

UNIVERSITY OF MEDICAL SCIENCES, ONDO CITY
2ND LATE EMERITUS PROFESSOR OLADIPO AKINKUGBE
DISTINGUISHED LECTURE

“Imperatives of Transforming Health Professions Education in Nigeria”

Presented by

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Professor of Surgery,
College of Medicine, University of Ibadan

And

President, Association of Medical Schools of Africa

**At the University of Medical Sciences, Ondo City, Nigeria
19th July, 2022**

Professor Emeritus Oladipo Akinkugbe 2022 Distinguished Lecture Part I

Entree



Welcome Troupe WACS Gambia 2004

Ibadan – ‘A city of rust and splash’



Ibadan Medical School

The Highest Ranked Medical School in Sub-Saharan Africa 2020-2021



The College of Medicine



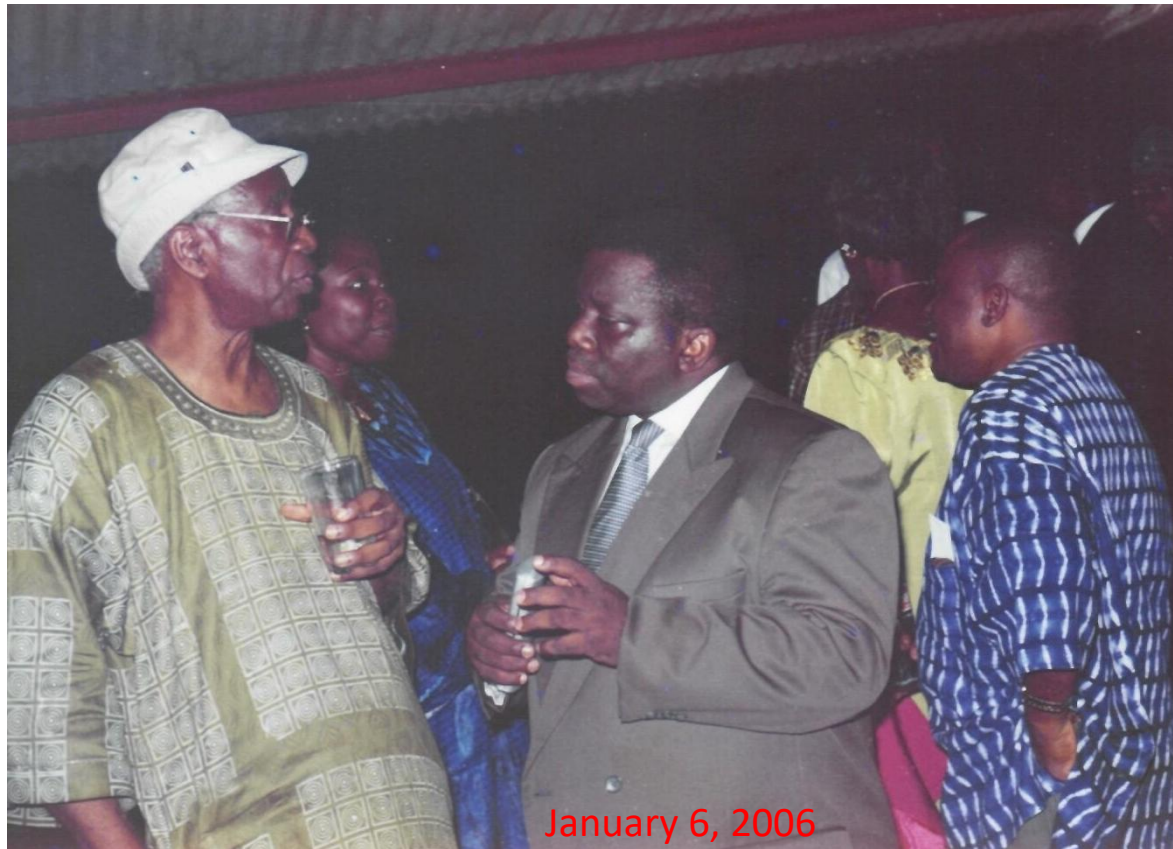
The University College Hospital



2nd Professor Emeritus Oladipo Akinkugbe Distinguished Lecture

1st Distinguished Lecturer – Professor IF Adewole (2021)

‘Strengthening the Health System in Nigeria through Research and Innovation





AMSA
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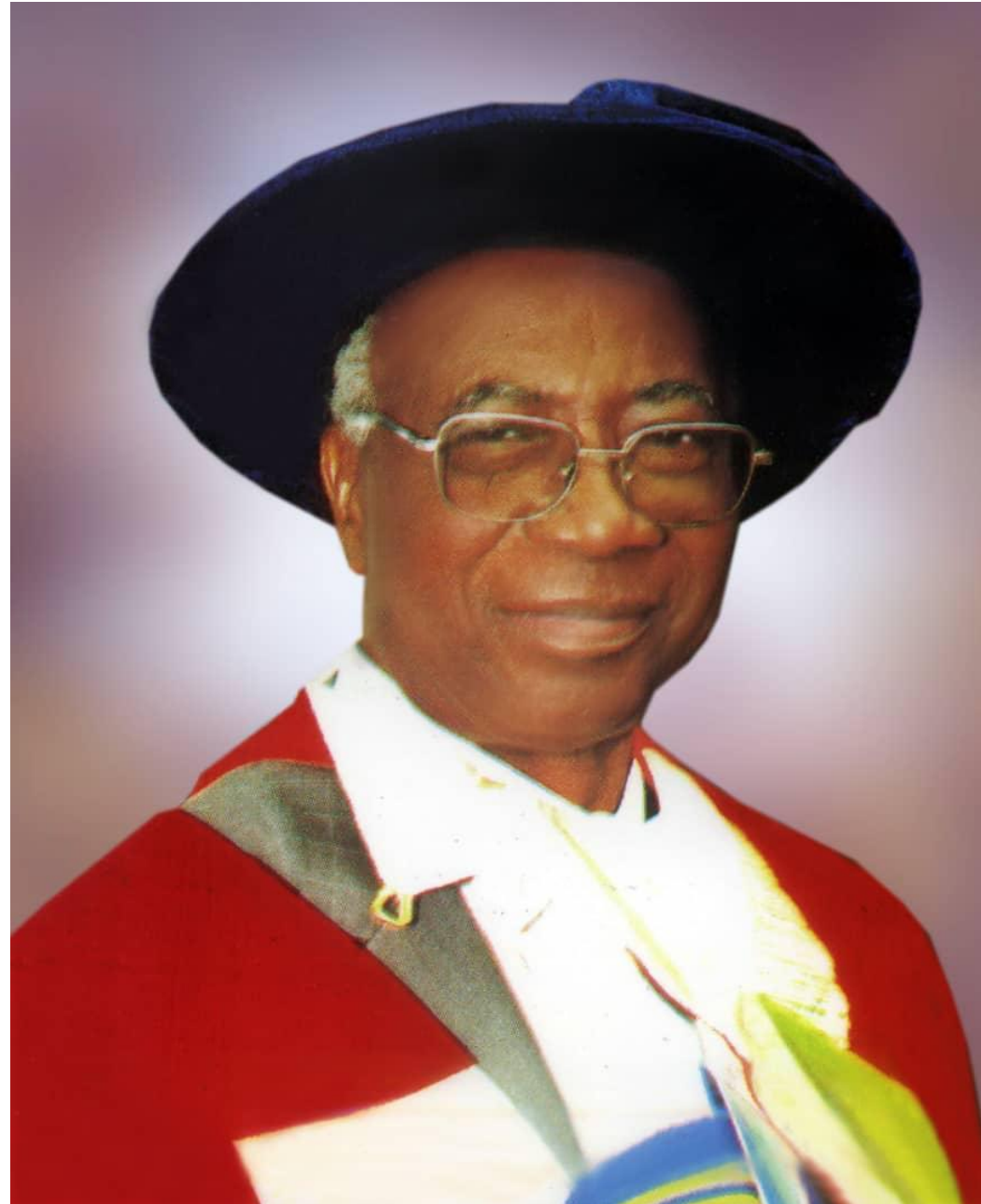
December 11, 2009



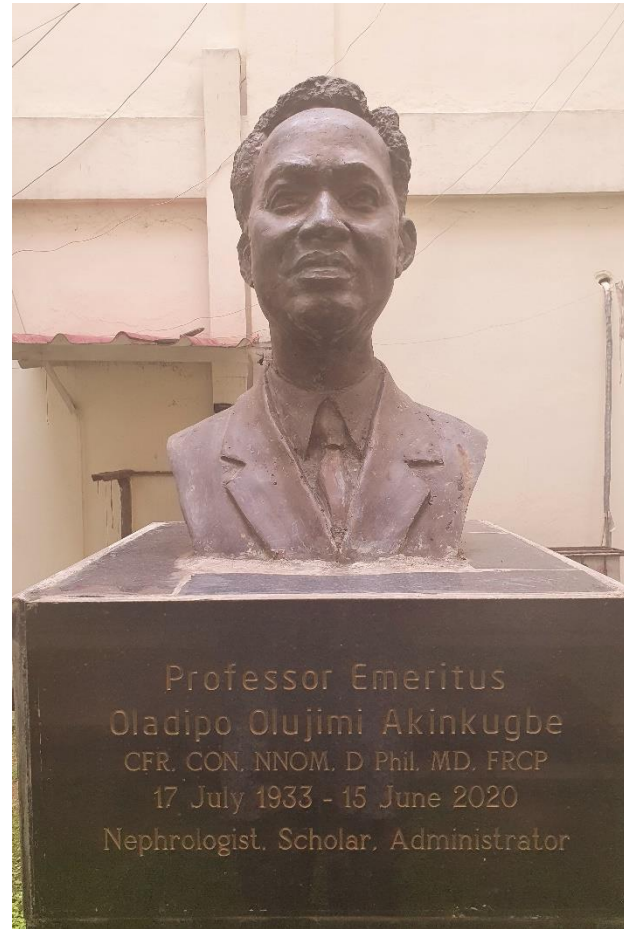
October 28, 2018

**The Man:
Professor Emeritus
Oladipo Olujimi Ajibike
Akinkugbe**

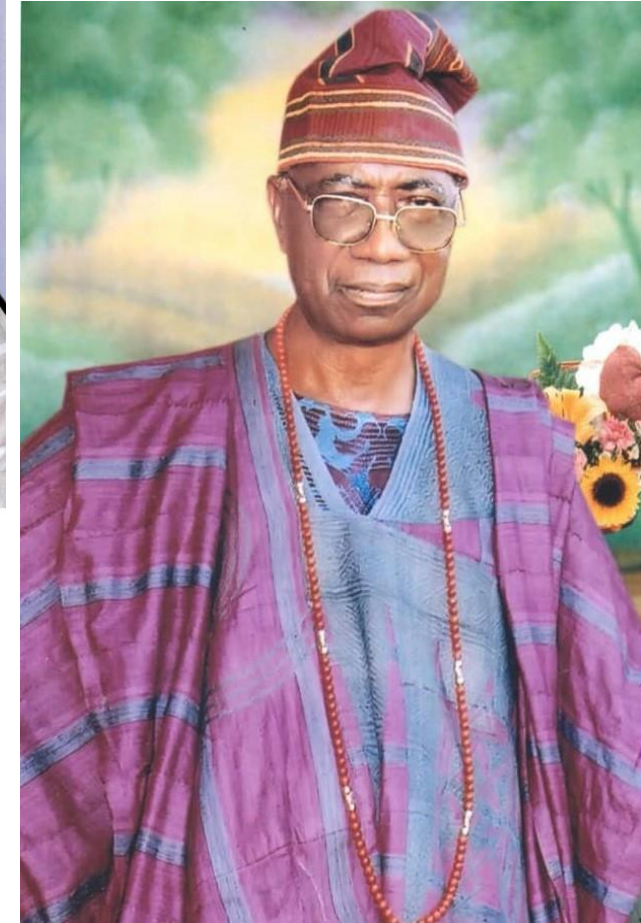
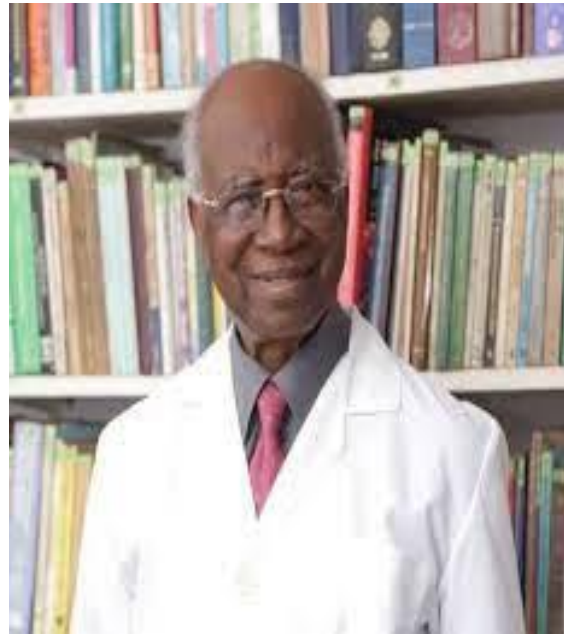
CFR, CON, NNOM, MD, D.Phil,
FRCP, FWACP, FAS, Hon DSc.
(17 July, 1933- 15 June, 2020)



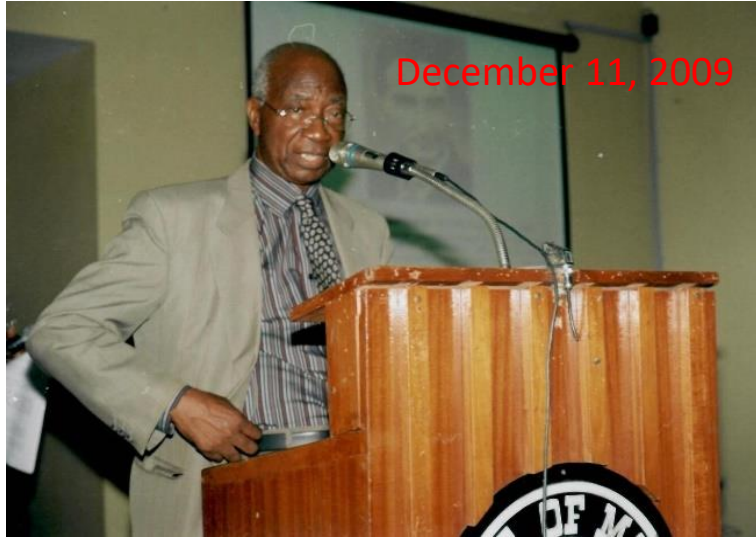
The Man: Oladipo Olujimi Ajibike Akinkugbe



The Man: Oladipo Olujimi Ajibike Akinkugbe



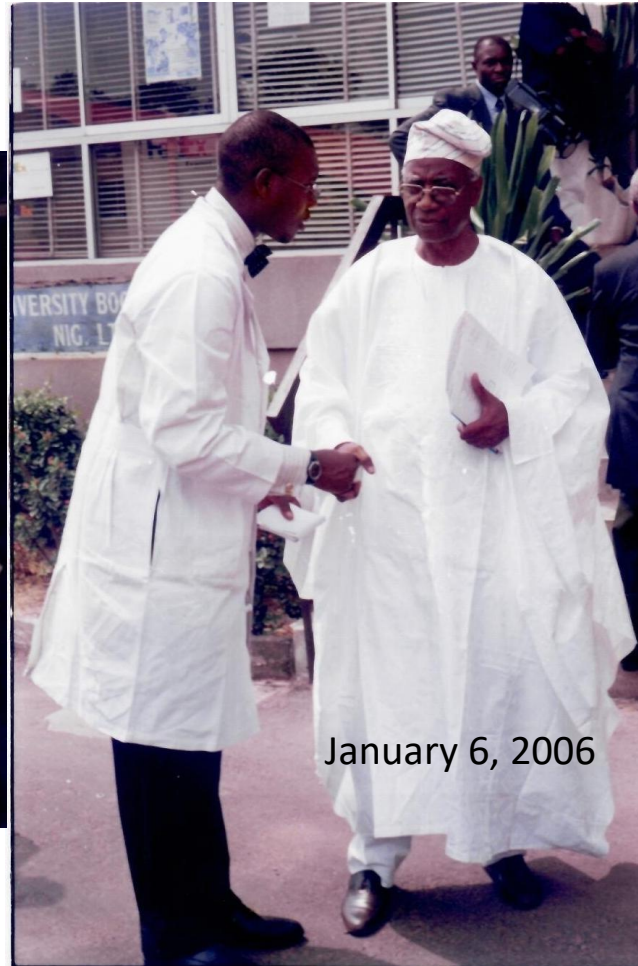
Chairman, Archives of Ibadan Medicine Inc. 1998-2014



