

IMPERATIVES FOR EXCELLENCE IN MEDICAL EDUCATION

A Lecture Delivered at the
STAFF ORIENTATION WORKSHOP

**UNIVERSITY OF MEDICAL SCINECES
ONDO CITY, ONDO STATE.**

By

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Introduction.

The *First* and *Second Generation Universities* in Nigeria were established following the Ashby Commission Report of 1960, and as part of the implementation process of the third National Development Plan, 1975 – 1980, respectively. The third generation ones that came on board from 1988 subsequent to the 1979 Constitution of the Federal Republic of Nigeria which located university education on the concurrent legislative list, placed some emphasis on specialisation, unlike the general and comprehensive nature of the earlier ones. Thus, universities of Agriculture and Technology, among others, were founded by Federal and State Governments to address specific areas of concern in national development.

But it took these long years to see the birth of a university that is exclusively devoted to academic and professional pursuits in the medical sciences despite the huge contributions of the discipline to the fortunes of the earlier ones. I thank the authorities of the University of Medical Sciences, Ondo, for the privilege to speak at this event which I am told, is a forum for a staff orientation programme covering academic and non-teaching staff. Coming together in the manner you have done, suggests to me that there is harmony, collaboration and team work in this university, which are essential ingredients for *research and innovation* – one of the bedrocks *for excellence in medical education*, which is our remit for today. I therefore heartily congratulate this institution for blazing the trail and also, its staff and students for being part of this wonderful experience of the first medical university in Nigeria and third in the African continent. The Ondo State Government, the proprietor of the institution must have taken this bold step of establishing the university, on its determination to anchor the development of the state on an informed, strong and healthy workforce as *an investment intricately linked to the cultural and socio-economic emancipation of the family, community and by extension the whole state.*¹ Fortuitously, the emergence of the university is broadly coinciding with two important anniversaries in the State: the 40th anniversary of the creation of the state (February 7, 1976) and the 7th anniversary of the stewardship of Dr. Olusegun Mimiko as the Governor of the State (February 23, 2009). It all augurs well for the State and the university and I once again extend my congratulations.

What are Universities?

In conveying the approval of this institution by the National Universities Commission on 22 April, 2015, to the Governor of Ondo State, His Excellency, Dr. Olusegun Mimiko, the Executive Secretary of the Commission, Professor Julius Okojie, stated that the *Ondo State University of Medical Sciences* was being recognised as *the 40th. State university and the 139th. university in Nigeria.*² By that pronouncement, this institution became one of about

30,000 such institutions, known as *universities*, in the world, the contributions of which to human and national development are recognised to be of such magnitude that even the smallest and poorest countries seek to have them³. What then are universities?

Universities constitute the highest bodies of institutionalised teaching and learning establishments. They differ in their cultures and exhibit wide variations in orientations, predicated on the challenges that confront them. However, despite all this, universities are all weaved around a common matrix – the perpetual pursuit of the impartial truth as is contained in the knowledge of all creations and of how things were, how they currently are and how they might be in the future, to enable them have a better appreciation of the world and the universe. To achieve these objectives, universities use research, analytical and critical enquires as tools, which, in a way, are divinely inspired revelations through which knowledge is generated that leads to understanding and utilitarian values. Innovations, knowledge dispersal and discoveries emanate from these intricate processes and contribute to improvement in the quality of life of all people⁴.

This description is true not just of universities whose activities extend over a number of disciplines but also of those, like UniMed, Ondo, that specialise in only a field of academic and professional pursuit. Accordingly, the expectations are that this institution will be one of formidable standing and a dedicated environment in which varieties of scholarly and professional activities in Medicine and related disciplines are carried out, including the training of students – especially professionals, academics and scientists; conduct of research – especially the health related ones and the provision of special services – particularly to needy communities. For indeed, it is the quality of the outputs and abilities on the issues of:

- teaching and learning,
- research and innovation,
- service and community engagement, that constitute the *Imperatives* for the quest of a

university to achieve *Excellence in Medical Education*. Consequently, the institution's performance in these complex areas of expertise, inform public opinion and perception, determine reputation and character and define visibility and greatness³.

