



THE NIGERIAN ACADEMY OF SCIENCE



EDUCATION
OF
NIGERIAN
HEALTH
PROFESSIONALS
(WORKSHOP SUMMARY)



THE NIGERIAN ACADEMY OF SCIENCE

EDUCATION
OF
N I G E R I A N
H E A L T H
P R O F E S S I O N A L S

(WORKSHOP SUMMARY)

The Nigerian Academy of Science
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TABLE OF CONTENT

| | |
|--|----|
| Preface..... | 4 |
| Acknowledgement..... | 5 |
| Introduction..... | 6 |
| The Experience of Health Professional Regulatory Bodies in Health Curricula Review..... | 7 |
| Stakeholders Experience in the Review of the Current medical Curriculum..... | 9 |
| Conclusion..... | 10 |
| Appendix 1: Workshop Objectives and Agenda..... | 11 |
| Appendix 2: Workshop Participants List..... | 13 |
| Appendix 3: Report of the Nigerian Health Education Stakeholders' Meeting on the Report of the Global Commission on The Education Of Health Professionals For The 21st Century..... | 14 |
| Appendix 4: Nigerian Health Education Stakeholders Meeting Workshop agenda..... | 18 |
| Appendix 5: Nigerian Health Education Stakeholders Meeting Workshop Participant list..... | 19 |
| Appendix 6: About the Nigerian Academy of Science..... | 20 |

PREFACE

This is a summary of the presentations and discussions at the Education of Nigerian Health Professionals workshop organized by the Nigerian Academy of Science on the 6th of December 2012. The workshop was convened to reassess the efforts towards reviewing the training curricula of health professionals in Nigeria. This report was reviewed in draft form by some workshop participants and other individuals in accordance with procedures approved by the Academy.

ACKNOWLEDGEMENT

The Nigerian Academy of Science (NAS) acknowledges the contributions of the individuals whose support made this workshop possible and enhanced the quality of this report.

We are grateful to the workshop participants and speakers for honouring the Academy's invitation and their contributions to the meeting's discussions.

We would like to appreciate Professor Fola Esan (FAS) and Mrs Olanipekun the Project Adviser on this project for his guidance and support throughout the course of this endeavor.

We would also like to thank the following for their review of this report

- Professor Michael C. Asuzu- Professor of Public Health and Community Medicine, University of Ibadan
- Pharmacist Umar Kawu- Technical Adviser, Pharmacists Council of Nigeria
- Mrs Olatokunbo A. Olanipekun- Former Registrar, Nursing and Midwifery Council of Nigeria

Although the reviewers provided useful constructive comments and suggestions they were not asked to endorse the final draft of this report.

Financial support for this project was provided by a grant from the Inter Academy Foundation (IAF) United Kingdom.

INTRODUCTION

The follow-up workshop on the Education of Nigerian Health Professionals took place at the Secretariat of the Nigerian Academy of Science in Akoka, Lagos on Thursday the 6th of December 2012.

The workshop was a follow-up to the Nigerian Medical Education Stakeholders Workshop held at the same venue on the 17th of May, 2012, and funded by a grant from the Inter-Academy Foundation (IAF), to discuss the Health Professionals Education Report by the Global Commission on the Education of Health Professionals in the 21st Century. It was the success of this meeting and the prospects it presented for driving the needed changes in the training of health professionals and fostering better inter-professional collaboration that resulted in the follow-up meeting.

The follow-up meeting was therefore convened to further examine and discuss the proposed reforms in health education in Nigeria, with particular focus on revising health education curricula. Specifically, the workshop objectives were:

1. To bring together major stakeholders involved in the review of health curricula to share their knowledge and experience thereby encouraging an alignment of current efforts.
2. To encourage networking among the major stakeholders such that there is improved cooperation towards speedy and efficient review of training curricula of health professionals.
3. To boost inter-professional relationships between the various health professional bodies.

The meeting was attended by representatives of health regulatory bodies, key Colleges of medicine from across the country, and stakeholders presently involved in the revision of the current health training curricula.

Opening remarks were by Prof. Olusoga Sofola (FAS) who stressed the importance of this meeting of stakeholders in the health education sector and emphasized the need to address the problems facing the sector. Prof. Fola Esan (FAS) presented a summary of the proceedings of the previous meeting (see appendix 3) and gave an overview of the objectives of the follow-up meeting while participants who were present at the first meeting reaffirmed the recommendations that were made.

