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MEDICAL FELLOWSHIP TRAINING AND PhD DEGREE: THE NIGERIAN EXPERIMENT.

Surgery

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ABSTRACT

There had been a lot of confusion and misunderstanding in the relationship between medical residency (postgraduate) program and PhD degree among the academics, especially among the medical doctors in the developing countries. There are many reasons for this, but the foundation of the error lies in the fact that, while a PhD course or certification is university based, medical residency or medical specialist training has nothing to do with a university set-up. But many are not aware of this. It is a special, Independent Board of medical specialists that has complete authority over every aspect of the program. Not any university Senate. That is why any well-equipped General Hospital with adequate number of practicing medical specialists can run a medical residency training program without any input from any university. The hospital does not need to be affiliated with any university at all. It is the university that may seek the help of such hospital and make it a "Teaching hospital" for the training of their medical students in their medical schools, because such hospital will be the source of their teachers. William Steward Halsted who started residency program in Surgery started it at Johns Hopkins hospital (1) in 1889. Edward Churchill modified the program to "rectangular residency" at the Massachusetts General hospital, Boston. (2) That is the reason some general hospitals, especially in the US can have about 2 or 3 universities affiliated with one hospital to use as teaching hospital for their medical students in their medical schools. Because many of the statements in connection with the relationship between medical fellowship and PhD degree are in the newspapers and in the Social media posts, it is therefore necessary to cite some of them as references in this article to authenticate the statements, even though they may be regarded as anecdotal. **Materials and Method:** The programs leading to the award of fellowship certification, and PhD award were holistically analyzed. **Findings:** It is found that medical first degree in the university, MBBS, or its equivalent is at par with a non-medical PhD degree. Therefore, a comparison of a PhD degree with medical specialists training program (4 to 7 years of an additional training after medical first degree) does not arise at all and it is incongruous. **Conclusion:** A PhD degree may not be of any relevance to a medical specialist teaching medical students in the university either for promotion to professorship or to be made a vice-chancellor of a university. Also, the " lumping" together of a professional specialist training with a University Senate postgraduate training is one of the root causes of the confusion.

KEYWORDS

National Universities Commission, PhD degree, medical postgraduate training, residency training program, promotion, professor, vice-chancellor.

INRODUCTION:

There had been a lot of misconception, misrepresentation, and a lack of clarity about the relationship between medical (postgraduate) fellowship training and PhD degree training. This has caused a lot of confusion for final year medical students, resident doctors and even some junior medical consultants. For example, on the social media platform, WhatsApp "Images in Surgery" of 26 July 2017, Kelechi wrote, "The whole thing is getting confusing. Is there a research component in fellowship?...Just like there is a research component in PhD? Fellowship is a well-structured programme for MBBS/BDS holder to acquire both clinical and research skills." (3) On the same platform, Dr. Tolu Oyetunji wrote, "…MD/PhDs in the US are mostly basic science researchers…but I have not seen PhD in Paediatrics…no PhD in Surgery." (4). Also, Ajao wrote, "Fellowship training is beyond looking for university appointments".

In an advertisement for the position of a Vice Chancellor in one of the universities, among other criteria it was advertised that an applicant must "be a medical doctor, and a holder of an earned Doctorate Degrees (PhD) and /or Medical Fellowship postgraduate Degrees, in addition to a first MBBS degree from a reputable University." (The Punch Newspaper, Thursday, September 12, 2019. Page 32) Also, at the conclusion of the National Executive Committee meeting of Medical and Dental Consultants Association a part of the communiqué brought out said, "The recent upsurge in and persistent harassment of our members by the authorities of some public Universities in the country as it relates to the possession, or otherwise, of PhD for career progression…is worrisome." (The Punch Newspaper, Thursday, April 25, 2019 Page 12).

All these confirm the confusion over the issue of fellowship certification and a PhD degree which is actually designed for a non-medically trained academic.

This review article takes a holistic view of the two programs and hopes to clarify the positions of the two qualifications, with a view to putting each in its proper position so that medical doctors can make an informed and enlightened decision about them.

MATERIALS AND METHOD

The mode of admission from the secondary school into the universities; the courses of study in the universities; the progression of the medical studies in the universities, and the progression of studies in a non-medical faculty to a PhD level were scrutinized. Using Nigerian education program as a case study.

FINDINGS

University admission and course of study: The scores for admission into universities to read Medicine, in Nigeria, leading to the award of MBBS or the equivalent of the medical first degree are higher than the scores for admission to read any other non-medical course leading to the award of a BSc degree or any other non-medical first degree. This non-medical course degree may eventually lead to the award of a PhD degree later, if the candidate chooses and obtained a first class or, at least a second class in upper division in his non-medical chosen field.

So, right from the beginning, the admission score into the university for a medical course leading to the award of MB,BS or its equivalent of first medical degree is different from, and higher than that leading to the award of a non-medical first degree like Bachelor's degree (BSc), which may eventually end-up with a PhD degree.

