Foreign-Trained Early-Career Doctors and Dynamics in Nigeria: Findings from the Charting Studies

Dear Editor,

This letter examined the Challenges of Residency Training and early-career doctors (ECDs) in Nigeria (CHARTING) I and II data. The CHARTING studies aimed to determine the proportion of foreign-trained medical and dental graduates among ECDs in Nigeria in addition to their country of attainment of a first medical degree. The CHARTING study is the most extensive study examining demographic, workplace, and mental issues among ECDs in Nigeria to date.[1-4]

The two CHARTING datasets (CHARTING I and II) showed a similar but low proportion of foreign-trained human resources among ECDs in Nigeria. Out of the 730 ECDs assessed in CHARTING-I, only 24(3.3%) were foreign-trained. Similarly, of the 633 ECDs assessed in CHARTING-II, only 50(8.0%) were foreign-trained doctors [Table 1]. Most were trained in institutions in the Middle East (Sudan and Egypt), Eastern Europe (Russia and Ukraine), the Far East (China), and the Caribbeans [Table 2].

While brain drain signifies loss of workforce,[5] the presence of foreign medical graduates (FMGs) seen in these datasets indicates some brain gain of about 3.3% in 2019 and 8.0% in 2020. However, a study conducted in 2005 reported that FMGs comprised 23–28% of the medical workforce in Canada, Australia, the United Kingdom, and the United States of America.[6] Most of these developed nations depend on foreign-trained doctors to fill postgraduate residency positions as the number of locally-trained doctors does not meet their needs. In addition, the reliance of developed nations on FMGs shows that these (developed) nations have the political will and resources to expend on making up for the inadequacy of the nations' locally trained doctors.

In contrast, many African countries including Nigeria have in recent times experienced a consistent and enormous exodus of their health human resources.[7] Brain drain is currently a significant challenge of human resources for health in Nigeria. Nigeria has about 70,000 registered medical doctors, half of whom currently practice outside its shores.[5] While there is

Table 1: Foreign and Nigeria-trained early-career doctors in charting-I and charting-II studies

Charting-I			Charting-II, *n* (%)		
Institutions	**Foreign-trained, *n* (%)**	**Nigerian-trained, *n* (%)**	**Institutions**	**Foreign-trained, *n* (%)**	**Nigeria-trained, *n* (%)**
JUTH, Jos	5 (5.4)	88 (94.6)	UMTH, Maiduguri	13 (21.7)	47 (78.3)
FMC, Abeokuta	3 (2.6)	113 (97.4)	FMC, Katsina	11 (15.5)	60 (84.5)
UCH, Ibadan	3 (1.8)	160 (98.2)	UCH, Ibadan	9 (11.1)	72 (88.9)
OAUTHC, Ife	3 (2.1)	139 (97.9)	UITH, Ilorin	8 (16.3)	41 (83.7)
FTH, Ido Ekiti	3 (4.3)	67 (95.7)	FMC, Asaba	3 (5.3)	54 (94.7)
LAUTECH TH, Ogbomosho	3 (7.9)	35 (92.1)	ABUTH, Zaria	1 (2.2)	44 (97.8)
UPTH, Port-Harcourt	2 (13.3)	13 (86.7)	ISTH, Irrua	1 (1.3)	78 (98.7)
FTH, Gombe	1 (2.1)	47 (97.9)	LAUTECH TH, Ogbomosho	1 (8.3)	11 (91.7)
FMC, Katsina	1 (2.2)	44 (97.8)	NEC, Kaduna	1 (8.3)	11 (91.7)
			LTH, Osogbo	1 (8.3)	11 (91.7)
			UPTH, Port-Harcourt	1 (2.6)	37 (97.4)
			JUTH, Jos	0	51 (100.0)
			FMC, Owo	0	12 (100.0)
			FTH, Ido Ekiti	0	16 (100.0)
			OAUTHC, Ile-Ife	0	21 (100.0)
			LUTH, Lagos	0	6 (100.0)
Total	24 (3.3)	706 (96.7)	Total	50 (8.0)	572 (92.0)