THE EXPERIENCE OF HEALTH PROFESSIONAL REGULATORY BODIES IN HEALTH CURRICULA REVIEW

Pharmacists Council of Nigeria (PCN)

The PCN is a federal agency established by Act 91 Of 1992 to regulate and control the training, education, and practice of Pharmacists.

A comprehensive review of the undergraduate pharmacy training curriculum was undertaken in 2001. The reviewed curriculum addressed the need to produce Pharmacy graduates with more patient-oriented focus and the need to strengthen the Clinical Pharmacy aspect of the curriculum. Courses added to the curriculum after the review include Veterinary Pharmacy, behavioural sciences, communications skills and information technology.

Since the 2001 review, 10 minor reviews have been conducted. Faculties of Pharmacy across the country are carried along in the review process; the recent inclusion of a biotechnology course in the undergraduate curriculum was a result of feedback from various schools.

Following the first meeting on the review of health professionals' curricula, the PCN has put measures in place to identify avenues for promoting interdisciplinary cooperation. Also, following the call to develop and facilitate foreign exchange programmes, the Council set-up a committee to review the training manual for the accreditation of foreign trained pharmacists.

Medical and Dental Council of Nigeria (MDCN)

The Council, established by an Act of Parliament in 1963, regulates the practice of medicine, dentistry, alternative medicine, and laboratory medicine in Nigeria. It regulates training of professionals in these fields, registers them, monitors their practice, and disciplines those indicted of professional misconduct.

A review of the minimum standards for undergraduate medical and dental education in Nigeria is conducted every five years. Currently, in collaboration with the National Universities Commission (NUC) and the Federal Ministry of Health (FMOH), a new template for undergraduate medical and dental curriculum which embraces the modern integrated system-based curriculum is being developed.

It is important to note that what the MDCN does is to provide a template and the various universities are at liberty to improve on the template without disregarding any aspect of the approved curriculum. The minimum standards as provided by the MDCN can be found in the 'Guidelines for Minimum Standards of Undergraduate Medical and Dental Education in Nigeria'.

Veterinary Council of Nigeria (VCN)

The Veterinary Council of Nigeria was first established through the Veterinary

Practitioners Ordinance of 1952 although its responsibilities were only completely defined by the Veterinary Surgeons Decree 37 of 1969. The VCN is responsible for approving the institutions and curriculum for the training of Veterinary Surgeons. The Council is supervised by the Federal Ministry of Agriculture and Rural Development.

Currently, there are disparities in the depth and scope of curriculum used by various institutions. The Council is facilitating the development of a standard curriculum for the accredited schools of Veterinary Medicine in the country. The Deans of the accredited faculties have been tasked with developing a standard curriculum and the Council has provided a prototype to aid this assignment. So far, four meetings have been held but a draft of the harmonized curriculum is yet to be submitted. As soon as the draft curriculum is available it will be circulated to relevant stakeholders including the Academy.

Public Health Association of Nigeria (PHAN)

The association is still in the formative stage, being only about nine months old, and is building up its membership. Areas of training that require improvement have been identified and will be addressed in the coming years. Challenges include inadequate links between training institutions and field service establishments, poor connections with communities, production of unemployable graduates due to the award of BSc Public health by some institutions and the absence of exit training programmes for deserving public health auxiliaries to help them progress to professional cadres. Despite these shortcomings, there are areas of strength; such as well established post graduate training programmes and the interdisciplinary approach of postgraduate training where students from various healthcare professions are instructed together, fostering mutual respect and cooperation.

The Ibarapa Primary Healthcare Programme of the University of Ibadan was highlighted as a model for interdisciplinary training. In this programme, health workers from various sectors train and work together to provide comprehensive primary healthcare to the community.

Nursing and Midwifery Council of Nigeria (NMCN)

The Nursing and Midwifery Council of Nigeria was established by Decree No. 89 in 1979 and is charged with regulating the standards of nursing and midwifery education and practice in Nigeria to ensure safe and effective nursing and midwifery care to the public. In its bid to ensure a high standard of nursing and midwifery education in the country, the curriculum for nursing programmes is reviewed every five years. Each subject is reviewed under introduction, objectives and course contents and experts in various fields are enlisted to guarantee the quality and relevance of all courses in the curriculum.

