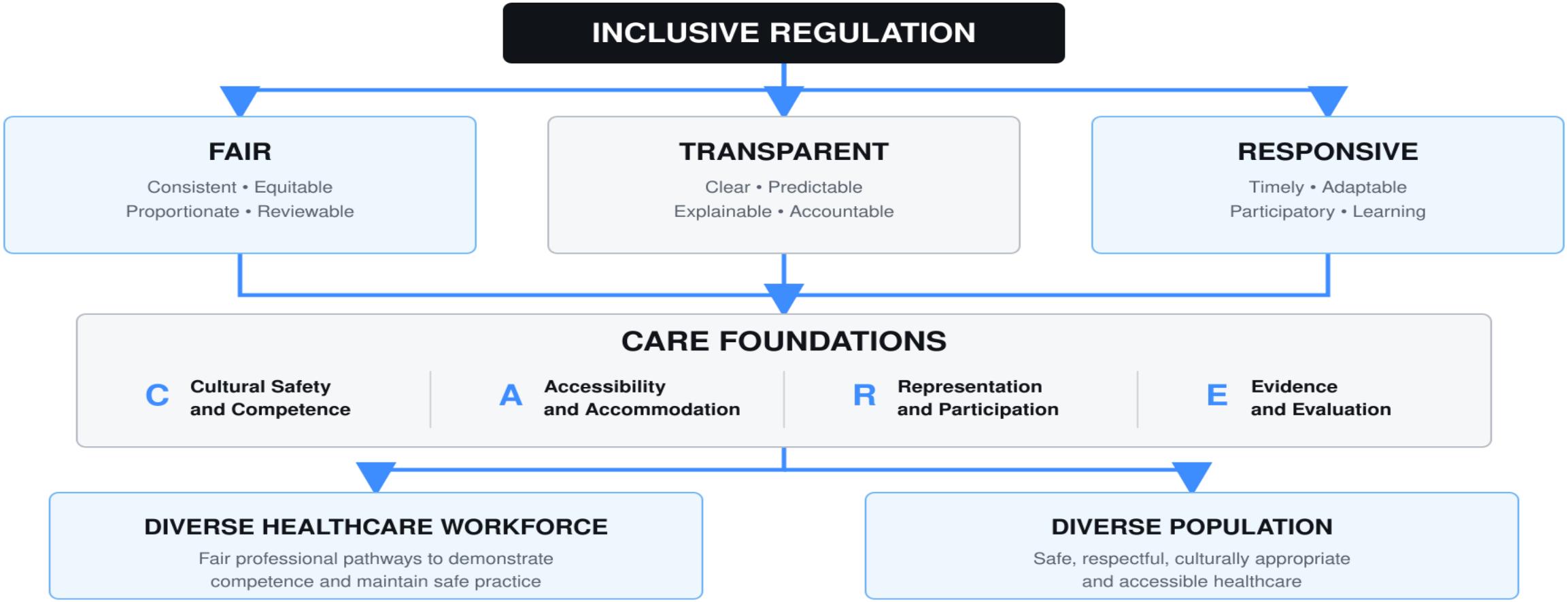
- At every stage, regulators should ask:
  - Are the standards relevant and evidence-based?
  - Are the processes accessible and understandable?
  - Are comparable cases treated consistently?
  - Are decisions proportionate to the actual risk?
  - Are any groups being unintentionally disadvantaged?
  - Can decisions be explained, reviewed and challenged?
  - **Do the outcomes improve patient safety and public confidence?**

The FTR-CARE and BRIDGE Frameworks – MDC,G

- **FTR-CARE** establishes the regulatory standard. **BRIDGE** converts that standard into action. The professional life cycle identifies where action is required.
- The combined framework should produce two outcomes:
  - A diverse healthcare workforce with fair professional pathways.
  - A diverse population receiving safe, respectful, accessible and equitable care.
- The three principal pillars are **Fairness, Transparency and Responsiveness**. These are supported by four cross-cutting inclusion requirements: **Cultural safety, Accessibility, Representation and Evidence**.

