# THE PRUNER

An official publication of the Medical & Dental Council of Nigeria (MDCN)

Vol. 1 Issue 1 **Dec. 2021**


## From the Editor's Desk

## Birth of THEPRUNER

Dear Readers,

ON behalf of MDCN Bulletin, the Editorial Board and the Editorial Team of our bulletin, I would like to welcome you onboard as we embark on the expedition of running the news media arm of the MDCN publications the MDCN Bulletin. When a thought that has been enduring in mind becomes real, it is truly an interesting and exciting experience. This new assignment of developing a bulletin for the MDCN is one such cherished work which I would fulfill

*- continued on page 16*

## In This Issue


- Registrar's BBC Interview
- Housemanship Placement
- MDCN in Brief
- Shared Experience
- Meet MDCN Chairman
- Council's Register hits 100,000th Mark


# Registrar's Remarks

IT is with great pleasure that I introduce to you this maiden edition of the MDCN Bulletin, a publication of the Medical and Dental Council of Nigeria (MDCN) - the professional health regulatory agency for the professions of Medicine, Dentistry and Alternative Medicine in Nigeria. The MDCN, since its establishment in 1963, has had a rewarding and growth-filled adventure, in its regulatory activities. A testament to this is the large number of practitioners that have been produced by accredited training institutions and licensed by the MDCN in Nigeria, who are providing excellent health care services to our dear nation and across the globe. MDCN prides itself as one of the most successful and foremost medical regulatory authorities in Africa. It is very heartwarming that the present leadership of the MDCN has thought it wise to establish this bulletin, which in no doubt, will not only acquaint the public of the workings of the Council, but will also serve to showcase the incredibly stunning strides and achievements of the Council over the years. The MDCN shall ensure that the content of its bulletin is robust enough to convey the

*- continued on page 17*

## Federal Government Centralizes Housemanship Placement and Payment as MDCN Discovers Illegal House Officers

THE guidelines on Registration for Medical and Dental Practitioners in Nigeria requires that all newly graduated Medical and Dental practitioners should complete Housemanship training and thus achieve eligibility for Full Registration within twelve (12) months of graduation from any of the Medical and Dental Council of Nigeria (MDCN) accredited Housemanship training centers. However, and over the

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# MDCN register exceeds the 100,000 mark as over 900 new Foreign Trained Doctors get inducted

**Medical Council inducts 879 foreign-trained doctors**

THE Federal Government's effort towards closing the gap in the human resource for health index in the country has received a boost as the Medical and Dental Council of Nigeria's register of practitioners surpasses the 100,000 mark.

This development is coming after the Council inducted over 900 new Foreign Trained Doctors (FTDs) who were successful at the assessment examination of the MDCN held in June 2021.

Speaking at the solemn induction ceremony which held in Abuja on Thursday, 19th August, 2021, the Honourable Minister of Health, Dr. Osagie Ehanire disclosed that the Federal Government of Nigeria has considered health asa major component in the ongoing programme of the President Buhari led administration to lift Nigerians out of poverty.

The MDCN has sustained her regulatory activities including accelerated visitations and accreditations of medical schools in the Country to ensure more spaces for training of doctors in order to increase the number of doctors to cater for the health programmes of the Federal Government and to improve the doctor to patient ratio in Nigeria.

MDCN News Crew has confirmed that a large percentage of the inducted FTDs have since been deployed under the new FG's central housemanship placement system managed by the MDCN to some Federal Hospitals while some have settled in accredited States and Private Hospitals across the Country. MDCN guidelines require that the new doctors to work under the strict supervision of consultants for one year before they could be licensed to go into full practice in Nigeria.

The Registrar of the Council, Dr. T.A.B. Sanusi has continued to assure that MDCN remains resolutely determined to safeguard the healthcare delivery system by ensuring that only adequately trained and licensed practi-tioners are allowed to practice medicine and dentistry in Nigeria.

# Erring Doctors lose license to Practice in Nigeria

THE Medical and Dental Practitioners Disciplinary Tribunal (MDPDT) was reconstituted during the 1st plenary session of the Council in December 2018 and had its 1st Session between 8th and 12th of January 2019.

