



THE NIGERIAN ACADEMY OF SCIENCE

Academy House: 8A Ransome-Kuti Road, University of Lagos Campus, Akoka, Yaba
Postal Address: P.M.B. 1004 University of Lagos Post Office, Akoka, Yaba, Lagos, Nigeria
Tel. (234)-1-8508381

E-mail: admin@nas.org.ng **Website:** www.nas.org.ng

Report of the Meeting of Nigerian Medical Education Stakeholders

Held at

The Nigerian Academy of Science

On the 17th of May, 2012

STAKEHOLDERS' MEETING ON THE REPORT OF THE GLOBAL COMMISSION ON THE EDUCATION OF HEALTH PROFESSIONALS FOR THE 21ST CENTURY

INTRODUCTION

The national dialogue workshop was held at the secretariat of the Nigerian Academy of Science, and had in attendance Provosts of Colleges of Medicine, Registrars of several regulatory bodies, and other major stakeholders. The workshop was funded by a grant from the Inter-Academy Foundation to discuss the Health Professionals Education Report by the Global Commission on the Education of Health Professionals in the 21st Century.

There was a brief introduction of the report and the role of the Academy in disseminating the findings of the report. Participants commended the recommendations and highlighted the presence of similar documents within the country, which have called for reforms in the education of health professionals. Also, it was stated that there are several documents that have tried to define the competencies and skills required in medical schools on the African continent and that some schools are already working to incorporate innovative teaching styles into their curriculum. It was agreed that there is a need for medical and health institutes to align their effort to revise the current curricula. However, it was unanimously agreed that funding remains a major limiting issue to reforms in medical institutions across the country. It was also noted that the basic training requirements for all health professionals is determined by the National Universities Commission (NUC) and the individual institutions can then add on more things as the deem fit.

The participants were particularly happy that the Academy had called for this meeting which was a good first step in ensuring inter-professional collaboration and would help to harmonise the ongoing effort by different institutions to revise their training curriculum. A participant noted that, despite being in charge of curriculum development in his organisation for the past four years, he had never attended such an inter-professional forum as this. For the pharmacists, the departments of pharmacology perhaps represent the only department where pharmacy and medical students interacted and were also taught by an interdisciplinary faculty, and consequently gets the best reviews.

After these initial opening comments, the recommendations of the Health Professionals Education Report were then discussed one after another.

DELIBERATIONS ON REPORT RECOMMENDATIONS

1. Adopt a competency based curriculum:

It was agreed that the current curricula at various institutions across Nigeria need to be overhauled to meet present-day standard. They need to be more competency-based. The need for postgraduate and continued professional development was also emphasized. Examples were given by participants about how when they trained in Nigerian medical schools years back they fared better than their counterparts abroad, but the trend now seems reversed.

Hence, participants urged the representative of the NUC to advocate that the Commission supports independent experimentation by allowing different schools develop their curricula, try it out, and review after some time. Over time, the best revised curriculum (having been tested by the institution) can then be copied by other institutions

2. Promote inter-professional and trans-professional education:

It was generally agreed that this was a necessary step in improving healthcare education, and consequently healthcare services within the country. Reference was made to an attempt at pioneering this in Nigeria, the 'Grillo programme' at the University of Ife (now Obafemi Awolowo University, Ile-Ife) – this was soon abandoned and should be reviewed for possible lessons that can be learnt. Two of the participants testified to being trained under the programme and felt that it was a good programme – both added that the abortion of the programme points to the need for institutional and not just instructional reforms. It was reported that the NUC was considering a review of the said programme to see the lessons that could be learnt from it.

It was suggested that more interaction should be encouraged at the training level among the various health professionals. The participants lamented the inter-professional rivalry among health professionals and noted that this was due to the lack of contact among the various groups during training and worsened by wrong indoctrination by the professional associations. The University of Nigeria has tried to encourage better interaction among its students by constituting the 'College of Medicine Students Association which is an umbrella association for all the student groups in its College of Medicine.

The NUC was urged to include interdisciplinary courses as a basic curriculum requirement for the professional regulatory bodies. Such courses should be designed to bring health professionals together and promote inter-professional and trans-professional education. Another suggestion was that the institutions could form umbrella associations involving all students in the college, which will facilitate inter-professional relationship and help address problems such as communication gaps and misconceptions.

3. Exploit the power of IT for learning:

The importance of teaching students with various technological tools cannot be over-emphasized. It was highlighted that several aspects of technological applications such as virtual learning, e-books, etc should be explored. It was emphasized that cost should not be a deterrent, given that patients are increasingly objecting to being used to teach health professionals.

However, several limitations to the employment of technological tools were highlighted, such as the erratic power supply across the country, and the resultant unaffordable cost of generating a stable power supply.