The FTR-CARE Inclusive Regulation Framework

Fair, transparent and responsive regulation for a diverse healthcare workforce and population



ONE TRUSTED STANDARD • FAIR PATHWAYS • RESPONSIVE SYSTEMS • SAFER COMMUNITIES

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The FTR-CARE Framework

FAIR regulation

- Fair regulation applies **consistent standards** while allowing equitable and proportionate pathways for people in different circumstances.
- **A fair regulator:**
  - Applies comparable standards to comparable cases.
  - Distinguishes equality from equity.
  - Assesses competence rather than demanding identical educational pathways.
  - Provides reasonable accommodation for disability, language and other legitimate needs.
  - Recognises relevant prior learning and professional experience.

The FTR-CARE Framework

- **A fair regulator:**
  - Uses proportionate requirements, interventions and sanctions.
  - Identifies and addresses institutional and cultural bias.
  - Provides bridging and remediation where deficiencies are correctable.
  - Offers accessible review and appeal mechanisms.
  - Evaluates whether particular groups experience unexplained disadvantage.

The FTR-CARE Framework

- **Four tests of fairness**
  - **Consistency:** Are similar cases treated similarly?
  - **Equity:** Are legitimate differences appropriately accommodated?
  - **Proportionality:** Does the regulatory response correspond to the actual risk?
  - **Redress:** Can the affected person challenge or appeal the decision?
- Fairness does not always require identical treatment. It requires treatment that can be justified by competence, risk and relevant circumstances.

The FTR-CARE Framework

TRANSPARENT regulation

- Transparent regulation enables practitioners, institutions, patients and the public to understand what the regulator requires, how decisions are made and how the regulator performs.
- **A transparent regulator:**
  - Publishes accreditation, registration and licensing standards.
  - Explains qualification-recognition criteria.
  - Publishes fees, documentation requirements and processing timelines.
  - Communicates in plain and accessible language.
  - Provides application-tracking mechanisms.
  - Explains regulatory policy changes and the evidence supporting them.

The FTR-CARE Framework

- **TRANSPARENT regulation**
- Publishes fitness-to-practise procedures and sanctioning principles.
- Declares and manages conflicts of interest.
- Reports regulatory performance and outcomes.
- Makes complaints, review and appeal procedures accessible.
- Explains regulatory policy changes and the evidence supporting them.

The FTR-CARE Framework

- **Four tests of transparency**
  - **Clarity:** Can affected persons understand the rules?
  - **Predictability:** Can they anticipate the requirements, costs and timelines?
  - **Explainability:** Are reasons provided for decisions?
  - **Accountability:** Can the regulator demonstrate and defend its performance?
- **Transparency transforms regulatory authority into regulatory legitimacy.**

The FTR-CARE Framework

RESPONSIVE regulation

- Responsive regulation adapts to changing risks, technologies, workforce realities and population needs while maintaining public protection.
- **A responsive regulator:**
  - Monitors emerging risks and changes in healthcare delivery.
  - Reviews standards when evidence or circumstances change.
  - Consults practitioners, educators, employers, patients and communities.
  - Responds promptly to applications, complaints and safety concerns.
  - Uses different regulatory interventions according to the level of risk.

The FTR-CARE Framework

- **A RESPONSIVE regulator:**
  - Supports innovation without compromising patient safety.
  - Responds to workforce shortages without lowering competence standards.
  - Recognises new forms of education, digital practice and professional mobility.
  - Uses complaints, data and stakeholder feedback to improve regulation.
  - Anticipates rather than merely reacts to regulatory challenges.
  - Evaluates whether policies create unintended exclusion or inequality

The FTR-CARE Framework

- **Four tests of responsiveness**
  - **Timeliness:** Does the regulator act without unnecessary delay?
  - **Adaptability:** Can standards respond to changing circumstances?
  - **Participation:** Are affected persons and communities involved?
  - **Learning:** Does the regulator use evidence and experience to improve?
- **Responsiveness is disciplined adaptation—not regulatory convenience or arbitrary flexibility.**