Duration of studies: For a straight forward uninterrupted case, it takes 7 years to fully qualify as a registered medical practitioner. One year (100-level) in the university for a pure basic science study; two (2) years preclinical, 3 years clinical and one year of Housemanship (Internship). However, if it is by Direct entry to the university, then the candidate spends 2 years at the Higher School Certificate class or General Certificate of Education (GCE, Advanced Level) instead of the one-year, 100-level basic course at the university. For a non-medical graduate, in a straight forward uncomplicated case in many courses, (depending on the Faculties) it also takes 7 years, unless his admission to the university is by Direct entry after HSC or GCE (AL), to obtain a PhD degree from the time of admission into the university. Three (3) years for a non-medical first degree, 2 years for a Master's degree and another 2 years for a PhD course, provided the candidate has a first class or second class upper division in his non-medical first degree.(6)

So, what this shows is that in many university faculties, a PhD graduate spends the same number of years in the university to obtain a PhD degree as the medical student will spend to qualify as a doctor with MBBS or its equivalent. The difference is that, while the years of study of the medical student involved clinical practice, a specialized form of training in the hospitals that of the non-medical PhD candidate involved "routine non-clinical" study. It is similar to a candidate obtaining a PhD degree in Religious Knowledge and comparing it to another obtaining a PhD in Mathematics or in Literature or in French or in Mass Communication with different course contents specific for the discipline. Again, while a PhD candidate is still regarded as an undergraduate, while preparing for the defense of his PhD dissertation, a qualified doctor undergoing a residency training program, or specialist training is no more considered as an undergraduate. He is now fully engaged in his specialist training in the hospital.

That is why there is no argument, and there should be no argument that medical first degree, MBBS or its equivalent (because of the number of years of study) is at par with a PhD degree. Therefore it is absurd to equate medical fellowship (specialist training) which takes an additional 4 to 7 years (depending on the medical specialization) after medical first degree (MBBS) with a PhD degree which is the equivalent of medical first degree.

University appointment: If a newly qualified doctor does not want to practice clinical medicine, and does not want to specialize (do Residency training), and wants to teach or concentrate on some sort of research (7) he is employed as Lecturer Grade II to teach in the university. This is the same grade for a PhD graduate who is also employed to teach in the university. Some years back, two medical students from the University of Ibadan after graduation and serving as House-officers opted for teaching appointment in the university instead of practicing Medicine or going for specialists training. They rose through the ranks and eventually retired as professors in the University.

Recently, a newly graduated medical student from LAUTECH College of Medicine was offered an automatic employment as Lecturer Grade II in LAUTECH University (the grade of employment for a non-medical PhD applicant) because she was the best graduating medical student in the 2018/2019 academic session. (8)

Medical fellowship certification (specialist training) takes about 4 to 7 years after the first medical degree (MBBS) depending on the specialty. Is it therefore logical to equate a PhD degree with a fellowship certification? Not to talk about having a PhD degree before being made a professor as proposed by the NUC?

Progression to professorship: After employment to teach in the university, the promotion through the ranks, from Lecturer II to lecturer 1, to senior lecturer, to a Reader, and to full professorship depends on papers published. It does not matter whether one is employed initially as a non-medical PhD or a medical doctor appointee. It is therefore strange that for medical appointee to progress beyond the grade of a senior lecturer he has to have a PhD. And the number of publications he has bears no more relevance to his advancement any more.

DISCUSSION

With the above analysis, why is it therefore necessary for a medically qualified university teacher to get a PhD degree before being made a professor? The criteria for promotion for a university teacher are well laid down. The most important is the number of publications which is believed, rightly or wrongly, to be a reflection of the teacher's productivity. But in this case a medically qualified university teacher cannot be promoted beyond the grade of a senior lecturer unless he has a PhD degree in addition!

Sotonte Bobmanuel et al (7) citing the examples of international institutions like Duke University school of Medicine and Harvard Medical School showed when medically qualified university lecturer may want to engage in a project leading to a PhD degree. But this has nothing to do with promotion or professorship in a university. The article gives a concise and clear picture of when a PhD degree may be desired by medically qualified specialists. This is definitely not for promotion and not for professorship. I think this dog whistle policy of a PhD degree before professorship for medical specialist teachers in the university seems to have vice-chancellor position in view. Before a university lecturer can contest to be a vice-chancellor in the university, one has to be a professor first. So, if a medically qualified teacher in the university does not have an additional PhD degree he cannot be promoted beyond the grade of a senior lecturer, regardless of how many publications he has. So, he cannot be made a professor and therefore can never aspire to be made a vice-chancellor of a university. Although there are no statistical data or scientific analysis to support this claim, cursory examination shows that medical specialists who have held the position of vice-chancellorship in Nigerian universities performed well. Some of them are Adesola, Akinkugbe, Dele Falase ,Isaac Adewole, Friday Okonofua etc. One can therefore deduced that some professors who might be interested in vice-chancellorship, including some medically qualified university lecturers with a PhD degree, see this group of possible contestants as formidable rivals and a threat to their ambition.

