The Need to Equip FMCPath Graduates with More Academic Skills

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The FMCPath Fellowship Diploma, together with its awarding institution, the National Postgraduate Medical College of Nigeria, has been in existence for a generation and a bit. Members of the Programme's first set of graduates are retiring from active service about now. The programme has well served the intention of the pioneers and founders, who were themselves the graduates of similar fellowship programmes in Europe and North America – to initiate a sustainable home-based, purpose-groomed and contemporaneous postgraduate training scheme to provide the much needed top-level medical manpower for the teeming masses of our compatriots.

There is no doubt that the programme has become established and its products have proved their mettle and shown up their competence either when they stayed within the country as Consultant Clinicians (and Lecturers, in more instances than not) or when they travelled abroad and became established in their new stations, very often after some further training and local adaptation.

The soundness of the founding principles of the FMCPath programme has repeatedly been confirmed by the quality of these graduates and the fact that it has furnished the country with the elite of her clinical service-providers equitably since its establishment. The programme has proved itself worthy of every assistance it could get to enable it survive the new century in the face of rapid advances in all fields of Medical Science into which the Programme seeks to midwife the best of Nigeria's medical graduates.

Doubtless, the FMCPath programmes is deserving of financial and material types of support that may be rendered by Government, the elders in the profession as well as the her graduates in the diaspora, it is our firm belief that the a most germane form of assistance that the programme needs are those that are rendered by a continuous critical reappraisal of the objectives and philosophy of her curriculum, general modus operandi of the training centres, examination guidelines and procedures, accreditation issues and minimum training standards as set by the Faculty Board and the parent body, the All Fellows' Conference.

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Along these lines, the Faculty Board must ensure that the programme remains contemporary, keeping abreast of recent advances from the knowledge of changes that are taking place in similar licensing bodies across the globe, especially in those countries with similar health issues as Nigeria. There is also a need to 'listen' to the selection pressures that are continually being imposed by existing as well as emerging diseases that are more prevalent in the country as well as the health priorities of Government and people that emerging diseases dictate.

The FMCPath diploma has been and continues to be the top-level qualification required for appointment into Pathology lectureship positions in the Nation's Medical Colleges and Faculties. Thus, apart from seeking to equip with sound clinical skills, the programme is *prima facie* required to equip the graduate with academic skills as well. This latter requirement ought to be seen as a very important tool needed to take the programme into the future with reasonable confidence. This matter forms the subject and object of this comment.

The Current Academic Content of the FMCPath Programme

The Handbook for FMCPath Trainees[1], itemizes the basic requirements for admission into the programme and details the clinical postings and periods of minimum clinical exposure that would be considered optimal for the holders of the requisite qualifications of the Faculty. The ostensible purpose of these guidelines is: the candidate observing them would in the process, understudy their respective consultants and acquires adequate clinical skills that would enable them practice as Consultants at the end of their training. In order to ensure that this is indeed the case, log books and attestation certificates are being introduced.

However, the Handbook does not clearly spell out the academic skills that may be required of the Trainees in order to function as Academics, if they get employed as members of the various medical faculties. Rather, it is assumed that the candidate would have imbibed tangible academic skills during the various Revision Courses and local academic meetings in their training centres and the occasional conference that they may be opportuned to attend.

The dissertation exercise is geared toward driving the candidate to learn some academic skills such as literature review, no doubt. However, it comes rather late in the programme, at a period of greatly increased clinical responsibilities that the Senior Registrar is expected to carry and often with minimal Consultant supervision towards the actualization of the dissertation project. The consequences of these are always too evident in the low academic quality of the dissertations as we see them at the present time. Look at another way, observable defects in the dissertation are currently expose the desperate need to introduce structures into the training programme that would increase the academic input into the FMCPath graduates of the future.

Trends Elsewhere

The trend in the major training colleges has been to inculcate more academic skills into the respective graduates. The Royal College of Pathologists[2] has consistently organized more and more structured training courses, most of them with clear academic objectives for the attendees. About a decade ago, an option for trainees to undertake Ph. D or MD degrees in an intercalated fashion became an available option to the dissertation-style academic exercise. This practice has since grown into a 'fashion' status whereby Trainees with an eye on a future academic career often take time off to do a Ph.D programme in their respective fields. The Fellowship programme, graduates and Medical Education are in a win-win situation as result of this development.

