

NATIONAL POSTGRADUATE MEDICAL COLLEGE OF NIGERIA

(Established by Law in 1979, Cap N59, LFN 2004)

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Communique of the 17th Annual Scientific Conference & All Fellows’ Congress (ASCAF Ilorin 2023) Held from August 7th-11th, 2023 at the Arca Santa Arena, Ilorin, Kwara State

BACKGROUND

The National Postgraduate Medical College of Nigeria, the body saddled by law with responsibility for postgraduate medical education in Nigeria, has produced over 7,999 Medical and Dental Specialists serving the nation since its inception, thus saving the country billions of dollars that would have been spent on postgraduate medical training abroad. The College has introduced the Doctor of Medicine (MD) degree program to highlight the research training component of its programme and the ability of its products to add to the body of medical knowledge. The products of the postgraduate medical education programs of the College are holding strategic positions and rendering professional medical services in various hospitals, medical schools, health research institutions, and health administration organizations in both public and private sectors throughout the country and abroad.

The 17th Annual Scientific Conference and All Fellows Congress (ASCAF) of the National Postgraduate Medical College of Nigeria (NPMCN) and Postgraduate Medical College Fellows Association (PMCFA) took place at the Arca Santa Arena, Ilorin, Kwara State from Monday 7th to Friday 11th August 2023. The theme of the conference was “Improving Health Care Financing in Nigeria, while the sub-themes included Technology in Medicine and Public Private Partnership.

The Conference started with courtesy visits to the Emir of Ilorin, His Highness Alhaji (Dr) Ibrahim Sulu Gambari, CON; and His Excellency, Executive Governor of Kwara State, Mallam Abdulrahman Abdulrazak on Monday 7th August 2023 by the Principal officers of the College led by the College President, Dr Akin Osibogun, FMCPH, PNMC. The Opening Ceremony was held on Tuesday 8th August and the Prof. Theophilus Oladipo Ogunlesi Annual lecture was delivered by Dr. Kanu Enyinnaya-Okoro Nkanginieme, FMCPaed of the Faculty of Paediatrics of the College. The lecturer advocated a ‘Paradigm Shift in Twenty-First Century Nigerian Medical Education.’ There were 11 scientific sessions with 61 peer-reviewed abstracts and 33 posters presented by Consultants and Resident Doctors on the sub-themes of the conference including rare to uncommon clinical cases.

Preconference workshops were held by various faculties and collaborating institutions including one with the Nigeria Centre for Disease Control and Prevention (NCDC) on Antimicrobial Stewardship (AMS) program for healthcare workers in Ilorin.

OBSERVATIONS

1. The high prevalence of both infectious and non-infectious diseases, constituting a phase in our epidemiologic transition, is a double jeopardy, overburdening the health system and increasing the need for effective funding of the system. Total health expenditure as a

percentage of GDP is far below what is required, especially considering the Abuja declaration on health financing.

2. Out-of-pocket expenditure still forms the bulk of health spending, and this has been associated with poor health outcomes due to several associated factors including delays in seeking healthcare and poor choices in sought care. Low government revenue collection, also significantly affects the volume of allocatable resources, and this is further compounded by inefficient use of funds allocated to health and inadequate private sector engagement.
3. Nigeria ranked 4th or 5th in the world's population for the number of medical doctors but retention of skilled manpower is becoming increasingly difficult. Our young doctors, residents, and fellows are emigrating to Europe, North America, and the Middle East and this is affecting our National Health Indices which have stagnated at suboptimal levels for decades.
4. The present medical education curriculum is rather teacher-centered and tends to strip learners of their responsibilities. There is a need to adjust the curriculum to increase emphasis on student-centered learning. Resit examinations in their current form also need to be preceded by opportunities for repeat learning and remediation.
5. Cutting-edge health technology such as Interventional Radiology and Interventional Cardiology practices that can improve patient outcome and overall experience are currently bedeviled with challenges that include poor electricity supply; difficulties with technical manpower for equipment maintenance resulting in prolonged down time when equipments break down; shortage of relevant consumables, and high cost of the services, thus rendering the services unaffordable and inaccessible.
6. Use of Artificial Intelligence in Medical Practice seems not to have gained sufficient ground in the country despite the obvious advantages that the technology portends. The pool of healthcare workers in the country with in-depth knowledge of artificial intelligence which is the future of medical practice is very sparse.
7. There is a sufficient body of knowledge in support of the use of Neoadjuvant chemotherapy in cancer care with certain benefits including the offer of the possibility of organ preservation, downstaging of tumours, better oncologic control, and improvement in disease-free survival.
8. Physician burnout is highly prevalent in the country; it is both an effect and a cause of the increased brain drain. There is a need for physicians to take more care of their own health, their patients, and their trainees.
9. The National Surgical Obstetric Anaesthetic Nursing Plan (NSOANP) has been developed to improve access and expand surgical emergency care through training with skill acquisition of health workers providing care at primary and secondary levels of care.
10. Mentoring as a principle of leadership that ensures succession planning is also being affected by the emigration of experienced health workers. T