It was recommended that institutions should apply to diverse educational funds in order to support programs to develop and provide the necessary facilities. The regulatory bodies were also advised to re-orientate their visitation teams about these as they are wont to disregard IT tools, such as virtual libraries, when performing their statutory visits to the institutions.

4. Harness global resources and adapt locally:

This was applauded as a useful recommendation and a call was made for proper infrastructural development at health institutions to facilitate student exchange programs – exchange students should not have to be placed in special accommodation but in the same as the other students in the school they

are visiting. There was also a call for proper grooming of professionals and a need to reemphasize professional ethics among professionals.

5. Strengthen educational resources:

Here, the roles of the postgraduate medical colleges become more important in conducting 'train the trainers' workshops. Similarly, the universities need to pay more attention to ensuring their teachers are trained and re-trained in the best teaching methods.

It was noted that there needs to be a focus on in-country training as a number of institutions usually spend a lot sending staff members abroad to learn certain skills. Institutions should be encouraged to identify other institutions that already practice quality competency-based teaching and learning and stimulate a process where they can learn from such innovative institutions.

There is also a need to re-orientate institutions regarding the process of rewarding/recognizing teachers who lead the revolution in the training of health professionals – they may be assessed and rewarded on different terms than just writing academic papers, as is the norm. Institutions were also urged to explore other means of assessing instructors such as involving students in the evaluation process.

6. Promote new professionalism:

While it was argued that it might be difficult to establish / recommend such at this period, it was agreed that ethical values and soft skills of professionals should be emphasized and enforced by professional associations.

7. Establish joint planning mechanisms:

It was noted that there is an increasing culture of movement from academics into the public/civil-service, which is beneficial to collaboration. The snag, however, is that such academics tend not to return to teaching afterwards. Movement in both directions, i.e. between the academia and government, should be encouraged.

8. Expand from academic centres to academic systems:

The state of primary care settings was especially addressed and it was urged that such facilities must be improved in order to encourage needed professionals to expand into such areas. Health training institutions should interact with the real world such as exists with the 'Ibarapa programme' in the medical school in Ibadan.

9. Link through networks, alliances, and consortia

Several suggestions were made for enriching the faculties of the training institutions such as networking with other African faculties. There is a need to develop systems that allow people (business men and field experts) external to an academic department to get involved within the institution, perhaps as associate lecturers. Also, there is a need to stimulate and enhance culture of philanthropy e.g. encouraging various sectors in the community to contribute to medical institutions

10. Nurture a culture of critical inquiry:

The prevailing culture of not allowing children to question adults and having people make unsubstantiated scientific claims seems to be a problem that affects health professionals ultimately and diminish the zest for critical enquiry. Plagiarism is the result among health professionals.

The forum recommended the introduction of critical appraisal of literature among students. Another way to encourage the development of a culture of critical inquiry is to ensure a feedback mechanism from the professionals on the field to their counterparts in the academia such that observed trends and phenomena are further researched.

CONCLUSION

At the end of the meeting, there was a call to ensure that this was not a one-off meeting but that it should be held regularly as it would help to drive the needed changes in the training of health professionals. It would also help to foster better collaboration between the health professional groups. Funding was noted as a challenge to doing this and the participants promised to explore possible funding options with their organizations as well as pleaded with NAS to seek further funding for such.

PARTICIPANTS LIST

S/N	NAME	Position
1.	Prof. Fola ESAN, FAS	Chair – NAS Council Member and IAMP representative
2.	Dr Abdulmumini IBRAHIM	Registrar, Medical and Dental Council of Nigeria
3.	Mrs Tokunbo OLANIPEKUN	Registrar, Nursing and Midwifery Council of Nigeria
4.	Professor Adesegun FATUSI	Secretary-General, Nigerian Public Health Association
5.	Prof Victor WAKWE	President, National Postgraduate Medical College of Nigeria
6.	Pharm. AugustineEZEUGWU	Representing the Registrar, Pharmacists Council of Nigeria
7.	Pharm Umar KAWU	Technical Adviser, Pharmacists Council of Nigeria
8.	Prof Eugene OKPERE	Focal person for medical education, National Universities Commission
9.	Dr Abosede AFOLABI	Representing the Chairman, National Association of Colleges of Medicine (NACOM)
10.	Professor Ayotunde AJAIYEoba	Dean, Faculty of Clinical Sciences – representing the Provost, College of Medicine, University of Ibadan
11.	Professor Basden ONWUBERE	Provost, College of Medicine, University of Nigeria, Nsukka
12.	Dr A.G BAKARI	Representing the Provost, Ahmadu Bello University Teaching Hospital
13.	Dr M. Oladoyin ODUBANJO	Executive Secretary, The Nigerian Academy of Science