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November 20, 2002



January 6, 2006

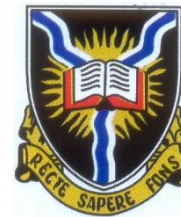


March 22, 2012

Professor Emeritus Oladipo Akinkugbe 2022 Distinguished Lecture Part II



The Lecture: Imperatives of Transforming Health Professionals Education





Imperatives of Transforming Health Professionals Education in Nigeria - I

Definitions

- **'Imperative'**
 - Crucial / Essential / Necessary
 - **Urgent**
- **'Transforming'**
 - Change / Modify
 - **Improve**



The Drummer Messenger – The Gambia © 2004



Imperatives of Transforming Health Professionals Education in Nigeria - II

Introduction

- Quality of healthcare reflects:
 - Quality and quantity of HRH available
 - Responsiveness of Health System to health needs
- Dependent on quality of HPE available locally in
 - Health Professionals Training Institutions
 - Medical Schools (Universities and Colleges of Medicine)
 - Schools for other Health Professionals
 - Teaching Hospitals
 - Primary and Secondary Health Centres



The Union – Zimbabwe © 2006



Imperatives of Transforming Health Professionals Education in Nigeria - III

Statement of the Problem

- Worldwide shortage of health workers
- Deficit projected to rise to 15million by 2030
- Highest demand in High Income Countries (HIC)
- Migration of skilled HRH from Lower and Middle Income Countries (LMIC)
- Severest shortage is in Sub-Saharan Africa
- COVID-19 worsened matters worldwide



Imperatives of Transforming Health Professionals Education in Nigeria - IV

Current health challenges in Nigeria

- Inadequate finance, staff and infrastructure
- Insecurity
- Increased demand due to population explosion and migration
- Poverty, illiteracy and poor access

Status of HRH and Health Professionals Education in Nigeria

- Highest number of HRH and HPTI in Sub-Saharan Africa
- Inequitable distribution
- Oversupply of unqualified health workers

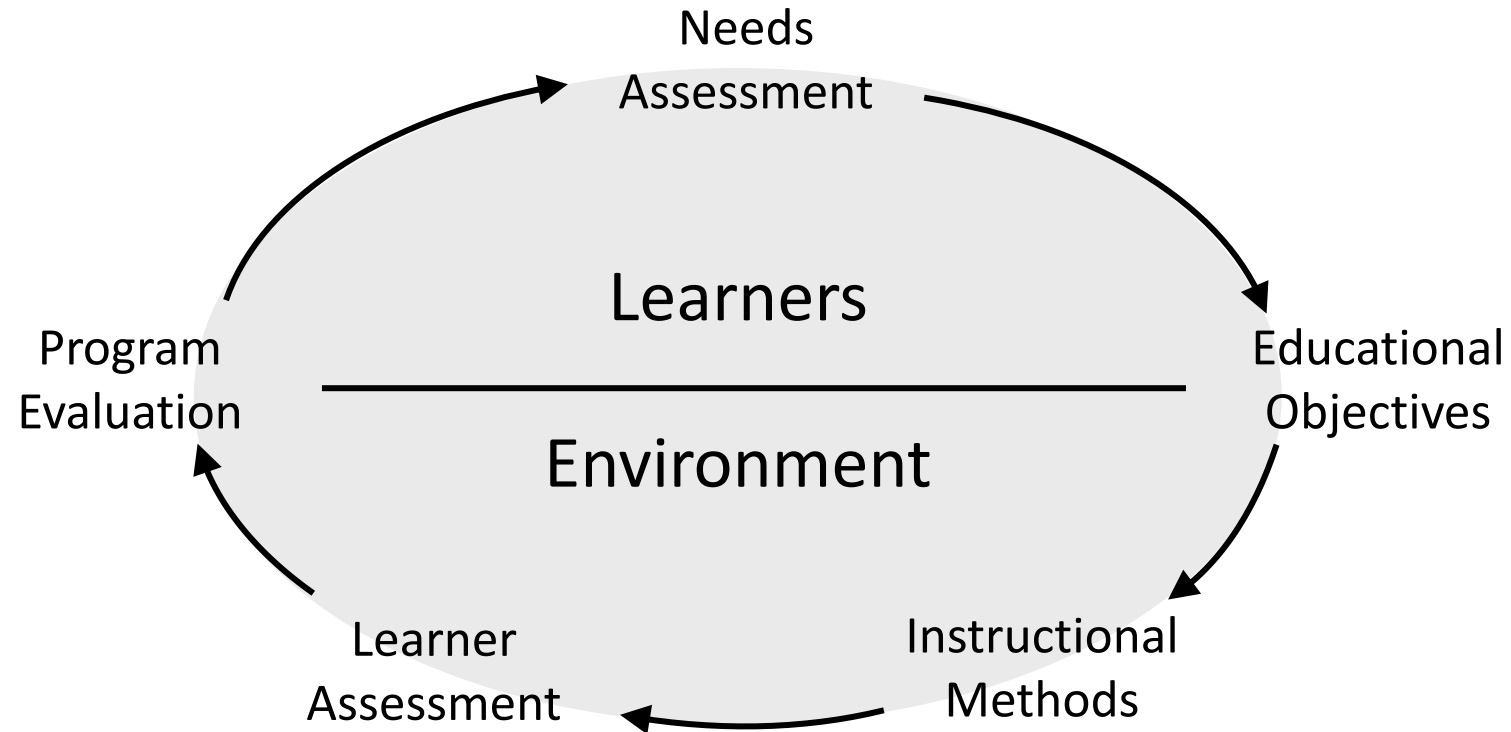


Imperatives of Transforming Health Professionals Education in Nigeria - V

Why transform Health Professionals Education

- Education and health are major contributors to national development
- Both are major determinants of human capital
- Education determines a person's health and life expectancy
- Highest returns gained by educating girls and women
- Health improves quality of labour and productivity i.e. economic growth
- HPTIs therefore uniquely placed to engender socio-economic development

The Education Cycle



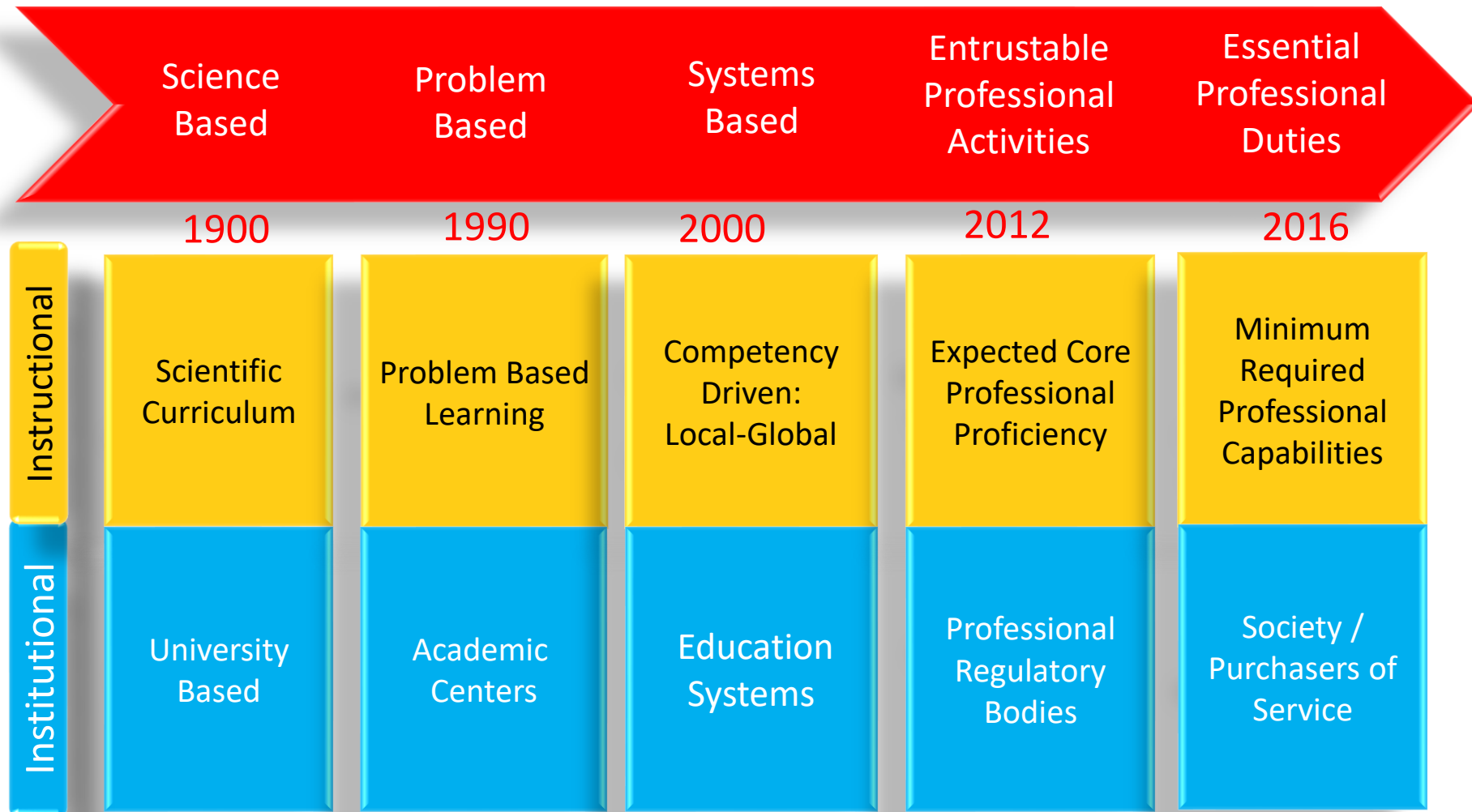


Imperatives of Transforming Health Professionals Education in Nigeria - VI

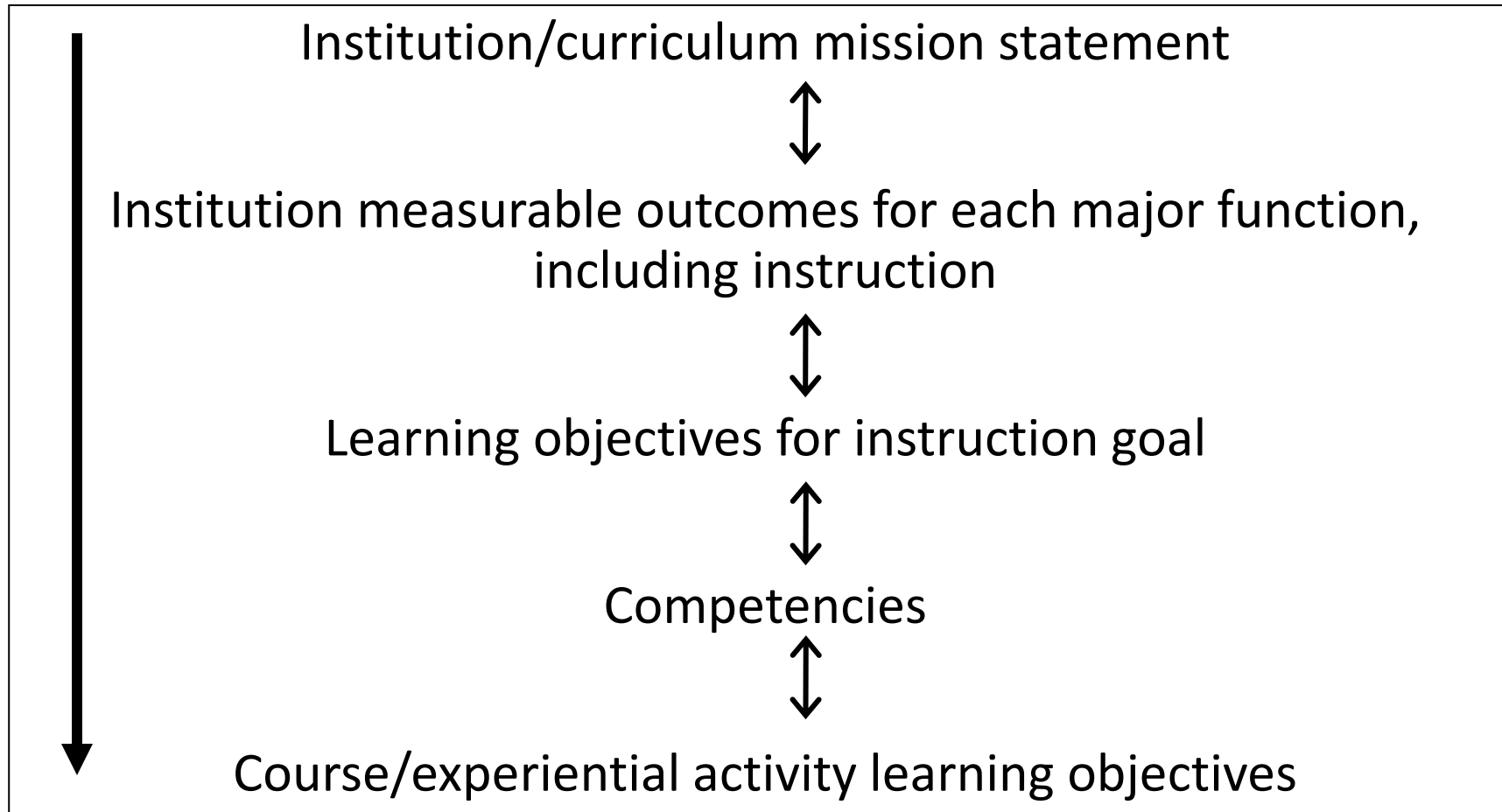
Current Global Standards for Health Professionals Education

- Philosophy of HPE constantly adapted to address society health needs
- Modern methods of teaching and assessment used to aid learning
- Wave of curriculum reform worldwide to replace traditional curricula
- Outcome-based, learner-centered methods replacing time-based teacher-centered instructions
- Competency based medical education (CBME):
 - Outcome-based model that enables increasing levels of proficiency in skills
 - Competencies – Essential attitudes, skills and knowledge to execute specific tasks
 - Entrustable Physician Activities – global professional tasks HP can do independently
 - Essential Professional Duties – routine general community-specific clinical situations graduates are expected to perform competently

