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The State Of Residency Training In Nigeria – Resident Doctors' Perspective

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***Abstract*— Residency training program is a supervised specialist medical training. The duration varies from specialty to specialty with a training period of 4 to 6 years for most specialties, and 7years for Otorhinolaryngology(ENT) and Neurosurgery1. The quality and seriousness of this training also varies from centre to centre. This study is set out to determine the state of residency in training centres across Nigeria.**

METHODOLOGY: This study was carried out from 2012 to 2014 by use of semi-structured questionnaires and telephone interviews of the presidents of association of resident doctors in 31 Teaching Hospitals, Federal Medical Centres across Nigeria. These presidents in turn interviewed various residents in their centre who are in different specialities to ascertain the state of things in those places.

RESULT:This reveals irregular intake into residency training by 71% of centres, inadequate consultants in 51.6%, lack of modern or functional MRI in more than 90% and CT scan in greater than 70% of centres. 54.3% of resident doctors are not getting adequate hands on experience.

CONCLUSION:Even though residency training started about 54years ago, the quality of training is not yet adequate as perceived by the trainees themselves. There is need to improve on equipment procurement, trainers employment and quality of supervision of residents.

***Index Terms*— Residency, Hands-on, Improvement.**

I. INTRODUCTION

Residency is postgraduate medical training allowed only for graduates who have acquired MBBS or MB,BCH and BDS degrees , have gone for mandatory youth service and fully registered by the Medical and Dental Council of Nigeria to practice medicine.Residency training program is a supervised specialist medical training. The duration varies from specialty to specialty with a training period of 4 to 6 years for most specialties, and 7years for Otorhinolaryngology(ENT) and Neurosurgery[1].

In Nigeria, the journey of residency training started in Ibadan with the first council meeting of Association of Surgeons of West Africa(ASWA) in December 3, 1960

This was later to become the West African College of Surgeons (WACS) in 1973 and West African Postgraduate Medicine(WAPMC) in 1975.

National Postgraduate Medical College (NPMC) was later started by a decree in 1979.

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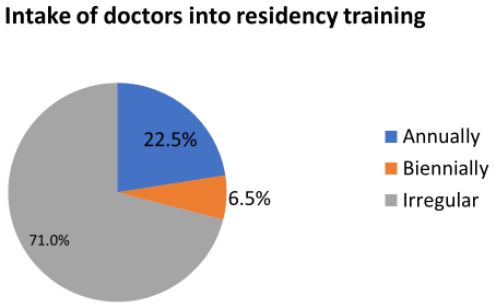
There are very few literatures describing the general state of residency training in Nigeria.

The aim of this study was to determine the present state of residency training in Nigeria as seen by the trainees themselves. It was hoped that the findings will help in determining the areas of need and in policy making.

II. MATERIALS AND METHODS

This cross-sectional study was conducted using asemi-structured self administered questionnaires and telephone interviews to collect information from the ARDpresidents or their representatives of 31 residency training centres in Nigeria. They, in turn, interviewed several resident doctors in different specialties in their centres and synthesised the information submitted in the questionnaire and telephone conversation. The seriousness of the training in these centres were assessed using different parameters like availability of equipment, trainers, hands-on experience, supervision and relationships of trainers with their residents. The data was analysed using the excel spread sheet. The results were presented using standard charts.

RESULTS



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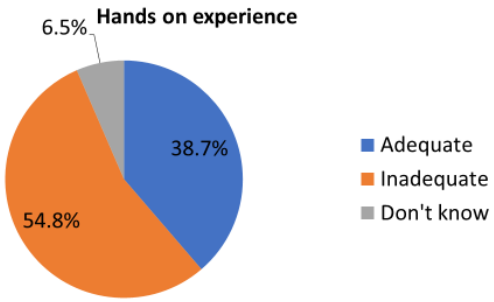