STAKEHOLDERS EXPERIENCE IN THE REVIEW OF THE CURRENT MEDICAL CURRICULUM

The Obafemi Awolowo University “Grillo Experience”

During the previous meeting, the “Grillo philosophy” at the then University of Ife (now Obafemi Awolowo University) was highlighted as one of the most successful initiatives for achieving interdisciplinary cooperation among health professionals in Nigeria. This scheme, which ran between 1972 and 1981, sought to train different categories of health workers who would work together as a team to deliver health services to the populace. Another core objective of this philosophy was to produce doctors who are also scientists.

Under this scheme, students were admitted to study B.Sc. Health Science for four years after which they were afforded the option of proceeding to clinical training for the award of a medical degree.

Many of the participants at the meeting were trained under this system and deemed the idea as one well ahead of its time. When health professionals are trained together, artificial barriers which lead to unnecessary rivalries and divisions are removed. Unfortunately, the programme was discontinued and the training pattern was changed to conform to the traditional system.

The participants agreed that it might not be possible to adopt the “Grillo initiative” in its entirety but were happy with the incorporation of its ideals into the pending new national medical curriculum.

The College of Medicine, University of Lagos 'SPICES' Model

The philosophy at the College is that “curriculum review should be regular because of changes in disease patterns, new technologies, and new methodologies”. The College of Medicine of the University of Lagos has adopted a new approach to training its medical students. The newly adopted medical training approach at the College is student-based, problem-based, integrated, community-based, elective and systematic - this is the 'SPICES' model with the acronym emerging from the first letters of the core principles of the approach. This new approach focuses on the community rather than the hospital and the curriculum is elective with a systematic learning methodology. Instead of being teacher-centred, the new approach is student-centred, problem-based and integrated.

Ahmadu Bello University Teaching Hospital (Ahmadu Bello University Teaching Hospital)

The guiding philosophy of ABUTH is “to train our own people to work amongst our people” and as such its initial curriculum had a strong emphasis on community medicine. The last curriculum review exercise was conducted in 1988 due to the introduction of the course credit system.

In January 2012, plans for a revision of the current training curricula was put in place with Departmental Review Committees being setup to draft revised curricula for various departments. Challenges encountered in the current curricula review exercise include competing interest between stakeholders, inadequate funding, and lack of stakeholder commitment to the review process.

CONCLUSION

There is a need for a revision of the current training curricula for health professionals in the face of changing healthcare demands in the 21st century. To ensure that the curricula review efforts of all categories of health professionals progress at the same pace, there must be interdisciplinary cooperation and alignment of efforts. The participants at this workshop put forward the following recommendations for advancing the curricula review effort in Nigeria:

- Curricula reform should be undertaken conjunctly with the structural upgrade of all training facilities in the country
- The inclusion of shared course work at the early stages of training will be a good first step to achieving interdisciplinary cooperation among health professionals
- A high level of commitment among stakeholders is important for effective curricula development and implementation. Stakeholders who are passionate about curriculum review should be identified, and they should be the driving force in the initial stages. Stakeholders from outside the academic faculty should be carried along
- Early advocacy to all relevant stakeholders is necessary. An instance was cited where only about 20% of the faculty had embraced a revised curriculum leading to the existence of two parallel programmes. With the new medical curricula being planned by the NUC, all stakeholders, especially students and relevant staff of teaching hospitals, must be carried along
- Training institutions must commit to the development of individual action plans for curricula review. Before any institution can revise its curricula, it must determine what kind of health professionals it wants to produce, what skills these health professionals must have, and what role they will play in “real world” practice. Once these questions are answered, the path to identifying what courses should be added, removed, or readjusted will be clear since the desired outcome is known. With the current emphasis on Entrustable Professional Activities where all skill and knowledge gained during training are linked to roles or activities carried out in real practice, it is important to identify what activities health professionals are expected to carry out in real practice, so as to determine what they should know
- External ideals and strategies should not be copied entirely and be expected to fit into the Nigerian situation. Nigerian-trained health professionals should be globally accepted but locally relevant. The NUC and other regulatory bodies only provide templates and broad guidelines for curricula. Every institution should then use such frameworks to inform the development of their own individual training curriculum. Furthermore, if training institutions develop their own comprehensive curricula now, when the new NUC template is rolled out, they would only have to make slight adjustments to conform to the expected standards-
- Constant monitoring and evaluation of the implementation of health training curricula is essential