The CARE foundations

Foundation	Workforce application	Population application
C — Cultural safety and competence	Respect different cultural, linguistic and educational backgrounds; train decision-makers to recognise bias.	Ensure care is respectful, understandable and free from discrimination and harmful power imbalances.
A — Accessibility and accommodation	Make education, examinations, registration and CPD accessible, including to persons with disabilities and rural practitioners.	Make regulatory information, complaints and participation accessible across language, disability, literacy and geography.
R — Representation and participation	Include diverse practitioners, trainees and institutions in regulatory development and governance.	Include patients, communities and underserved groups in setting standards and evaluating outcomes.
E — Evidence and evaluation	Analyse registration, assessment, CPD and disciplinary outcomes across practitioner groups.	Assess whether regulation improves safety, access, trust and equity across population groups.

The BRIDGE Implementation Framework

BRIDGE element	Regulatory commitment
B — Benchmark standards consistently	Establish clear, evidence-based and proportionate standards for accreditation, competence, conduct and patient safety.
R — Recognise qualifications and experience fairly	Assess substantial equivalence, prior learning, experience and competence without requiring identical pathways.
I — Integrate inclusion and cultural safety	Embed accessibility, cultural competence, representation and non-discrimination throughout regulation.
D — Design transparent and responsive pathways	Make accreditation, assessment, licensing, complaints, remediation and restoration understandable and timely.
G — Grow and support professionals	Provide induction, supervision, mentorship, CPD, remediation and leadership-development pathways.
E — Evaluate equity and outcomes	Use disaggregated data, feedback and regulatory review to identify disparities and improve performance.

Applying the Frameworks Across the Life Cycle

Regulatory stage	Fair	Transparent	Responsive
Accreditation	Equitable standards, accessible learning environments and proportionate requirements.	Published standards, inspection methods, decisions and review procedures.	Curricula and standards adapted to population needs, technology and workforce developments.
Education and training	Fair admission, assessment, accommodation and learner support.	Clear competencies, assessment criteria and progression requirements.	Curricula informed by changing disease burdens, community needs and service delivery models.
Qualification recognition	Assessment of substantial equivalence, prior learning and relevant experience.	Published criteria, evidence requirements, timelines and reasons for decisions.	Bridging, supervised practice and competency-assessment pathways for remediable gaps.
Registration and licensing	Consistent decisions, reasonable fees, accommodation and appeals.	Clear requirements, application tracking and defined service timelines.	Streamlined, risk-based and technology-enabled processes.

Applying the Frameworks Across the Life Cycle

Regulatory stage	Fair	Transparent	Responsive
Professional practice	Proportionate standards, inspections and enforcement across different practice settings.	Accessible professional standards and clear enforcement policies.	Regulation adapted to emerging risks, digital practice and local service realities.
CPD and development	Affordable and accessible learning relevant to scope and context.	Clear CPD requirements, recognition criteria and renewal expectations.	Flexible, targeted learning linked to competence gaps and changing population needs.
Fitness to practise	Impartial investigations, contextual assessment, proportionate sanctions and remediation.	Clear procedures, reasons for decisions and restoration requirements.	Timely risk management, practitioner support and learning from complaints.
Restoration	Realistic pathways based on current competence and risk.	Published eligibility criteria, evidence requirements and decisions.	Individualised remediation and supported return to safe practice.

1. Build inclusion into accreditation and training

- **Inclusive learning environments:** Fair admission and assessment, reasonable accommodation, learner safety and support.
- **Population-responsive curricula:** Cultural safety, communication and consent, rural and resource-constrained practice, and digital health.
- **Competence demonstrated through outcomes:** Defined competencies, valid assessment and diverse clinical exposure.
- **Regulatory focus:** Assure graduate outcomes rather than require identical educational models.