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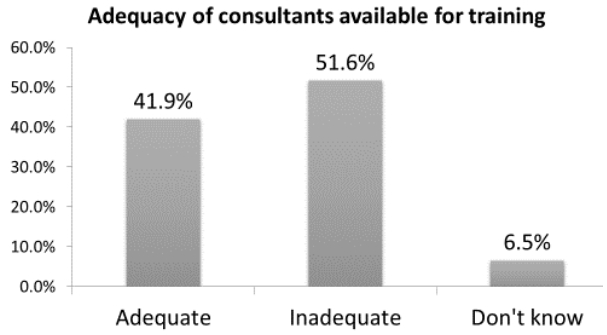

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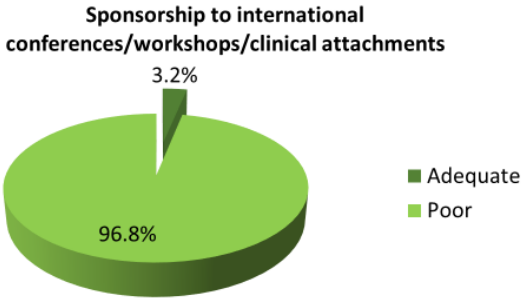

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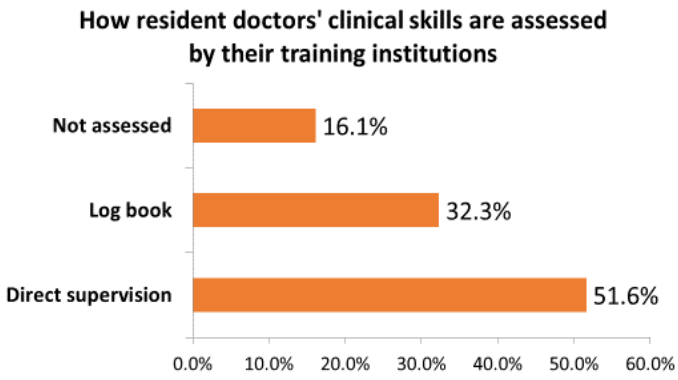

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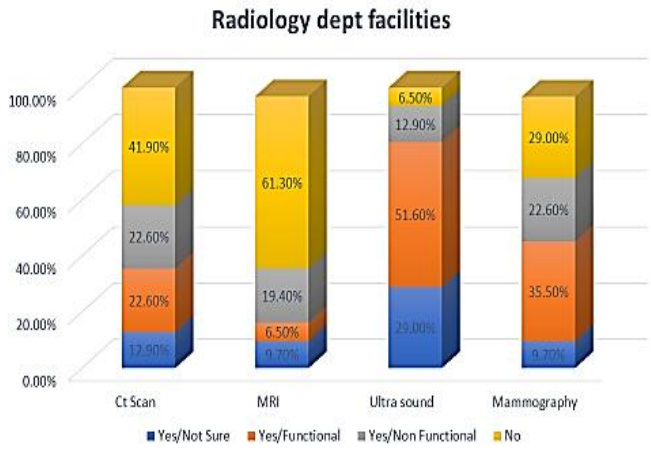

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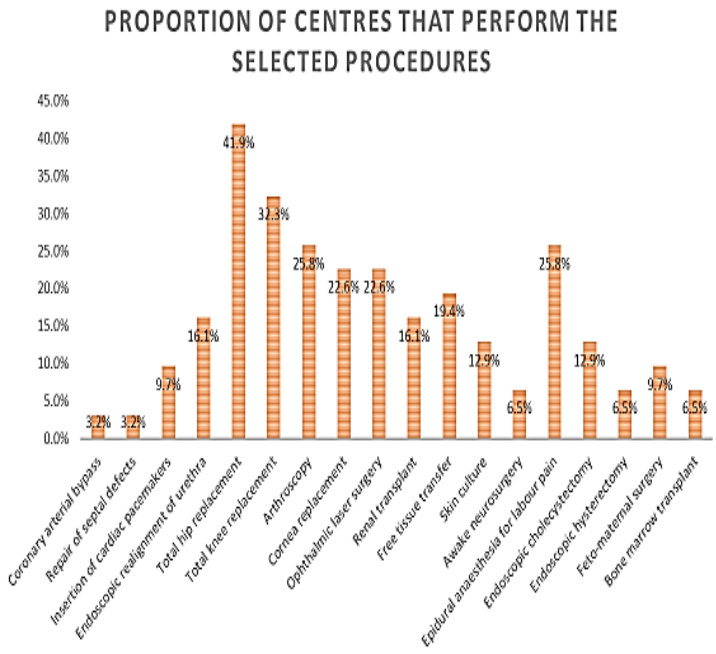

