

After the Oath, What's next? Residency Programme in Nigeria and Abroad; Prospects and Challenges

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ABSTRACT

Background: In this article we discussed the prospects and challenges facing the newly graduated medical doctor in Nigeria.

Methodology: The various opportunities available both at home and abroad were well discussed. Useful suggestions were given on how to succeed in one's chosen specialty.

Results: Despite the socioeconomic and political instabilities in the country, we should go to any extent to improve our knowledge whether at home or abroad.

Conclusion: Whatever we do, wherever we go, we should always remember that this is our country and we must make every effort to make it a better place and a great nation.

KEYWORDS: Residency programme; Prospects and Challenges.

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INTRODUCTION

There is little doubt that the deterioration of facilities and the poor economic conditions in the country have had significant effects on our educational system. Prolonged strikes have also severely affected the quality of our education. Despite these difficulties, there seems to be ways out, though, this will entail careful planning, wide consultation and real hard work. Even when and where the conditions are optimal, like in the developed world, adequate planning is essential. Wrong choice of career may lead to frustrations and non fulfilment.

In this communication, we will look at the prospects and challenges facing the newly graduated Nigerian medical and dental doctor after taking the Physician's oath and offer some advice.

Prospects and Challenges in Nigeria

The newly graduated medical doctors in Nigeria are faced with several options after housemanship and national youth service. Such options include residency training, private practice, postgraduate training in basic medical sciences like anatomy and physiology, politics and business ventures. Whatever one does, self-fulfilment is the most important thing and this is what we should aspire to achieve. We should make efforts to set

up targets and take meaningful steps to achieve these goals or targets.

RESIDENCY/POSTGRADUATE STUDIES

Postgraduate medical education in Nigeria is conducted by two colleges. These are the National Postgraduate Medical College of Nigeria which is concerned with residency training only in Nigeria and West African Postgraduate Medical College which is concerned with residency training in the West African region^{1,2}. Candidates can apply for the West African Programme only after housemanship¹. In addition to this requirement, candidates for the National Postgraduate programme are expected to have completed the National Youth Service programme before they can be considered. These conditions must be met before sitting for the primary examination of the colleges. However, until recently, it used to be unusual for one to sit for the primary examination of the Colleges before or during the Youth Service year. The situation has, however, changed lately with many candidates sitting for the primary examination immediately after their housemanship. This may not be unrelated to the recent review of the salary and wages in the country, a situation which now makes doctors in government hospitals *earn* more than those in the private sector. Thus, more doctors are *trying* to go into residency programmes. This is a reverse of what used to exist. While this is actually better because it encourages more specialisation, *its impact on our health services needs evaluation*.

Apart from clinical postgraduate medical education, the young doctor also has the option of specialising in the basic sciences e.g. anatomy and physiology. It is unfortunate that only few individuals go into these areas because the doctors in the basic medical sciences only get paid by the university whereas the doctors in the clinical sciences get remunerations from the hospital in addition to the regular salary from the university. There is little doubt that this has affected the quality of the basic medical sciences the medical students are exposed to. The introduction of consolidated call duty allowance for doctors in the basic health sciences in some Universities may help to improve the situation.

PREREQUISITES FOR RESIDENCY TRAINING

A) **Development of Interest in the Chosen Area of Specialisation:** Like any endeavour in life, interest in the chosen field is the key to success. Once there is interest, the chances are that one will be determined to achieve the targeted objectives irrespective of the difficulties/frustrations along the line^{3,4}.

