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Doctors' Attitude to Professional Reaccreditation in Nigeria

SUMMARY

A survey carried out to determine the views of doctors about professional reaccreditation in Nigeria showed that 176 out of 224 (78.6%) of the doctors agreed that doctors should undergo reaccreditation. One hundred and thirty doctors (74%) favoured 5 years as interval between reaccreditation episodes, ninety six (54.5%) agreed that the National Postgraduate Medical College should develop programme for reaccreditation, while eighty (45.5%) thought that the exercise should be carried out by either the National Postgraduate Medical College or Nigerian Medical Council. Clinical skills (81.5%), Clinical knowledge (79.5%), and most Medical ethics (72.7%) were the popular subjects for scrutiny, and 56.8% thought that doctors who fail reaccreditation be advised on education and reassessed soon afterwards.

INTRODUCTION

Reaccreditation or recertification is herein referred to as a system of assessing a doctor's competence to practice at regular intervals during his or her career. Reaccreditation is not new. It is practiced by professional bodies and colleges in many counries including America, Australia, Britain, New Zealand, the Netherlands, among others(1). Although it is not practiced in Nigeria, the Nigerian Medical Council has proposed that from 1998 medical doctors in Nigeria will be recertified every two years under "continuing medical education prgramme", if they are to remain in practice(2). The new measure is aimed at improving noticeable shortcomings in standards, knowledge and skills of doctors.

Most studies agree to the idea of reaccreditation for medical doctors, but the questions remain about how they should be reaccreditated and who should be involed in developing and applying the system(1,3). In two years time doctors in Nigeria may have to make up their minds about reaccreditation - not whether it is a good idea, but whether the detailed scheme drawn up by the Nigerian Medical Council fits the bill.

It is therefore considered relevant to have the views and input of those concerned during the planning stage of the exercise. This study aims to determine the attitudes of doctors in Nigeria to professional reaccreditation. It is hoped that the findings will be helpful in clarifying the exercise and also assist the authorities explore further the important aspects of reaccreditation before such programme is used to evaluate and pass judgement on doctors.

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MATERIALS AND METHODS

Questionnaire was sent to 300 hundred randomly selected doctors living in Enugu in South-eastern Nigeria. Questions were asked about the respondents' attitudes to proofessional reaccreditation. The questions asked included whether there is need for reaccreditation, how often should reaccreditation be carried out, what skills should be tested, what should be the format for reaccreditation, who should develop and carry out the programme for reaccreditation, and what should happen to those who fail reaccreditation? Respondents could select any coombinations of options on what will be the format and skills to be tested, and a maximum of three options for who should develop the programme for reaccreditation and who should carry out reaccreditation.

The respondents were made up of general practitioners, specialist and non-specialist doctors in different disciplines. All the doctors have their practice based in Enugu and environs.

RESULTS

Of the 300 questionnaires distributed, 224 were returned completed, giving a response rate of 74.6%. 72 (32%) of the respondents were specialist doctors in various disciplines, while 152 (68%) were non-specialists.

Doctors' View to reaccreditation:

Overall 176 (78.6%) of the doctors supported reaccreditation, while 48 (21.4%) opposed reaccreditation. Of the 72 specialist doctors who completed the questionnaire, 56 (77.8%) agreed that there is need for reaccreditation; and of the 152 non-specialist doctors, 120 (79%) agreed that doctors should undergo reaccreditation (Table 1). There is no significant difference between the specialist doctors and their non-specialist counterparts in

their views about reaccreditation (X^2=0.04, P>0.5, 1 df).

Table 1: Respondents' View on what skills are to be tested. (Any number of options could be selected)

	No (%) of respondents (n = 176)
Clinical skills	144 (81.8)
Clinical knowledge	140 (79.5)
Medical ethics	128 (72.7)
Prescribing practice	104 (59)
Consultation behaviours	76 (43)
Standards of medical record keeping	48 (27.3)
Others - relationship with fellow doctors	4 (2.3)

How often should reaccreditation be carried out?

Of the 176 doctors (56 specialists and 120 non-specialists) who supported reaccreditation, 130 (74%) favoured 5 years as interval between reaccreditation episodes, 44 (25%) favoured 10 years, while only 2 (1%) favoured an interval of 2 years. Of the 56 specialists who supported reaccreditation, 40 (71.4%) favoured an interval of 5 years, 16 (28.6%) favoured an interval of 10 years. Of the 120 non-specialists, 90 (75%) favoured an interval of 5 years as against 28 (23.3%) who favoured an interval of 10 years and only 2 (1.7%) who favoured an interval of 2 years (Table 2).

Table 2: Respondents' views on what should be the format (Any number of options could be selected).