Achieving excellence in medical education therefore, does not come easy and cheap. It has to be planned for *ab initio* and it evolves over time. In general, it is the outcome of initial careful preparations followed by rigorous and sustained execution of deliberate and well-articulated action plans and policies.

Ranking Universities.

Knowledge generation and exploitation, the main concern of all universities, is a currency free from border limitations. The universality that is contingent on this responsibility which all universities vicariously accept, among such other issues as globalisation, emigration, migration, technological advancements, has evolved a need for benchmarking universities for the purpose of comparison and profiling. So, in recent times, a practice of comparing institutions within and across borders, known as *ranking*, has emerged, to which, this university, like all others will have to submit. Universities upload information regarding their operations on the web from which various ranking agents use key, weighted and scored performance indicators to assess them against a wide a range of parameters that derive from the core mandates of universities as well as a number of other factors, including peer evaluations, the teaching and learning environment, quality and number of students that seek admission, visibility of alumni, number and academic standing of faculties, research impact, funds attracted and patents.⁵ Ranked in this or similar manner, the top 100 universities are regarded as the world's best. They are mainly in Europe and the United States of America and they all have strong web presence. Universities whose activities are poorly and inadequately presented on the World Wide Web accordingly receive poor ratings in the ranking system. The recent Times Higher Education World University Rankings 2014-2015 showed that Nigerian universities were not ranked among the top best 1000 universities in the world.⁶ Such poor ranking of Nigerian as well as other African universities has given rise to suggestions for a review of the global criteria that are currently in use but approved of the practice of university ranking as an evaluation with a potential for driving regional development, especially in developing countries, through the enhancement of institutional funding.⁵ Here in Nigeria, the National Universities Commission also ranks universities in the country of which that of 2015, which could not have contained a ranking for UniMed, Ondo, is the latest.⁷ Having so far commented in a general manner on a number of issues that bear on the imperatives for excellence in medical education, let me now examine a few of them in some details.

Teaching and Learning.

The word "university" is derived from the Latin *Universitas magistrorum et scholarium* – meaning *community of teachers and scholars*.⁸ Thus, the concept of *teacher* and *learner* stands in bold relief at the core of the educational constituent of the activities of universities, whereby bright and motivated students aggregate to be guided by committed and dedicated

staff. To this duo must now be added the environment which offers the setting for the *teacher – learner* interactions.

The characteristics of each of these components – the motivation and appetite of the students to learn, the dedication and commitment of staff to the course of the students and the suitability of the environment to provide an atmosphere that facilitates learning - make important contributions to the quality of academic work that goes on in an institution. Due diligence has to be applied therefore in admission of students, recruitment of staff and setting up the educational environment. Happily, these three elements, to some extent, also relate to one another. Just as good students gravitate to institutions with reputation for harboring good teachers and facilities, highly reputed institutions also seek for and preferentially admit good students. Let me spend a little time on each one, especially with reference to medical education.

In many countries, gaining admission into medical school – university, college or faculty – to study Medicine is difficult. The competition is often stiff and the grades required, usually high; the more prestigious the institution, the harder the contest. Thus, globally, students with the highest pre-university qualifying grades tend to seek admission into the best medical schools where they frequently also excel in their studies. Students admitted to Harvard Medical School (established 1782) which is reputed as one of the world's best, typically have an undergraduate Grade Point Average (GPA) of between 3.73 and 4.00 and have a median Medical College Admission Test (MCAT) score of 37 out of 45 possible points.⁹ Similarly, the MCAT score of students admitted to Johns Hopkins School of Medicine (established 1893), another globally acclaimed medical institution is 36 out of 45. Admission process which includes interviews is rigid and highly selective. In 2014, of the 6,322 persons who applied for admission, 717 (11%) were granted interviews and of these, 116 (1.8% of applicants) were enrolled as first-year medical students.¹⁰

A similar trend is observed in Nigeria: large number of applicants with requisite scores from the Joint Admissions and Matriculation Board Examination applying to study Medicine in universities they believe have acquired fame and respect. Tables 1a, 1b and 1c show number of applicants to ten highest subscribed universities in the country for degree programmes in Medicine for 2012, 2013 and 2014. The number of applicants is high and across board, much less than 10% (< 1% in some instances) of persons who apply get admitted (average for most other programmes, 30%). Also, in many universities, most of the highest scoring candidates in the science disciplines, apply to study Medicine. So, in stipulating cut off points for admission into various programmes, those for Medicine tend to be the highest.

