PERSPECTIVES ON THE GROWING INFLUENCE OF PROFESSIONAL BODIES ON UNIVERSITY EDUCATION: MEDICAL AND ALLIED-HEALTH EDUCATION AS A REFERENCE

O. Atilola

Department of Behavioural Medicine, Lagos State University College of Medicine, Lagos, Nigeria

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The issue of harmonious relationships between the University and professional bodies in Nigeria has been on the front burner for some time. There had been concerns and allegations that the professional bodies, such as Chartered Institutes and Registration Councils of many professions, have engaged in a mission of aggressive takeover of the curriculum and minimum academic standards of professional courses in the Universities. This remains a thorny issue and one with serious negative implications for sustainable university education in Nigeria, if not properly managed. However, most often than not, discussions around the subject are often emotional, with each discussant sticking to their own biases, and refusing to see the merit in the counter-argument. In addition, most often than not, the issue of what constitutes "incursion" is either poorly defined, misconstrued, or exaggerated such that other turf-protection issues and personal rivalry among academic staff from different professional backgrounds are blamed on the professional bodies. In this brief discourse, I will attempt to define the problem and broaden the perspectives as I examine three related issues on this subject. First is the issue of professional bodies, especially in the medical and allied fields, insisting on accreditation of professional courses in the university; second is the issue of professional bodies insisting that students in the field must be taught by members of the professional bodies only; and lastly the issue of professional fellowships versus PhD. While my thoughts can easily apply to any profession, I will be drawing heavily on the medical and allied profession as a prototypical example.

To start with, and to properly define terms, I must first emphasize that there are two different kinds of professional regulation. First are the Chartered Institutes which sets a certain level of certification required to practice, at a certain level, in a profession. For instance, while a graduate of accountancy is employable as an accountant in a firm, to open and run an audit firm and conduct audits of the book of large companies, additional certification by the Chartered Institute of Accounting of Nigeria is required. The second category is the Regulatory Councils which licence graduates of certain professional degrees to practice the trade. Example is the Medical and Dental Council of Nigeria (MDCN). These bodies, more often than not, are established by Acts of the National Assembly or derived powers under the Company and Allied Act of Nigeria. They are often empowered by law to determine and maintain standards in certain critical professions such as healthcare, engineering, accounting and auditing, and personnel management, just to mention a few. This is the same way that an Act of the National Assembly has granted the Nigerian University Commission (NUC) regulatory powers over university education, the same university where professional courses are taught; thereby creating a potential for conflict and regulatory overlap.

The pertinent question is whether or not professional regulation can be successfully divorced from university education? The answer is: it is not possible. While I concede that the powers to set academic standards for a degree awarded by the university is still within the purview of the university regulatory agency (such as NUC) through the University Senate, admittance of a degree holder into the inner temple or higher echelon of a profession is still within the powers of the professional regulatory bodies. Unless the University wants to continue to churn out graduates that are not professionally registrable, Universities must continue to have some relationship with professional bodies. It is important to note that professional body's regulation of professional education is not unique to Nigeria. In the United Kingdom (UK), for random example, the General Medical Council (GMC) regulates medical education and hardly any medical school operates in the UK without the oversight of the GMC.

There are three models around the world for professional regulation of academic standards for professional programs:

(a) The full co-accreditation model: In this model, the university and the professional bodies co-produce and co-accredit the minimum academic standards for the course. In this case, once the graduate earns the degree, he or she is automatically registrable by the professional body. This is the model in most health sciences, including human medicine.

(b) **The parallel independent model**: in this model, the universities award the degree independent of the professional body, but the professional bodies set up their own school or institution for the award of the practice degree. This is the case with the degree program in law. The academic Bachelor's of Law (LLB) is an earned university degree but it is not usable for practice of law. Therefore, the Council of Legal Education shows limited (not zero) interest in the university program. The professional Bachelor's of Law (BL) is the ultimate degree required to practice law and it is awarded by the Council independent of the university and with its own independent academic standards. There was indeed a time when it was possible to earn the BL using any first degree (not necessarily LLB) as the foundation degree to earn the BL.

(c) **The partial co-accreditation model**: This is an amalgam of the two model above, in which, the professional bodies make some minor oversight at university degree level but also prescribe some additional training to confer practice registration. Example include Council for Registration of Engineers in Nigeria (engineering) and and ICAN (accounting). In this model, a graduate of the degree program can practice at a certain level but will require further training and certification by the professional body to be able to practice at a certain level. For instance, a graduate of accountancy can work as an accountant in a small firm or low-level government office, but to be able to lawfully sign off the audited accounts of major firms, a further training and certification by the professional body, in this case ICAN, is required. This scenario also applies to engineering courses.