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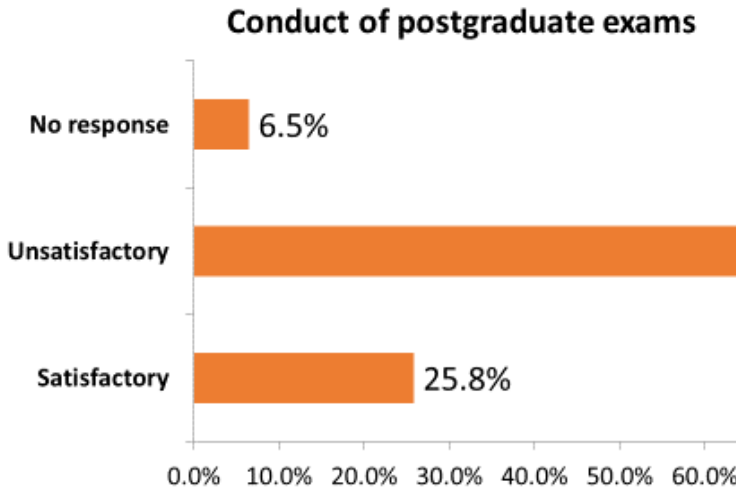

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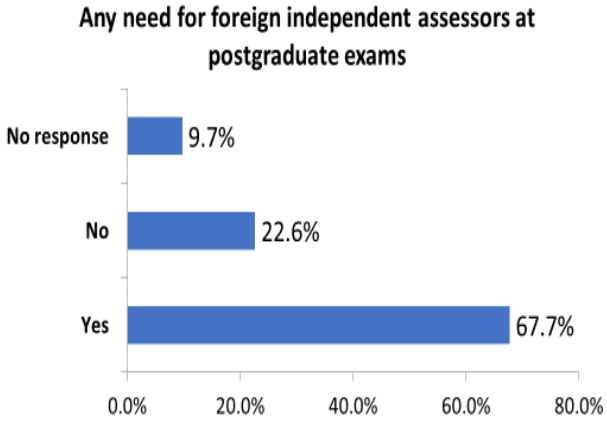

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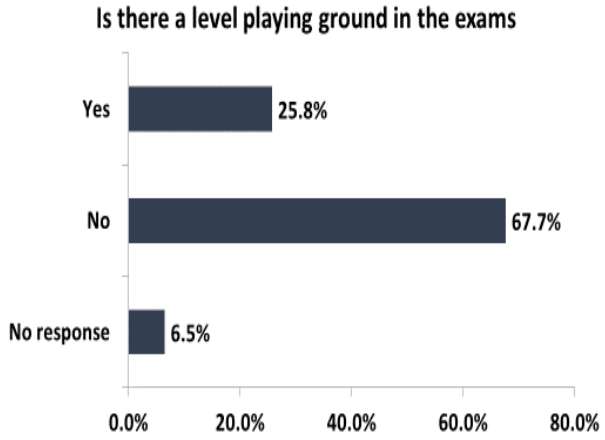