Training to become a physician is therefore an oversubscribed programme which is well sought after in many parts of the world. Furthermore, the programme attracts some of the best students who specially seek admission into well-renowned medical schools¹¹. To attract the best students therefore, a medical school or university has to enhance its reputation through its infrastructure and the nature of its establishment, the number and quality of its academic staff, their academic output and the relevance of the academic programme that it runs. Additionally, the personal life styles, commitment and dedication of staff to their duties and to the course of students are all significant in defining a medical school and its perception by would-be – students.^{11,12} Happily, many bright students who attend renowned medical schools work hard, make good grades, graduate and successfully pursue brilliant careers thereafter, within and outside the medical profession. They innovate, discover, win laurels, awards and recognition, contribute to knowledge, establish entrepreneurial empires, prosper immensely and become famous – all of which rob off positively on their alma mater in more ways than one. Thus, great medical institutions attract good students who become accomplished alumni who in turn, add to the greatness of their medical schools or universities through their success in various areas of human activities. Accordingly, committing to taking the education of every medical student seriously is a vitally significant imperative for excellence in medical education.

Here at the Ondo State University of Medical Sciences, at its first admission exercise this year, there were 5000 applicants from which 50 and 20 were admitted into the 100 level programmes that would lead to degrees in Medicine and Dentistry respectively. The aggregate score of those admitted was 79 on a scale of 100. So, it can be deduced that the university has started well and all being well, should rapidly build up confidence among would-be good students.

The same rigour should apply when recruiting teachers for an institution that wishes to attain excellence in medical education. Outside relevant qualifications, commitment to the job, especially ability to strike the necessary balance between the various aspects of the requirements of the medical teacher, is important. So must emphasis be placed on the recruitment of the administrative and non-teaching staff as their supportive role is crucial to the overall operations of the institution in maintaining its existence and achieving the objectives for which it was established, especially in serving as the university's memory through accurate record keeping and prompt retrieval of information.¹³

As for the teaching and learning environment, this has continued to undergo many structural changes in recent times to the extent that it has become virtual in some instances. However, medical education requires fundamental structures such as specialised laboratories and well-equipped hospitals that are actively involved in patient care. In all this,

modern technology for teaching, learning, research, patient care must be given pride of place.

Research

Research, the process of scientific enquiry and knowledge generation by which new facts and information are revealed, is now regarded as the key to the knowledge economy of the 21st century. Accordingly, research and its attendant innovation and discoveries have become some of the most expected outcomes for which universities are established.^{13,14} and for which nations make huge statutory provisions in order to enable them compete with advantage, in the global knowledge economy. These outcomes and the contributions that universities make to the course of mankind's progress, truly define universities and serve as some of their most vital performance indicators, to the extent that evidence of research activities as provided partly by the quantity and quality of peer-reviewed publications in reputable journals constitutes a major factor used in assessing academic staff for advancement from one cadre to the other. Therefore, because universities take on research as duty and responsibility, it is not surprising that most ground-breaking researches that have led to quantum leaps in human advancement, have come from such institutions. These cover all fields of human endeavour as shown at the website, *Universities – Discoveries. Com. Discoveries and Innovation that changed the world.*

Research creates the foundation for major advances in all aspects of human endeavour – food production; wealth creation; health and longevity; environmental management; energy; safety and security; aviation, marine and land transportation; and much more. Furthermore, research boosts scholarship and academic activities. Committed researchers inspire students with the passion for investigation and analysis. They understand their fields of interest better and incorporate latest research findings in the courses they teach. They share the prestige, state-of-the-art facilities and sometimes benefits that come with research with their students who are thus motivated and commit to lifelong obligations to become scientific leaders and innovators. Bright students therefore often indicate preference for universities with records of high quality research in their choice for admission.