From the foregoing, it is obvious that even when the level of involvement may differ for different programs, there is no way a professional body will completely hand over practice-registration to the university senate anywhere in the world. However, the emerging debate in Nigeria is the question of to what extent should professional bodies be allowed to interfere with the university processes and structure? This question arose from the seeming overbearing nature of the professional bodies. We have seen the rise of duplicative accreditation processes with attendant burden and cost on universities. This is brought about mainly because rather than synergize, the NUC and the professional bodies appears to have chosen to engage in unhealthy and needless rivalry, each relying on their cross-cutting and overlapping legal powers as donated by the respective Acts or Statutes establishing them.

As already suggested by Okebukola[1], the fact that both the NUC and the professional bodies operate under statutes enacted in Nigeria, it will be difficult for one to dictate to the other its modus operandi. As such, to stem the tide of conflict, the NUC should champion the initiation of a consultative forum with relevant regulatory bodies such as the Medical and Dental Council of Nigeria, with a view to charting an acceptable bases for regulating the professional programmes[1]. Both NUC and professional bodies should co-produce a harmonized benchmark for minimum academic standards (BMAS) having both professional and academic standards in a single document. The accreditation process should also be jointly conducted by a panel comprising the team from both NUC and the professional bodies, each focussing on individual areas of interest. These efforts will reduce duplication and conflicts.

Aside accreditation and setting of practice standards, another area of conflict is the encroachments of professional bodies beyond their limits of setting professional standards. A typical example is the suggestion, at one time, of the Medical and Dental Council of Nigeria that non-medical doctors should no longer teach basic medical sciences in medical schools. An important background in this context is that the sciences basic to medicine, such as physiology, anatomy, and medical biochemistry, are often taught by basic scientists in the field, who are not medical doctors. Granted that there have been and there are still calls, from around the world, for more involvement of medical doctors in basic medical education[2]; the rationale is nobler than the planned exclusion of non-doctors from medical education in Nigeria.

Part of the advantages of medical doctors being involved in the teaching of basic medical sciences include the fact that medical doctors are able to complement the deep theoretical insights provided by the basic science teachers with clinical contexts, which improves the utility of the basic medical sciences to medical education. Also, aside being teachers, medical doctors in basic medical sciences are able to serve as early role model and mentor to medical students who are learning to become doctors themselves. Furthermore, in the area of research, which is an additional interest of the university but which professional bodies may not be keen about, the inclusion of medical doctors in the basic-science faculties of medical schools ensures that medical research seamlessly move from the laboratory bench to the patient bedside.[3] Therefore, the original intent of the global call to include medical doctors in the

mix of the academic staff of basic medical science faculties in medical schools is not to exclude basic scientists but to reflect and deepen the multidisciplinary nature of medical education and research. Restricting the teaching and research in basic medical sciences in the university medical schools to an all medical-doctors affair has no rational or scientific basis and should be jettisoned. As Flexner[4] aptly puts it, "i*n no other way can all the sciences belonging to the medical curriculum be thoroughly kneaded. An active apperceptive relation must be established and maintained between laboratory and clinical experience. Such a relation cannot be one-sided*. Although Flexner was speaking in the context of the earlier practice of basic medical science faculties being dominated by non-medics, the statement will still hold true if medical doctors unilaterally take over basic medical science faculties in medical schools.

Unfortunately, many of these obnoxious recommendations from regulatory bodies makes no pretense to any bast-practice example. They are often in furtherance of individual and group turf protection on both sides. For instance, there is an ongoing rivalry among the different health professions such as nursing, pharmacy, laboratory science, and medicine in the teaching hospitals[5] which has, apparently, spilled into the medical academic communities. Therefore, some of the obnoxious regulations and pronouncements from the professional regulatory bodies in the health sector may be some forms of pre-emptive move against the allied professions or disciplines. Professional bodies/regulators, especially in the medical and allied fields, need to understand that the mandate of the university goes beyond training of professionals, but include research, innovation, and development. At present, the workings of the world have gotten so complex that interdisciplinary research is increasingly being advocated as the most appropriate tool which provides the mutually-beneficial ambience to analyse complex systems and generate innovative solutions at the borders between multiple scientific fields.[6] Therefore, professional bodies must see beyond their own turf and recognize that universities have their own research mandate, a mandate that is best delivered in an interdisciplinary environment; an environment not served by the present push for unnecessary compartmentalization of knowledge.