	No (%) of respondents (n = 176)
Continuing Medical Education	146(83)
Oral Examination	76(43)
Written Examination	60(34)
Simulated consultations, using actors as patients	24(13.6)

The views of respondents on the intervals for reaccreditation were not influenced by the respondents' training status (X^2=1.426, P< 0.5, 2df).

What skills should be tested?

Table 1 shows respondents' views on what aspects of doctors work should be included in accreditation. 144 (81.8%) of the respondents were in favour of clinical skills, followed by clinical knowledge (140 or 79.5%), medical ethics (128 or 72.7%), prescribing practice (104 or 59%), consultation behaviour (76 or 43%), standards of medical record keeping (48 or 27.3%) and relationship with fellow doctors (4 or 2.3%).

What should be the format for reaccreditation?

146 (83%) suggested that accreditation should be carried out as part of continuing medical education 76 (43%) suggested oral examination, 60 (34%) chose some foorm of written examination, and 24 (13.6%) favoured simulated consultations using actors as patients (Table 2). Choice of continuing education as the most favoured format was not sinificantly affected by the training status of the responding doctors, as 98 out of non-specialist doctors and 48 out of 56 specialist doctors opted for coontinuing medical education (X^2=0.66, NS).

Who should develop programme for reaccreditation?

Table 3 shows that 96 (54.5%) of the respondents opted for the National Postgraduate Medical College, followed by Nigerian Medical Council (80 or 45%) and accreditated Teaching Hospitals (64 or 36.4%). The Nigerian Medical Association and Federal Ministry of Health were chosen by only 20.5% and 2.3% respectively.

Table 3: Respondents' views who should develop programme for reaccreditation and who should carry out reaccreditation (Maximum of three options were chosen by respondents).

	No (%) of respondents (n = 176)
A. Who should develop programme?	
National poostgraduate Medical College	96(54.5)
Nigerian Medical Council	80(45.5)
Accreditated Teaching Hospitals	64(36.4)
Nigerian Medical Association	36(20.5)
Federal Ministry of Health	4(2.3)
Universities	-
Others	-
B. Who should carry out accreditation	
National poostgraduate Medical College	80(45.5)
Nigerian Medical Council	80(45.5)
Accreditated Teaching Hospitals	40(2.7)
Nigerian Medical Association	32(18.2)
Federal Ministry of Health	8(4.5)
Universities	-
Others	-

Who should carry out reaccreditation?

As can be seen from Table 3, the National Postgraduate Medical College and the Nigerian Medical Council again topped the list with 80 (45.5%) for each, followed by accredited Teaching Hospitals (40 or 22.7%). Nigerian Medical Association and Federal Ministry of Health were chosen by 18.2% and 4.5% of the respondents respectively.

What should happen to those fail reaccreditation?

One hundred respondents (56.8%) thought that such

Tuberculosis treatment reduces AIDS burden

The correct treatment of tuberculosis (TB) in HIV-infected individuals could prevent the expected transmission of TB to more than 40 million people and could avert the development of nearly 4 million TB cases of the next 4 years, and thereby extending the lives of HIV-positive people.

These were the stark predictions in a report released jointly by the newly-established United Nations Programme on HIV./AIDS (UNAIDS) and the World Health Organisation at the XIth International Conference on AIDS. The report highlights the important role that TB plays, causing one-third of all AIDS deaths worldwide and seriously endangering those not infected with HIV: at present, one-third of the world's population carries the microorganism, Mycobacterium tuberculosis, and 3 million people die every year of the disease.

"Treating TB when it appears in people living with HIV is an excellent and cost-effective way to make measurable progress against AIDS," said Dr. Peter Piot, Executive Director of UNAIDS. Failing to take these actions would be a double tragedy: not only will people with TB and HIV die prematurely if they are not treated for TB disease, but also TB will spread to the broader community, he added.

People co-infected with TB and HIV are 30 times more likely to develop active TB disease than those infected with TB alone, the report estimates, In addition, TB is the only major opportunistic infection that can spread throught the air to HIV-negative people

"There are many innovative and practical ways to care for HIV-positive people. We can treat opportunistic infections such as TB with effective medications; we can help to create communityl-based care projects so that patients need not be confined to hospital; and we can support and counsel those who are HIV-positive, whether or not they are sick with AIDS," said Dr. Piot.

The cost is apparently not that great: the report calculates, based on the World Bank's World Development Report, that TB control with short-course chemotherapy and AIDS prevention programs would mean each life-year gained would cost just US$3-5 in low-income countries.

Opportunistic Infection In Latin America.

In spite of similar levels of infection with Pneumocystis carinii pneumonia, the pattern of opportunistic infections in HIV-positive individuals in Latin America differs significantly from that found in north America and Europe, and is dominated by some infections peculiar to the region, according to Dr Pedro Cahn, from the Hospital Juan A Fernandez and HUESPED Foundation in Buenos Aires, Argentina.

