

Domesticating Medical Residency Training Act; The role of the resident, RSUTH, and the Rivers State Government

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Preamble

I am extremely delighted to be invited by my very own Association as the keynote speaker. I am indeed, very grateful to my teachers and this institution for training me to be what I am today. Notwithstanding there was no Residency Training Act, sponsorship or funding, the platform for training was zestfully expressed to help us grow.

Keywords: Medical Residency Training Act, Association of Resident Doctors, Rivers State University Teaching Hospital, Port Harcourt .

I. INTRODUCTION

Medical Residency training is an advanced and specialised medical training for medical practitioners in various fields of medical and dental science geared toward the production of medical and dental specialist and subspecialist under the supervision of a constituted body or board.

According to Okonofua (2018), postgraduate medical education started in 1973 in Nigeria, with the establishment of the West African College of Surgeons in 1973. Before then Nigerian doctors seek postgraduate medical training in the USA, UK, and other European countries (Danmole and Adeniji 2011), and after their training in USA and Europe some of them returned home while a large number never returned creating more vacuum in the health care delivery system. The aim of establishing the training was first and foremost to provide high standard medical manpower for the need Nigerians and discourage the increasing trend of brain drain wherein doctors leave the country for greener pasture. This increasing trend was encumbered with other socioeconomic and environmental factors. The training in Nigeria is under the supervision of the National Postgraduate Medical College of Nigeria or its equivalent the West African College of Surgeons or Physicians. The first Primary Examination (then called Basic Science Examination) took place in May 1972 while the first Part 1 examination held in November 1973 in internal medicine.

National Postgraduate Medical College of Nigeria started as National Medical College (NMC). At the Annual General Meeting of the Nigerian Medical Association held in 1971, Professor Adeyemo Elebute moved a motion for the establishment of a separate body to conduct postgraduate training in Nigeria. This motion led to the formation of the *National Medical College* been the first medical postgraduate education nomenclature in Nigeria (Okonofua, 2018).

“The Decree establishing the National Postgraduate Medical College was signed into law by General Olusegun Obasanjo on September 24, 1979. The Decree provided for the establishment of (1) 13 Faculties, each with a Faculty Board and Faculty Board of Examiners; (2) a Senate that supervises academic programmes; and (3) a Governing Board that oversees the financial, administrative and management policies of the College. President Shehu Shagari formally inaugurated the College on February 19, 1984” (Okonofua, 2018).

II. OUR EXPERIENCE IN BMSH (NOW RSUTH)

To build a better understanding of the concept it will be of the essence to chronicle the journey of residency/postgraduate training in this institution. This will create a good foundation for this discuss; Domestication of residency training.

The department of family medicine singled out itself to start postgraduate medical training on March 1st 2001 in affiliation with sectional consultants from University of Port Harcourt Teaching Hospital (UPTH) and University of Calabar Teaching Hospital (UCTH) where most rotations undertaking. The department was fully accredited for training in March 2003 wherein general hospital Bori, primary health centre Churchhill and Neuropsychiatry hospital were co-opted to be part of the programme. The ability of the department to kick start training was born out of the special interest of the then Commissioner for Health Hon. Chief (Dr) Emi Membrane Otaji.

In 2008 the hospital was formally declared a specialist hospital with the formal inception of residency training. Before this declaration, the Department of family medicine has trained 3 personnel to the consultant cadre. Dr (Mrs) Chiwen Atata became the first. During this period the hospital was still under the supervision of the Rivers State Hospitals Management Board. Medical residency training having been inaugurated, interested doctors in the state service with and without primaries (primary fellowship examination pass) were interviewed and transferred/posted to Braithwaite Memorial Specialist Hospital-BMSH) now Rivers State University Teaching Hospital Port Harcourt (RSUTH) to start residency in 2009 in the following Departments: Family medicine, Radiology, Obstetrics and gynaecology, Surgery, Paediatrics, Internal medicine and Anaesthesia.

Doctors who were in other centres were also mandated to return back to the hospital to build up the training. This era became the new dawn for the hospital and formal recognition of the hospital as a training institution.

Sooner than later Radiology got full accreditation with the West African College of surgeon in 2008 and later with the National Postgraduate Medical College of Nigeria. Radiology was then followed by the department of Obstetrics and gynaecology with a full accreditation with the West African College of surgeon in 2010. Whereas, Paediatrics had partial accreditation in 2014 and later full accreditation in 2017 with the WACP.