Suggestions

The Fellowship/ Ph.D Controversy

So much has been said on the need to upgrade and update the academic content of the Fellowship, with our other colleagues in the university even challenging our qualification for lecturer status without the PhD, which they consider as the 'only' terminal research degree. In fact, some of our colleagues have been denied the position of Vice Chancellor by those who hold that view. This should however not send the medical professional/academic into panic. While I think it is necessary to consider these issues, one will have to review the nature of the medical training, and what it hopes to achieve and the relevance of academic degree to the various areas of our practice.

To start with, the medical program has never set itself to be purely academic. All the four examinations in the medical school are referred to as "Professional Examinations". This is because unlike purely academic programs, the medical program is altogether a form of training in which graduates are equipped with academic knowledge as a background to obtaining skills meant to be used as a medical practitioner in the various specialties. The medical student is not only being taught theory and practicals, he/she is equally having skills transferred in a form of apprenticeship for clinical practice. On the other hand, the PhD. as a terminal degree is aimed at conferring research skills, which in some areas involve laboratory work. A postgraduate terminal degree in Medicine cannot limit itself to research capability as it must prepare people for high level clinical skills required to solve a wide range of clinical problems, some of which can be protean or arise from emerging diseases not previously described.

It is because of this background that the medical profession should be careful not to be blackmailed into turning our postgraduate qualification into pure research in which, for example a surgeon may obtain a Ph.D analyzing gastric juice without being competent in resection and anastomosis of the gastric stump in partial gastrectomy, and therefore being useless as for the purpose of teaching skills to medical student or postgraduate doctors and, to wit, unable to serve the needs of his patients. There is therefore not much wrong in the present system of training, and we need to insist on that and educate those who seek to straight-jacket medical training into the Ph.D route.

Let me quickly make two clarifications before I am misunderstood. First, nothing stops any medical doctor, including Fellows, from pursuing and obtaining the Ph.D degree in their areas of choice. This can only improve the academic capabilities of such doctors, and this should be encouraged. Secondly, it must be remembered that a good number of doctors with postgraduate Fellowships are offering services in General or Specialist Hospitals and Federal Medical Centres, and have no intention of working or teaching in the universities. Should they be forced to obtain Ph.Ds?

Where can the Ph.D be situated in the evaluation of the Postgraduate Medical College evaluation? A review of the current curriculum and evaluation shows that apart from the Primaries examination, which give a post-NYSC medical doctor entrance into the residency training program, there are two examinations i.e. the Part I and Part II Fellowship examinations, Part II being the exit one for the National Postgraduate Medical College. Using Pathology as an example, the Part II (exit) examination consists of two theory papers, one 6-hour Practical examination involving various aspects of laboratory exercise, a Clinical examination made up of long and short cases (at least in Haematology), a Dissertation defence and an Oral examination, six sections in all. Given the above situation, all that a Ph.D can be is a replacement for the Dissertation, while the candidate will still go through all the other sections. This is not

peculiar to Nigeria as this is the situation with the Royal College of Pathology in the United Kingdom, and even then it is just an alternative to either Dissertation or Case Book. If that is all that the Ph.D will be, is the energy required worth the trouble, and how will the resident doctor who is also providing services as a Senior Registrar find the full time for it? All these have to be carefully worked out with the National Universities Commission and our universities without a stampede.

What can not be denied however is the need to improve the knowledge and technology update within the current program. How can we improve our Update and Revision Courses with state-of-the-art knowledge and equipment? Incidentally, my experience is that a reasonably well-equipped teaching hospital probably has more equipment than our university laboratories. A workable arrangement will be for the NUC to examine the current curriculum of the Fellowship program, determine the academic gap, and empower the interested universities to mount program that will fill the gap, and which our resident doctors, particularly those wishing to pursue a university career, can benefit from so as to upgrade to M.D. or Ph.D, in the same way that PGD is currently being arranged. In this way, a resident doctor will end with a Fellowship in addition to an MD or a Ph.D.

(Endnotes)

1. Faculty of Pathlogy NPMCN. The FMCPath Handbook for Residents 2010