Five Generations of HPE Reform



Hierarchy and Interrelationships of Competency Based Education



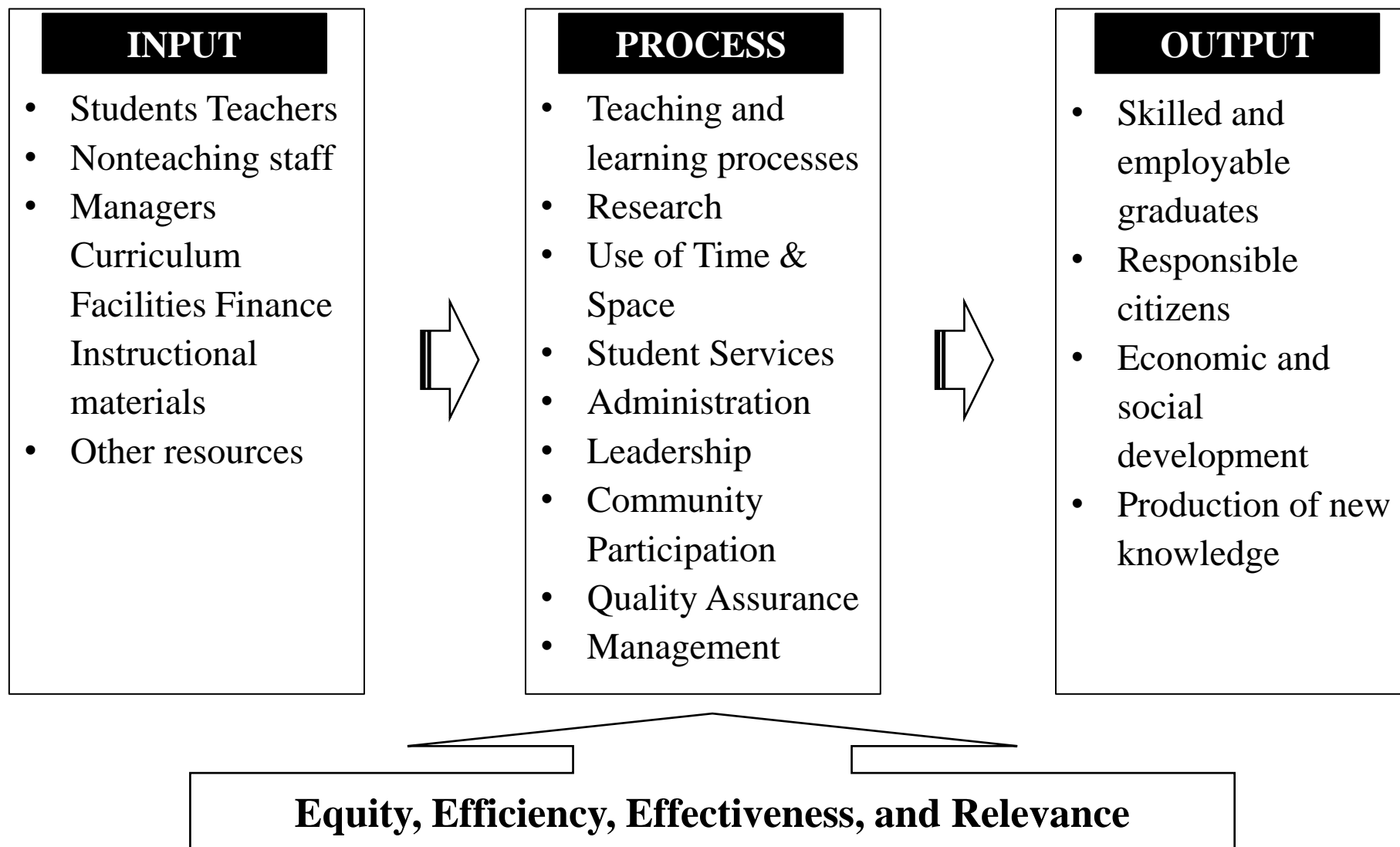


Imperatives of Transforming Health Professionals Education in Nigeria - VII

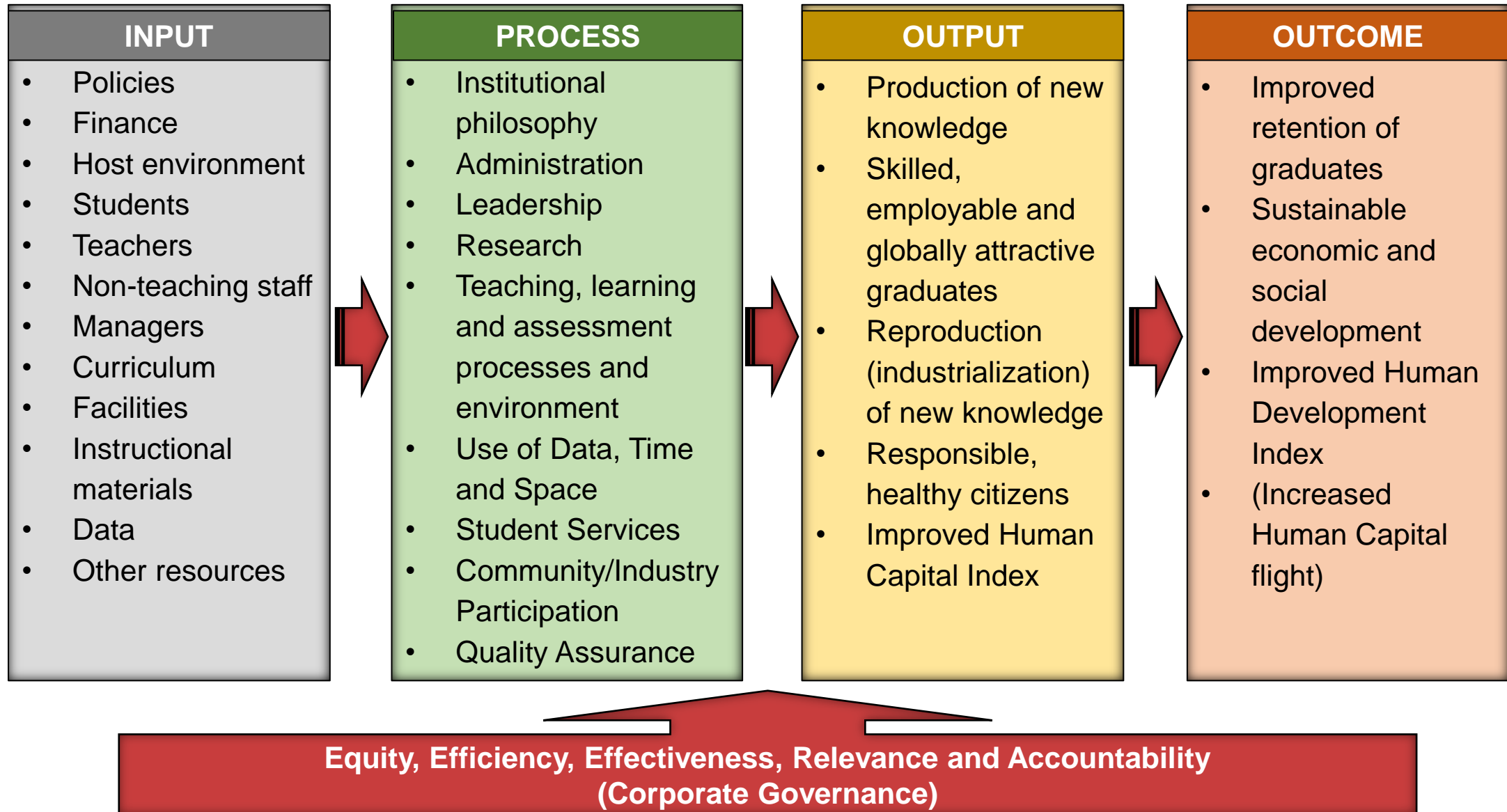
Transforming a Health Professionals Education System

- Efforts must focus on health professionals education and healthcare delivery
- Goal is to produce competent, socially responsive health professionals
- Requires functioning health education system
- Involves all stakeholders of rather than just curricula reform
- Okebukola described a model for a Functional Education System
 - Comprised of variables classified into 'Input', 'Process' and 'Output' sections
- Modified to make relevant to Health Professionals Education
 - Other socio-economic variables added
 - 'Outcomes' section added

Okebukola's Functional Education System © 2011



Fundamentals of a Functional Education System



The Competent Health Professional



Professor Emeritus Oladipo Akinkugbe 2022 Distinguished Lecture Part III

**Growth without
development:
Challenges to the
Transformation
of Health
Professionals
Education**



2019 White Coat Ceremony for MBBS BDS Students





Challenges to Transforming Health Professionals Education in Nigeria - I

Introduction

- Education and health are major contributors to development
- Nigeria has growth without development
- Education and health are major determinants of human capital required for development
- Lack of investment in human capital a major challenge to HPE
- Major contributors are:

Major Challenges to HPE:

- Poor host environment
- Poor input system
- Poor learning environment
- COVID-19 effect
- Poor social responsiveness and accountability of HPE
- Brain-drain complex
- Effect of skills-based market and 'Online' training



Challenges to Transforming Health Professionals Education in Nigeria - II

Poor Host Environment

- Unstable political climate
 - Short-term development plans now order of the day
- Security concerns and changes in host community and values
 - Population changes due to terrorist activities, migration, fertility and aging rates
 - Displacement of populations, conflicts and changes in epidemiology
 - Lack of reward for hard-work and merit, and lack of sanctions for bad behavior
 - ‘Money, power and position’ at all costs and increasing poverty
 - Erosion of ‘Omoluabi’ mantra
- Poor basic infrastructure
 - Inadequate power and water supply
 - Poor ICT, road and rail networks
 - Poor sanitation and environmental degradation



Challenges to Transforming Health Professionals Education in Nigeria - III

Poor Input System - I

- Low human capital index
 - Family and early education primary determinants
- Family Unit
 - Primary generator of human capital
 - Parents primarily responsible for nutrition, education and health of children
- Poor Nutrition
 - High poverty index – >70% of population extremely poor
 - 17% of workers earn a living wage (pay irregular)
 - Families unable to provide good nutrition
 - 36% of children <5 years (20 million) have stunted growth in Nigeria
 - 2nd highest in the world



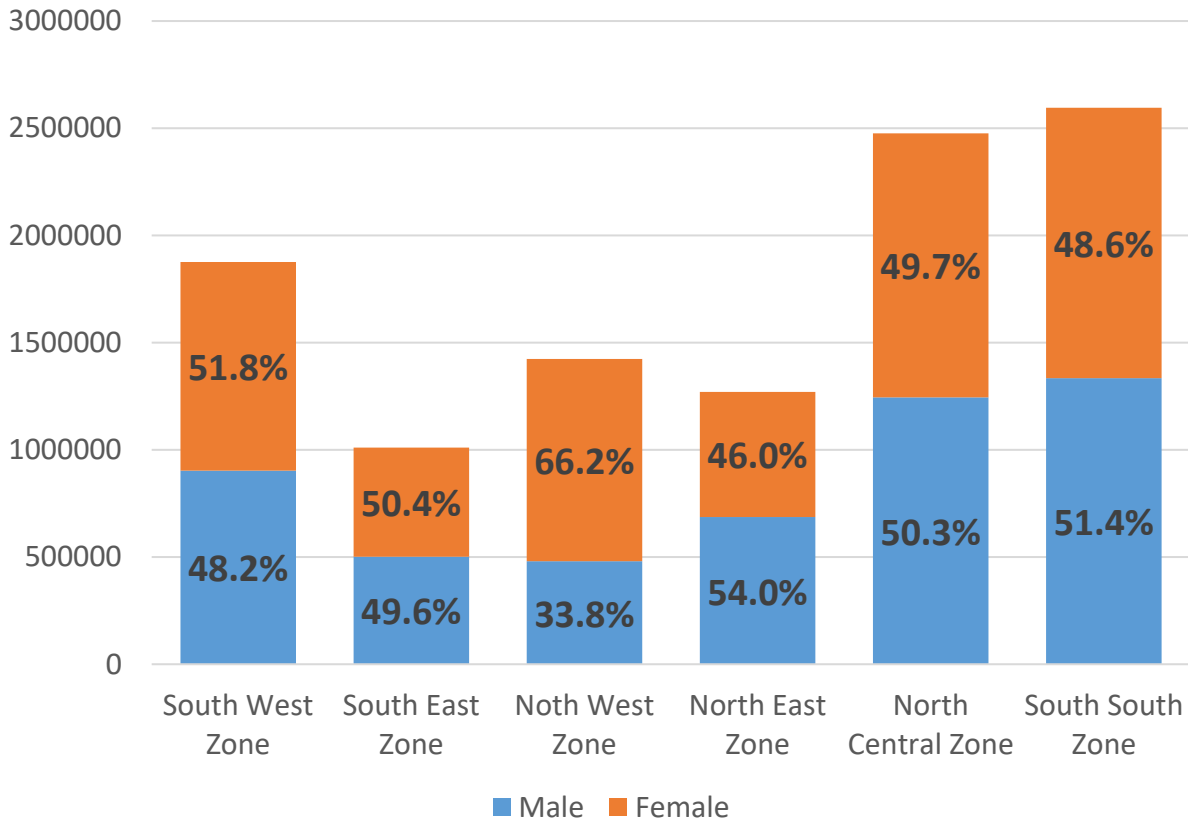
Challenges to Transforming Health Professionals Education in Nigeria - IV

Poor Input System - II

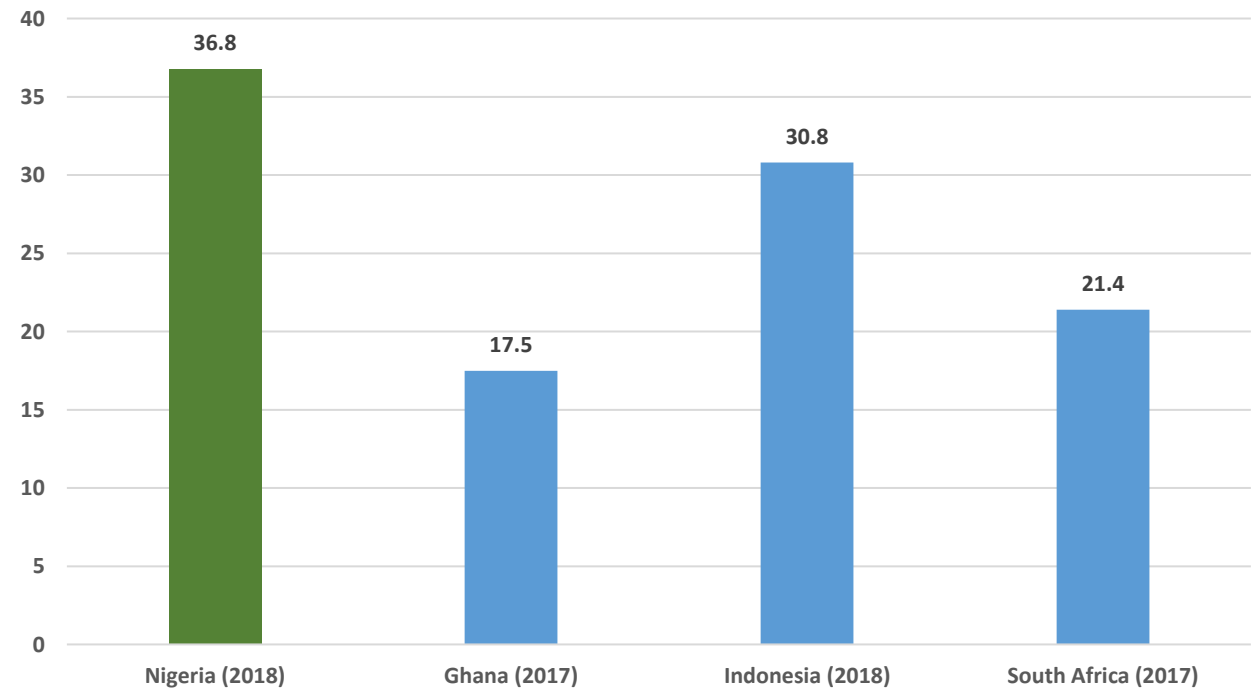
- Poor quality early education
 - Poor infrastructure of schools
 - Nigeria has highest number of out-of-school 5-15 year-olds
 - 60% of 6-11 year-olds attend primary school, and >70% do not proceed
 - 30% of primary and junior secondary school teachers unqualified
 - 30% of teachers present in school at 9am
 - 70% of 10-year old schools children in Nigeria do not understand English/Arithmetic
- Challenges of Girl-child and Boy-Child Education
 - Girl child – Poor enrolment vs Good progression and completion rates
 - Boy-child – Good enrolment vs Poor progression and High drop-out rates
 - Increased female students in higher institutions
 - More females available for highly-skilled employment

Child Development Indices

Out-of-School Children in Nigeria by Geopolitical Region (2016)



Percentage of Children under 5 with Stunted Growth (World Bank)





Challenges to Transforming Health Professionals Education in Nigeria - V

Poor Learning Environment I

- Chronic inadequate funding
 - All aspects of tertiary education affected
 - >90% of research funding is externally sourced – no footprints in HPTI
- Inadequate capacity of HPTI and complex admission process
 - Nigeria's higher education participation rate is 8% v 20% in South Africa
 - 37.2% of admission rate (JAMB 2020)
- Poorly functioning healthcare system
 - All levels of healthcare inadequately staffed and equipped
 - Poor cooperation between leadership of HPTIs and with Local and State Organs
- Medical education and Healthcare Tourism
 - \$30B and \$10B spent on education and healthcare cost in 10 years (2010-2020)



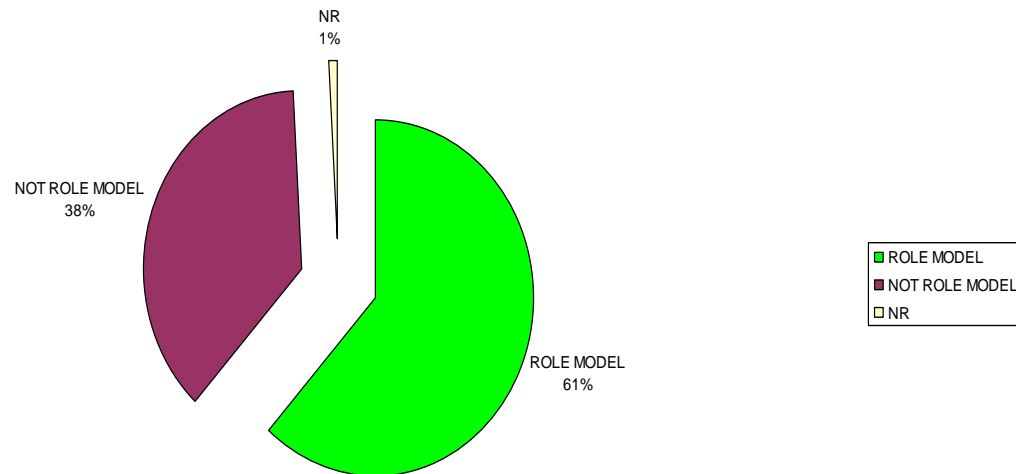
Challenges to Transforming Health Professionals Education in Nigeria - VI