The issue of PhD versus Fellowship, which seems to have gained new traction in recent time, is also another manifestation of the mismanaged relationship between the NUC and professional bodies. The same way that professional bodies have their own overbearing nature, the NUC also may have allowed internal politics of universities to dictate her pronouncements. For several decades, precisely since the inception of medical education in Nigeria, the Medical Fellowship has been used in lieu of PhD in clinical medicine faculties. In the wake of tussles for Vice Chancellorship positions within universities, the call for the relegation of the Clinical Fellowship by the NUC heightened, suggesting political interference. Despite the push for PhD as the required degree to teach clinical sciences as being championed by NUC at one time, the reality is that the medical curriculum in the University was not envisioned, from the outset, as a theoretical degree driven by acquisition of factual knowledge, but a hands-on degree earned by the clinical bedside. That is why a pass in clinical skills by the bedside is mandatory and superior to a pass in theoretical knowledge at the undergraduate clinical program of university medical schools worldwide, including Nigeria. As such, the typical lecturer or researcher in clinical medicine must be grounded in clinical bedside skills, which is more obtainable through the clinical Fellowship pathway than the PhD route. In addition, for the purpose of undergraduate medical education, much of the training takes place in the clinical environment (bed side) of the teaching hospital, as the laboratory where the bachelor's degree in medicine is acquired. That is why they are called *university teaching hospitals* in the first instance. Therefore, it is inconceivable that the Clinical Fellowship, which is a program whose theory, art, and philosophy is woven into the operations of the University Teaching Hospital suddenly becomes a wrongful or ineffectual pathway to become a medical educator.

Curiously, the NUC has not advocated that PhD should *replace* the Clinical Fellowship as a requirement to teach/research clinical medicine in the University. Rather, what the NUC has advocated for is a PhD *in addition* to the Clinical Fellowship. The NUC had continued to recognize that no one can and should teach clinical medicine in any Nigerian University using a PhD as sole qualification without having the Clinical Fellowship degree in whatever field of clinical medicine they want to profess. This is a direct self-contradiction and, perhaps, a reflection that the renewed PhD push is half-hearted and ill-conceived for mere political reasons. The push for a PhD *in addition* to the Clinical Fellowship will be an unnecessarily long pathway for medical doctors, as it already requires a total of at-least 13 years of medical education to acquire the Clinical Fellowship, counting from the undergraduate years. Asking holders of the Clinical Fellowship to obtain an additional PhD is not pragmatic and it may discourage a lot of doctors from the academia. Clinicians in other African countries have cited unreasonably long years to enter the academic pathway as a demotivating factor.[7]

In any case, in the view of this author, there is no compelling need for a PhD among clinical lecturers in Nigeria today, as there is nothing that a PhD equips a candidate for that the Clinical Fellowship of the National Postgraduate medical College (NPMCN) and her West African equivalence, as presently constituted, does not equip a clinical lecturer for. Aside, the possession of Clinical Fellowships in lieu of PhD is not unique to Nigerian medical academia, it is the international best-practice. However, one of the approaches that other countries have adopted to address the Fellowship-PhD dichotomy is the intercalated PhD-Fellowship program. In this model, memoranda of understanding (MOU) are drawn between the Postgraduate Medical Colleges and a collaborating university to award the MPhil and PhD respectively at the level of Part I and part II of the Clinical Fellowship programme without additional academic or duration burden on the candidates. A good example is the Ghana College of Physicians and Surgeons who recently signed an MOU with Kwame Nkrumah University of Science and Technology for joint Fellowship-PhD and Membership-MPhil programmes. Rather than the endless bickering, the NUC and the NPMCN may wish to facilitate such model which is a win-win for all parties. This approach, in my view, is better than the current experiment by the NPMCN to create a pre-Fellowship Doctor of Medicine (MD) pathway for would-be clinical lecturers. This is because, in my view, the program is in direct competition with the Clinical Fellowship. The designers of the new MD program also failed to clearly cite the value-gap within the present fellowship program they are trying to bridge or what was philosophically missing within the Clinical Fellowship that it was intended to add. In addition, there is currently some doctors in Nigeria who hold an MD degree which is equivalent to the MBBS as awarded by medical schools in some jurisdictions such as the United States of America and Russia while there are others who hold the post-doctoral MD as awarded by some Nigerian Universities (example: University of Ibadan) which is a senior research doctorate and an applied clinical degree, restricted to those who already hold a professional degree (MBBS and Clinical Fellowship). The introduction of the pre-Fellowship MD program by the NPMCN will further introduce another terminological confusion and potential caste division within the medical academia, I recommend a discontinuation of the program in favor of the more globally practiced intercalated Fellowship-PhD program

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In conclusion, regulatory bodies have a legal and relevant place in the regulation of the award of certain professional degrees in the universities, but the duplicative and overlapping role and legal frameworks has created needless conflicts with significant negative implication for university education in Nigeria. There are simple and actionable solutions, if all parties are willing to work together for progress. Nigerian University Commission should take the lead in convoking the appropriate consultative fora to develop the much-needed partnerships

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