Nigerian Medical Journal
NIGERIA MEDICAL ASSOCIATION
Print ISSN 0300-1652, E-ISSN 2229-774X

Review

The Role of Medical and Dental Consultants' Association of Nigeria (MDCAN) in Enhancing Competency of Graduating Medical Students and Preventing Disruptions in Academic Calendars in Nigeria: A Review.

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Abstract

In Nigeria, the medical education system faces challenges ranging from inadequate infrastructure to a lack of qualified personnel. These challenges not only affect the competency of graduating medical students but also lead to disruptions in academic calendars. The role of the Medical and Dental Consultants' Association of Nigeria (MDCAN) in addressing these issues is crucial. This review examines the impact of MDCAN in enhancing the competency of graduating medical students and preventing disruptions in academic calendars in Nigeria. It discusses the importance of maintaining academic continuity and explores the reasons why disruptions in academic calendars are not viable options for pressuring the government to improve doctors' and lecturers' welfare packages. Through an analysis of relevant literature, this review underscores the significance of collaboration between stakeholders to ensure the quality of medical education and the smooth functioning of academic institutions in Nigeria. Ultimately, this paper proffers some solutions to mitigate the negative effects of strikes and improve the quality of undergraduate medical education.

Keywords: Medical Consultants Association; Competency; Graduating Medical Students; Academic Calendars; Strike; ASUU; Nigeria.

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How to cite: Ojinmah UR, Enang OE, Onodugo NP, Yarhere IE, Nwabueze MN, Anyanechi CN, Araga AN. The Role of Medical and Dental Consultants' Association of Nigeria (MDCAN) in Enhancing Competency of Graduating Medical Students and Preventing Disruptions in Academic Calendars in Nigeria: A Review. Niger Med J 2024:65(2):119 - 124. https://doi.org/10.60787/nmj-v65i2-385.

Quick Response Code:

Introduction

Undergraduate medical education in Nigeria has evolved over the years since it started in 1948 at the University College Hospital (UCH) in Ibadan, Oyo State.(1) It is a structured training and usually runs all year round unlike the other courses that run the semester system. The undergraduate medical education system in Nigeria train students to acquire knowledge, skills, and attitudes from a 448 and 372 credit load course within the shortest possible time for medicine and dentistry respectively. This not only helps to achieve the desired competencies, but also helps to build resilience for a challenging future for those that will pursue further certifications and specialization.(2)(3)Medical education in Nigeria faces multifaceted challenges that impact the competency of graduating medical students and disrupt academic calendars. These challenges include inadequate infrastructure, insufficient funding, a shortage of qualified faculty, and poor welfare packages for doctors and lecturers.

Unionisation is the process by which a group of employees, or workers come together to form a block to represent and advocate for the collective interest and rights of their members in the profession. The Academic Staff Union of Universities (ASUU) is a labour union formed to advance the common interests of her members such as improved wages, and other employment benefits in the Nigeria federal and state university system. (4)Clinical lecturers are members of ASUU and being part of this group has created challenges which may impact productivity. The clinical lecturers are also members Medical and Dental Consultants' Association of Nigeria (MDCAN) by virtue of being fellows of the post graduate colleges and appointment as consultants in government hospitals in Nigeria. There is need to examine the role played by clinical lecturers in unions in improving the competency of graduating medical doctors.

This narrative review is focused on examining the trends and challenges to medical education in Nigeria resulting from industrial disputes, other regulatory environment changes and policies while also attempting to proffer solutions to these challenges. Literature searches (PUBMED, Google scholar, EMBASE, and MeSH) were carried out from the year 2010 to 2023 using keywords "medical education", "competency", "medical consultants", "dental consultants", "Academic staff union of universities", "curriculum disruption", "roles", "unionisation", "strike", and "undergraduate". Articles with full accesses were reviewed and manually screened to identify relevant studies including longitudinal studies, cross sectional, and systematic reviews.

Medical education in Nigeria

A curriculum specifies what is expected in terms of knowledge, attitude, and skills from someone who has completed a course of study in an institution.(5)Undergraduate medical education curriculum in Nigeria mirrored the United Kingdom until the General Medical Council (GMC)recommended changes in the curriculum in UK over a decade ago.(6)The GMC called for an end to factual overload with integration of basic and clinical sciences and a move away from didactic teaching to encourage problem solving, critical thinking and life-long learning. Since inception the medical curriculum in Nigeria has not undergone significant changes.(7) The curriculum of some undergraduate medical schools in Nigeria is outdated as they still run irrelevant pre-clinical courses, and lack problem-based learning, administration, and management courses.