JUTH, Jos: Jos University Teaching Hospital, Jos; FMC, Abeokuta: Federal Medical Centre, Abeokuta; UCH, Ibadan: University College Hospital, Ibadan; OAUTHC, Ile-Ife: Obafemi Awolowo University Teaching Hospital Complex, Ile-Ife; FTH, Ido Ekiti: Federal Teaching Hospital, Ido-Ekiti; LAUTECH H, Ogbomosho: Ladoke Akintola University of Technology Teaching Hospital, Ogbomosho; UPTH, Port-Harcourt: University of Port Harcourt University Teaching Hospital, Port Harcourt; FTH, Gombe: Federal Teaching Hospital, Gombe; FMC, Katsina: Federal Medical Centre, Katsina; UMTH, Maiduguri: University of Maiduguri Teaching Hospital, Maiduguri; UITH, Ilorin: University of Ilorin Teaching Hospital, Ilorin; FMC, Asaba: Federal Medical Centre, Asaba; ABUTH, Zaria: Ahmadu Bello University Teaching Hospital, Zaria; ISTH, Irrua: Irrua Specialist Teaching Hospital, Irrua; NEC, Kaduna: National Eye Centre, Kaduna; LTH, Osogbo: LAUTECH Teaching Hospital, Osogbo; FMC, Owo: Federal Medical Centre, Owo; LUTH, Lagos: Lagos University Teaching Hospital, Lagos

Table 2: Country of training of foreign-trained early-career doctors in Nigeria

Charting-I		Charting-II	
Country of foreign training	***n* (%)**	**Country of foreign training**	***n* (%)**
Ukraine	4 (16.7)	Sudan	19 (38.0)
Russia	3 (12.5)	Russia	10 (20.0)
China	2 (8.3)	Ukraine	7 (14.0)
Egypt	1 (4.2)	Egypt	3 (6.0)
Sudan	1 (4.2)	United Arab Emirates	3 (6.0)
Foreign country not specified	13 (54.2)	China	2 (4.0)
		St Katts and Nervis	2 (4.0)
		Belarus	2 (4.0)
		Dominica	1 (2.0)
		Hungary	1 (2.0)
Total	24 (100.0)	Total	50 (100.0)

gross inadequacy in the doctor–patient ratios in Nigeria, the nation's political will and capacity to retain its locally trained doctors and attract foreign-trained doctors is very low. It is pertinent to note that the immigration of foreign-trained medical and dental graduates into Nigeria may not always be due to economic advantage, but likely to returnees seeking Nigerian medical and dental council certification.

The reason for the scarcity of foreign-trained ECDs in Nigeria could include the unattractiveness of the Nigerian health-care sector to foreign-trained doctors or the difficulty they encounter in getting licensed by the Medical and Dental Council of Nigeria or even gaining admission into residency training. It may also be that it is mainly home-trained doctors who could cope with the rigors associated with training in Nigerian health-care institutions.

Our data suggest that Nigeria relies predominantly on home-trained doctors to fill up its meager physician–patient ratio of about 1:6000 in Nigeria.[5] Both CHARTING (I and II) datasets demonstrated that home-trained ECDs appear to remain a significant constituent of the ECDs workforce (96.7% and 92.0% in 2019 and 2020, respectively) in Nigeria. Thus, foreign-trained ECDs may not be a significant restocking opportunity for the Nigerian health system.[8] Unfortunately, while Nigeria has difficulty attracting ECDs, an increasing number of ECDs are leaving the country for greener pastures. Nigeria expends resources on its medical schools and residency training in the country for training of medical personnel, who conversely migrate to other nations without a corresponding influx from other countries.