The Tribunal has held seven sessions within which it has adjudicated over several cases in line with the inherent powers of the Tribunal. As provided under section 16(1) (2) of the Medical and Dental Practitioners Act, Cap M8 LFN 2004 (as amended), the Tribunal at its sittings found the under listed doctors guilty of gross misconduct in a professional respect and had their names struck-off from the Register of Medical Practitioners in Nigeria. They are:

1. Dr. Yakubu Hassan Koji
   Jimeta Clinic and Maternity,
   Jimeta Yola

2 Dr. Sunday Elusoji
University of Benin
Teaching Hospital, Benin, Edo State

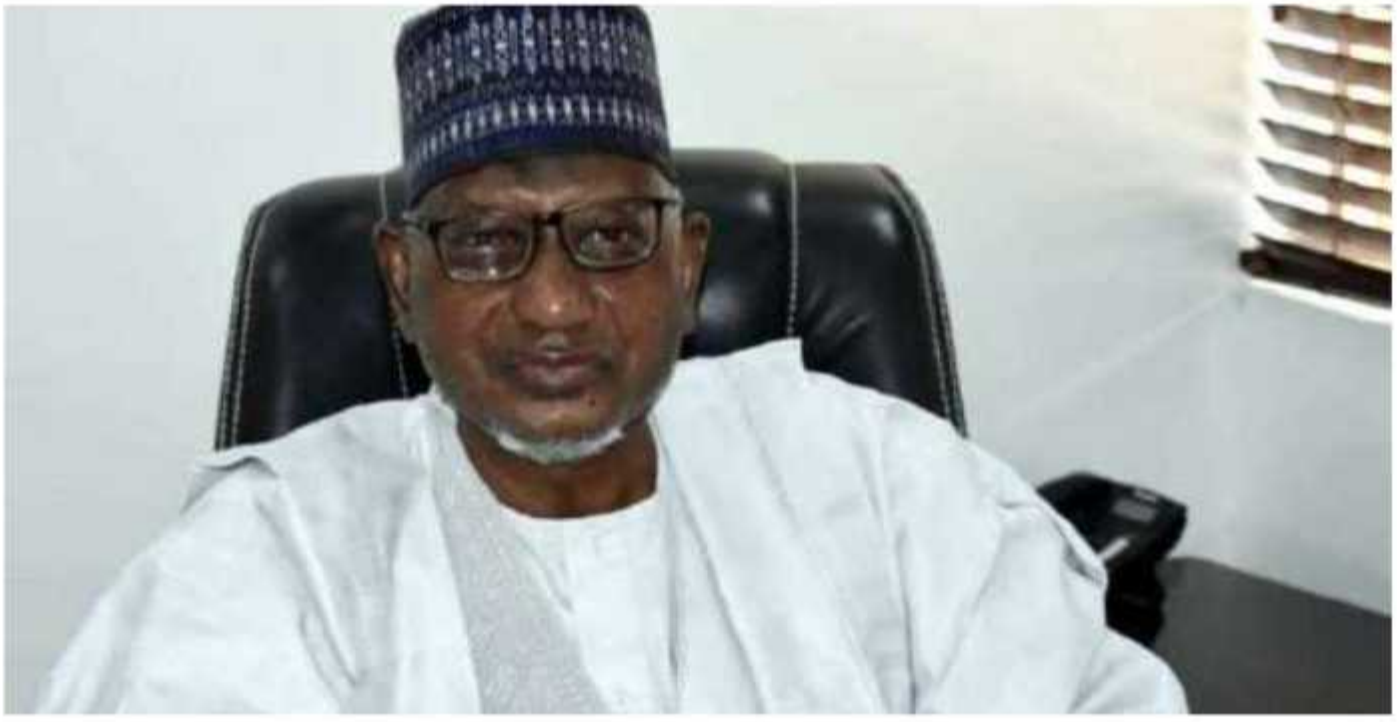
3 Dr. Stephen Oludare Alaiyemola
Philadelphia Specialist Hospital,
Apapa, Lagos State.

