EDITORIAL

Improving the Quality of Residency Training in Nigeria

The primary objective of the residency training programme in Nigeria, as conceptualized by the founding fathers, is to produce highly trained doctors who have acquired competence in the current practice of a given branch of medicine in a manner relevant to the health care needs of Nigeria [1,2]. A revisit of this foundational objective has become necessary in the light of current realities about residency training in Nigeria, the on-going reforms and the necessity of a vibrant health care system to the actualization of the Millenium Development Goals in Nigeria.

The residency training programme in Nigeria has, over the years, produced world-class clinicians, medical scientists and teachers apart from meeting the specialist manpower needs in the Nigerian health sector. Today, undergraduate medical education is under review with a view to improving the quality if its products who naturally become the raw materials for residency training. There is also a growing quest for postgraduate medical education and specialization because of the growing population of medical graduates, prestige and better remuneration for specialists and an increasingly competitive practice environment made worse by globalization and fluidy transcontinental migration.

At the core of residency training are the key values of acquiring competencies and professionalism that meet up with international standards [1,2,8]. These core values are currently under threat in the Nigeria-based training programmes. There is, therefore, an urgent need for all stakeholders to join hands to improve the quality of our residency training.

The resident doctor is the central figure around whom residency training revolves. He needs to ascertain and regularly remind himself of his purpose for joining the programme.

He must strive to be the ideal resident [3,4] in order to actualize the core values of acquiring necessary competencies and professionalism. The resident doctor must apply himself in self-directed, practice-based learning and get involved with research alongside rendering clinical services and teaching medical students.

Attitudes need to change. The losses that accrue from strike actions far outweigh any monetary gains. Better ways of resolving misunderstandings should be fashioned out. Associations need to give priority attention to training-related matters in their negotiations with hospital management and government.

The residency training programme must be run in training centres in a structured manner such that each resident follows a roadmap developed in conjunction with his trainer(s) with specific time-related objectives in focus and in a way that specified time periods are allocated for study and research besides meeting the obligations of clinical duties. This sort of structured programme will readily accommodate, for those interested, the pursuit of academic degrees such as MSc ,PhD and MD during the programme [5]. This will enable the resident develop multi-faceted competencies that will prepare him adequately for his future roles as a consultant, researcher, teacher and manager..

The Hippocratic oath [6] suggests a patriarchal relationship between the trainer and his trainees. True mentoring requires a father's heart. There should be reciprocal respect and total loyalty on the part of the trainee. This type of trainer-trainee relationship will enhance a more effective training process.

Improving residency training in Nigeria requires some paradigm shifts in policy. While it may not be very easy to re-instate the erstwhile mandatory one-year abroad programme for all residents post-part one, it is nonetheless very important for all trainees to have some measure of international exposure. It is instructive that some training centres

in the West with state-of-the-art facilities consider it necessary for their trainees to have relevant "third world experience". A policy of exchange programme with better-equipped centres abroad in specific specialities can be adopted into the structure of our training programmes. This model has been successfully utilized in the training of obstetricians and gynaecologists in Ghana with resultant positive impact on undergraduate medical education and delivery of relevant health services [7].

There is also the need to incorporate a foundation programme for all fresh residents that will enhance the development of core or generic skills which will then grow with the individual trainees as they progress through residency training.

There is the need to establish a national postgraduate medical education and training board that will act independently of government to set the standard for postgraduate medical education and training. This board will also facilitate and supervise the education and training process, strengthen the position of the postgraduate colleges in relation to the federal ministry of health and the training centres. The board will also ensure through necessary monitoring and evaluation mechanisms that standards are adhered to.

Finally, there is need for improved funding. While the recent efforts of the government at revamping facilities in our teaching hospitals is commendable, there are yet other numerous aspects of our training that require improved funding. There should be special training and research grants available to residents and administered through their supervising consultants. Working conditions should be optimized through the provision of adequate and comfortable accommodation, constant power supply and efficient internet facilities.

In conclusion, there is a global concern about improving the quality and safety of clinical practice. This has necessitated the adoption of global standards at all levels of medical education by the World Federation of Medical Education [8]. The residency training programmes in Nigeria must strive to meet up with these standards. All stakeholders including resident doctors, their trainers, training institutions, postgraduate medical colleges and government should adopt changes that will make possible the attainment of these standards.

R.O Akinyemi
Editor-in-Chief

REFERENCES

1. Osuntokun B.O, Osunkoya B.O. Postgraduate Medical Education in Developing Countries. The Ibadan Experience. Br. J. Med Educ.1974;8:69-73.

2 Olumide Y. Postgraduate Medical Studies in Nigeria: A Resident's Viewpoint. Nig. Med. J. 1979; 9:163-166.

3.Akintewe T.A. On my ideas of the qualities of an ideal resident staff. Adetuyibi A.(ed). Ann. Ibadan Postgrad Med.2006;4(1):9-16.

4.Omisanjo O.A. The ideal resident: A resident's perspective. Ann. Ibadan Postgrad Med.2005;3(2):67-71.

5. Otegbayo J.A .Pursuing academic qualification during residency training: justification and feasibility. Ann. Ibadan Postgrad Med.2003;1(1): 37-39.

6. NOVA Online: The Hippocratic Oath. www.pbs.org/wgbh/nova/doctors/oath-classical.html.

7.Anderson FWJ, Danso KA, Kwawukume EY, Johnson TRB. Experience with Obstetrics and Gynaecology Education and Training in Ghana. Archives of Ibadan Medicine 2005; 6(2): 39-42.

8. WFME Global Standards in Postgraduate Medical Education: International Guidelines. In: Council WE, ed. Global Standards for Quality Improvement in Postgraduate Medical Education. Denmark: University of Copenhagen,2003:1-32.