APPENDIX 1

Workshop Objectives

- 1 To bring together major stakeholders (health professional groups) in the review of health curriculum to share their knowledge thereby encouraging an alignment of current efforts.
- 2 To encourage networking among health professional groups such that there is improved cooperation towards speedy and efficient review of training curricula of health professionals.
- 3 To boost inter-professional relationships between the various health professional bodies.

| TIME | ACTIVITY | FACILITATOR |
|--|--|---|
| 8.30-9.00a m | Arrival and Registration | ALL |
| SESSION 1: OPENING SESSION | | |
| 9.00-9.15a m | Welcome Address | Prof Olusoga Sofola FAS – <i>The Nigerian Academy of Science</i> |
| 9.15-9.30a m | Self-introduction of participants | ALL |
| 9.30-9.50a m | <ul style="list-style-type: none"> • Overview of previous meeting • Follow-up Meeting's Objectives | Prof Fola Esan FAS – The <i>Nigerian Academy of Science</i> |
| SESSION 2: CURRENT ACTIVITIES OF PROFESSIONAL REGULATORY BODIES IN THE REVISION OF HEALTH CURRICULA | | |
| 9.50- 10.05a m | Nursing and Midwifery Council of Nigeria | Ms. Ijeoma Ohajuru – Senior <i>Nursing Officer1.</i> |
| 10.05-10.20a m | Pharmacist Council of Nigeria | Pharmacist Augustine Ezeugwu – Deputy Director, <i>H.O.D. Education and Training Dept., PCN</i> |
| 10.20-10.35 | Medical and Dental Council of Nigeria | Dr. Abdulmumini Ibrahim – Registrar, MDCN |

| | | |
|---|---|--|
| 10.35-10.50 | Public Health Association of Nigeria | Prof. Mike Asuzu – <i>Professor of Public Health and Community Medicine College of Medicine University of Ibadan</i> |
| 10.50-11.05am | Veterinary Council of Nigeria | Dr. Oladotun Fadipe – <i>Deputy Registrar, VCN</i> |
| 11.05-11.35am | DISCUSSION | ALL |
| 11.35-11.55am | TEA BREAK | |
| SESSION 3: STAKEHOLDERS' EXPERIENCE IN THE REVISION OF MEDICAL CURRICULA | | |
| 11.55am-12.15pm | Obafemi Awolowo University "Grillo Programme" Experience | Dr. Raymond Kuti - <i>Consultant Radiologist, Prisms Diagnostics</i> |
| 12.15-12.35pm | College of Medicine University of Lagos | Dr. Bosede Afolabi - <i>Associate Professor/Consultant Obstetrician & Gynaecologist College of Medicine University of Lagos /Lagos University Teaching Hospital</i> |
| 12.35pm-12.55pm | Faculty of Medicine Ahmadu Bello Teaching Hospital Zaria Nigerian Undergraduate Medical and Dental Curriculum Template | Dr. Abdulalazeez Hassan – <i>Sub-Dean, Faculty of Medicine, A.B.U., Zaria</i> Prof. Bunmi Olapade-Olaopa - <i>Department of Surgery, College of Medicine, University of Ibadan.</i> |
| SESSION 4: GENERAL DISCUSSION | | |
| 12.55-1.45pm | Strategies for achieving coalition of efforts to revise the current Health curricula and improving inter-professional relationship between health professionals | ALL |
| 1.45-2.00pm | Closing remarks | Prof. Fola Esan, FAS |
| 2.00-3.00pm | LUNCH/DEPARTURE | |