2. Assess equivalence without demanding sameness

Recognition should follow a structured pathway

- **Verify:** Identity, qualifications, professional standing and relevant experience.
- **Compare:** Clinical, ethical, communication and scope-of-practice outcomes.
- **Identify material gaps:** Administrative, orientation-related, remediable or unsafe.
- **Choose a proportionate pathway:** Recognition, examination, bridging education, supervised practice or refusal.
- **Explain the decision:** Evidence, reasons, corrective options and appeal.

3. Make licensing a gateway to safe integration

- **A. Efficient licensing:** Plain guidance, published fees and timelines, application tracking and risk-based verification.
- **Explainable decisions:** Timely updates, written reasons and accessible review or appeal.
- **Supported transition:** Local law and ethics, health-system orientation, communication, supervision and mentorship.
- **Responsible mobility:** ethical managed migration, diaspora engagement and regional professional mobility for:
  - Short-term specialist service.
  - Faculty support and training.
  - Collaborative research.
  - Brain circulation and brain-sharing.

4. Regulate for development throughout professional practice

- **Workable standards:** Clear safety duties that are realistic across settings and enforced proportionately.
- **Developmental CPD:** Competence, cultural safety, digital health, leadership and return to practice.
- **Accessible learning:** Blended and workplace learning, audit, reflection and mentoring.
- **Targeted support:** Learning plans, supervision and assessment for correctable gaps.

- **CPD should improve practice—not merely accumulate points.**

5. Make fitness-to-practise regulation just, proportionate and restorative

- **Make the process accessible:** Clear information, accommodation, support and predictable timelines.
- **Classify the concern correctly:** Misconduct, competence, health, supervision or system factors.
- **Match the response to current risk:** Advice, education, support, conditions, suspension or removal.
- **Remediate where safe:** Clear objectives, supervision, evidence, review and restoration.
- Inclusion makes accountability evidence-based and proportionate; it does not excuse misconduct.

6. Measure whether the regulatory system works equitably

- **The regulatory learning cycle**

  - ***Collect data → identify disparities → investigate causes → engage affected groups → implement improvements → evaluate impact***

The FTR-CARE Regulatory Test

- Before introducing, retaining or applying a regulatory requirement, the regulator should answer six questions:
  - **Purpose:** What patient-safety or public-interest objective are we pursuing?
  - **Fairness:** Is the requirement consistent, equitable and proportionate?
  - **Transparency:** Are the standard, process and reasons understandable?
  - **Responsiveness:** Does the approach reflect current evidence, risks and circumstances?
  - **Diversity:** What are the effects on different workforce and population groups?
  - **Accountability:** How will the decision be reviewed, measured and improved?

An AMCOA agenda for action

- AMCOA regulators should commit to:
  - **Reviewing** the entire professional life cycle for unnecessary and unintended barriers.
  - **Publishing** standards, criteria, timelines, fees and reasons for decisions.
  - **Developing** comparable regional principles for accreditation and qualification recognition.
  - **Strengthening** cooperation on credential verification, good standing and professional mobility.
  - **Embedding** cultural competence and safety in education, registration, practice and CPD.
  - **Creating** bridging, supervised-practice, mentorship and remediation pathways.

An AMCOA agenda for action

- AMCOA regulators should commit to:

  - **Making** regulatory information, complaints and appeals accessible.
  - **Including** practitioners, educators, employers, patients and underserved communities in regulation.
  - **Using data** to identify disparities and evaluate regulatory outcomes.
  - **Supporting** ethical managed migration, diaspora mobilisation and regional brain-sharing.
  - **Maintaining** one clear commitment to competence, ethical practice and public safety.

Conclusion

- **Inclusive regulation** is not a concession made at the point of licensing. It is a way of designing the entire regulatory continuum—from accreditation and training to professional development, fitness to practise and restoration.
- Africa does not need rigid uniformity or uncritical flexibility. It needs one trusted commitment to safe and ethical practice, supported by fair pathways, transparent processes and responsive systems for a diverse profession serving diverse communities.
- **Regulation must be:**
  - Fair in purpose. Transparent in process. Responsive in practice.
- **FTR-CARE establishes the standard. BRIDGE converts it into action across the professional life cycle.**

Thank You

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