The organizers of the medical specialist training here, who are medical doctors themselves, also did not help matters. By introducing the submission of Thesis and/or Dissertation before full certification of a medical specialist training, (which is a distraction to proper residency training program) they have reduced the level of this training to the low level of PhD training. (9, 10, (11) This does not improve the clinical expertise of the doctors, all it does is to serve as a distraction. Medical residency training is not within the ambit of any university. So, university Senate or Council has no input in the program. There is a specialized Board of Medical Specialists that runs the program, so NUC has nothing to do with it. And it should have nothing to do with the program. Actually NUC has no clue about how it should operate. In fact NUC formation is peculiar to some underdeveloped countries. Developed countries don't have such organization to dictate to the vice chancellors of the universities how they should run their universities. As soon as a medical student graduates from the medical school, the specialization takes a completely different pathway from a university administered postgraduate course because the doctor is no more an undergraduate of the university, unlike his colleague pursuing a PhD degree course in the university.

It is The Residency Review Committee that determines the program and mandates how many endoscopies, colonoscopies, major and minor surgical procedures etc. that the resident must perform during his training. (12) Not NUC.

Residency program is a professional specialist training that assesses the professional competence of the candidate. It is not a University Senate program. And it can only be administered by the medical professionals. If we are now awarding Diplomas, Master's etc degrees (which is not the aim of William Halsted (1, 2) who started the program), because many in the developing world like titles, what justification do we doctors have to insist that NUC should not "take over" the program? After all the degrees "belong" to the universities. By so doing, medical doctors have submitted themselves wittingly or unwittingly to the whims and caprices, and the dictates of the universities. It is this "lumping" together of the professional specialist training with a University Senate postgraduate training, like a PhD course, that is one of the root causes for the confusion. There is no provision for awarding degrees during the course of residency training programs as designed by the originators of the program. USA is a classical example. Many are satisfied with their first medical degree M.D. only. Being Board certified after the completion of residency training program is optional.

What is worrisome here is that many of our academics and medical "innovations" seem to be at variance with the international best practices, (7) and therefore very little international respect and recognition may be given to our programs and products regardless of how many titles they have. The world is now a global village where everyone knows what everyone is doing. Anecdotally, medical doctors are said to be members of the panel that formulated the decision. If this is so could it be attributed to Stockholm syndrome or political expediency?

Any well-equipped General hospital with adequate medical specialists can be used to train specialist doctors. The hospital does not need to be affiliated with a university, but the university needs the hospital for the medical school because that is the only source of teachers for their medical schools. Without this, no university can have a medical school. It is the hospital that can be regarded as the "laboratory" for the medical students. It is a surgeon that can teach postgraduate doctors,

Surgery. In the USA, (the origin of residency program as we know it now) some hospitals serve as teaching hospitals to about two or three medical schools together at the same time This is the original concept of residency or specialist training introduced by Halsted (1) and Churchill(2). And this has served humanity well. Unfortunately, some organizers of the medical postgraduate program in the underdeveloped countries have subjected the training to the dictates of the universities (which is wrong) by awarding Diplomas, Master's degree etc. Is this because of political expediency? With this undeserved power being thrown on to the lap of NUC, by medical doctors themselves, why would NUC therefore not dictate how medical postgraduate should be run even if she has no clue?

Getting a PhD degree does not make a medical doctor a good clinician or even a good clinical researcher or a good teacher. If emphasis is placed on the PhD degree alone at the expense of clinical practice, it just makes one an "authority" on the narrow field of one's dissertation, and of course, gives an additional letter behind one's name. But when a PhD degree is acquired with a specialist training (7) it is neither for promotion nor for professorship nor for vice-chancellorship but to solve some medical problems.

Over 25 years of doing hepatobiliary and pancreatic surgery, Tingbo Lang (13) performed over 450 Whipple procedures (a difficult and complicated General surgical procedure) independently (12). Some other clinicians who have contributed to health delivery system through their clinical work are, Allen O. Whipple who introduced Whipple's procedure in 1935, Michael De Bakey who invented roller pump for blood transfusion in 1940, Joseph E. Murray who performed the first kidney transplant in 1954, Thomas Fogarty who devised Fogarty catheter in 1961, and Thomas E. Starlz who performed the first liver transplant in 1967 (14).

Christiaan Barnard also performed the first heart transplant, on 3rd December, 1967. He did this at Groote Schuur hospital, Cape Town, South Africa inside Charles Saint Theatre.

What all these show is that for medical doctors working in a university establishment or even in General hospitals, the focus and emphasis should be on giving good health care to the people, and not on a PhD degree.

CONCLUSION

A PhD degree which is at par with a first medical school degree (MBBS or its equivalent) is not relevant to the postgraduate specialist medical award. They are not of the same standard and they have different foci of training. NUC has no jurisdiction over it. Medical postgraduate training does not need a university, but a university needs it because a university cannot have a medical school without medical specialists to teach the medical students, Medicine. It is therefore absurd to state that a medical specialist cannot be made a professor in a university unless he has a PhD degree. It is the "merging" together of the professional postgraduate training, by the medical doctors themselves, with the University Senate postgraduate training, like a PhD, that is one of the root causes of the confusion.

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