APPENDIX 2

Workshop Participants List

| S/N | NAME | AFFILIATION |
|-----|----------------------------|---|
| 1. | Prof. Fola Esan FAS | Nigerian Academy of Science |
| 2. | Dr. Abdulmumini Ibrahim | Medical and Dental Council of Nigeria |
| 3. | Ms. Ijeoma Ohajuru | Nursing and Midwifery Council of Nigeria |
| 4. | Pharm. Augustine Ezeugwu | Pharmacists Council of Nigeria |
| 5. | Pharm. Umar Kawu | Pharmacists Council of Nigeria |
| 6. | Prof. Abosede Afolabi | College of Medicine, University of Lagos |
| 7. | Prof. Basden Onwubere | College of Medicine, University of Nigeria, Nsukka, Enugu. |
| 8. | Dr. Abdulaziz Hassan | Faculty of Medicine, Ahmadu Bello University Teaching Hospital |
| 9. | Dr. Dotun Fadipe | Veterinary Council Of Nigeria |
| 10. | Prof. Olusoga Sofola FAS | Nigerian Academy of Science |
| 11. | Prof. Michael Asuzu | Public Health Association of Nigeria |
| 12. | Prof. Bunmi Olapade-Olaopa | Department of Surgery, University College Hospital, University of Ibadan. |
| 13. | Dr. Raymond Kuti | Prisms Diagnostics. |
| 14. | Dr. Abiodun Adewuya | Lagos State University College of Medicine |
| 15. | Olanipekun Anjolaoluwa | NAS |
| 16. | Tolu Odetola | NAS |
| 17. | Etim Idongesit | NAS |

Deliberations on Report Recommendations

1. **Adopt a competency based curriculum:**

It was agreed that current curricula at various institutions across Nigeria need to be overhauled to meet present-day standards. They need to be more competency-based. The need for postgraduate and continued professional development was also emphasized. Examples were given by participants about how when they trained in Nigerian medical schools years back, they fared better than their counterparts abroad, but the trend now seems reversed.

Participants therefore urged the NUC to support independent experimentation by allowing different schools develop their curriculum, try it out, and review on a regular basis. Over time, the best revised curriculum (having been tested by the institution) can then be adopted by other institutions.

2. **Promote inter-professional and trans-professional education:**

It was generally agreed that this was a necessary step in improving healthcare education, and consequently healthcare services within the country. Reference was made to an attempt at pioneering this in Nigeria through the 'Grillo programme' at the University of Ife (now Obafemi Awolowo University, Ile-Ife) which was later abandoned. It was agreed that this programme should be reviewed for possible lessons that can be learnt. Two of the participants testified to being trained under the programme and reported that it was a good programme. Both added that the abortion of the programme points to the need for institutional, and not just instructional, reforms. It was reported that the NUC was considering a review of the said programme to see the lessons that could be learnt from it.

It was suggested that more interaction should be encouraged at the training level among the various health professionals. The participants lamented the inter-professional rivalry among health professionals and noted that this was due to the lack of contact among the various groups during training and was worsened by wrong indoctrination by the professional associations. The University of Nigeria has tried to encourage better interaction among its students by constituting the 'College of Medicine Students Association' which is an umbrella association for all the student groups in its College of Medicine.

The NUC was urged to include interdisciplinary courses as a basic curriculum requirement for the professional regulatory bodies. Such courses should be designed to bring health professionals together and promote inter-professional and trans-professional education. Another suggestion was that the institutions could form umbrella associations involving all students in the college, which will facilitate inter-professional relationship and help address problems such as communication gaps and misconceptions.

3. **Exploit the power of IT for learning:**

The importance of teaching students with various technological tools cannot be over-emphasized. It was highlighted that several aspects of technological applications such as virtual learning, e-books, etc should be explored. It was emphasized that cost should not be a deterrent, given that patients are increasingly objecting to being used to teach health professionals.

However, several limitations to the employment of technological tools were highlighted, such as the erratic power supply across the country, and the resultant unaffordable cost of generating a stable power supply.

APPENDIX 3

**Report of the Nigerian Health Education Stakeholders' Meeting On the
Report of the Global Commission on the
Education of Health Professionals for the 21st Century
The Nigerian Academy of Science Secretariat Conference Room
17th Of May, 2012**

Introduction

The meeting was held at the secretariat of the Nigerian Academy of Science, and had in attendance Provosts of Colleges of Medicine, Registrars of regulatory bodies, and other major stakeholders. The workshop was funded by a grant from the Inter-Academy Foundation to discuss the Health Professionals Education Report by the Global Commission on the Education of Health Professionals in the 21st Century.