Poor Learning Environment II

- Uncontrolled establishment of Public and Private Universities and HPTI
 - 12 Federal HPTI and 12 Private Universities established on April 6, 2022
 - Total no of Universities in Nigeria 215 (Total Private = 111)
 - Establishment of private HPTI profit-driven
- Academic matters
 - Unstable academic calendar
 - Conflicting directives from academic and professional regulatory bodies
- Student matters
 - Disconnect between expectations and societal employment realities
 - Only desire is to 'travel out' or 'make money'
 - Teachers/Trainers are no longer role models
 - Lack of focus and unwilling/loss of ability to learn

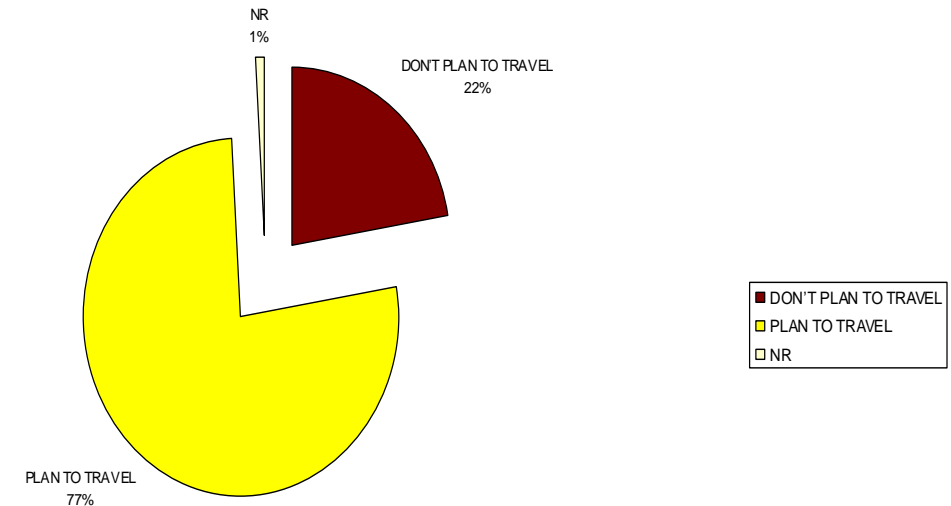
Study Processes of 1st Year COMUI MBBS/BDS (2004)

TEACHERS AS ROLE MODEL



38% of 1st Year COMUI MBBS/BDS do not see their teachers as role model or try to emulate them.

PLAN TO TRAVEL ABROAD AFTER GRADUATION



77% of 1st Year COMUI MBBS/BDS students aim to travel abroad after graduation



Challenges to Transforming Health Professionals Education in Nigeria - VII

Poor Learning Environment III

- Unending workers crises in the education and health sectors
 - Persistent agitations keeping HPTI closed for several months recurrently
 - Closures reduce research and teaching productivity and IGR generation
 - Government insists workers self-serving
 - Unions insist that without their agitations tertiary institutions would not be upgraded or workers welfare improved





Challenges to Transforming Health Professionals Education in Nigeria - VII



Effects of COVID-19 Pandemic

- Global and local economic effect
- HPTI closed for nearly 1 year
- Widespread psycho-somatic effect
- Modification of all administrative and teaching operations
- Need for capacity building of all staff
- Increased operating expenses

Facemasks for COVID-19 Pandemic
Rosalie-Ann Modder © 2020



Challenges to Transforming Health Professionals Education in Nigeria - VIII

Poor Social Responsiveness and Accountability of HPTI

- Response and obligation to health needs of host community
- Disconnect between HPTI and National Development policies
 - Non-involvement of HPTI in policy-development since independence
 - 'Stakeholders Summits' preferred - >80% of recommendations not implemented
- Lack of accurate data for policy-making
 - Culture of collecting data for policy-making not developed
 - Governments prefer foreign-supplied data
 - Government policies lack local academic input
- Non-autonomous HPTI Governance, Leadership and Regulation
 - Councils/Boards of HPTI and Regulatory Agencies responsible to 'Visitor'
 - Unable to take decisions independent of 'Visitor'



Challenges to Transforming Health Professionals Education in Nigeria - XI

Effect of 'Skills-based Market' and 'Online' Teaching

- Global focus of employers from well-rounded graduate to specific skills set
- Foreign Universities now 'without borders' and offer:
 - Short courses with reduced admission criteria and tuition
 - Online teaching with practical sessions in 'accredited' private laboratories
 - 'Certified' students sit theory and theory of practical examinations online
 - Successful students awarded certificates
- Non-Physician Clinicians being encouraged by International Health Organizations
 - No formal orthodox medical training required
 - Short practical training in specific tasks – including minor and intermediate surgeries
 - Considered as low-level replacement to Health Professionals
 - Can be deployed in rural areas



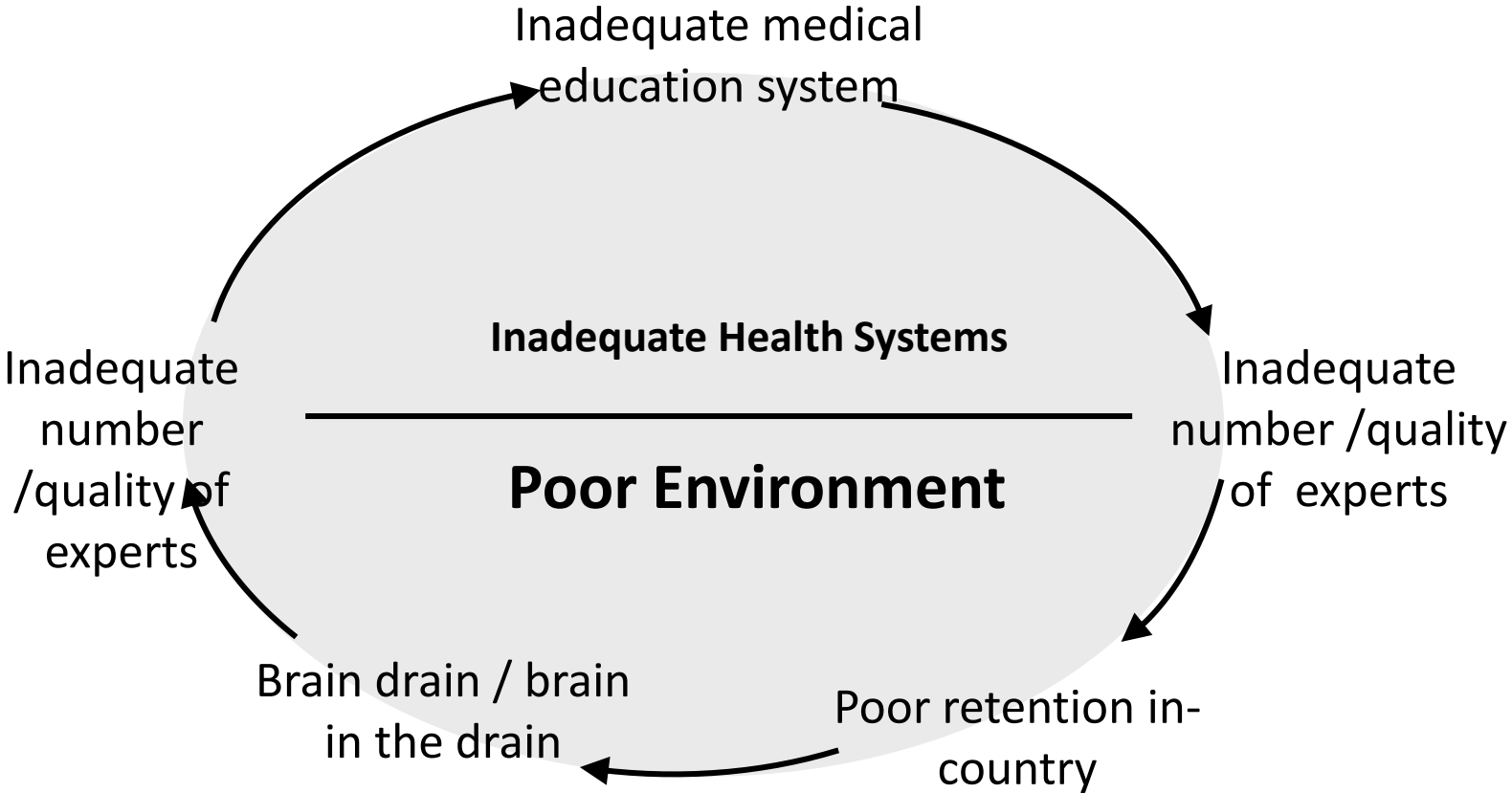
Challenges to Transforming Health Professionals Education in Nigeria - IX

'Brain drain' - 'Brain-in-the-drain' – 'Drained Brains' Complex I

- 'Brain drain'
 - Surge in migration of skilled workers to HIC
 - Fuelled by:
 - Insecurity, poor remuneration and working conditions and hostility in Nigeria
 - Increased demand, better pay and modified immigration laws in HIC
 - 2015-2021 – 4500 doctors migrated to UK
 - 'Excess mortality' and loss of return on investment \$3.1B and \$654M annually
 - Security
 - Discourages deep learning approach
 - Reinforces lack of focus and unwillingness to learn



Environment and Quality of Education and Health Systems

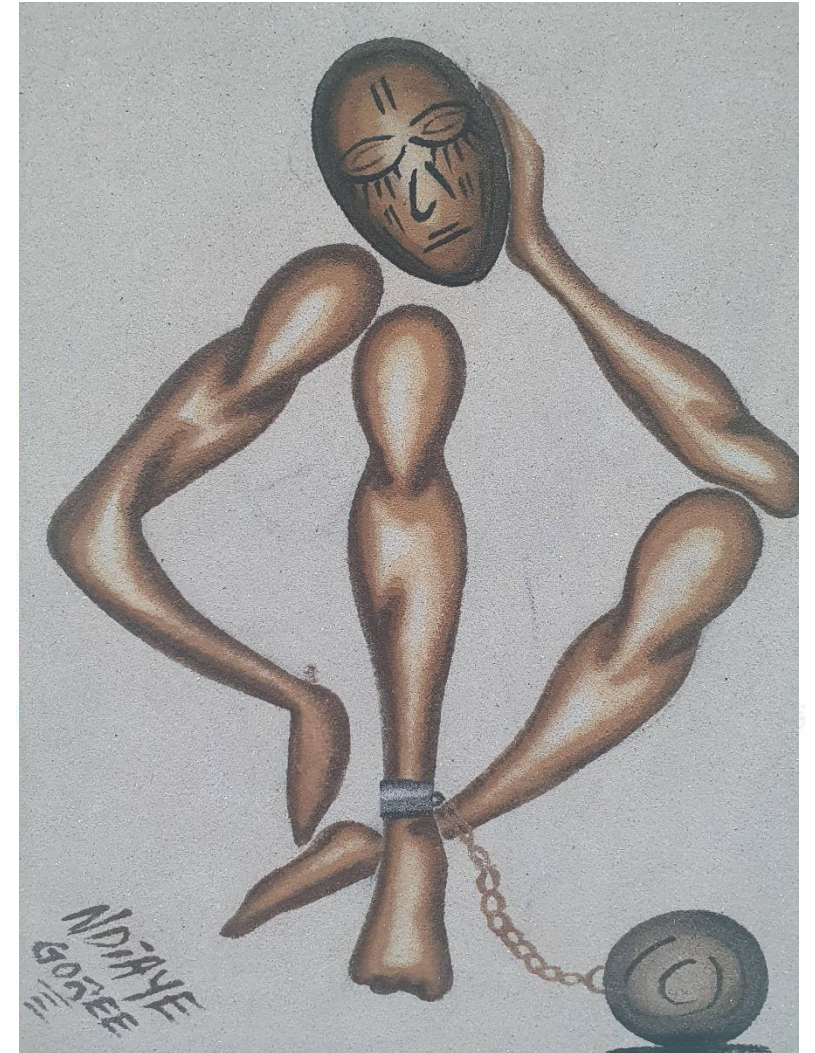




Challenges to Transforming Health Professionals Education in Nigeria - X

‘Brain drain’ - ‘Brain-in-the-drain’ – ‘Drained Brains’ Complex II

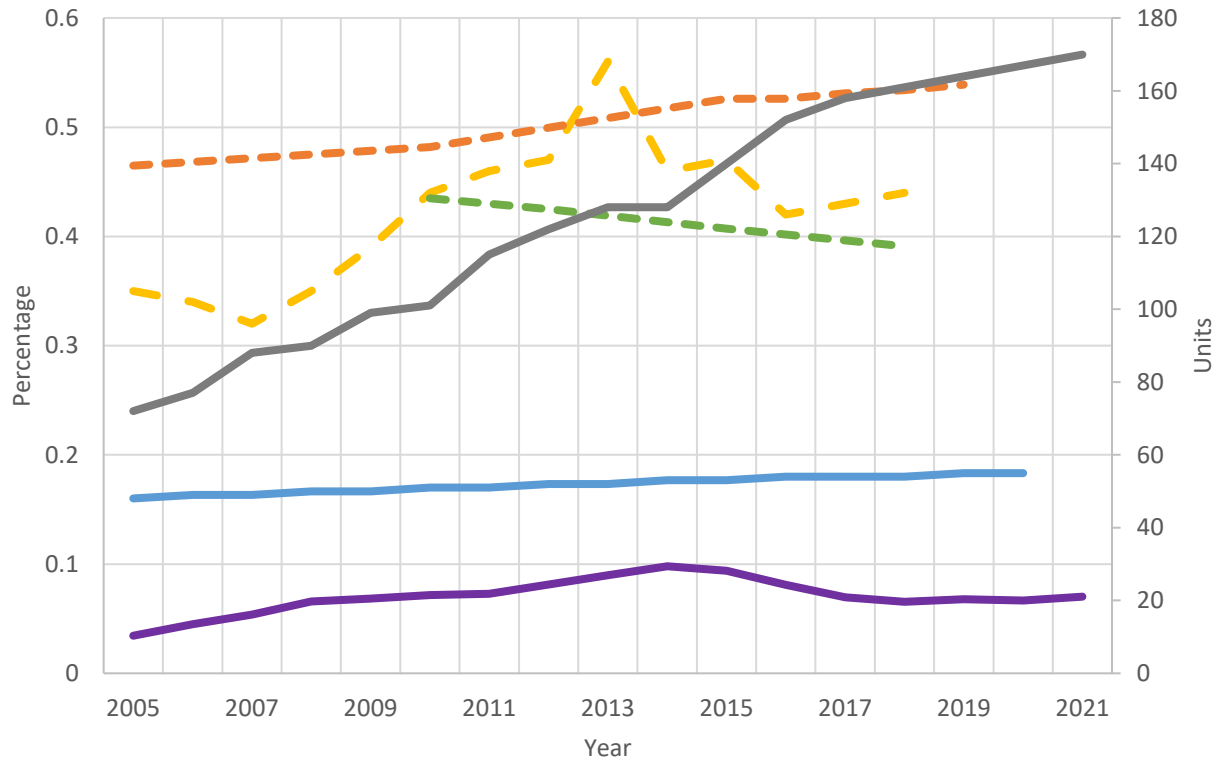
- ‘Brain-in-the-drain’
 - Residual HRH:
 - Working conditions worse
 - Limited support at work and home
 - Overworked and emotionally drained
- ‘Drained Brains’
 - Residual HRH:
 - Lack of reward of merit
 - Brain fatigue
 - Burn-out