B) **Early Preparation:** *The student who believes he/she has capacity for specialty training should start developing interest in certain specialties towards the end of the final year.* They can further develop this interest during the housemanship such that at the end of the programme, *the choice of specialisation is almost certain.* He should relate with residents and consultants in the discipline to confirm his interest and allay his anxieties. He should enquire about the requirements for the primary examination, the book to read and so on. Once he is sure of his specialty, he should start the preparation for his examination. All postgraduate Faculties now organize primary examination, including pathology. One should start the preparation quite early. The scope of the examination is often encompassing and it is very unlikely that somebody who prepares for just one or two months will pass even if he reads 24 hours a day; preparation for general surgery examination for example usually requires intensive study for upwards of 6-10 months. It is better to postpone the examination when one has not fully prepared; frequent failures will lead to unnecessary anxiety and loss of self-confidence. It constitutes a lot of emotional trauma and many candidates fail because they are not ready for the examination. However, it is not every time that after, adequate preparation, the candidate will pass at one or two sittings, far from it; it only means that the candidate has a very bright chance to pass the examination. Repeated failures after 3 or 4 attempts despite adequate preparation often denote some fundamental errors in the methods of studying and the candidates will need to review what he is doing especially with a more senior person. Olumide in her review mentioned possible causes of poor performance in the postgraduate examinations.³ Some of these include various forms of diversions, immaturity in the approach to the programme by the students, lack of seriousness among students, quality of students and the quality and number of teachers. Some of these still exist today and perhaps worse than *they were* two decades ago.

C] **Self Assessment:** One should understand one's talents and ability. Each and everyone of us is unique. One should never go into a specialty just because Dr. A is making remarkable impact in the discipline. Remember, we are made for different things, a lot of factors determine our success and we should take time to study these factors.

D] **Clear, Time-Limited Objective:** It is also important to set goal quite early. For example, one can set apart the next 6-years to pursue residency training; every effort must be made to achieve this; *regular six months review of one's effort is a good exercise as part of self-auditing.*

E] **Consistent Hard Work:** The key to success in life is hard work. To this hard work, one can add "positive attitude". This is applicable to all the specialties particularly now that things are quite difficult in the country. A good resident does not need to wait until there is a case of truncal vagotomy or abdomino-perineal resection to be performed in his unit before learning it. The only cases that may be available through out his training may be performed in another unit and the onus is on him to make himself available when these are being done.

The prospects and challenges for the newly graduated doctor are indeed legion. Careful planning and attention to available options will help the doctor in making the appropriate decisions. The choice of the specialty is very important. This is what the doctor will be doing for the rest of his life. Thus, attention to details with careful planning will be important. It is not uncommon these days to see about *one thousand* candidates sitting for primary examination in a particular specialty while only very few will be present for some other ones. Also, it is not uncommon to see so many people attending interviews for residency training in the big hospitals whereas only few individuals will be present in some hospitals. This is often a waste of time and in the real sense, many of the relatively new and well established centres are performing quite well, perhaps, better than the old ones. This is not to say that candidates should go to ill-equipped hospitals but we should be clever in our decisions.

There are so many teaching hospitals in the country presently and if one aspires to remain in the academic environment, it will be nice to choose an area where one will most likely get a vacancy in teaching hospital after residency. Instead of prolonged waiting to get a teaching hospital space, the candidate may start at a federal medical centre/state government's hospital. Such hospitals may then send the *resident* to an

accredited teaching hospital for further training.

If a fresh doctor wishes to settle in a private hospital, it may be more beneficial if he does residency training in family medicine (general practice) as in developed countries.

Doctors who are engaged solely in research work are not common in Nigeria yet but with time, these may be available. Currently, research activities are done in addition to the regular clinical services, mainly by the doctors in the academic field. University degrees like Masters and PhD in both basic health sciences and clinical medicine are other alternatives.

Doctors actually have roles to play in nation building and should be involved in decision making, especially those affecting health management and prevention of diseases. So it is important that doctors with the right inclination should go into politics.

Some doctors are also involved in non-medical business but the advice is that we should be involved in genuine business and be good ambassadors of the medical profession.

Prospects and Challenges Abroad

The brain drain or, perhaps what can be described as the second slave trade to the developed countries has not spared the medical profession. In a way, the mass movement to the developed countries may actually be to our advantage if there is hope that those who have left the shores of the country will eventually return and use their acquired knowledge to develop the country as suggested by Adeloye⁵. However, the hope that this will happen in Nigeria is quite remote, at least not in the nearest future.

Qualifying Examinations

Usually, doctors who graduate from Nigerian medical schools will need to do pre-registration qualifying examinations before practicing in another country especially in developed countries^{6, 7, 8, 9}. Likewise, doctors who finish from non-Nigerian universities also have to do qualifying examination before practicing in Nigeria. In exceptional cases, doctors, usually senior doctors and especially if they are specialists, may be exempted from such examinations⁶.