Universities that seek for excellence must therefore provide a conducive environment for research to flourish and encourage national and international peer assessment for the quality of their programmes. Furthermore, they must get their staff to understand that research is an integral part of their responsibility to the institution and the nation.

However, it is not only universities that carry out research; most functional organisations also do as they realise the huge benefits by way of innovation, discoveries, new products, improved ways of doing things that arise from research. Some even create *Research and Development (R and D)* divisions that are designated for the purpose and to which they commit large portions of their annual resources. Manufacturers, farmers, transporters, educationists and many more with viable organisations, all commit to research.¹⁶ It is such realisation that has motivated some vice-chancellors to create deputy vice-chancellor's positions for R and D to drive research and the conversion of research outputs into patents, products, and services with a view to promoting an entrepreneurial culture in the graduates of their universities.¹⁷ Indeed, it can even be argued that research, by which we learn to do things better and more efficiently, underscores all human activities.

Research and discovery as well as the scholarly activities with which they are associated, not infrequently, attract huge benefits as well as recognition. Of these, probably the most prestigious and best known is the Noble Prize – a set of annual international awards made possible through a large fortune left behind by Alfred Nobel (1833-1896), a Swedish chemist who discovered the dynamite.¹⁸ The awards are bestowed in a number of categories by Swedish and Norwegian Committees for academic, cultural and scientific advances on “those who, during the preceding year, shall have conferred the greatest benefit on mankind”.¹⁹ Apart from the huge financial returns of about one million US dollars to recipients, noble laureates bring tremendous fame and recognition to their affiliate universities. Not surprisingly, most Nobel Prize winners, outside the Peace Prize are researchers affiliated to universities of which, Stanford University in the U.S.A. currently tops the list.²⁰

Medical universities, schools, as well as other health research institutions on their parts, offer staff and students abundant opportunities for meaningful research in the laboratory sciences, clinical sciences and public health. Happily, the Nobel Prize Committee also has a category for Physiology and Medicine and so far, the committee has bestowed 106 of such awards to 300 Laureates with all the appurtenances to the recipients and their medical schools, universities and institutions, between 1901 and 2015, when the awards went to three scientists for “therapies that have revolutionized the treatment of some of the most devastating parasitic diseases.”²¹

As of now, Nigeria's only Nobel Laureate, Professor Wole Soyinka is in Literature (1986. University of Ife, as it then was). However, there are a number of national awards of great distinction like the Nigerian National Order of Merit (NNOM) which have been won by academics from work done in various medical schools. Such persons include Professors Etim Essien – Ibadan/Calabar, Umaru Shehu – Maiduguri, Ladipo Akinkugbe – Ibadan,

Kelsey Harrison – Ahmadu Bello/Port Harcourt, Samuel Ohaegbulam - UNN. By winning these awards, the recipients portrayed their medical schools and universities in good light. However, it is unlikely that all medical schools and universities will produce Nobel Laureates or National Merit Award winners as prevailing circumstances and existential realities differ remarkably from one institution to the other. Notwithstanding, it is important for all to cultivate a craving for research, right from students in their early years to the most highly placed staff. Acquiring fame for the quality of its research and the discoveries that emanate therefrom, is therefore an imperative for excellence in medical education.

The new Ondo State University of Medical Sciences that wishes to join the league of stars, must consciously do all in its power to encourage research by providing funds, hiring sharp minds with research orientation and creating the enabling environment for quality research – utilities, equipment and support staff especially at this time of its commencement, so as to lay the appropriate foundation. Funds spent in this manner may not reveal immediate discernible benefits; they are well-meaning investments in the greatness of the university.