Human Development Indices

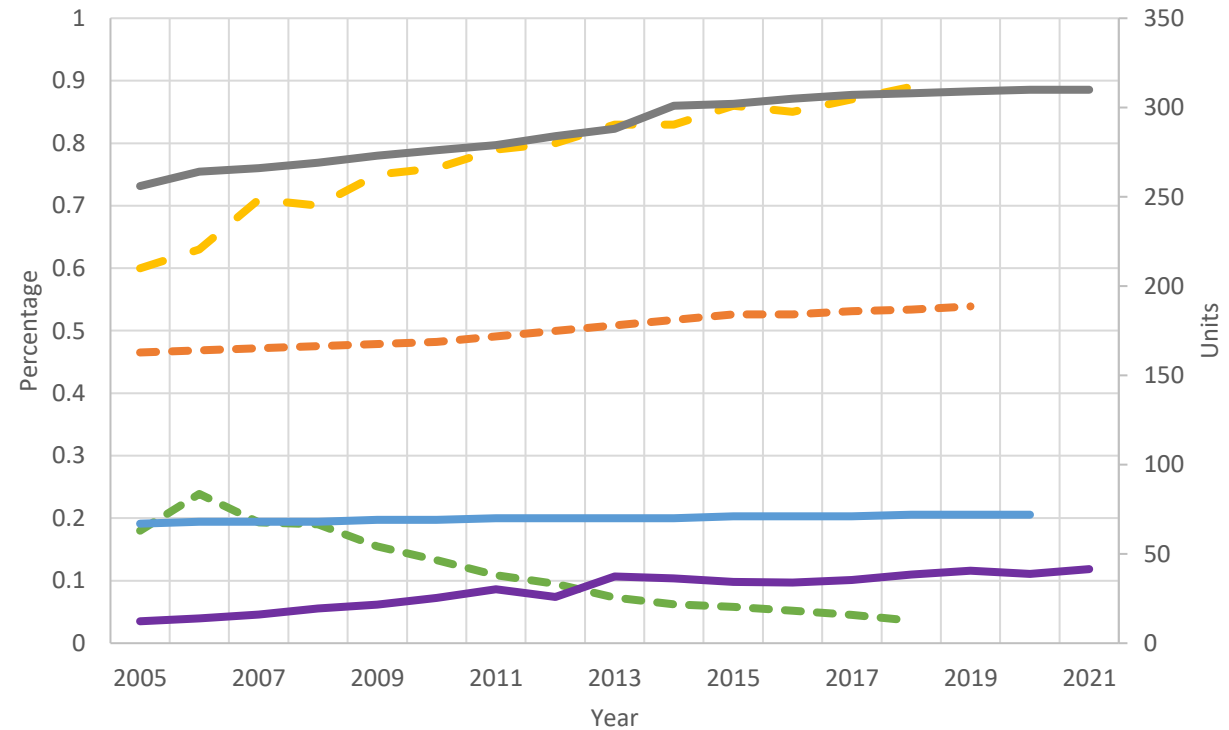
Nigeria

- Secondary School Enrollment (%)
- HDI (%)
- poverty headcount ratio at \$1.90 a day (% of population)
- Life Expectancy at birth (years)
- GNI per capita (per 100 US\$)
- Number of Universities



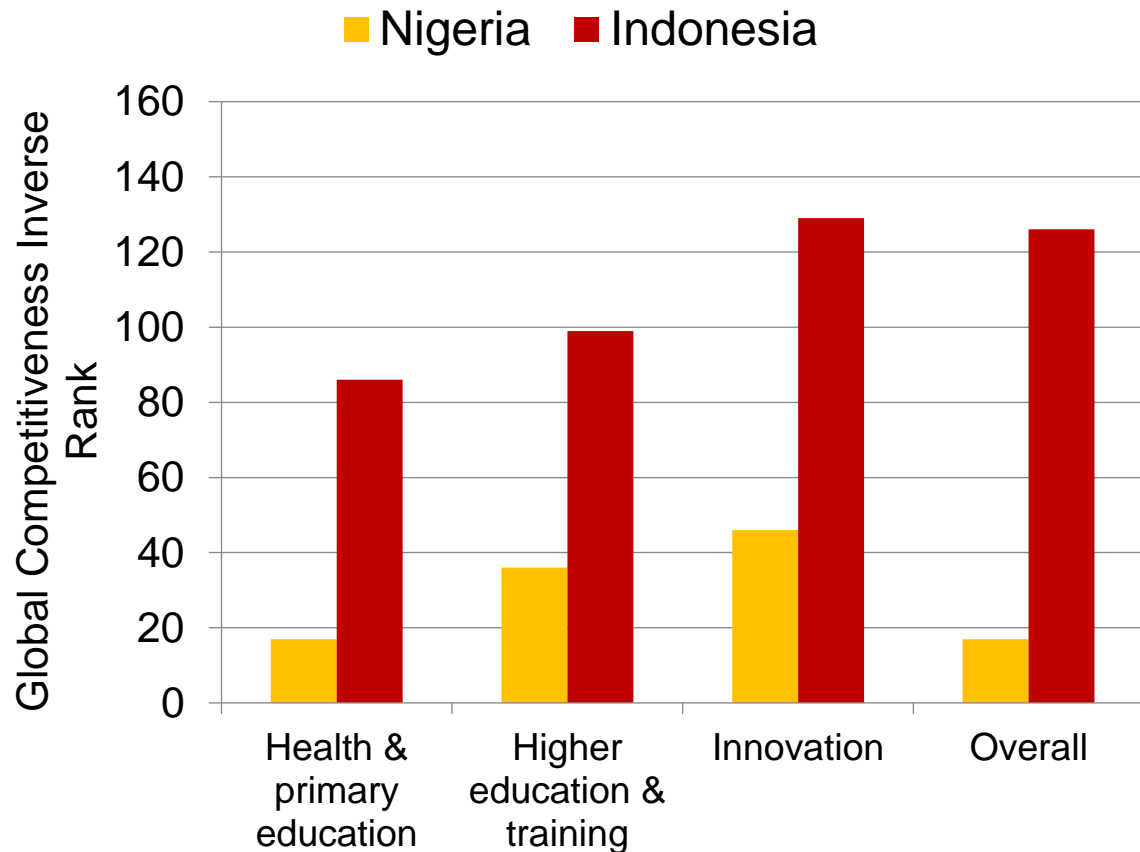
Indonesia

- Secondary School Enrollment (%)
- HDI (%)
- poverty headcount ratio at \$1.90 a day (% of population)
- Life Expectancy at birth (years)
- GNI per capita (per 100 US\$)
- Number of Universities

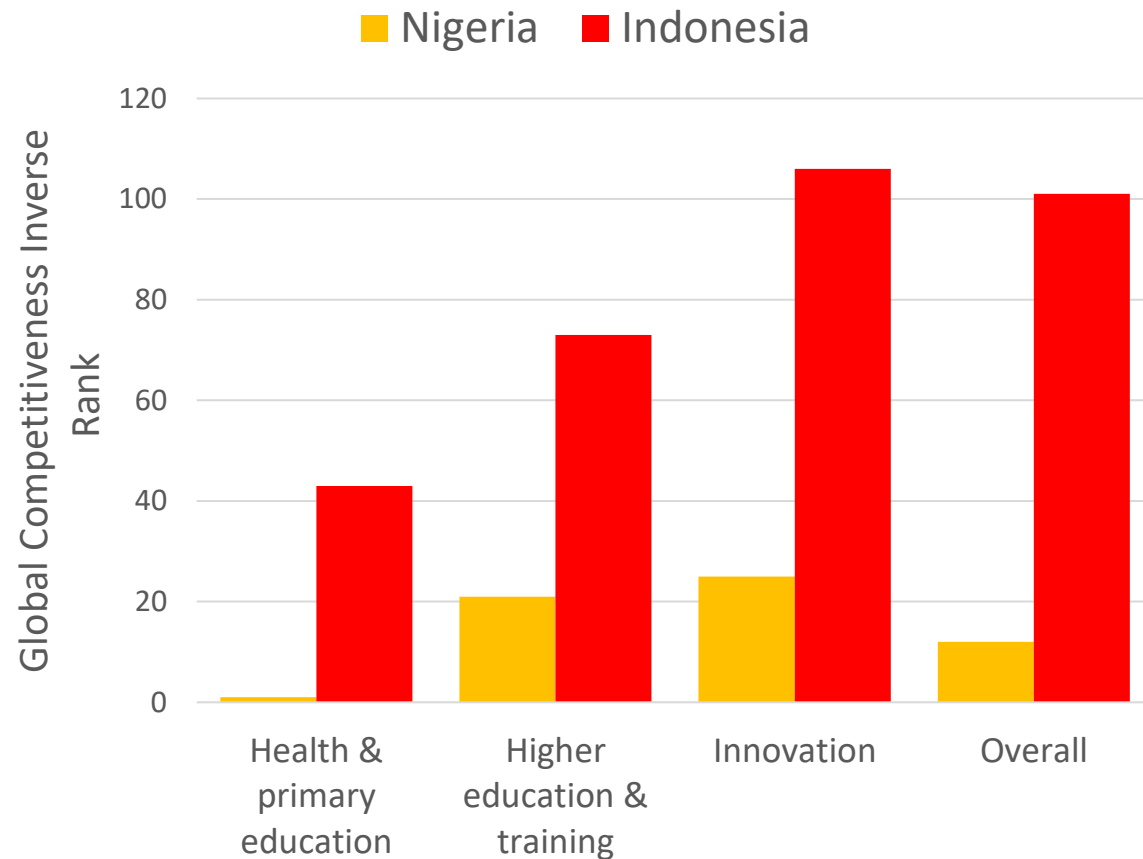


Global Competitiveness Inverse Ranking: Comparison between Nigeria & Indonesia

2014-2015



2017-2018



The Tight Grip of Extreme Poverty

The Tight Grip of Extreme Poverty

Countries with highest number of people living on less than int-\$1.9 per day (in millions)

1981 1983 1985 1987 1989 1991 1993 1995 1997 1999 2001 2003 2005 2007 2009 2011 2013 2015 2017



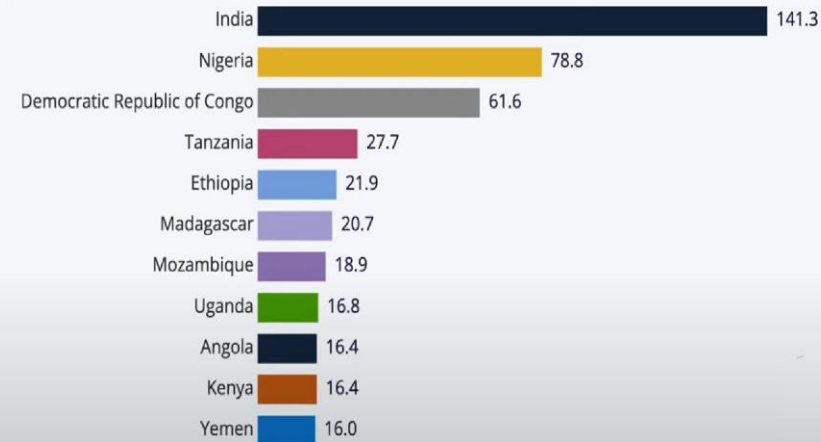
1981
statista

Source: Our World in Data

The Tight Grip of Extreme Poverty

Countries with highest number of people living on less than int-\$1.9 per day (in millions)

1981 1983 1985 1987 1989 1991 1993 1995 1997 1999 2001 2003 2005 2007 2009 2011 2013 2015 2017



2019

statista

Source: Our World in Data

Professor Oladipo Akinkugbe 2022 Distinguished Lecture Part IV

*From the depths of
superficiality or reality:*
**Imperatives for
Transformation of Health
Professionals Education**



Induction of MBBS and BDS 2017 COMUI Graduates

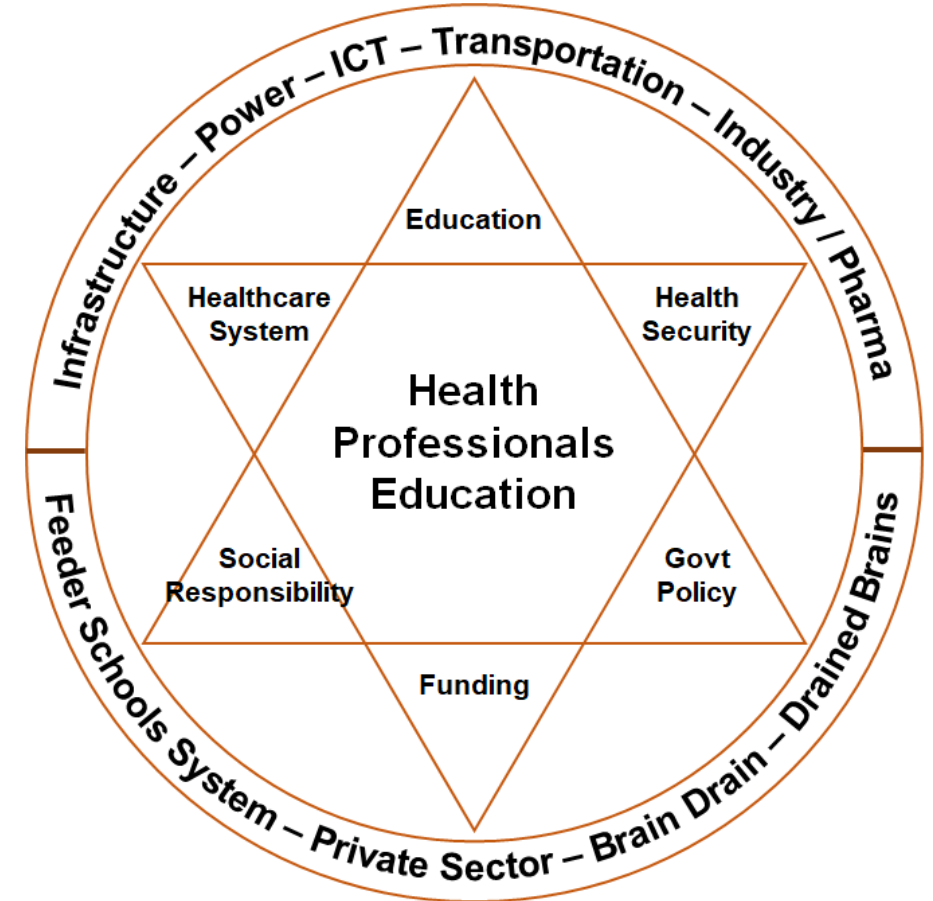




Imperatives for Transforming Health Professionals Education in Nigeria - I

Introduction

- ‘Of’ versus ‘For’
- Most efforts to transform HPE focused on curricular reforms and capacity building only
 - 2022 - BMAS transformed to CCMAS
- Realistic attempts must consider multi-sector challenges earlier identified
- Multi-pronged strategies directed at variables of a functional HPE system
- Strategies must be immediately actionable but have long-term view



Sustainable Health Professionals Education System



Imperatives for Transforming Health Professionals Education in Nigeria - II

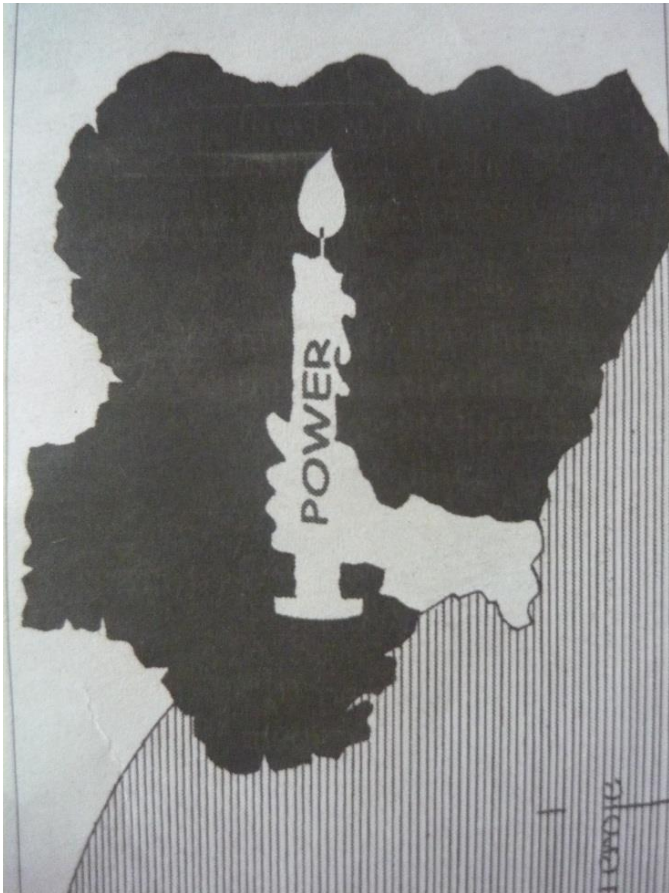
Social Transformation

- Transforming the Host Communities
 - Communities must transform for institutions they host to transform
 - Mass re-orientation to instil previous values of 'Omoluabi' required as first step
 - Family unit critical, but also cultural, traditional, religious and political structures
- Transformation of Governance Structures
 - Buy-in of governance structures required for success of HPE transformation viz:
 - Enshrining good governance to improve political climate and security
 - Decentralization and enforcement of corporate governance
 - Enactment of purposefully developed policies for organic growth and development
 - Proper implementation of policies in all sectors for greater effectiveness



Imperatives for Transforming Health Professionals Education in Nigeria - III

Let there be (real) power!!!!