There was a brief introduction of the report and the role of the Academy in disseminating the findings of the report. Participants commended the recommendations and highlighted the presence of similar documents within the country, which have called for reforms in the education of health professionals. It was also stated that there are several documents that have tried to define the competencies and skills required in medical schools on the African continent and that some schools are already working to incorporate innovative teaching styles into their curricula. It was agreed that there is a need for medical and health institutes to align their effort to revise the current curricula. However, it was unanimously agreed that funding remains a major limiting issue to reforms in medical institutions across the country. It was also noted that the basic training requirements for all health professionals is determined by the National Universities Commission (NUC) and the individual institutions can then add on more relevant local content.

The participants were particularly happy that the Academy had called for this meeting which was a good first step in ensuring inter-professional collaboration and would help to harmonise the ongoing effort by different institutions to revise their training curriculum. A participant noted that, despite being in charge of curriculum development in his organisation for the past four years, he had never attended such an inter-professional forum as this. For the pharmacists, the departments of pharmacology perhaps represent the only department where pharmacy and medical students interacted and were also taught by an interdisciplinary faculty, and consequently gets the best reviews.

After these initial opening comments, the recommendations of the Health Professionals Education Report were then discussed.

It was recommended that institutions should apply to diverse educational funds in order to support programs to develop and provide the necessary facilities. The regulatory bodies were also advised to re-orientate their visitation teams about these issues so that institutions investing in virtual and electronic libraries are not penalized during statutory visits

4. Harness global resources and adapt locally:

This was applauded as a useful recommendation and a call was made for proper infrastructural development at health institutions to facilitate student exchange programs – exchange students should not have to be placed in special accommodation but in the same environments and circumstances as the other students in the school they are visiting. There was also a call for proper grooming of professionals and a need to reemphasize professional ethics among professionals.

5. Strengthen educational resources:

The roles of the postgraduate medical colleges in conducting 'train the trainers' workshops was emphasised. Similarly, the universities need to pay more attention to ensuring their teachers are trained and re-trained in the best teaching methods.

It was noted that there needs to be a focus on in-country training as a number of institutions usually spend a lot of money sending staff members abroad to learn certain skills. Institutions should be encouraged to identify other institutions that already practice quality competency-based teaching and learning and stimulate a process where they can learn from such innovative institutions.

There is also a need to re-orientate institutions regarding the process of rewarding/recognizing teachers who lead the revolution in the training of health professionals – they may be assessed and rewarded on different terms other than just writing of academic papers, as is the norm. Institutions were also urged to explore other means of assessing instructors such as involving students in the evaluation process.

6. Promote new professionalism:

While it was argued that it might be difficult to establish / recommend such at this period, it was agreed that ethical values and soft skills of professionals should be emphasized and enforced by professional associations.

7. Establish joint planning mechanisms:

It was noted that there is an increasing culture of movement from academics into the public/civil-service which is beneficial to collaboration. The snag, however, is that such academics tend not to return to teaching afterwards. Movement in both directions, i.e. between the academia and government, should be encouraged.

8. Expand from academic centres to academic systems:

The state of primary care settings was especially addressed and it was urged that such facilities must be improved in order to encourage needed professionals to expand into such areas. Health training institutions should interact with the real world such as exists with the 'Ibarapa programme' in the medical school in Ibadan.

9. Link through networks, alliances and consortia

Several suggestions were made for enriching the faculties of the training institutions such as networking with other African faculties. There is a need to develop systems that allow people (business men and field experts) external to an academic department to get involved within the institution, perhaps as associate lecturers. Also, there is a need to stimulate and enhance a culture of philanthropy; e.g., encouraging various sectors in the community to contribute to medical institutions.

10. Nurture a culture of critical inquiry:

The prevailing culture of not allowing children to question adults and having people make unsubstantiated scientific claims seems to be a problem that affects health professionals ultimately and diminishes the zest for critical enquiry. Plagiarism is the result among health professionals.

The forum recommended the introduction of critical appraisal of literature among students. Another way to encourage the development of a culture of critical inquiry is to ensure a feedback mechanism from the professionals on the field to their counterparts in the academia such that observed trends and phenomena are further researched.

Conclusion

At the end of the meeting, there was a call to ensure that this was not a one-off meeting but that it should be held regularly as it would help to drive the needed changes in the training of health professionals. It would also help to foster better collaboration between the health professional groups. Funding was noted as a challenge to doing this and the participants promised to explore possible funding options with their organizations as well as pleaded with NAS to seek further funding for such.



