

TRAINEES COLLABORATIVELY INVESTIGATING EARLY CAREER DOCTORS' THEMES: A NARD INITIATIVE IN NIGERIA

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ABSTRACT

Early career doctors (ECDs) are faced with many unique challenges; this is even more pronounced in low resources setting like country Nigeria. To unravel and improve understanding of these challenges the National Association of Resident Doctors of Nigeria (NARD) initiated a trainee driven research initiative. NARD initiated the Research and Statistics Committee (RSC), a six member team derived from her membership. In an attempt to carry out her responsibility efficiently the committee created the Research Collaboration network (RCN), a 43 member team comprising ECDs from across Nigeria. The key themes to be explored under this initiative include demographic, work and psychosocial issues as it affect ECDs in Nigeria. This article is set out to describe in detail the NARD initiative in term of the structure, operational modalities and agenda for the year 2018/19.

KEYWORDS: Research, Early career doctors, Residents Doctors, Nigeria, Junior Doctors

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INTRODUCTION

Doctors in the early stage of their medical career or early career doctors (ECDs) are essentially medical practitioners who are resident doctors, medical officers below the rank of Principal Medical/Dental Officers and medical/dental interns.^{1,2} This category of medical practitioners are inundated with many unique challenges due to peculiarities of work aside those that affect the generality of physicians in low resource countries such as Nigeria.

Some of these challenges include but are not limited to poor manpower supply, inadequacies and overstretch of services.³ Majority of ECDs are in rigorous and intense residency training

programme which rests on the tetrapod of clinical service delivery, training, research and health services management.²

In more advanced countries, various issues facing this category of medical doctors and dentists are widely researched giving useful input for policy formulation. This changes the pattern of interaction or relationship with various stakeholders that interphase with ECDs. Furthermore, the more researched themes especially psychosocial issues among this sub-occupational group in Nigeria are subjects of single or regional studies.

The National Association of Resident Doctors of Nigeria (NARD) is the umbrella body of all resident doctors, medical & dental interns and medical officers below the rank of Principal Medical officers (PMO)/Principal Dental Officers (PDO) in Nigeria.⁴ The association in a bid to bridge the gap of the perceived dearth of data as it affects ECDs, initiated the Research & Statistics

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Committee (RSC), which hitherto was not available as one of the committees operating in the association. This committee was commissioned with the responsibility of exploring and bringing forth the availability of such data with emphasis on demographic, psychosocial and workplace related issues among her members who form a sizeable proportion of doctors providing medical care to over 180million Nigerians.

Structure of RSC and RCN

The RSC in a bid to effectively discharge her duties and bequeath a legacy of trainee-driven research collaboration initiated the Research Collaboration Network (RCN). This initiative draws inspiration from well entrenched trainee-driven research collaboration in the United Kingdom. Of note is the West Midlands Research Collaboratives (WMRC). NARD decided to create the first national, multi-centre and multi-disciplinary trainee driven research collaboration, to best of our knowledge, in Nigeria.⁵⁻⁸ The RSC and RCN work as a sub-structure of the overall network to investigate the objectives as will be highlighted later.

The RSC is a six membered committee appointed by the National Executive Committee (NEC) of NARD, ratified by National Executive Council (NEC) of the same body. The RSC led by a chairman has overall responsibility to coordinating this research initiative while reporting to the NARD leadership.

The RSC sent out a “call for collaborators” to members across the 74 local branches of NARD through the heads of these branches. Following a rigorous review of applications, 43 ECDs at various level of training in the residency programme and from different specialties were recruited into the RCN. (Table 1 &2) The RSC and RCN work together, with the RCN reporting to RSC with an aim of achieving its set out objectives as mandated by NARD.

Both bodies subscribed to a set of rules and regulations called *Collaboration/Authorship/Draftsmanship Rules for Research & Statistics Committee (RSC) and Research Collaboration Network(RCN)* developed at the inception of the committee (The document is available at <https://drive.google.com/file/d/1a4TUTxuI9t36BA3tWM8bN-s2LhJXbSqH/view?usp=sharing>). The document explicitly highlighted the principles behind the research collaboration, the ownership of the proprietary right of the document created which is NARD, rules on authorship which was based on the International Committee of Medical Journal Editors (ICMJE) universally acknowledged criteria for authorship.⁹⁻¹¹ The document highlighted the abhorrence of plagiarism in the collaboration's documentary activities while also providing relevant guiding resources. All collaborators are required to sign the document before they can be involved in research activities in the collaboration.

Table 1: Distribution of collaborators across the country

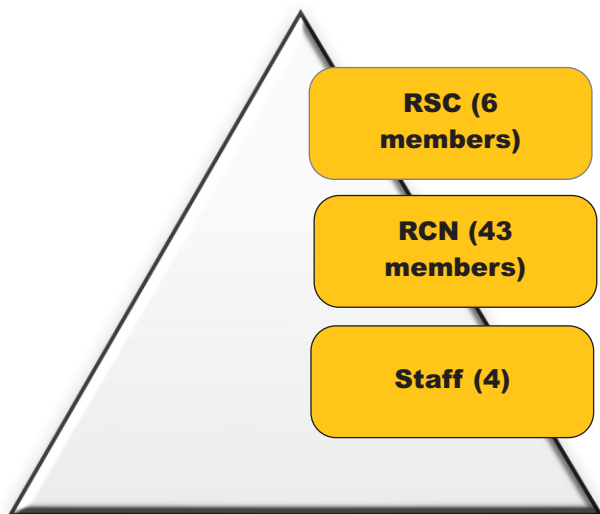
Centres	Numbers of collaborators
Irrua Specialist Teaching Hospital, Irrua	1
Federal Medical Centre, Abeokuta	1
Olabisi Onabanjo University Teaching Hospital, Sagamu	2
Federal Medical Centre, Jabi, Abuja	1
Federal Teaching Hospital, Ido-Ekiti	2
University of Port-Harcourt Teaching Hospital, Port-Harcourt	1
Federal Teaching Hospital, Gombe	2
Federal Medical Centre, Umuahia	1
Aminu Kano Teaching Hospital, Kano	2
Obafemi Awolowo University Teaching Hospital, Ile-Ife	5
Jos University Teaching Hospital, Jos	1
Babcock University Teaching Hospital, Ilishan-Remo	1
University of Uyo Teaching Hospital, Uyo	1
Federal Teaching Hospital, Abakaliki	1
Federal Medical Centre, Yenagoa	1
University of Calabar Teaching Hospital, Calabar	1
Kebbi State Medical Centre, Kebbi	1
Delta State University Teaching Hospital, Oghara	1
University College Hospital, Ibadan	15
Federal Medical Centre, Owo	1
Federal Medical Centre, Katsina	1