The qualifying examinations vary depending on countries. Example includes Professional and Linguistic Assessments Board (PLAB) test for United Kingdom and United States Medical Licensing Examination (USMLE) for the USA.

The prerequisites mentioned for residency training in Nigeria also apply here. Once the candidate has made up his mind to travel out, he should start the

preparation early. It must be mentioned however, that passing these examinations is not a ticket for visa. *Therefore, it is not wise to be idle while participating in residency matching programme abroad when one can easily get into a programme locally.* There are many doctors who wasted several years in an attempt to travel out.

OTHER OPPORTUNITIES

A) Fellowship Programmes: In addition to regular residency programmes, one can pursue fellowship programme after residency. These are common in N/America⁷. Often times, even specialists who finish in N/America also undergo this especially if they want to stay in academic environment. The *fellowship* programme can be research or clinical. The clinical fellowships, especially, in the USA, often requires the qualifying examination mentioned earlier^{6, 10}. The research programmes usually do not require the qualifying examination because the candidate often will not be in contact with patients⁵. There may be grants available for the fellowship but if the candidates can provide his own funds, he stands a better chance of securing placement.

B) Clinical Attachment: Clinical attachment is another option but like fellowships, the candidate will have to source for sponsorship by himself.

C) University Degrees: University degrees like Masters, PhD are other alternatives. With careful search one may be able to *secure* one's choice of country and study.

The choice of country is very important. For example, countries like Canada reserve the residency slots for their citizens; only few slots are available for foreign medical graduates⁷. This makes it difficult for foreign trained doctors to get a space; and if they get a space at all, the doctors often have to wait for years and may not get the speciality of his choice. Some doctors have had to wait for about 10-years before starting residency in some developed countries. Some give up along the line and become taxi drivers, security agents etc.

Also one needs to look at what happens after finishing the programme. What are the chances of securing specialist jobs? In countries like United Kingdom, one *may have to wait* for years after *completing* residency before securing a consultant post. South Africa still has one of the best organised health systems in Africa and the facilities are midway between what obtains in the western world and Nigeria. However, the current socioeconomic problems in the

country have made many doctors to leave South Africa for the USA, Canada, UK and Australia. *The United States seems more favoured by candidates who want to stay back after completing their programme because the chances of getting a space as an attending medical staff/consultant is higher.* It must be mentioned, however, that socio-cultural factors which may not be favourable also exist in the United States and it is not bed of roses all the way; there is indeed no place like home and every country has her problems.

The choice of specialty is also important. Psychiatry and family medicine seem to be quite easy but it may be difficult getting vacancies in surgical specialties especially cardiothoracic and neurosurgery. Only few slots are often available for these. In places like the United States, one's chance may be better in the semi-urban or rural hospitals instead of hospitals in big cities like New York or Miami. This may be akin to waiting to enter University College Hospital, Ibadan for several years. This is unnecessary waste of time as earlier mentioned.

In summary, the prospects and the challenges facing the newly graduated Nigerian doctors are many. These have been further compounded by the prevailing socioeconomic problems in the country. Success could still be achieved but this demands adequate planning, endurance and wide consultation. It is advisable for all of us to aspire to improve ourselves. Granted that residency training is not compulsory for medical practice in Nigeria, unlike what obtains in many developed countries, but it is likely that in years to come, the patients will want to see a specialist and not just a quack or a "feeding bottle" doctor. We should go into residency not just because of the money but a sincere attempt to improve our knowledge with the view to enhance the quality of services we offer our patients. We should set goals for ourselves and make determined efforts to achieve these goals. A constant or frequent review (self-auditing) of our efforts will help us to succeed. We should be ourselves, remembering that we are unique and nobody is exactly like us. There is no doubt that things are rough in the country now and may continue to be so for a while but it must be added that

there is no country without problems. However, I suggest that if we have the opportunity, we should go to any extent to improve our knowledge whether at home or abroad. Whatever we do, wherever we go, we should always remember that this is our home and we should *contribute positively* to make it a better place and a great nation.

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