

Research Scholarship among Early Career Doctors in Nigeria

The early career doctors (ECDs) constitute a significant proportion of medical practitioners in Nigeria under the umbrella body of the Nigerian Association of Resident Doctors (NARD), formally called the National Association of Resident Doctors of Nigeria.^[1] They constitute the feeder stock to the specialist, leadership, and senior cadre of the physician workforce. They are particularly unique with most in the formative stage of their career, a stage with copious attending challenges. The fundamental attendant expectations of this cadre are training, research, and service provision necessary to transform them into excellent clinicians, educators, researchers, and administrators in future.^[1-3] The ECDs includes Resident Doctors. Other categories of ECDs under the NARD include house officers and medical officers below the rank of Principal Medical Officers or its equivalent.^[1]

Curricular research activities are embedded in the training programs of the two postgraduate medical colleges involved in resident doctors' training in Nigeria. These mainly entail conducting empirical research studies mainly at the senior residency stage and presentation of the dissertation at the final fellowship examination, although some faculties require case report submissions, in addition. Extremely few faculties require the later at the fellowship examination, while similar few requires such as part of the Part I examination: culminating in the award of membership of that college. These compulsory requirements are applaudable considering the unique flavor it provides to the program compared to other countries; producing ready human resources for academic and clinical setting for a third world country such as Nigeria, where there is a dearth of health-care workforce.^[4,5] Such an approach avoids the luxury of a separate pathway for postgraduate academic medicine and clinical medicine which may have a dire consequence on meeting the critical specialist workforce need of the Nigerian health system. The current residency training program is unique and has produced specialists, who are as competitive as a clinical physician-scientist as obtainable in other climes and provide an effective alternative to the commoner physician-scientist pathway in duration, and less likelihood of certain proportion of the needed physician workforce restricted to pure academic medicine.^[6]

Engagement in research no doubt aids better assimilation of clinical concepts, learning, and improve the quality and outcome of ECDs.^[7] It also fast-tracks their career progression, particularly in academic medicine. Many studies have explored research scholarship among ECDs, particularly resident doctors in Nigeria. While curricular research engagement is high among resident doctors, noncurricular engagement is poor, and this may be worse among other ECDs groups since

it does not contribute to existing competence assessment in many of the postgraduate faculties.

Most ECDs are involved with observational study design rather than more rigorous study design such as experimental studies and systematic evidence syntheses such as systematic reviews and meta-analyses.^[8] There is a profound dearth of financial support and aids for ECDs to secure competitive research grants, thereby severely limiting the research capability and opportunities for ECDs.

A critical and profound challenge regarding research among ECDs is the pervasive lack of funding to support ECDs' research activities.^[3,9-11] This inadequate funding implies a significant limitation to their capacity to attend conferences outside their practice domain, publish in high impact factor journals, with exorbitant article processing fees or even have sustain interest in research.

To promote rigorous research scholarship, whether curricular or noncurricular among the ECDs, senior doctors/trainers, employing institutions, and the government have a critical role to play. The support includes that for research pedagogy and the actual research itself. The provision of robust research scholarships is also necessary. Research scholarship in this context is simply the financial aid given for research, to an individual or group of individuals, and usually in the early stage of their career. The ECDs individually have a critical role to play by continuously searching for such research scholarship programs albeit scarce. Few organizations locally and internationally give out grants annually to deserving ECDs.

While senior doctors should not leave ECDs to forage alone for these scarce supports, they have the critical role of providing the necessary mentorship to ECDs, particularly by providing the necessary guidance whereby their mentees can assess relevant research scholarship programs. Off course, the mentees should be ready to contribute their quota to make such a relationship to be productive. Furthermore, when the senior doctors are developing and applying for grants for their research projects, to also incorporate support component for ECDs. Such support is not limited to support to fund Master or postgraduate MD program, but also theses component of the Part II fellowship which hitherto has been majorly funded out of pocket by resident doctors. The trainers should also be in the forefront of advocacy for increasing the provision of research funding for ECDs, whether from public or private sectors.

The Education Tax Fund Act No. 17, 2003 berthed the Tertiary Education Trust Fund charged with the responsibility for imposing taxes on relevant organization, managing and disbursing such fund to public tertiary institutions in Nigeria, however, regrettably exclude public tertiary health institutions which are critical health

training and research institutions in Nigeria. This exclusion means all Federal Medical Centres are directly bypassed, while those solely in university-affiliated teaching hospitals and not on the faculty of the affiliated university are indirectly shutout. We believe if these fundings are widely available to senior doctors in such facilities, it will trickle down to ECDs who can latch onto such supported research project for both compulsory and non-compulsory research activities.

While it cannot be said that the government, especially the federal government is entirely disinclined to provide awards for research among ECDs, it is limited to support for research methodology courses which are embedded in the overall support package for training. This is not without the inadequate disbursement of this restrictive support, which has generated several industrial disharmonies with the NARD members over the years. Furthermore, the expenses for research for ECDs have mainly been “out of pocket,” especially in carrying out the research project necessary for the fellowship examinations.^[12] It is hoped that the Medical Residency Training Act passed into law, and the subsequent amendment will reverse this ugly trend.

The competitive awards for dissertation, among other prizes and awards for resident doctors after the training program are no doubt great. There is a need to increase the award compensations to promote a competitive and rigorous research scholarship among resident doctors.

More commendable programs and funding mechanisms, such as the Medical Education Partnership Initiative in Nigeria for ECDs, which are not limited to early-career university faculties need to be developed and assessed from grantor bodies.^[7]

Institutional support for trainee led research collaboration, as pioneered by the West Midlands Research Collaborative in 2007 and the first in Nigeria; Research Collaboration Network pioneered by the NARD needs to be encouraged.^[13-15]

In conclusion, there is a need to promote research scholarship among ECDs, especially by promoting and scaling up of support for their research activities which has hitherto been weak.

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