NB: Only Dr Sunday Elusoji has so far appealed against the decision.

# Meet Dr. Abba Hassan, OON, (Wazirin Mubi)

## MB, BS, FRCS (Glasgow), FICS Cert. HCM (Harvard), SHHSM (Birminghan), FMCS

## Professor of Surgery, Chairman, MDCN

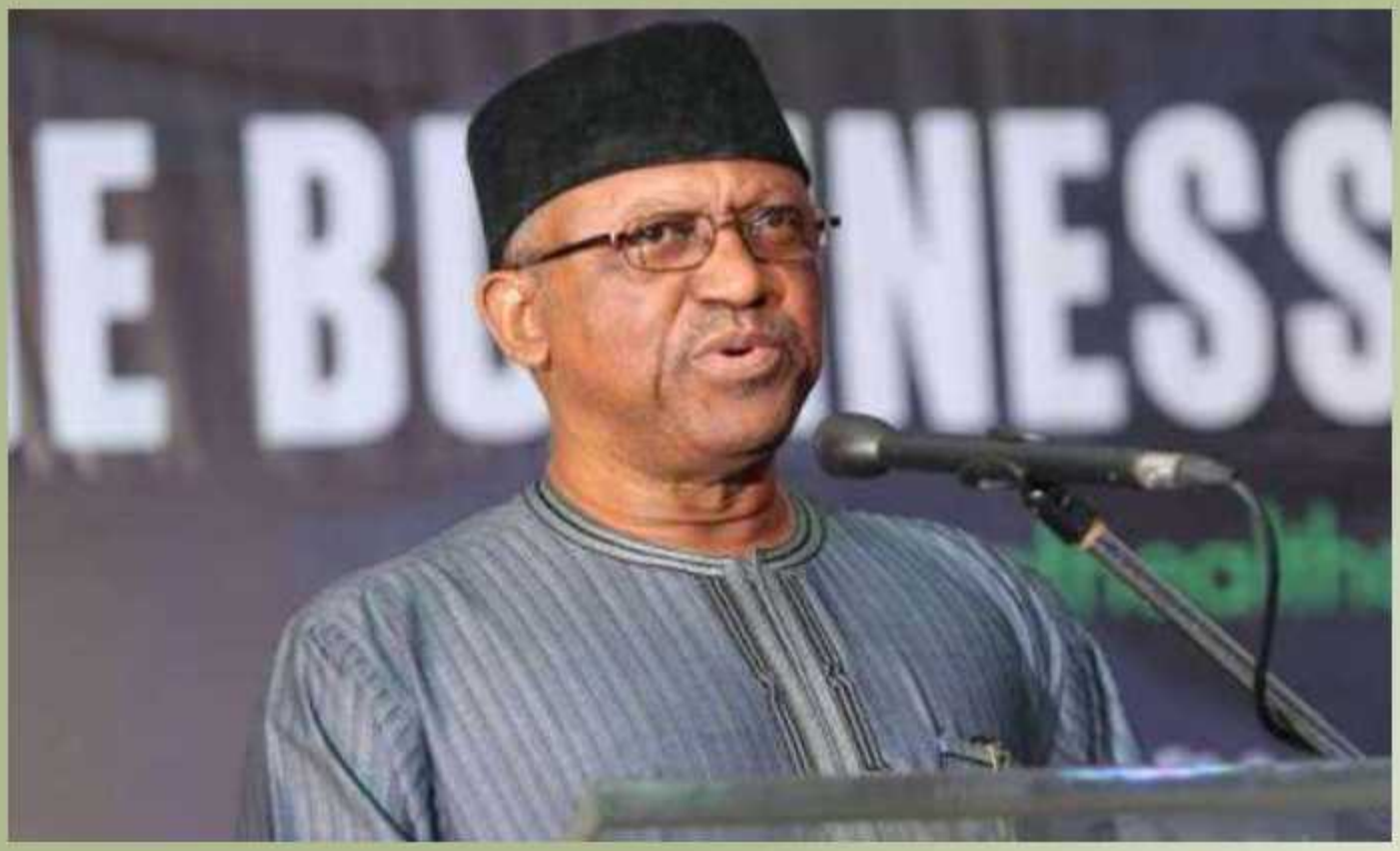


DR. Abba Hassan (Wazirin Mubi) is a Professor of Surgery and Consultant Surgeon. Appointed in 2018 by the President of the Federal Republic of Nigeria, Abba Hassan (Wazirin Mubi) is the current Chairman, Medical and Dental Council of Nigeria (MDCN).