APPENDIX 4

Nigerian Health Education Stakeholders Meeting Workshop Agenda

| Time | Activity |
|--------------------|--|
| 11:00am-11:10am | Welcome Address and Meeting Objectives Prof. Fola Esan FAS |
| 11:10am-11:30am | Self-introduction of participants Prof. Fola Esan FAS |
| 11:30am- 12:00noon | Introduction to the academies, IAMP, and the Global Report Dr. M.O. Odubanjo |
| 12:00noon– 12:20pm | Q and A |
| 12:20pm- 12:50 pm | Key recommendations from the Global report Prof. Temitayo Shokunbi FAS |
| 12:50 pm- 1:30 pm | Discussion Prof. Fola Esan FAS |
| 1:30 pm – 2:00pm | Country-specific suggestions (summarise discussion) |
| 2:00 pm -2:15pm | De-briefing and closing remarks Dr. Odubanjo |
| 2:15pm | Lunch |

APPENDIX 5

Nigerian Health Education Stakeholders Meeting

PARTICIPANTS LIST

| S/N | NAME | AFFILIATION |
|-----|-----------------------------|--|
| 1. | Prof. Fola ESAN FAS | Chair – NAS Council Member and IAMP representative |
| 2. | Dr. Abdulmumini IBRAHIM | Registrar, Medical and Dental Council of Nigeria |
| 3. | Mrs. Tokunbo OLANIPEKUN | Registrar, Nursing and Midwifery Council of Nigeria |
| 4. | Prof. Adesegun FATUSI | Secretary-General, Nigerian Public Health Association |
| 5. | Prof. Victor WAKWE | President, National Postgraduate Medical College of Nigeria |
| 6. | Pham. Augustine EZEUGWU | Representing the Registrar, Pharmacists Council of Nigeria |
| 7. | Pham. Umar KAWU | Technical Adviser, Pharmacists Council of Nigeria |
| 8. | Prof. Eugene OKPERE | Focal person for medical education, National Universities Commission |
| 9. | Dr. Abosede AFOLABI | Representing the Chairman, National Association of Colleges of Medicine (NACOM) |
| 10. | Prof. Ayotunde AJAIYEGBA | Dean, Faculty of Clinical Sciences – Representing the Provost, College of Medicine, University of Ibadan |
| 11. | Prof. Basden ONWUBERE | Provost, College of Medicine, University of Nigeria, Nsukka |
| 12. | Dr. A.G BAKARI | Representing the Provost, Ahmadu Bello University Teaching Hospital |
| 13. | Dr. M. Oladoyin ODUBANJO | Executive Secretary, The Nigerian Academy of Science |



APPENDIX 6

About the Nigerian Academy of Science

The Nigerian Academy of Science was inaugurated on 8th January 1977 at the Conference Centre, University of Ibadan. Its inauguration marked the climax of five years of effort by concerned scientists under the auspices of the Science Association of Nigeria (SAN) to overcome the obstacles that had plagued previous efforts of about twenty years to establish an academy of science. The main antecedent to the founding of the Academy was the formation of a committee of fellows of SAN, to prepare a paper on the formation of the Nigeria Academy of Science. On 22 March 1975, the committee adopted the draft statutes and also approved the list of forty-five Foundation fellows of the Academy. The committee also appointed a steering committee to prepare for the inauguration.

Today, the initial group of forty-five Foundation Fellows has grown to one hundred and twenty five, covering all areas of science, biological and physical.

Aims and objectives of the Academy

The aims and objectives of the Academy are to promote growth, acquisition and dissemination of scientific knowledge and to facilitate its use in the solution of major problems of national interests.

The Academy strives to do this by:

- Providing advice on specific problems of a scientific or technological nature presented to it by the government and its agencies, as well as private organizations.
- Bringing to the attention of the government and its agencies problems of national interest that science and technology can help to solve.
- Establishing and maintaining the highest standards of scientific endeavour and achievement in Nigeria, through the publication of journals, organization of conferences, seminars, workshops and symposia, recognition of outstanding contributions to science in Nigeria and the development of a working relationship with other national and international scientific bodies and academies.



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