Another interesting angle to these CHARTING (I and II) datasets is that while Nigeria exports to Western Europe, and North America, she (Nigeria) imports doctors from other African, South-East Asian, and Caribbean countries. However, the importation of ECDs into Nigeria is very low at 3.3% in 2019 and 8% in 2020: this highlights the weak potential of importing ECDs as a source of meeting Nigeria's health system demand.

This deficit in key health-care personnel for the ailing health-care system of Nigeria should be a major source of concern for the government and people. Therefore, efforts should be made to make training and service enticing to both locally and foreign-trained doctors to improve the health and socioeconomic indices in the country.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

Aderopo Adelola[1], Oladimeji Adebayo[2], Olayinka Stephen Ilesanmi[3], Shehu Salihu Umar[4], Ugo Uwadiako Enebeli[5], Dare Godiya Ishaya[6]

[1]Department of Psychiatry, Obafemi Awolowo University Teaching Hospital, Ile-Ife, Departments of [2]Medicine and [3]Community Medicine, University College Hospital, Ibadan, [4]Department of Oncology, Federal Medical Centre, Gusau, [5]Department of Community Medicine, University of Port Harcourt Teaching Hospital, Port Harcourt, [6]Department of Internal Medicine, Abubakar Tafawa Balewa University Teaching Hospital, Bauchi, Nigeria

Address for correspondence: Dr. Ugo Uwadiako Enebeli, Department of Community Medicine, University of Port Harcourt Teaching Hospital, Port Harcourt, Rivers State, Nigeria.
E-mail: doctorenebeli@yahoo.com

References

1. Adebayo O, Fagbule O, Omololu A, Abdulmajid IY, Isibor E, Olaopa O, *et al*. We are NARD we are early career doctors. Abija: National Association of Resident Doctors of Nigeria; 2019.
2. Kanmodi K, Ekundayo O, Adebayo O, Efuntoye O, Ogunsuji O, Ibiyo M, *et al*. Challenges of residency training and early career doctors in Nigeria study (charting study): A protocol paper. Niger J Med 2019;28:198.
3. Eze UA, Tolani MA, Adeniyi MA, Ogbonna VI, Isokariari O, Martin CI, *et al*. Challenges of residency training and early career doctors in Nigeria Phase II: Update on objectives, design, and rationale of study. Niger J Med 2020;29:714-9.
4. Adebayo O, Ogunsuji O, Olaopa O, Kpudwei S, Efuntoye O, Fagbule OF, *et al*. Trainees collaboratively investigating early career doctors' themes: A NARD initiative in Nigeria. Niger J Med 2019;28:93.
5. Adebayo O, Adufe I, Ayanfe O, Buowari D, Onwuabuchi E, Efosa I. White coat drain; a monograph for migration of Nigerian doctors. Abuja, Nigeria: National Association of Resident Doctors; 2019.
6. Mullan F. The metrics of the physician brain drain. N Engl J Med

2005;353:1810-8.
7. Adebayo O, Labiran A, Emerenini CF, Omoruyi L. Health workforce for 2016-2030: Will Nigeria have enough. Int J Innov Healthc Res 2016;4:9-16.
8. Onwuabuchi E, Omolulu A, Grillo E, Ekundayo O, Adeniyi MA, Ogunsuji OO, *et al*. Letter to the editor: The demographic profile of the Nigeria early career doctors.Yen Med J 2020;2:1-4.

Access this article online

Quick Response Code:

Website: www.njmonline.org

DOI: 10.4103/NJM.NJM_98_22

How to cite this article: Adelola A, Adebayo O, Ilesanmi OS, Umar SS, Enebeli UU, Ishaya DG. Foreign-trained early-career doctors and dynamics in Nigeria: Findings from the charting studies. Niger J Med 2022;31:716-8.

Submitted: 22-Aug-2022 **Revised:** 28-Oct-2022
Accepted: 30-Nov-2022 **Published:** 28-Feb-2023