Six advisors who are Fellows of either the West African College of Surgeons and/or National Postgraduate Medical College of Nigeria with sound research background were sought and appointed to be advisors to the network.. Ad-hoc staffs were utilized to carry out operational activities of the research network.

Table 2: Distribution of employment cadres of collaborators

Categories	Number
House officers(Interns)	4
Registrars	14
Medical/Dental officers	3
Senior Medical/Dental officers	0
Senior Registrars	22

Figure 1 : Structure of the RSC & RCN(there are 6 advisors to advise RSC & RCN)



OBJECTIVES

The project is to research into key issues affecting resident doctors and other members of NARD; to develop a database of key issues affecting resident doctors and other members of NARD; and to initiate the Nigerian resident doctors database.¹ Specifically the project would investigate demographic issues (migration; distribution, gap ,distribution of ECDs across the country), workplace issues (practice satisfaction/ dissatisfaction, training and skills acquisition, conflict and conflict resolution and leadership issues) and psychosocial issues(burnout issues).⁶

Table 3: Specific objectives of RSC& RCN

Specific objectives of RSC& RCN
1. Demographic issues
a. Migration
b. Distribution, gap , misdistribution
2. Workplace issues
a. Practice satisfaction/ dissatisfaction
b. Training and skills acquisition
c. Conflict and conflict resolution
d. Leadership issues
3. Psychosocial issues
a. Burnout issues

STRATEGIES

Online social media tools were used to allow for effective communication among RSC and RCN. Routine communication is being done using emails and Whatsapp application, while structured meetings are held through free conferencing app (available at <https://play.google.com/store/apps/details?id=com.freeconferencecall.fcmeetingclient&hl=en>) regularly. The meeting are usually bimonthly with the date of meeting chosen democratically from the highest poll among three dates proposed by the RSC chairman/RCN coordinator using doodle poll app.(Available at <https://play.google.com/store/apps/details?id=com.doodle.android&hl=en>)

Drafting of necessary document is crowd-drafted real time using google document app with collaborators using android devices or computers. A single protocol for institutional ethical approval by the National Human Research Ethical Committee (NHREC) was created. A protocol/method paper will be drafted for publication in a peer review journal to increase the openness of this research initiative.

The exact data collection methods would include retrieval of administrative data from NARD branches and other stakeholders that may have data related to ECDs, individual level from 2000 ECDs using structured self-administered questionnaires and selected focus group discussions(FGD). The key timelines have been identified and would serve as a guide to this

initiative. (Table 3) The life cycle of the current RSC & RCN is to run with the current 2018/19 NARD executives. The data will be used to generate relevant policy briefs to the NARD leadership and necessary infographics will be available for print and non-print media use. It is hoped that this undertaking would be institutionalized in NARD administrative structure.

Expected output in 2018/191

1. At least two (2) monographs.
2. At least two (2) technical reports.
3. At least six (6) research articles published in recognized and superior peer review journals.

4. At least two (2) workshops during the NARD Ordinary General Meeting/ Annual General Meeting.
5. Creation of an operational website.
6. Quarterly newsletters.
7. Monthly briefs to the NARD presidency on policy thrust, info graphics and media intelligence.

CHALLENGES

The erratic and poor availability of reliable internet access in some part of the country is a serious constraint to the leverage information technology would have helped to galvanize in making the RSC & RCN function effectively and efficiently.

Table 4: Timeline of the RSC & RCN. Source: NARD. Initiating Trainee Research Collaboration Network: A NARD initiative in Nigeria. Abuja: National Association of Resident Doctors of Nigeria (NARD); 2019.

Targets	11/18	12/8	01/9	02/9	03/9	04/9	05/9	06/9	07/9	08/9	09/9
1. Submission of concept paper											
2. Setting up of structure											
3. Recruitment of collaborators											
4. Recruitment of core staff											
5. Data collection (MDCN)											
6. Data collection (ARDs' leadership)											
7. Ethical approval via NHREC											
8. Data collection (via collaborators)											
9. Monthly brief											
10. Quarterly newsletter											
11. Media intelligence											
12. Setting up and maintenance of database											
13. Preliminary data on resident workforce gaps and needs											
14. Full data on resident workforce gaps and needs											
15. Setting up of website											
16. Report of resident doctors and interns distribution, gap needs assessment, supply and demand disparity											
17. Report of migration issues											
18. Final report											

CONCLUSION

It is our hope that this collaboration would aid scholastic comradeship among NARD members across the country while generating the necessary data to bridge the current dearth of information regarding ECDs in Nigeria.

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