Transforming the Infrastructure

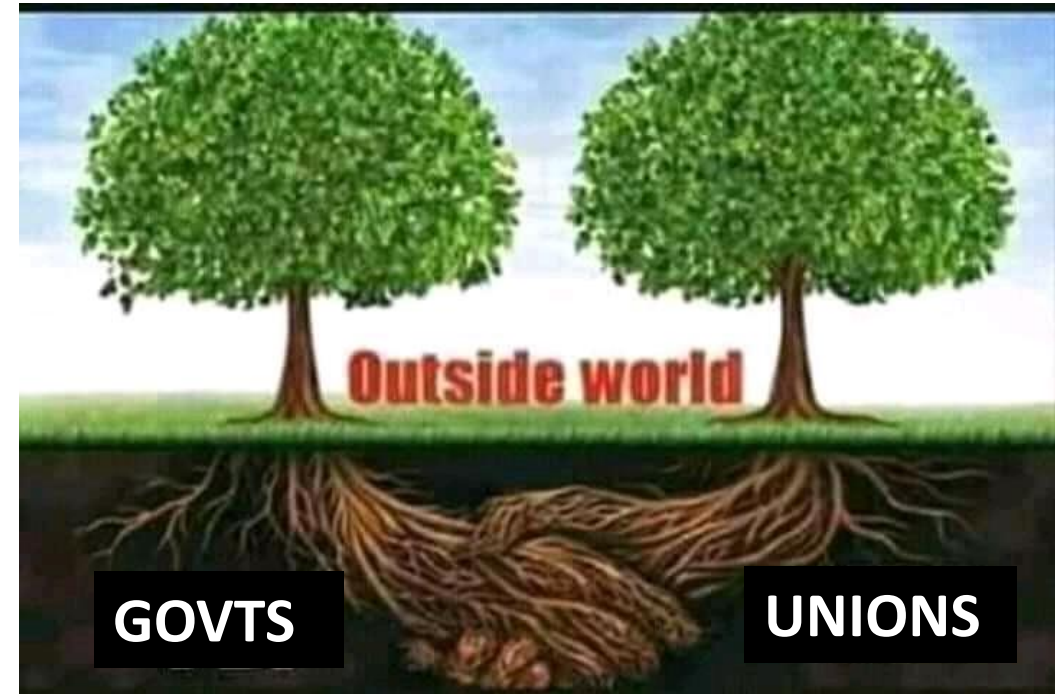
- Near collapse of infrastructure must be reversed
- Important so country can be part of 4th Industrial Revolution and prepare for the 5th
- Power and water supply, ICT networks key for technological base for processes required
- Rail and road networks also important
- Quality assurance through effective regulatory bodies



Imperatives for Transforming Health Professionals Education in Nigeria - IX

Transforming the Human Capital - I

- Ensuring a functional education and healthcare system
 - Urgent resolution of on-going trade unions
 - Improvement in the quality of primary and secondary education
 - Upgrade Infrastructure including ICT
 - Quantity and quality of motivated Teachers
 - Decreasing the entrenched poverty and disparity in the society
 - Improved employment and entrepreneurial opportunities
 - Student support programs
 - Addressing peculiarities of boy and girl-child education
 - Increased capacity of and access to Tertiary Institutions
 - Increase number and maintain quality

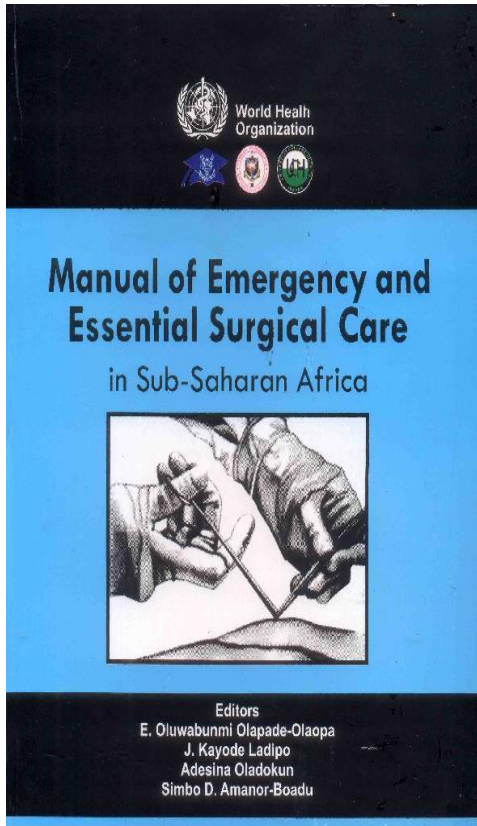




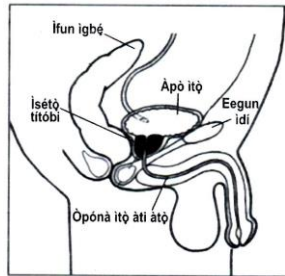
Imperatives for Transforming Health Professionals Education in Nigeria - V

Transforming the Human Capital - II

- Increased and more effective use of ICT
- Increased local development of educational material
 - Development of learning resources in local languages
- Improved retention policies for human capital
 - Improved living and working conditions
 - Stem and reverse migration of unskilled youths
 - Improved youth participation programs and mentoring
 - Introducing tracking and recognition systems



Ìwé Ìtanilógobó Fún Àwọn Aláìsàn
**ÌSÈTÒ TÍTÓBÌ
ALÁÌNÍJÈJÈRÈ (ÌTA)**
(Benign Prostate Enlargement)

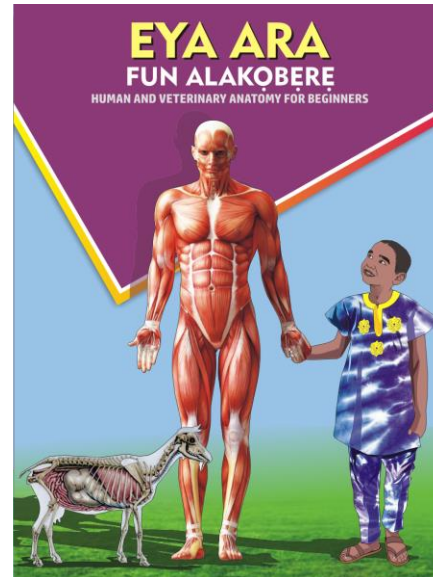


Àwọn tó sàgbékalẹ̀ ìwé yìí ni:
EO Olápàdẹ̀-Ọlápá, AO Asu-Eze, LI Okeke àti OB Shittù
Atúmọ̀ èdè láti Gẹ̀ẹ́sì sí Yorùbá: Fúnmílọ̀lá Iranadé
Àwọn olóótù: Dúró Adéleke àti EO Olápàdẹ̀-Ọlápá

Ni Isòkò Ìmọ̀-Ajemótò, Èka ti Ìmọ̀-Isègùn Isé-Abe, Ilé Èkọ̀ Gísga ti Ìmọ̀-Isègùn, ni Ilé Iwòsàn Èkọ̀ni, UCH, Oritá Mèfà, Ibadàn, Yunifásitì Ibadàn, Oritẹ̀ Èdè Nàìjíríà, (Urology Division, Department of Surgery, College of Medicine, University of Ibadan, Ibadan, Nigeria)

Ìwé pèlèbè yìí ni a sẹ̀ lẹ́fẹ́ fún àwọn aláìsàn tí ó ní wá sí Ilé Iwòsàn Èkọ̀ni, UCH, Oritá Mèfà, Ibadàn. Pẹ̀lú ináare àti imoore láti gbowé àwọn ọmọ aláìsàn kan.

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Imperatives for Transforming Health Professionals Education in Nigeria - VI

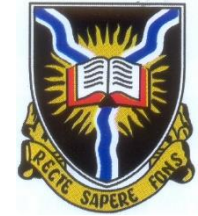
Transforming Health Professionals Training Institutions - I

- Strategies directed at producing fit-for-practice and fit-of-practice graduates viz:
 - Redefining the role of HPTI in National Development
 - Establishing networks with government and private sector agencies
 - Increasing the number of Health Professionals in Nigeria
 - Increasing capacity and number of public and private HPTI whilst maintaining quality
 - Transforming the governance structures of HPTI to ensure accountability
 - Need for partial or full autonomy / responsibility for viability and competitiveness
 - Ensuring effective leadership
 - Competent Chief Executives and Management Teams
 - Adopting corporate governance and 'Complex adaptive leadership' structures
 - Refocussing academic and professional staff
 - Regular re-orientation and capacity building programs

Chief Executives Need A Competent Management Team



COMUI Management Team – 2018-2020





Imperatives for Transforming Health Professionals Education in Nigeria - VII

Transforming Health Professionals Training Institutions - II

- Sustainable funding of HPTI
 - Current funding template for tertiary education unsustainable
 - Government should state inability to fund capital-intensive twin institutions of HPTI
 - Funding formula suggested – shared funding by government, parents and others
 - Government, Industry, Alumni and others – Bursaries, loans, scholarships/grants
 - Parents and Guardians – Realistic Tuitions Fees and Training Levies
 - COMUI and UNIMED as Templates
 - HPTI – Internal generated revenue
- Restoring financial credibility of HPTI
 - Adoption of robust institutional financial policies, systems and processes
 - Development of Strategic Development Plans and Budgetary mechanisms
 - Sound internal control mechanisms to reduce leakages and ensure fiscal discipline



Imperatives for Transforming Health Professionals Education in Nigeria - VIII

Transforming Health Professionals Training Institutions - III

- Provision of safe, secure and serene learning environment with high-standard of basic infrastructure
 - Security, power and water supply, efficient ICT networks and sanitation system
- Upgrading HPTI's Research Capacity
 - World class research infrastructure
 - Research Management Offices and Centres for Entrepreneurship and Innovation
 - Well-stocked modern Library System with hard-copy and electronic learning resources
- Improving Healthcare Institutions
 - Fully functional, well-staffed and well-equipped healthcare institutions required at all levels of care
 - Cordial and harmonious relationship between Managements of HPTI and with government organs



Imperatives for Transforming Health Professionals Education in Nigeria - IX

Revamp support for students

- Reduce internal causes of disruptions and prolongation of courses
- Increase employability of students by:
 - Re-orient students on civic responsibilities
 - Introducing innovative courses to compete with skills-only institutions
 - Increase opportunities for experiential learning in industry
 - Re-establish proper mentoring programs
- Establish anti-cultism and anti-drug abuse program with effective rehabilitation components
- Ensure zero-tolerance for sexual harassment





Imperatives for Transforming Health Professionals Education in Nigeria - X

Participation in Knowledge Economy

- Development of strategic research and development relationships with host communities, private sector and government agencies
- Equip HPTI Management to attract and manage local and foreign direct investments
- Conceptualize curricula and research projects drawn from local community and industry needs

Ramp-up HPTI's Social Contract

- Development of research, teaching and healthcare programs directed at improving the socio-economic status of their host communities
- Enable closer relationship between 'town' and 'gown'
- Provide valuable information for skills acquisition and academic progress
- Data generated will be used for policy making and implementation



Imperatives for Transforming Health Professionals Education in Nigeria - XI

Revive Afro-centric orientation of HPTI

- Rekindle Afro-centric orientation of HPTI
- Major objective of founders of UCI in 1943
- Redirect research, training and service methods to adapt to local culture and lores – ‘Art-in-Medicine’ Courses
- Strengthen culture-based academic collaborations within and between HPTI
- Development of the repertoire of local languages for use as teaching medium



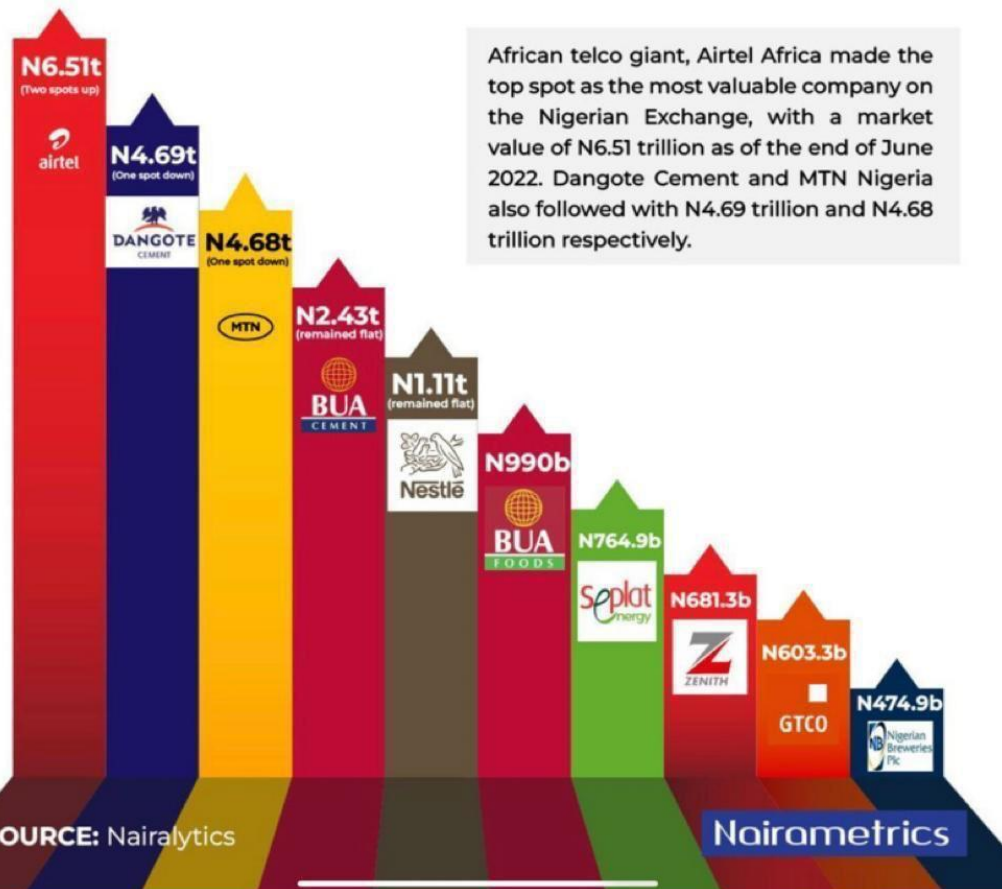


AMSA
AFRICAN MEDICAL SCHOOLS ASSOCIATION



Imperatives for Transforming Health Professionals Education in Nigeria - XII

MOST VALUABLE COMPANIES IN NIGERIA AS OF JUNE 2022



Partnership with Stakeholders

- Reawaken collective ownership of HPTI by stakeholders
- Stakeholders are:
 - Alumni
 - Host community
 - HNIs
 - Industry
 - Civil Society Organisations
 - Religious bodies
- Stakeholders to be courted to support various aspects of HPTI function especially students' support, curriculum development, capacity building, infrastructure and research grants



Imperatives for Transforming Health Professionals Education in Nigeria - XIII

Transformation of Curricula

- Curricula reform
 - Complete overhaul of existing curricula
 - Concept of person-centred and population-based healthcare
 - Incorporate the arts in medicine i.e. story-telling, drama, poetry etc.
 - Adoption of 'continuum of learning' and life-long learning approaches
 - Incorporate community-based, team-based and problem-based learning
 - CBME model being adopted worldwide
 - Identify and incorporate essential duties for each health professional



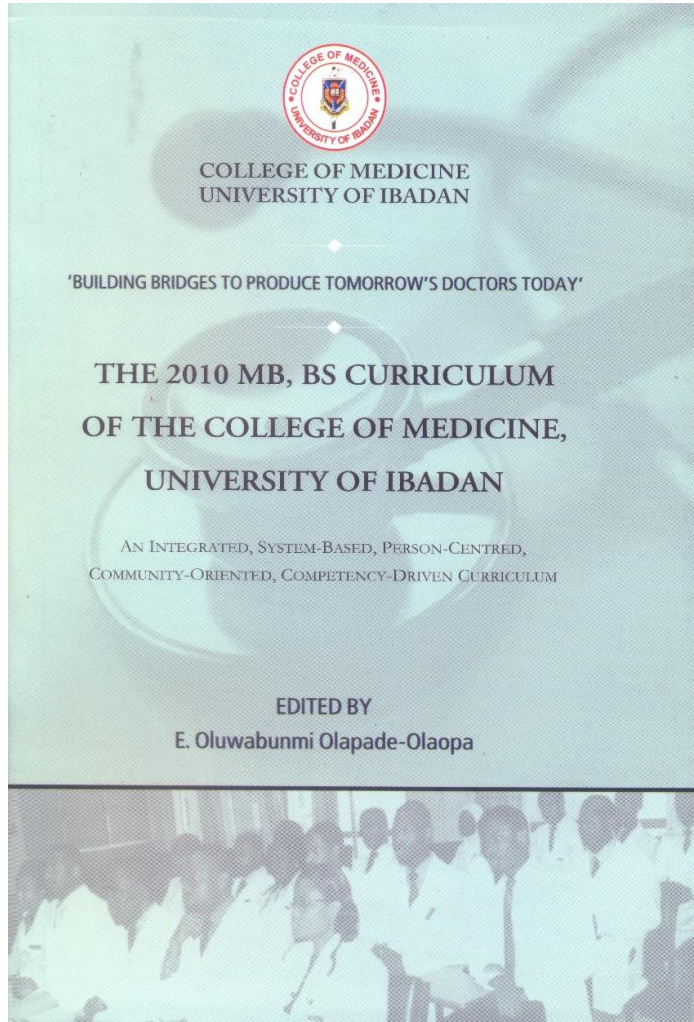
COMUI Arts-in-Medicine Workshop 5-9 November, 2018



