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TRAINING FUTURE TRAINERS, THE ROLE OF MEDICAL CONSULTANTS

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Dear editor,

There is the need to rejig medical training in Nigeria so as to maintain the reputable standards and remain internationally competitive. The quality of young doctors produced by our medical schools has fallen short of the standard.[1,2] The blame is partly on the trainees, their trainers, the medical schools and the regulatory agencies. The aim of this letter is to provide insight on the urgent need to upscale the quality of medical education in Nigeria.

The "japa" syndrome (emigration wave) has created a complex situation as many lecturers and consultants have emigrated for greener pastures. Some units and indeed departments have been shut down in our tertiary hospitals due to brain drain.[1,3] Young doctors now abandon the hitherto-prestigious national youth service program (NYSC) and housemanship after completing their medical training. The double-digit inflation means less purchasing power of our salaries and income generally necessitating pursuit of other sources for additional revenue. Many senior doctors now run non-medical businesses thereby having little or no time for medical service delivery and training of junior colleagues. Again, the quest for materialism as demanded by societal norms has also affected commitment to training and service delivery. Doctors of all cadres strive to work additional hours to make more money so as to pay statutory bills, meet societal expectations and fulfil personal demands. Adequate supervision and mentorship is therefore elusive at the moment.

There are 48 medical schools in Nigeria (MDCN, 2023) with an output of 3000-3500 doctors annually (NMA, 2023).[4] The doctor: patient ratio still stands at 1:10,000 which is a far cry from the World Health Organisation's (WHO) recommendation of 1:600.[5] The challenges of medical training in Nigeria .include irrelevant medical courses, students' burnout syndrome, biased administrative processes, paucity of technologically-advanced teaching aids, increased workload of lecturers, difficulty in standardizing examinations and reduced trainees

interest in acquisition of knowledge and skills. There is now a strange zeal to acquire the certificates and zoom-off to other climes. Most medical curricula have been in use for several years and need to be reviewed in tandem with international educational guidelines. The national universities commission has indeed in recent times carried out some review[6] but more need to be done. Next is the controversial issue of professional bullying which is usually counterproductive. It is an antiquated tradition that should be jettisoned. Trainees need mental stability, job satisfaction and enabling environment for optimal knowledge acquisition.

Undergraduate training has since commenced at the Federal Medical Centre, Umuahia (FMCU) since the signing of a memorandum of understanding between the FMCU and Gregory University, a rapidly growing private University in Uturu, Abia State with the clinical departments in Umuahia. The faculty of health sciences is affiliated to FMCU and majority of the clinical lecturers are domiciled therein as well. The first batch of seventeen medical doctors were sworn in December 2023 while the second batch were inducted in September 2024. It is ideal to contribute to both preclinical and clinical teachings as well as clinical rotations despite the apparently small honorarium accruable. It is a solemn duty by all doctors especially consultants to mentor these students as they are the doctors for the future. The postgraduate medical colleges have corroborated this view as they frequently organise some training of trainers (TOT) program quite frequently to enhance teaching capacity of consultants. More so, in teaching others, we get better!

Residency training started at the University College, Ibadan in December 1960. It is currently regulated by the National Postgraduate Medical College(NPMCN) and the Medical and Dental council (MDCN).[6] Challenges of regulation exist but is beyond the scope of this discuss. The quality of training is also nose-diving due to a myriad of problems. Arresting the brain drain and utilizing the brain gain phenomenon will be beneficial. Early career doctors (ECDs) have peculiar challenges as shown by the CHARTING 11 study.[7] ’[8] The ECDs are members of National association of resident Doctors (residents and medical officers). They are faced with multifaceted problems of demography, security challenges, family needs, poor remuneration, workplace inadequacies and psychological issues. These factors drive the emigration wave currently sweeping through the profession. Tackling these challenges are

enormous and require good government policy statements and actions. Early career doctors' workplace and training needs are enormous lately. Waiver, update courses, research methodology workshops and ethics training fees as well as examination fees have been increased by more than 100%. The Medical residency training act annual funding is no longer adequate.

The residency training committee of FMCU developed the guidelines on medical residency training (GOMERT) in 2020 in a bid to maintain standards and streamline training modules for specialist training. This, coupled with the current wave of pursuit for accreditation for all clinical and indeed laboratory medicine departments by the management of FMCU is a very welcome development. Trainers are therefore expected to give in their best in training future trainers with the fertile ground already provided. The need for intercalated residency training program like Master's degree (in other disciplines), MD, Ph.D. and diploma in other specialties makes the specialist marketable in the political and administrative circles and strengthens administrative, cognitive, financial management and leadership capabilities. More so, doctors have competitors who are poised on taking over the mantle of leadership of our healthcare institutions. We must, therefore, stand tall to maintain astute leadership roles. Consultants need sub-specialty and super-subspecialty certifications as well. A popular saying states that birds do not clash in the sky!

The medical consultant is the pillar of medical education. The trainers are key in designing the curriculum, implementing mentorship, maintaining discipline, ensuring support and time-bound guidance and instituting "off-pitch" training (in peripheral hospitals).[7] [8] They conduct periodic assessment, updates and examination guidance as well as organize mock orals and book/dissertation defense. Consultants are the trainers as well as examiners of internal assessments as well as postgraduate College examinations. They are absolutely necessary for accreditation of departments for training.

Therefore, we recommend an upward review of remuneration of lecturers and consultants, appropriate distribution of residents according to areas of need, payment of MRTF (and periodic upward review) as and when due, mentorship, support during accreditation, moral and psychological support and financial guidance where feasible.

Thank you erudite editor of this fast growing journal for this communication.

Yours sincerely,

Dr. Mbamba, Charles Chukwudi

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