Anaesthesia had accreditation to undertake diploma certificate. The departments of surgery, Internal Medicine, labouratory Medicine, Ophthalmology, ENT and Community Medicine have not intended to seek accreditation as at this presentation. As at today, the hospital has trained 7 consultants (2 in Radiology and 5 from family medicine), 26 senior registrars (in Radiology, O&G, and family medicine) as well as 2 Diplomas in Anaesthesia. Figure 1 shows distribution of trainee and trainers in RSUTH.

Radiology department became the first department to train personnel from junior residence to consultant cadre in the new dispensation without undertaking posting or subspecialty training in other affiliate canterers. I became the first person to begin training and conclude training in BMSH.

During these periods and up till now there is no form of sponsorship, no funding and the hospital basically render services at the expense of training and research, making academic programme even more difficult.

Supervision was poor and all of these were accentuated by administrative bottle necks between the RSHMB and the MOH. Today the hospital has been liberated and has become a teaching hospital saddled with the responsibility of training and service. Despite the diverse challenges the institution has made a snail pace progress. The benefits of medical residency training range from:

1. Improving long tern manpower development,
2. Opening of doors to supranummenary residents who services
3. provides short term manpower relief /support.
4. Reduction of the increasing trend of brain drain and medical tourism, thereby growing the economy of the state.
5. Research cannot be separated from training. And without research there will be no sustainable development. This implies that residency training will open rooms for research through which our institution can obtain funding in the form of grants and donation from agencies and international partners.

MEDICAL RESIDENCY TRAINING ACT

June 28th, 2018 was a remarkable day when President Muhammadu Buhari accented to the Medical Residency Training Act 2018 making it a law of the of the Federal Republic of Nigeria which builds a framework to which specialised medical manpower can be built to meet the medical personnel need of the country.

The law clearly spells out who is a resident doctor, duration of training, Funding, sponsorship for the training, exit from the training as well as the roles of government, the training institution and what is expected of the trainee. It also harmonizes the training in the country to avoid the ambiguity of diverse interpretation from various CMDs.

Section 7 (1) and (2) of the law so stipulates that trainee is entitled to sponsorship for examination and update courses.

Section 8 subsection 2,

(i) of the law clearly states that there must be national budgetary allocation and

(ii) 20% of the funding should be from the training institution.

It will no longer become a sought of favour for the trainee when giving aids to enable him or her attend update courses or examination. This discussion has occupied the front burner in this evolution of residency training in Rivers State University Teaching Hospital (former Braithwaite Memorial Specialist Hospital). As we speak the Resident doctors are still expecting the grant promised them by the government.

Nigeria is a federation and has the states as federating units even though it is not applicable in certain aspects of governance. Good political scholars will say federalism has diverse modifications as we practise in Nigeria. Therefore, when a law is passed in the National Assembly, there is a need for domesticating the law. Domestication of a law in a State simply implies accepting the law to be applicable in context and content. Making the law or legal instrument recognised and enforceable in the state jurisdiction as originally issued or enacted.

III. THE ROLE OF THE RESIDENT

The Resident doctor is the focus of this discussion. Apart from getting the prerequisite for acceptance into the programme the role of the resident is to make good use of the opportunity to obtain the required training and start training others in return. The era where a Resident doctor thinks the programme can take as many years as necessary is gone. The law clearly stipulates duration and eviction time. The Resident doctor has a role to ensure that activities that will truncate the programme are avoided or reduced significantly to an achievable minimum.

IV. THE ROLE OF THE RIVERS STATE UNIVERSITY TEACHING HOSPITAL

The evolution of the hospital from the state of Specialist hospital to teaching hospital has redefined its status. The hospital is therefore not only a service rendering centre but a training and service centre. The task is therefore enormous but in the context of this discussion the hospital is meant to provide its statutory 20% for the training programme as stipulated in the law. The hospital is meant to draw out its yearly budget for training and send same through its board to the Ministry of health and House of Assembly for appropriation. The hospital must also ensure that after appropriation of such budget the funds are released for the funding of the training.

The Teaching hospital board is the instrument that should play an advisory role to government interterm with the requirements of training. The hospital management also has to also partner with other regulatory bodies to ensure the atmosphere for training is conducive. Adequate and befitting call rooms, offices for consultants, recreational activities and accommodation is required for effective training.

As at today the departments of surgery, Internal Medicine, laboratory Medicine, Ophthalmology, ENT and Community Medicine have not intended to seek accreditation as at this presentation. This should not be the narrative in the next 6 months.