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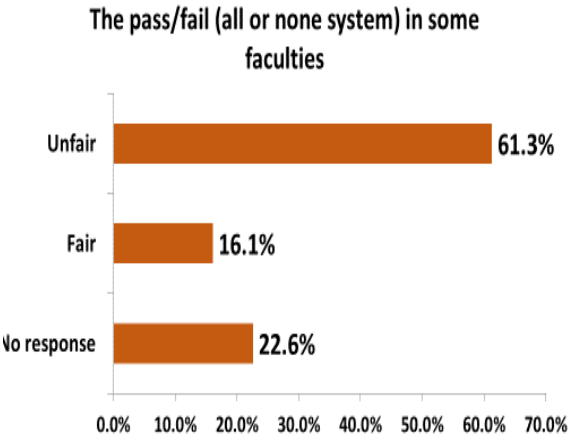

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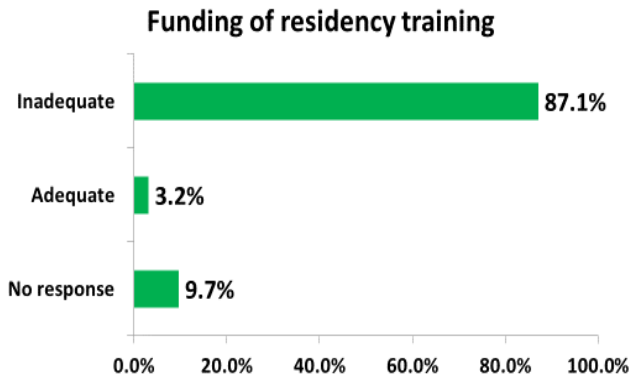

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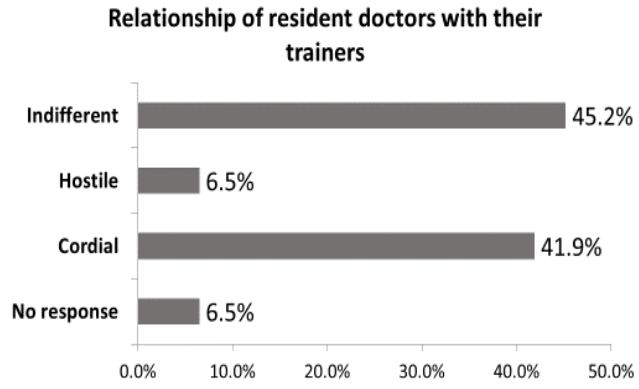

FIG. 13

III. DISCUSSION

The number of people seeking residency training in Nigeria has increased over the last 10years. The motivation toward enrolling into residency training range from increased remuneration, quest to become specialists in one's specialty, status it confers on the individual and the desire to perform certain procedures which would advance healthcare generally.

It was noted that intake into residency training has been irregular in 71% of centres studied(fig 1). Apart from irregular intake,51% of the centres had inadequate number of trainers(consultants) falling short of the prescription by Medical and Dental Council of Nigeria(Fig 2)[3].

Hands on experience is a problem in 54.8% of centre studied(fig 3). This, they claim, affect their quality of training.

Only 3.2% of centrehave sponsored their residents to international conferences and workshops, reducing the ability of these resident to be exposed to international best practices(fig 4).On the quality of supervision of residents activities and work, 51.6% of centers submitted that their clinical skills were assessed by direct observation of their trainers. 32.3% get assessed by means of log books which show the work they have done during their period of training. Only 16.1% say they do not get any form of assesment. They just work and go for examinations when it is time for it(fig 5).

Many resident doctors in Nigeria pass through their specialist training without acquiring the basic skills of a specialist. Some of the procedures which many are expected to have observed or done before their exit examinations are not offered in some centres either due to lack of experienced personnel or due to absence of required equipment as demonstrated in this study(fig 7) .Residents undergoing radiology training in 60% of the centres have CT scans but only 20% of them are functional.

Only 19.4% of centres have functional MRI(fig 6). This is consistent with the findings AA Adeyekunin 2010 showing that 60% of his respondents had ultrasonography as the only regularly functioning radiology equipment for their training[5].Less than 50% of centres offer specialised procedures like renal transplant, corneal transplant and awake neurosurgery, laparoscopic surgeries and total hip and knee replacements(fig7).