Service

Students who have succeeded in gaining admission into the Medicine and Dentistry programmes of this new medical university have done so because they wish to practise and take some responsibility for the clinical care of patients at some point in their career, even though some may eventually vie off to other callings. The clinical aspects of the training of these students thus becomes one that many of them are looking forward to with great expectations. In addition to bed-side teaching on a wide array of diseases, the students will be made to acquire the skills, competence and professional attributes of empathy, honesty and accountability needed for the practise of their profession. Such complex engagement of students takes place in highly specialised environments – usually tertiary hospitals which have to be specially equipped, appropriately staffed and properly managed to fulfill this significant role. Hospitals where students are trained therefore become integral parts of their affiliated medical schools and universities and the level of competence and professionalism that such institutions display in the care of the patients under their watch, also define the level of respect accorded the medical schools or universities. Such hospitals commit not just to patient care but also, teaching and research. Students have direct contact with patients, learn about their infirmities and participate in their care, albeit, under the supervision, tutelage and mentorship of academic staff of the university and medical school who also serve as clinicians/consultants to the hospital. In return, the high class teaching and research carried out in the hospitals by the academic staff of the universities and their medical schools bring about higher quality of care of the patients in the hospitals, than would have ordinarily been the case³.

At the Ondo State University of Medical Sciences, where the university and its teaching hospital have been merged into a single complex, the tripod arrangement of university/college or faculty/hospital that exists in many other settings, has been eliminated. The fact that this complex is under a single management board should offer a number of advantages: administrative chain of command is shorter and the commonly observed stress, strain and rivalry between various organisations and their leaders, removed. The Ondo State University of Medical Sciences should therefore be in a position to give students the requisite sound and rounded education obligatory for professional practice. It should also afford the clinical teachers the milieu in which to exercise the full range of their knowledge and skills, including those for research. Work carried out in any section of the complex should contribute to the fame and respect accorded the university by the general public as well as academic and professional communities. Critical care of all patients by staff and students is another pathway for contributing to excellence in medical education.

Medical educational institutions – universities, colleges or faculties and their teaching hospitals are formidable national assets everywhere. Set up properly, they quickly acquire a momentum of their own in education, research, and professional care and become renowned centres for the good of all. Let us recall a few of them: the then Faculty of Medicine and University College Hospital, Ibadan, where in 1960 the first set of doctors in Nigeria that had received the full complement of their training in the country was produced; the University of Cape Town and its Groote Schuur Hospital in South Africa where Professor Christiaan Bernard successfully carried out the first human heart transplant in December 1967; the University of London and St. Mary's Hospital, London where Alexander Fleming discovered penicillin, the first antibiotic in 1928; the University of Toronto and Toronto General Hospital, Canada where in 1920, the discovery process of insulin which revolutionised the treatment of patients with diabetes was perfected by Frederick Banting and Charles Best (a medical student); the Johns Hopkins University and its hospital, in Baltimore, where, in 1987, Benjamin Carson led a team of 70 health professionals that successfully separated Patrick and Benjamin Binder from Germany who had been joined at the backs of their heads for 7 months as craniopagus twins, and many more, all readily come to mind as great medical institutions that have impacted immensely on mankind's progress. These institutions should all serve as beacons for the Ondo State University of Medical Sciences to follow.

SWOT Analysis

The title of today's lecture as was handed over to me suggests that this university is desirous of making excellence its watchword in the medical education programme that it has recently embarked upon. But the university is new and the outcome of such expectation

can only be for the future – the verdict, public opinion and perception as well as visibility and greatness or otherwise are all matters for tomorrow, not today. But then what are the odds? How might things turn out in the future for this institution? To attempt an answer to this question, I carried out a *SWOT analysis* to assess what the future could portend by evaluating the university's *Strengths, Weaknesses, Opportunities and Threats*.