RECOMMENDATIONS

Following fruitful deliberations at the workshop, conference, and All Fellows Congress, the following recommendations were made:

1. There is a need to increase government revenue and also the proportion of it that is allocated to health (minimum of 10% allocation to health). The increased allocation must be coupled with improvements in the efficiency of spending on cost-effective health interventions and processes. Additional funds for health can be by reinvesting proceeds from the PMS subsidy funds; increasing the percentage of the Consolidated Revenue Fund allocated to the Basic Health Care Provision Fund from 1% to 2%; and effecting health dedicated taxes on alcohol, and tobacco.

2. Health insurance schemes must be designed to prioritize the poor and the vulnerable to reduce out-of-pocket spending because focus on these population segments will have greatest impact on the country's health indices.
3. There is a need to leverage on the additional potential contributions of the private sector to the health system through faithful implementation of relevant supportive policies on Public Private Partnerships in Health.
4. The government must urgently do what it takes to stop the brain drain by providing job opportunities, improving the working environment, and remuneration of medical doctors. We must put in place mechanisms and resources to train more and retain more. Good welfare packages for doctors and support for doctors should be available at all workplaces.
5. Management Boards in hospitals should ensure that policies are put in place to reduce assaults on health workers and burnout of medical trainees by ensuring they do not do tasks that are supposed to be carried out by hospital attendants e.g. collection of patient results. A bill of rights for doctors in the workplace should be passed and implemented in all health institutions to protect doctors.
6. Efforts should be made by elders of the medical and dental profession to work with governments and jointly promote workable dispute resolution mechanisms that can reduce the use of industrial strike actions in the profession to the barest minimum.
7. Governments at all levels should address the social determinants of health including poverty, malnutrition, and poor access to health services to improve the health indices of the country and protect the health of the citizens.
8. Government should as a matter of urgency put strategies in place that will reverse the Suboptimal National Orientation in Policy, Regulation, Practice, and Training in Medicine and Health.
9. There should be a paradigm shift in medical education curriculum to student-centered learning where trainers engage more in serial verification and documentation of learners' proficiency.
10. There is a need to restructure our medical training to focus more on the quality of the finished products and careful attention to selection of trainees. Also, there is a need to support professionals who give mentorship topmost priority and take responsibility for learning delivery, learning documentation, and verification of Learner Proficiency.
11. Government and other stakeholders should facilitate basic infrastructure like electricity and manpower development including subspecialty training programmes in Interventional Radiology, Interventional Cardiology, as well as biomedical engineering and equipment maintenance support.
12. Experts in the fields should develop guidelines for interventional cardiology and interventional radiology practices and establish more training centers in the country.
13. Institutions should build the capacity of healthcare workers in the application of artificial intelligence in medical practice.
14. A standardized algorithm for neoadjuvant chemotherapy should be developed in Nigeria and Healthcare institutions should constitute functional multidisciplinary teams (MDT) or Tumour Boards for the best care of cancer patients in Nigeria.
15. The National, Surgical, Obstetric, Anaesthetic, Nursing Plan (NSOANP) should continue the use of best strategies to train and retrain non-specialist health personnel but limit certification or licensing to only professionals with the requisite training and college recognition.

APPRECIATION

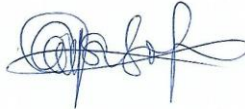
The College is deeply grateful to the President of the Federal Republic of Nigeria, His Excellency Bola Ahmed Tinubu GCFR, the Executive Governor of Kwara State, Mallam Abdulrahman Abdulrazak, the Permanent Secretary, Federal Ministry of Health Engineer Olufunsho Adebisi, Permanent Secretary Ministry of Health, Kwara State, Dr. Ayinla, President and Past Presidents of the National Postgraduate Medical College, our distinguished Fellows, Chairman and Members of Local Organizing Committee, security agents, partners and supporters, gentlemen and ladies of the press, distinguished guests and participants.



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