V. THE ROLE OF THE RIVERS STATE GOVERNMENT

I sincerely appreciate the fact that successive government in Rivers State have tried to zestfully give concert expression to medical residency training but due to lack of legal framework for the training their inputs yielded not the much desired results.

During my tenure as the president of the Association of Resident Doctors in Braithwaite Memorial Specialist Hospital we had to contend with the state government with respect to training and the then Commissioner for Health told us that, Government is doing us a favour to open a platform for training that the training can be stopped if we further our quest for a better training condition.

However, if there was a Medical Residency Training Law domesticated in the state that discussion could have been challenged. The issue was not to challenge the statement but the discussion would have been more mutual and forthcoming.

The whole essence of government is to safeguard lives and properties. The only sure way to get your own expertise is to produce them locally. If we hinge our hopes on foreigners one day they will leave and we will be left with nothing. We therefore cannot shy away from the crystal truth of intensifying training in the RSUTH for a sustainable manpower development. This is long overdue and government has no other excuse than domesticate the law in the state.

VI. CONCLUSION

There is no ambiguity in the residency Act. The Act has set in place the minimum requirement for a unified residency programme in the country. The law also recommends that the training be reviewed every 4 years to accommodate international best practises.

We can use this pedestrian to build even a more robust residency training programme, subspecialization and super specialization in Rivers State. Making the state a medical tourist centre..

IV. RECOMMENDATION

I recommend that the Chief Medical Director and the management board pursue the domestication of the law in the state.

This will improve training and produce medical and dental specialists of the highest standards who will provide world class services in teaching, research and healthcare delivery in Rivers State.

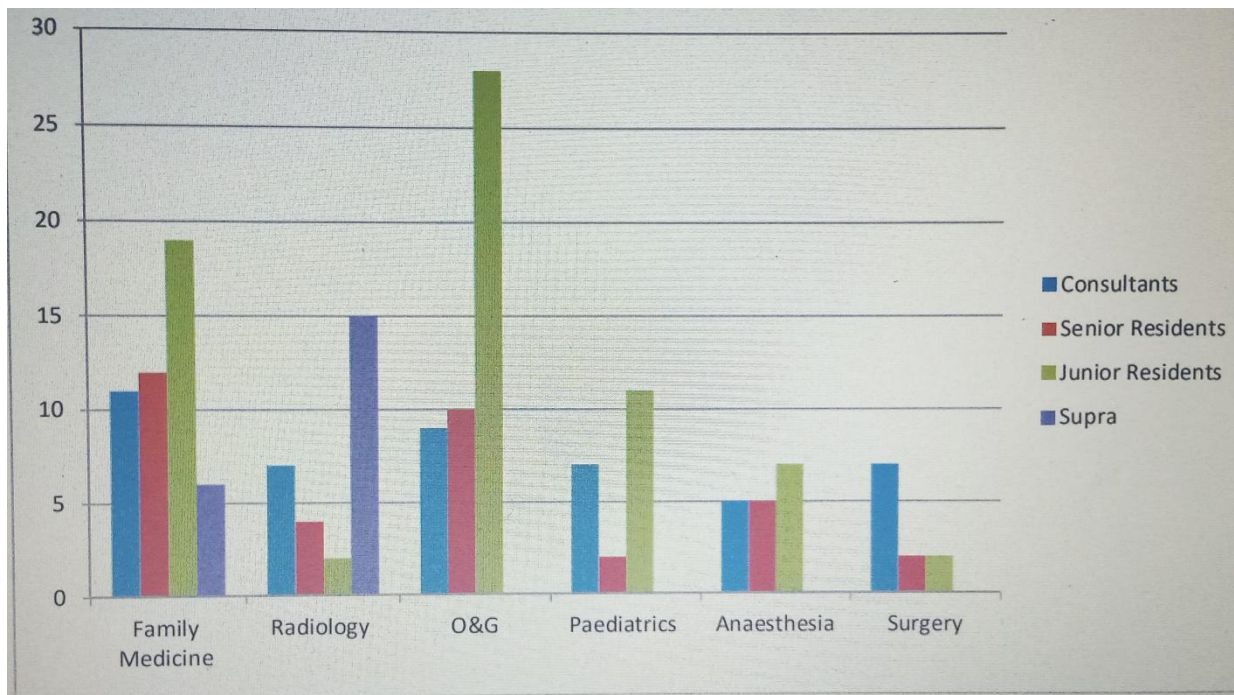


Figure 1. Distribution of trainee and trainers in RSUTH

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