"Half-a-million people in Latin America had contracted AIDS by the end of 1995 and a further half-million were infected with HIV: therefore, in the region we have 8% of the world's population but 12% of the world's HIV-infected individuals," he said.

The information on opportunistic infections throughout the region is not complete, but Dr Cahn pointed out that a hight proportion of HIV patients are only diagnosed in the late stages of the disease, making primary prophylaxis impossible.

Histoplasmosis, tuberculosis and toxoplasmosis are all seen more frequently than in developed countries and regional diseases, such as Chagas disease, leishmaniasis and endemic mycoses, are increasingly seen in HIV patients, he said.

"Histoplasmosis is the first AIDS-defining illness in 75% of cases, with positive blood cultures in 84% of these," said Dr Cahn. "Disseminated histoplasmosis, which is rarely seen in non-immunocompromised individuals, is present in 10% of HIV cases in the region."

Dr Cahn reported that there are more than 160,000 cases of leishmaniasis each year in Latin America, one-third of these occuring in Brazil, but one of the main infections, that is frequently midsiagnosed is Chagas disease. He also highlighted the fact that AIDS patients are likely to be taking other medications prophylactically, and the significantly fewer pills needed on the weekly azithromycin regimen could imrpove adherence to therapy. In combination with trimethoprim-sulfamethoxazole a clarithromycin or rifabutin regimen would mean the patient taking 17-21 pills each week, whereas with azithromycin this would be significantly reduced to 5-9 pills each week: "This is an important issue in patient management," he conluded.

Fluconazole prevents yeast infections in women with HIV

In a multicenter clinical trial sponsored by the National Institute of Allergy and Infectious Diseases (NAID), weekly doses of fluconazole 200mg prevented common yeast infections in women with HIV and the therapy was not

Respiratory Abnormalities Associated with Occupational Exposure to Particulate Insults in Okada Operators in Nnewi

SUMMARY

The most popular mode of transportation in most cities with bad and untarred roads is by motorcycles. The commercial operators of this form of transport are called the OKADA OPERATORS. These operators are continuously exposed to particulate insults of unknown physio-chemical nature.

We investigated the possible effects of these insults on peak expiratory flow rates, respiratory symptoms and blood pressure value of the operators. The operators had higher prevalence of respiratory symptoms and lower peak expiratory flow rates but comparably normal blood pressure values, when compared with controls.

This occupation may thus be risk factor for eventual repiratory diseases.

INTRODUCTION

The most popular mode of transportation in many cities in Nigeria is by motor vehicles with little or no motorcycle transport. However owing to the downturn, in the Nigerian ecoonomy and the subsequent flooding of the cities with second-hand motorcycles, motorcycle as a means of transport has experienced an increase in patronage. Commercial motorcyclist popularly known as "Okada" is a lucrative means of livelihood of most young adults in Nnewi, Anambra State of Nigeria.

The Okada operators usually ply on very dusty and bad routes. It is therefore inevitable that these operators inhale a wide variety of particulate matters of unknown physico-chemical nature, moreso when it has been observed that these illiterate operators do not employ any form of preventive device agaist these particulate insults.

The aim of this study is to determine the effect of "Okada" operation on certain physiological parameters like blood pressure, peak expiratory flow rate (PEFR) and some respiratory symptoms.

METHODOLOGY

The commercial city of Nnewi with its bad and dusty roads was the center of this study. The urban city of Nnewi has a porpulation of more than fifty thousand with about ten percent of this population engaging in "Okada" transport as sole means of sustenance.

Subject Selection: 1,000 non-smoking and apparently healthy male okada operators who had operated for at least 24 months were selected for the study. Ex-smokers were excluded. The subjects were either school dropouts or those who joined the trade after primary school. They were all aged between 21 - 39 years old. They were screened based on i) Medical history obtained from structured questionaire. ii) Physical examination including weight and height determination.

The selection criteria included the absence of family history of asthma and allergy. 1,000 non-smoking, non- ex-smokers mainly University staff and medical students aged between 19 - 35 years served as controls. The study lasted for about 8 weeks.

Peak Expiratory Flow Rate (PEFR) Protocol: All measurements were made at approximately mid-day. The Wrights Peak Flow meter was used (1). The subjects were each tutored before embarking on the manouvre. The mean of the three consistent recordings was obtained as the physiologic value for any individual.

Blood Pressure (BP) Determination: An automatic Blood pressure metre (AVA COLOUR HUNGARY) was used. All subjects were rested for some minutes before readings were taken. The mean of three recordings was oobtained as the physiologic value for the individual.

Physical Examination of Chest and Nasal Openings: All subjects had their nasal passages examined. Auscultation of the chest was carried out with the

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