There is concern that some graduates from these medical school lack the necessary skill and competency required for success in the changing global practice environment of the 21st century.(8) Based on these, the National universities commission in collaboration with the Medical and Dental Council of Nigeria and the National Post Graduate Medical College of Nigeria inaugurated and called for the implementation of the core curriculum minimum academic standards (CCMAS) in all disciplines of universities. This curriculum is expected to reflect the 21st century realities and provide 70% of core courses in each discipline while allowing universities to utilize the remaining 30% for other innovative courses in their peculiar areas of focus. It is also expected to stimulate blended learning, encourage entrepreneurship, and produce highly skilled and fit-for purpose graduates in tandem with contemporary realities.(2)(9) The MDCAN and other stakeholders understanding the need for this, are expected to drive the initiative.

Challenges in medical education and social welfare programmes in Nigeria

The challenges encountered in medical education include inadequate funding, lack of modern facilities, poor staff mix, decrepit work environment, inadequate teaching aids, poor remuneration and frequent disruption of academic calendar.(9)Addressing these issues will need systems thinking as most government medical schools and their affiliated teaching hospitals are managed and funded by different authorities thereby creating a conflict of interest

in funding of clinical training and medical research (10). Funding of social welfare programmes like health and education are usually challenging as the funding body tend to equate their investments with profitability and this can conflict with the mission.(11-13)The long-term goals of social programmes such as improving education and healthcare for low- and middle-income earners while reducing crime rates, may not align with the short-term profit orientation of businesses. (14, 15)Even though human capital development and social safety nets are essential for long term economic growth, paying for these overwhelms the Nigerian economy as their only major source of revenue is oil and gas exploration and exportation, which has depleted over the years. Unfortunately, also, the Nigerian economy is grossly under the influence of external market forces so fiscal and monetary policies make it difficult to fund social programmes effectively. (12, 14)

The debate to maintain socialism or embrace full capitalism will continue to dominate academic communities as capitalism funding of education depends on private (tuition, donations, research grants) and public (taxation). This makes the system more attractive to the stakeholders but the public who need this may not be able to afford the full fees. The extent and quality of education funding in capitalist countries can vary depending on government policies, economic conditions, and political priorities. In some capitalist economies, education is well-funded and provides high-quality services, while in others, there are disparities in funding and quality. (15) Even though Nigeria considers education a socialist programme by providing heavily subsidized education for her citizens, many private universities have been given licenses to operate and many of these charge expensive tuition and educational fess but are still regulated by the government. The social safety net and interstate or ethnic equity that socialism provides weighs heavily on the government and they make providing for advanced infrastructure, equipment, and technology difficult without compromising standards. (13) Should the funding structure continue to dwindle, then solving these problems will need extraordinary methods that could change the polity and government.

Consequences of disrupting medical education in Nigeria

Unlike the semester systems other undergraduate curriculum run in the universities, medical schools run a yearlong curriculum without interruptions to cover all the syllabus in the shortest possible time. The curriculum is often integrated or in blocks and completing one block leads to starting the next until the pre-clinical and clinical postings end. Disrupting these academic calendars in medical school's lead to prolonged graduation time, reduced clinical skills competency, knowledge gaps, psychological stress, and for the public and the country, reduced manpower, poor healthcare systems with abysmal health indices. The major disruptors of medical education in Nigeria are industrial actions (strikes), inadequate funding, inadequate physical infrastructure, insecurity, and poor learning infrastructures.(9, 16-19)

The undergraduate medical and dental education should take a student, 6 years to complete the 448 and 372 credit units respectively. This is already a long time to certify ones' competency to practice, coupled with the mandatory one-year internship to consolidate on the skill for independent practice later. (3, 6, 10) Clinical skills are usually hands-on with practice on mannequins, or live and simulated patients and these will be lacking when the schools and hospitals are not active. When these skills are not practiced regularly, they are lost or become obsolete. The parents of the students who pay for their education will incur additional costs due to extended tuition, accommodation and living expenses, while the institution faces financial struggles, with reduced internally generated revenues. The negative public perception of these institutions will reduce enrolment into them and thus create further deficits in the revenue generative capacity. This negative public perception will also affect the healthcare system in the country, and it is possibly one of the reasons there is increasing medical tourism of Nigerians to India, United states of America, Middle eastern countries, and the United Kingdom. In 2022, the Nigerian economy spent over 5% of her gross domestic productivity on foreign education and healthcare procurement, which is inadequate to provide good education and health for her citizens.

Strikes disrupt medical education more than the other courses because the medical curriculum cannot be easily compressed.(16-19) whereas other courses can use the condensed model of academic semesters to override the effects of strikes, the medical curriculum cannot be condensed. Clinical rotations have fixed duration. Medical lecturers must be innovative to navigate this challenge if medical education is not to be imperiled by strikes. Strikes or industrial actions in the health sector are moral dilemmas as they are not supported by law or ethical codes of the medical professional practice. The commonest cause of strike in the healthcare care cited by 16.7% of the participants in a study was staff welfare.(17) Healthcare workers' strikes including medical lecturers have

several devastating consequences on the healthcare system including disruption in service delivery, increased morbidity and mortality of patients, reduced revenue generation for hospitals, loss of confidence in hospitals and the healthcare profession, poor patient care outcome parameters, and disruption of training programmes.(17) It is the disruption of the training of undergraduate medical students that has significant implication for the future of medical practice because it is tantamount to "factory disruption".