Imperatives for Transforming Health Professionals Education in Nigeria - XIV

Curriculum Reform at the College of Medicine, University of Ibadan (COMUI) - I

- Inherited traditional curriculum in use since 1948
- Minor revisions since then
 - Introduction of community-based learning in 1962 (Igbo-Ora posting)
- Major revision of COMUI MBBS/BDS Curriculum 2001-2010
- Traditional curricula revised to CBME model
 - Horizontal, competency-driven, system-based integration of courses
 - Increased contact time between teachers and students
 - Emphasis on small group teaching
 - Introduction of prioritized learning
 - Family Medicine and Infectious Disease Units created



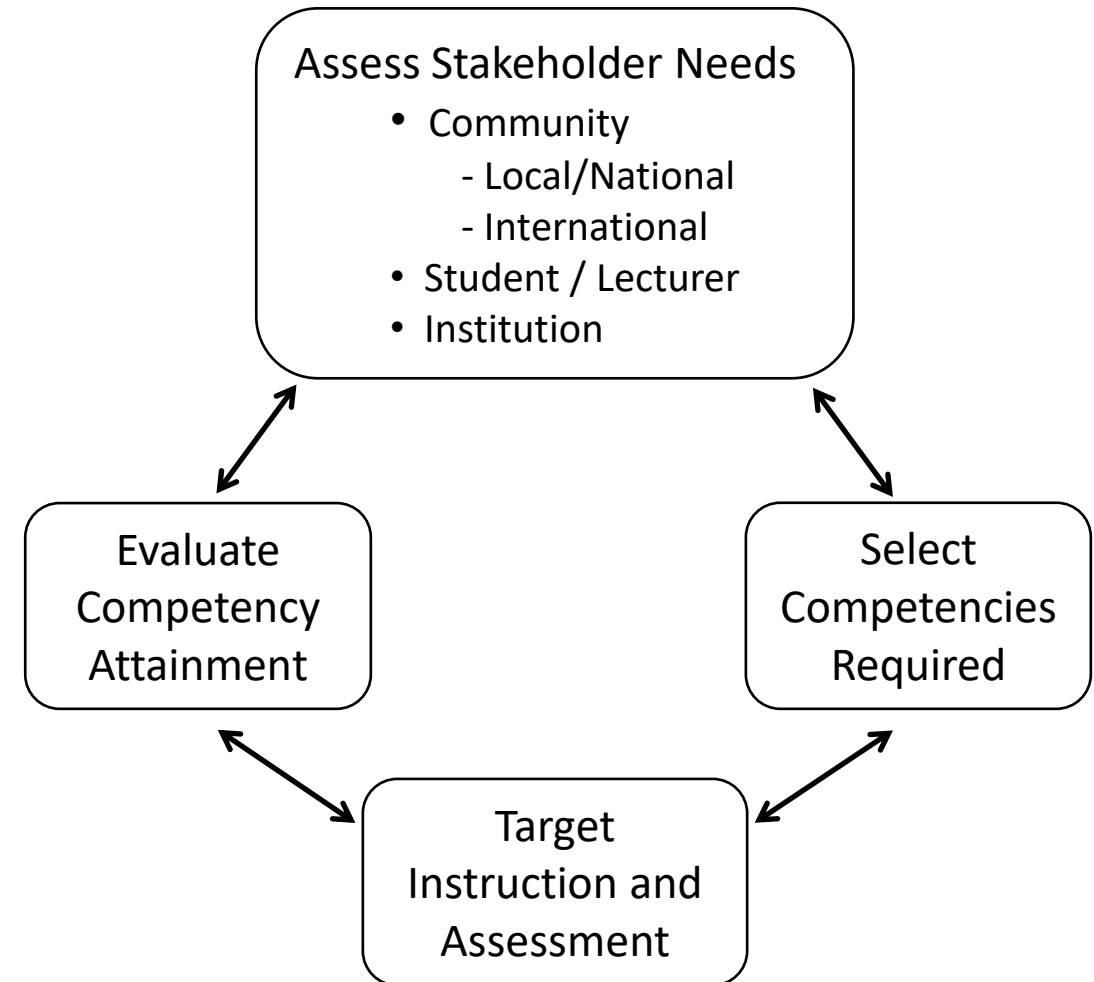


Imperatives for Transforming Health Professionals Education in Nigeria - XV

Curriculum Reform at the College of Medicine, University of Ibadan (COMUI) - II

- Curriculum Revision done in 5 phases
 - Phase 1 – Capacity building in medical education and increasing stakeholder awareness
 - Phase 2 - Review of the existing curriculum
 - Phase 3 – Development of new curriculum template
 - Phase 4 – Implementation of the new CBME curriculum
 - Phase 5 – Curriculum evaluation and revision

Steps in Developing a CBE Curriculum



Teaching and Assessment Methods for Learning

	LEARNING OBJECTIVES	OUTCOME MEASURES/ INDICES	ASSESSMENT METHODS	TEACHING METHODS
1	Possess knowledge of Anatomy sufficient for medical education	Demonstration of theoretical and practical knowledge of gross human anatomy	MCQs, Long and Short essay questions Practical examination (Steeple chase), and Viva voce (cards). Picture test	- Didactic lectures (core basic science) - Tutorial - Practicals demonstration - Slide shows - e-learning materials
2	To possess adequate orientation towards application of basic medical science in clinical practice	Demonstration of theoretical and practical knowledge of microscopic structures of human tissues and organs using clinical correlates	MCQs, Long and Short essay questions Practical examination (Steeple chase), and Viva voce (cards). Picture test	- Didactic lectures (applied basic science) - Tutorial - Gross dissections - Slide shows and histological practicals - e-learning materials - Case- based learning
3	Competence in basic research methodology	Demonstration of basic research methods	MCQs, Long and Short essay questions Practical examination (Steeple chase), and Viva voce (cards). Picture test	- Didactic lectures - Tutorial - Take home research assignments
4	To possess sound knowledge of basic medical science of international standards	Demonstration of sound understanding of human developmental process (embryology) gross anatomy, histology and neuroanatomy and basic concept of molecular biology	MCQs, Long and Short essay questions Practical examination (Steeple chase), and Viva voce (cards). Picture test	- Didactic lectures - Tutorial - Take home research assignments - Gross dissections - Slide shows and histological practicals - e-learning materials

GRAPHIC REPRESENTATION OF 2010 CMUI INTEGRATED CURRICULUM

Beginning of Sessions	WEEKS																										
	2	4	6	8	10	12	14	16	18	20	22	24	26	28	30	32	34	36	38	40	42	44	46	48	50	52	
200L	GIP	Integrated Core Basic Science I				Mid-Sem Vacation	Integrated Core Basic Science I				Medicine as a Profession	End of Sem Vacation	Integrated Core Basic Science II				Mid-Sem Vacation	Integrated Core Basic Science II				Multi-disciplinary Healthcare Delivery	End of Session Vacation				
300L	Block Posting I	(Include Integrated System-based Lectures)						Revision Core Basic Science	Self Study Rev	MBBS Part I Exam	Vacation	Clinical Introductory Posting	(Include Integrated Lectures)						Block Posting II		Vacation						
		Clinical Application of Basic Science											Integrated Introductory Medicine I and Surgery I														
400L	Break	Integrated System-Based Lectures				Break	Integrated System-Based Lectures				Break	Integrated System-Based Lectures				Break											
	Radiology I	Junior Paediatrics				Medicine II				Surgery II				Junior OBGYN		Special Posting I & II		Infectious Diseases Posting	Community Health I								
500L	Vacation	Block Posting Rev	MBBS Part II Exam	Psychiatry I	Senior Paediatrics				Senior OBGYN				Family Medicine I	Community Medicine		Revision OBGYN & Paed		Rev	MBBS Part III Exam								
600L	Vacation	Psychiatry II	Elective Posting I	Family Medicine II	Special Posting II				Radiology II	Vacation	Community Health II		Medicine III & Surgery III						Rev	MBBS Part IV Exam							



Imperatives of Transforming Health Professionals Education in Nigeria - XVI

Evaluation of COMUI Curriculum Revision Process - I

- Essential to review process
- Undertaken *pari-pasu* with revision process
- Feedback aids further improvement
- Formal evaluation done 2 years after implementation of new curriculum
- Conclusion
 - General acceptance and positive impact of revised curricula overall



Imperatives of Transforming Health Professionals Education in Nigeria - XVII

Evaluation of COMUI Curriculum Revision Process - II

• Successes

- Better cooperation between teachers and departments
- Improved academic, clinical and research skills
- Increased number of distinctions awarded in Part I Final MBBS/BDS Examinations
- Increased number graduates winning international research and academic prizes

• Challenges

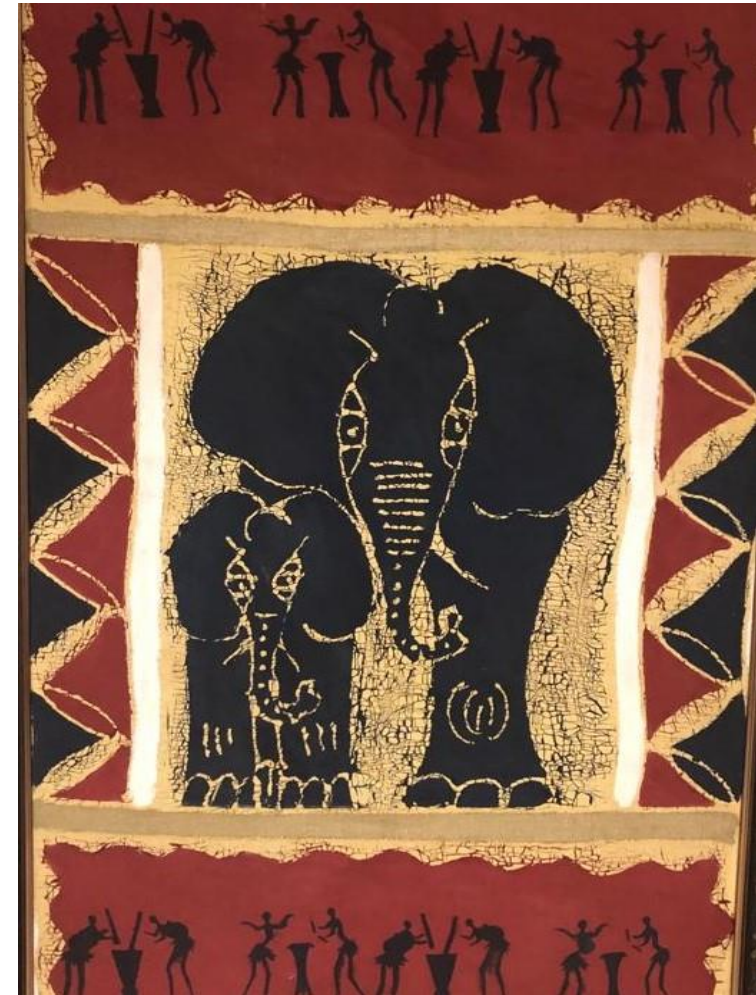
- Inadequate funding and capacity building
- Limited technological and infrastructure support
- Initial resistance by faculty
- Students
 - First two sets felt they were guinea-pigs
 - Older students felt abandoned



Imperatives of Transforming Health Professionals Education in Nigeria - XVIII

Pitfalls in Curriculum Development:

- Who owns the revision process?
 - Shared ownership best
 - All stakeholders via the 'VC/Provost-in-Council'
- Who funds the process?
 - Local – University / College / Faculty
 - National Regulatory Agencies
 - National /International funding agencies
- Who direct the process?
 - VC / Provost / Director Medical Education Unit
 - Faculty (medical educators) / Non-Teaching Staff
 - Must be competent, credible and long-suffering
- Who implements the curriculum
 - Provost / Medical Education Unit / HODs



Professor Oladipo Akinkugbe 2022 Distinguished Lecture Part V

**‘And what does it
all add up to’?:
Conclusions and
Acknowledgments**



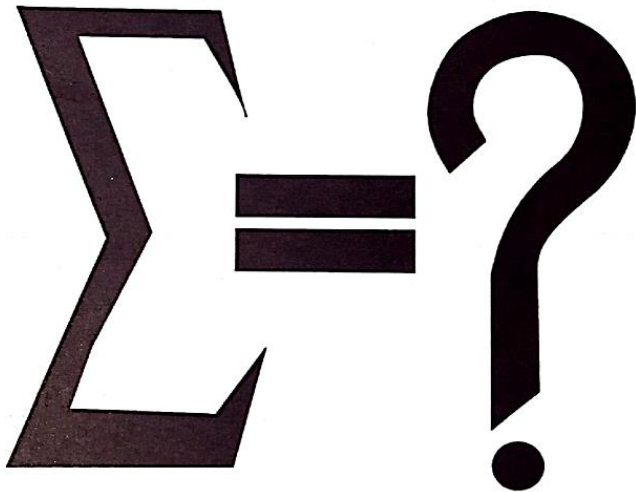


Imperatives for Transforming Health Professionals Education in Nigeria - I

WHAT DOES IT ALL ADD UP TO ?

By

ADEGOKE OLUBUMMO

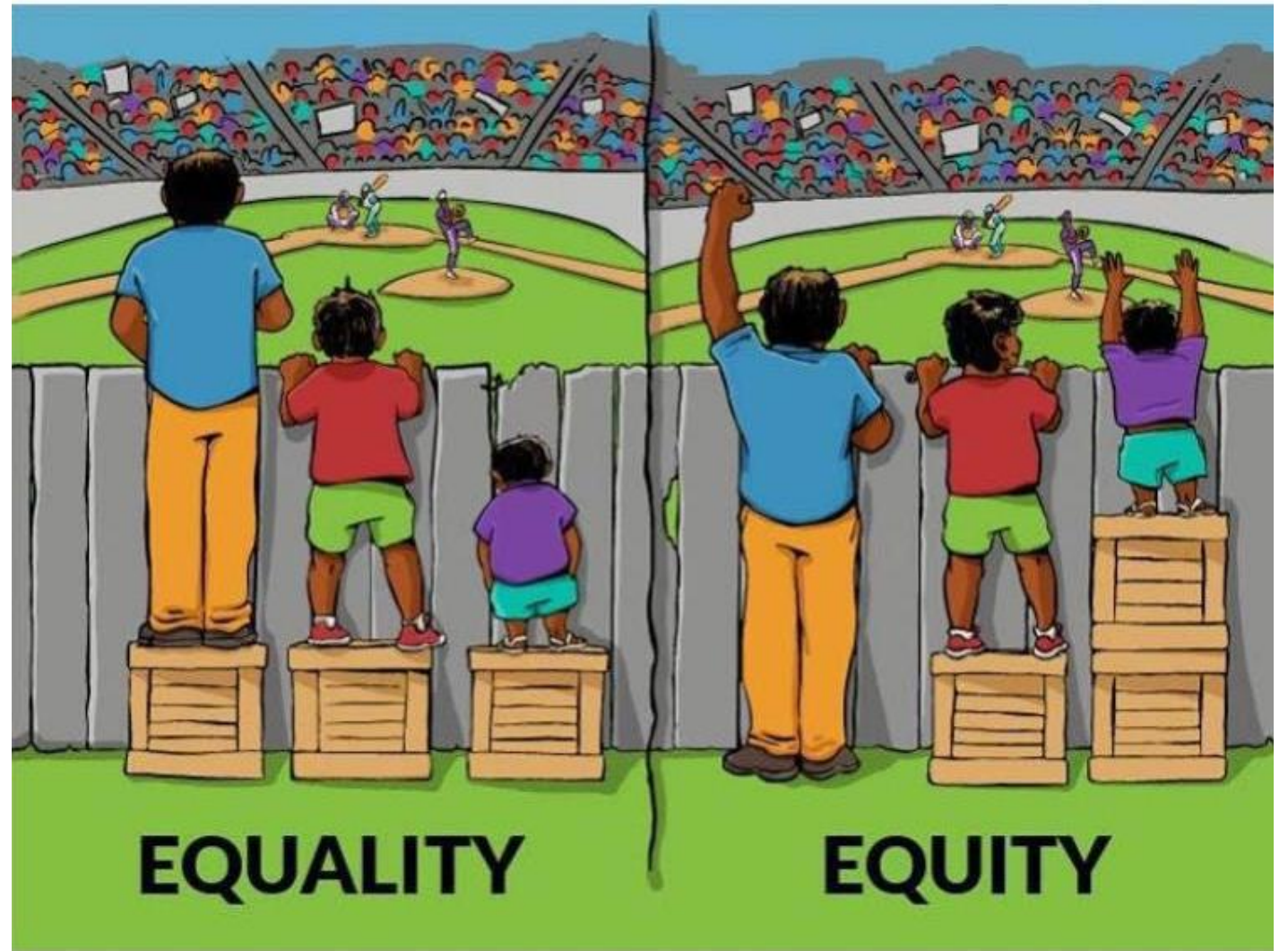


A VALEDICTORY LECTURE DELIVERED
AT THE SEND-OFF FUNCTION ORGANIZED
BY THE FACULTY OF SCIENCE,
UNIVERSITY OF IBADAN
ON 17TH JULY, 1985.