This medical university, I notice, is founded on a well-established track record of success in the health care delivery process by the Ondo State Government, to the acclaim of many well-meaning Nigerians and several local and international agencies of great repute²². The State's *Abiye Safe Motherhood Programme*, backed by a revolutionised health sector, has proved to be a work of genius which has achieved its aim of drastic and sustained reduction of maternal and infant deaths and an unrelenting improvement in their health status through cost effective measures as has never been the case in Nigeria. It came as no surprise therefore that the some of the State health facilities have been selected as research centres by the World Health Organisation and that the State Government is commencing the process of Confidential Inquiry on all maternal deaths in Ondo State (CEMDOS), in addition to the intensification of efforts towards Universal Health Coverage. The establishment of a university of medical sciences is therefore well-placed and appears to be a crowning glory to these groundbreaking successes with a strategic design to produce the high-level manpower capable of manning and sustaining the expanded health care delivery system on the long term. The Ondo State Government, the proprietor of the university currently has His Excellency, Dr. Olusegun Mimiko, a medical doctor and a man with a strong political will to improve the lot of his people, as its Governor. He therefore appreciates the challenges of the health sector in the State and the measures required to effect a positive change. Furthermore, the foundation vice-chancellor of the university, Professor Friday Okonofua, is a highly qualified, hardworking and world-renowned academic with tremendous local and international connections as well as extensive fund raising experience whose presence constitutes an enormous advantage to the institution. His astounding record of achievement and huge body frame will deter staff and students from intimidating the vice-chancellor while his farming prowess will safeguard the institution from hunger. Again, in keeping with its bold initiatives in the health sector, and in marked departure from tradition, the Government has, in a way, merged the administrations of the university and its teaching hospital and formed a single Governing Board to manage the affairs of the new complex, under the chairmanship of Emeritus Professor O. O. Akinkugbe, *CFR*, an accomplished and erudite scholar and one of Nigeria's finest and most respected individuals in academic and professional medicine. Thus, the combination of Professors Okonofua and Akinkugbe as vice-chancellor and chairman of board respectively, should prove to be a masterstroke for

the institution while the absence of dichotomy in the administration of sections of the institution, should eliminate the stress and strain so commonly noticed in the relationship between medical schools and their corresponding teaching hospitals.

Regarding weaknesses, while it has been difficult for me to identify some concrete ones as far as this new and wonderful experiment goes, I make bold to say that state universities on the whole, are more difficult to run than their federal counterparts as they appear to be more prone to political interferences and remote controls by outside agencies, often to the detriment of the overall interest of the institution.²³

Happily, as Nigeria's first medical university, a number of opportunities exist for the institution to explore as it is unlikely to be bogged down by examples of failure. Pre-admission qualifications, medical curricula, teacher quality, funding, strikes and lock outs and much more are all areas that this university could work on to produce viable alternatives that would serve as gold standards in medical education in the country. Furthermore, the institution is currently riding high on an unprecedented platform of goodwill and trust from its proprietor and the general public on the heels of the success stories from the State's health services. The university should take advantage of this heightened sensitization and generosity to build bridges and establish *Advancement Programmes*²⁴ that would attract public support from leaders with outside experience on a wider range of professional activities for the institution on a long term basis.

Finally, with regards to threats, it has to be realised that the heavyweights whose names have been mentioned in connection with the stunning head start that the university has had, – Governor Olusegun Mimiko and Professors Okonofua and Akinkugbe will not be there forever. Their tenures in government and at the university are determined by statutory provisions. As they leave, other *kings who did not know Joseph*²⁵ may come with different persuasions, orientations and commitment as they affect the institution. Furthermore, the Governor, while responding to the address by the Executive Secretary of the National Universities Commission on the occasion of the recognition of the university, indicated that the institution would fund itself.² It is unclear how this would happen on a sustained basis. So funding issues as well as the other bugbears in the Nigerian university system all constitute potential threats to the issue of excellence to which this university is aspiring.²⁶

On balance, the odds are in favour of the Ondo State University of Medical Sciences becoming an icon of excellence in medical education judging from the quality of its leadership, the commitment of the proprietor, the outpouring of public goodwill and the impressive achievements of the state health sector. The proprietor and the institution must seize the moment by creating an enabling environment that would support serious

academic work, especially research on the long run. It is only such a sense of obligation that can guarantee UniMed, Ondo, from being infected by the same viruses that have converted some universities in Nigeria into pulverized trade union organisations and centres for all manner of malfeasances.²⁵

Conclusion

The attainment of excellence and proficiency in all that it does is the aim of every university. For, in the final analysis, it is the element of excellence in all it does and the quality of its output in the areas of knowledge generation and dispersal, scientific enquiry and innovation as well as public service that define the standing of a university, be it in institutionalised rankings or public ratings. This is so because it is these components of excellence and quality that effectively convert university activities into desired goods and services that enable national beneficiaries to participate effectively in the global knowledge economy. The robust contributions of countries like U.S.A, China, Japan, South Korea, Germany and many others to global economic activities are, in the main, due to research outcomes from their universities and not from the produce of unprocessed natural resources.