The contractual obligation of institutions after students pay their tuition fess with the expectation of receiving education, should prevent the disruption of the academic calenda. Ethics dictates that the lecturers consider the cause they fight for and their moral and ethical obligations of beneficence, non-malfeasance, paternalism, and justice. The public and the students must get frequent communications with transparency of all aspects of the negotiation and why they stalled. It is therefore unprofessional as it goes against the pledges and oaths taken at induction into medical practice.

The Role of Medical and Dental Consultants Association of Nigeria

Enhancing Competency of Graduating Medical Students

The Medical and Dental Consultants' Association of Nigeria (MDCAN), an affiliate of Nigerian Medical Association (NMA), is the largest specialist medical association in the West African sub-region with over 4,000 members from teaching, specialist and private or mission hospitals. Its primary focus is on advancing the interests of physicians and promoting high-quality patient care, but recently started a role in influencing and shaping medical education in the country by inaugurating a medical education committee. Through some of her members, who are vice chancellors, provosts, deans, departmental heads, chief medical directors, presidents of post graduate colleges of physicians and surgeons, and members of the academia, MDCAN plays her role in maintaining industrial harmony in Nigeria by advocacy for better welfare of her members, accreditation of new and old institutions to maintain standers, drawing up research and best practice guidelines, guiding and shaping the minds of the medical students. MDCAN provides continuing medical education series for her members and other health professional bodies thus ensuring they stay updated with the latest medical knowledge which contributes to the overall quality of medical education.

Medical and Dental Consultants' Association of Nigeria (MDCAN) facilitates continuous professional development programmes and workshops aimed at updating medical curriculum, incorporating modern medical practices, and fostering critical thinking and problem-solving skills among students. These initiatives ensure that graduating medical students are equipped with the knowledge and skills necessary to meet the evolving healthcare demands (20) Additionally, MDCAN advocates for the standardisation of medical education curricula and accreditation processes to ensure uniformity and quality across medical schools in Nigeria. By setting high standards and promoting excellence in medical education, the association contributes to the overall competency of graduating medical students (21).

Preventing Disruptions in Academic Calendars

The disruption of the medical curriculum can be mitigated by adoption of some measures like formation of a separate union of medical lecturers to ensure that whenever ASUU is on strike, medical students will continue to attend lectures and clinical rotations. The MDCAN can also review the medical curriculum with emphasis placed on patient-centred care and making sure only medically qualified teachers should train medical students. This will shield the students from undue external influences and disruptions of academic calendar due to strikes from lecturers in non-medical labour unions.

Introduction of the MBBS-PhD programme and the use of the premedical year to introduce problem-based learning models can create a stable future for the medical lecturer.(22) While this route is difficult, it will provide a veritable means of lecturers aspiring to the leadership of the universities to achieve their goals with little resistance. In the recent past, many universities have made rules stating that aspiring vice chancellors must have PhD, and this made MDCAN embark on a warning industrial strike action. Establishing more medical/ health universities may also prevent curriculum disruption since these medical universities will run a more uniform calendar separate from those of the conventional universities. The present crop of medical teachers should participate in the politics of the university as members of senate and demand greater autonomy for the medical colleges to ensure that medical education does not suffer the vagaries of strikes given its peculiarity. This will ensure that the leadership is responsive and sensitive to the yearnings and peculiarities of medical education.

The use of technology in teaching and learning could not find a better expression than during the COVID-19 pandemic when students were forced to stay at home. At the University of California in the United States of America, several models were adopted by a group of medical professionals to provide knowledge for surgical residents and mitigate the loss of in-person academics and minimize mass casualty among surgical residents. (23) Their innovative model adopted for teaching and learning during the pandemic include flipped virtual classroom, online practice questions, academic conferences via teleconference, telehealth clinics with resident involvement, and facilitated use of surgical videos (23). All these non-contact teaching models could be deployed during strikes by non-medical lecturers' unions to avoid medical school curriculum disruptions.

Conclusion

Although medical education is facing a myriad of challenges, including the incessant strikes by university lecturers, there is a need to review the undergraduate medical curriculum to reflect global trends. Improvement in curriculum, training duration, and the welfare of medical lecturers need to be prioritized. Medical lecturers need to form a separate union for protection of their welfare and interest in the University system because the current structure under ASUU does not take the medical schools' peculiarities into consideration. Strikes are legitimate tools of engagement in labour relationships, but they must not unduly disrupt undergraduate medical education. There is a need to establish more medical Universities to reflect the peculiarity of the rigours of medical training and shield the students from vagaries of strikes especially by heterogenous labour unions. While the MDCAN does play a role in maintaining industrial harmony in medical education, it is just one of many stakeholders involved in this process. Collaboration among medical schools, accreditation bodies, professional organizations, government agencies, and other stakeholders is essential to ensure that medical education remains effective, up-to-date, and responsive to the needs of patients and society.

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