Conclusion

- ‘What does it all add up to’?
 - Transformation of HPE faces unique challenges that demand unique solutions
 - Requires transformation of all sectors, but especially education and health
 - Processes must start from family units and communities but involve all stakeholders
 - Overall goal must be national development
 - Wholesome review of national socio-economic policies with focus on education and health
 - Transformation of HPTI, curricula revision and strategies to retain HRH mandatory
- ‘Training for export vs breeding for export’

Addressing Disparity with Equity and not Equality



Migration decreasing Nigeria's Human Capital

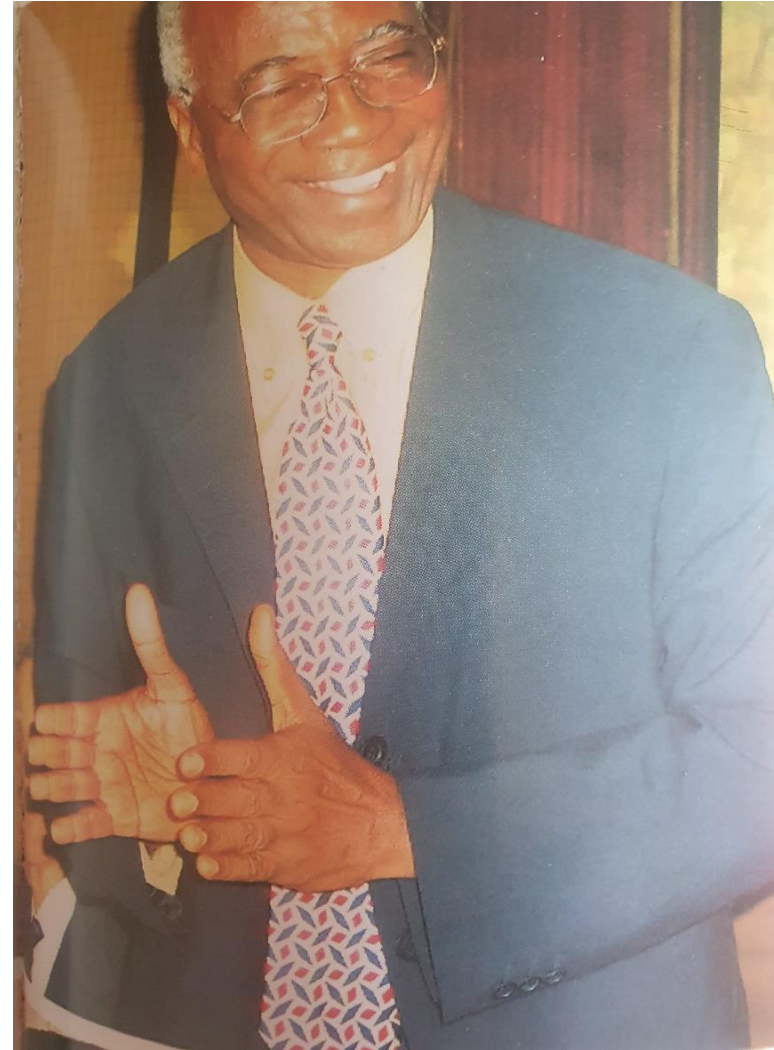


Migrating Out – UI 1986 MBBS Graduates: 1 of 8 in-country

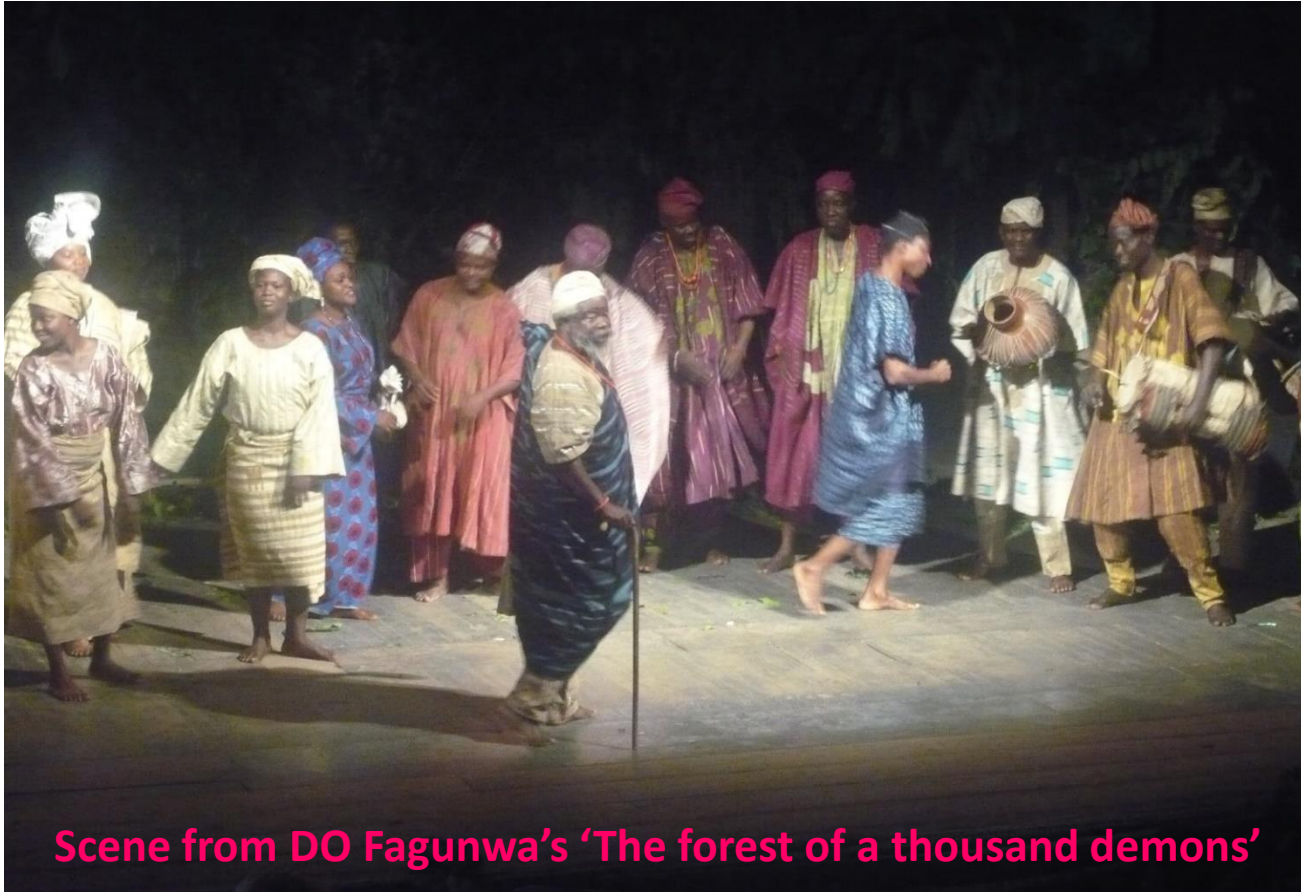


Migrating In – Okada Riders

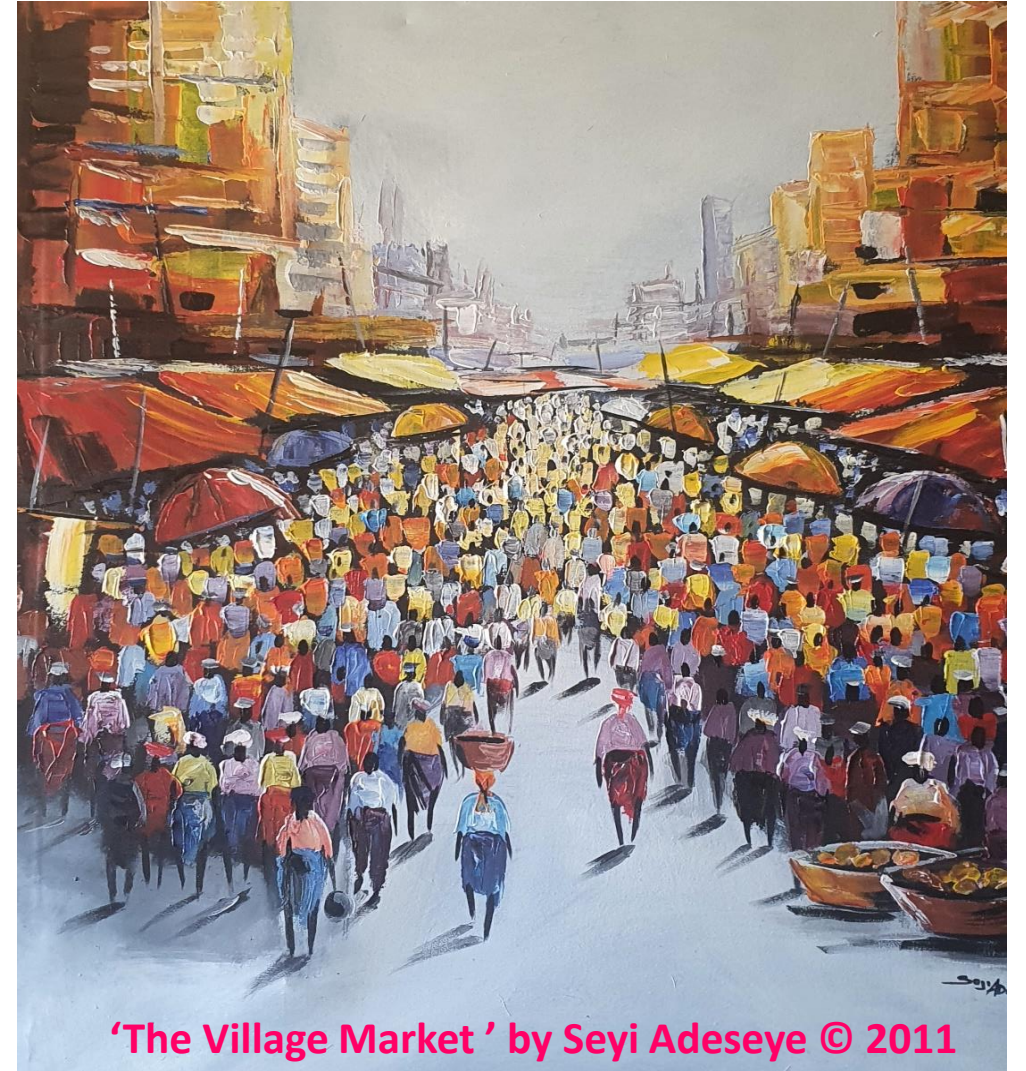
The Professors Akinkugbe



Acknowledgements



Scene from DO Fagunwa's 'The forest of a thousand demons'



'The Village Market' by Seyi Adeseye © 2011



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Acknowledgments - I

- Village of contributors - I
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 - The Visitor
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 - The Vice-Chancellor and Management
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 - College of Medicine
 - University College Hospital
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 - National and International Agencies
 - NUC / MDCN
 - WHO / WFME
 - Governments of US and Sweden



Little Summit, 25 March, 2020



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RCS Edinburgh November 4, 1992



- Village of contributors - IV
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 - Professor and Mrs RO OlaOluwa
 - Mr. and Mrs B. Oluwaseun Olapade-Olaopa
 - Mof'opemif'Oluwa and Atinuke

**The Man:
Professor Emeritus
Oladipo Olujimi Ajibike
Akinkugbe**

CFR, CON, NNOM, MD, D.Phil, FRCP,
FWACP, FAS, Hon DSc.

(17 July, 1933- 15 June, 2020)

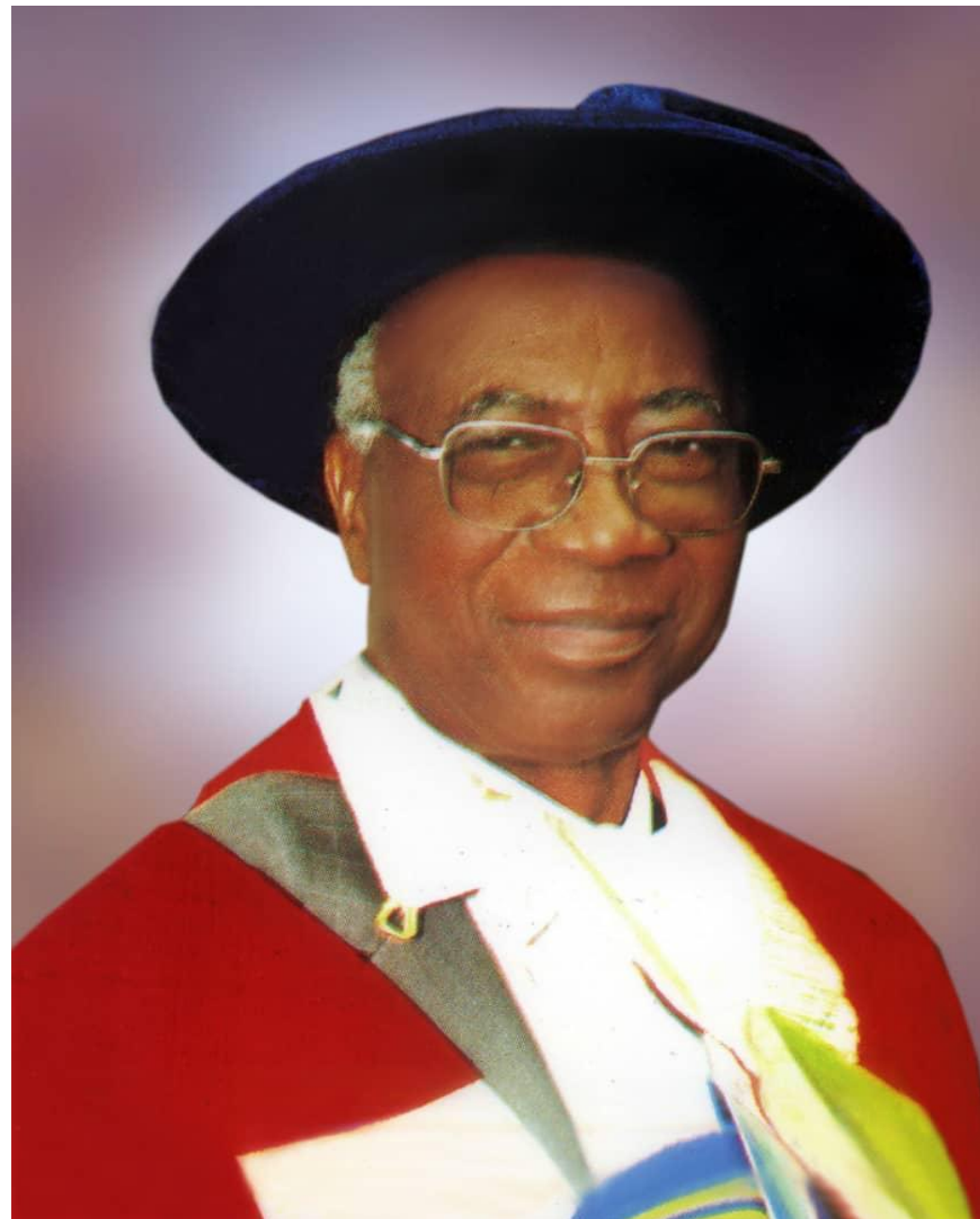
‘There is joy in every meeting, if not at
the beginning, certainly at the end’

OO Akinkugbe

Valedictory Lecture

“Swirling Currents: Swollen Streams”

November 9, 1995



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