For the Ondo State University of Medical Sciences, attaining the measure of excellence that has been expressed in this lecture should translate into being a prodigious institution that attracts applications from a global range of students. One that diligently educates and sufficiently stimulates as well as motivates such students to acquire relevant knowledge and skills for a professional or academic career in Medicine or other disciplines and to commit to lifelong learning. A university that is research-led with staff that are utterly engaged in the pursuit of breaking new grounds and generating knowledge that would contribute to progress in the profession. An institution whose staff are concomitantly involved in the provision of the highest quality of care to patients and also use such medium to train students. Indeed, one that is involved in the wellbeing of its community, carrying out such public health measures that enhance the health of its members. Done this way, the prospects of this university will soar greatly and who knows, it might just be the Ondo State University of Medical Sciences that may, some day, propel universities in Nigeria into the enviable league of world's best universities. Mr. vice-chancellor, I wish your university no less.

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	INSTITUTION NAME	TOTAL APPLICANTS	NO. ADMITTED	%
1	UNIVERSITY OF NIGERIA NSUKKA.	8639	323	3.73
2	OBAFEMI AWOLOWO UNIVERSITY	8365	202	2.41
3	UNIVERSITY OF BENIN, BENIN CITY	7540	326	4.30
4	UNIVERSITY OF ILORIN, ILORIN	7500	202	2.69
5	UNIVERSITY OF LAGOS	7034	277	3.94

TABLES: ADMISSIONS INTO SOME NIGERIAN UNIVERSITIES FOR MEDICINE

Table 1a 2012

6	UNIVERSITY OF IBADAN, IBADAN	6953	221	3.18
7	AHMADU BELLO UNIVERSITY,	6265	113	1.80
8	UNIVERSITY OF CALABAR,	5294	211	3.99
9	USMANU DANFODIO UNIVERSITY,	4886	130	2.66
10	NNAMDI AZIKIWE UNIVERSITY,	4719	223	4.73

Table 1b 2013

S/N	INSTITUTION NAME	TOTAL APPLICANTS	NO. ADMITTED	%
1	University Of Benin Benin City	10413	407	2.07
2	University Of Nigeria Nsukka.	8623	461	0.87
3	Obafemi Awolowo University	8557	279	1.78
4	University Of Ilorin Ilorin	8282	357	0.92
5	University Of Ibadan Ibadan	7751	305	1.94
6	AHMADU BELLO UNIVERSITY,	7562	348	1.77
7	University Of Lagos	7376	452	1.31
8	Usmanu Danfodio University	5810	253	3.16
9	Nnamdi Azikiwe University	5676	315	2.07
10	University Of Jos Jos	5333	296	1.11

Table 1c 2014

S/N	INSTITUTION NAME	TOTAL APPLICANTS	NO ADMITTED	%
1	UNIVERSITY OF ILORIN,	12821	266	3.91
2	UNIVERSITY OF BENIN,	11634	101	5.35
3	UNIVERSITY OF NIGERIA	10542	188	3.26
4	OBAFEMI AWOLOWO UNIV.	9906	91	4.31
5	UNIVERSITY OF IBADAN,	8310	161	3.93
6	AHMADU BELLO UNIVERSITY,	7873	139	4.60
7	NNAMDI AZIKIWE UNIVERSITY,	7342	96	6.13
8	UNIVERSITY OF LAGOS	7135	225	4.35

9	UNIVERSITY OF JOS, JOS	7060	146	5.55
10	USMANU DANFODIO UNIV.	6494	72	5.55

Source: **JOINT ADMISSIONS AND MATRICULATION BOARD.**