Examinations are integral part of residency training, and to progress to any stage, a major professional examination takes place. In this study, resident doctors are not satisfied with the conduct of the examination. As many as 67.7% believe that there is no level playing ground for all candidates. Some opined that the candidates at the examination centres have upper hand than those coming from outside the centres. Again, 61.3% of respondents also believe that the scoring system in some faculties in which candidates are made to repeat the whole exams even after passing some stages of it is unfair.

Not a few of the resident(67.7%) wish for international or foreign observers/examiners to be part of our examination proceedings since they believe that it will improve the examination objectivity and largely remove bias in the process and make it more transparent.

Surprisingly, only 6.5% of our residents believe that their relationship with their trainers is hostile.

In terms of funding,87.1% of centres affirmed that they are poorly funded. Only 3.2%centres are adequately funded correlating with the percentage of those who have sponsored their residents for international conferences(fig 4). This poor funding was noted by Ameh et al as contributing to the poor training of residents in specialties[8].

IV. CONCLUSION

Despite the efforts being put made to improve residency training in Nigeria, the findings above show a poor state of training in terms of funding, facility, exposure, trust and manpower[6].

There is need to revamp the residency training in Nigeria to meet up with the present challenges of healthcare in Nigeria and beyond.

V. RECOMMENDATIONS

1)Apart from the infrastructural(Anatomical) development of our training centres, the provision of basic diagnostic, therapeutic tools and employment of skilled manpower(Physiology) to improve the practice and training is most important .

2) Health is wealth but training of resident doctors who are expected take over the leader of the healthcare system in the nearest future, has **NO BUDGETRY ALLOCATION!!**

The Honourable Minister of Health create a separatefunding for Residency Training in the budget[2].

3)The conduct of postgraduate exams should be done in such a way as to give all candidates a level playing ground and reduce the influence of examiners' emotional state on the exams to the barest minimum.

There is need to improve transparency and objectivity at every level of the postgraduate examinations.

4)As desired by respondents, and as being done by the West African College of Physicians, other Colleges should invite external examiners from Royalor American Postgraduate Colleges to observe and participate in the postgraduate examinationto improve our image , earn trust of the residents and entrench credibility in the examination process.

5) Hands on experience should be priority for all residents and especially those at the exit level.

VI. ACKNOWLEDGEMENT

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DrLawal Ismail, NARD President 2012

DrOnayemiKunle,NARD Secretary 2012

Dr (Mrs) C.C Nwachukwu, FWACP(PH)

DrSigbekuOpeyemi, Residency Training Committee Sec. 2012 to 2014

Dr Tope Farombi, Residency Training Committee member 2012 to 2014

All ARD Presidents and Secretaries 2012 to 2014

REFERENCES

[1] West African College of Surgeons Prospectus 2003
[2] Residency Training Manual, University College Hospital, Ibadan. 2010
[3] Medical and Dental Practitioners Act (MDPA); Cap M8; LFN; 2010
[4] Report of The Ministerial Committee on Review of Residency Training. 2011
[5] Adeyekun AA Residents' perception of postgraduate radiology training in Nigeria WAJM 29(5)2010
[6] Ogundipe OA, Olagunju AT Et al Burnout among doctors in residency training in Tertiary hospital Asian journal of psychiatry 10, 27-32,2014
[7] Adebamowo CA, Ezeome ER Et al Job stress associated with surgical training in Nigeria African Journal of medicine and medical sciences 27(3-4) 233-237,1998
[8] Ameh EA, Adejuyigbe O Et al Paediatric Surgery in Nigeria Journal of paediatric 41(3),542-546,2006
[9] Ocheke AN, Ekwempu CC Et alUnderutilization of vaginal hysterectomy and its impact on residency training. West African journal of medicine 28(5),2009
[10] Yusufu LMD, Ahmed A Et al Residency training program : perceptions of residents, Annals of African medicine 9(2) 2010
[11] Ndom RJE, Makanjuola AB, Percieved stress factors among resident doctors in Nigeria Teaching Hospitals AJM Vol 23(3) 232-235 2004.