Born on August 10, 1950, Babel, Madagali, Adamawa State, the Chairman is married with lovely sons and daughters. His education career spanned from Madagali Primary School, 1957-60, Michika Primary School, 1961-63; Government Secondary School, Ganye, 1964-68, Federal Government College, Sokoto, 1969-70, Ahmadu Bello University, Zaria, 1971-76, Royal College of Surgeon, London, 1980-81, Royal College of Surgeon, Glasgow, 1981-85.

He has had a very fulfilling career, including Housemanship, Ahmadu Bello University Zaria Hospital, Kaduna, 1976-77; Medical Officer (NYSC), Nigerian Army Brigade of Guards, Dodan Barracks, Lagos, 1977-78; Registrar (Sur gery), General Hospital, Yola, 1978-79; Principal Medical Officer, General Hospital, Ganye, 1979-80; Senior House Officer, sur gery, 1981-82; Registrar (Cardiothoracic Surgery and Intensive Care), 1982-85; Consultant Surgeon, General Hospital, Yola, 1985-86;Senior Consultant Surgeon,General Hospital, Yola, June 1986; Chief Medical Officer and Chief Consultant Surgeon, Health Services Management Board, Ministry of Health, Yola, Adamawa State, 1987-88; Chief Medical Director, H.M.B. Gongola State, 1987-88;Deputy Vice-Chancellor, (Academics), University of Maiduguri, 1991-93; Chief Medical Director, U.M.T.H., 1994-2002; Fellow, Royal College of surgeons, Glasgow, 1985; and Fellow, West African College of Sur geons, 1988.

Under his chairmanship and leadership, the MDCN has made very remarkable strides, including the construction of the MDCN ultramodern multipurpose office and conference complex, construction and tarring of the access road to the MDCN secretariat, centralisation housemanship placement, flawless conduct of licensure examination for the foreign-trained medical trainees, etc.



years this requirement has remained a nightmare as a large number of fresh Medical and Dental graduates roam the streets in endless search for placements for house jobs. The regulation for provisional registration allows for completion of the house job within a period of two years and where this is not achievable for valid reasons, Council may grant one (1) year extension after which the Medical Practitioner/Dental surgeon must write assessment examination to re-establish his competence to practice.

This situation sometimes made it impossible to obtain eligibility for full registration and as such unable to be of service to the country and elsewhere. In order to arrest this situation, the Federal Ministry of Health through the then Minister of Health, intervened by presenting a memorandum to Federal Executive Council (FEC) for the centralized posting, payments and coordination of Medical and Dental House Officers training by the Medical and Dental Council of Nigeria (MDCN). That memo was graciously considered and approved by the Federal Executive Council (FEC) on the 16th of June 2017.

**Planning Stage**

In order to have a smooth takeover, FEC approved that the Federal Ministry of Health as the supervising Ministry should embark on wider consultations with the Federal Ministry of Budget and National Planning, Federal Ministry of Finance and other stakeholders including the Nigerian Medical Association (NMA), Committee of Chief Medical Directors/Medical Directors of Federal Tertiary Hospitals and the Office of the Accountant General of the Federation for which a steering committee was formed. The committee met severally at the Federal Ministry of Health to develop modalities for the effective and efficient implementation of the programme. MDCN developed a comprehensive budget proposal which included salaries of all house officers in Federal Government owned hospitals, State owned hospitals including FCT and Private or Mission hospitals that have been accredited, staff recruitment, training & logistics, monitoring & evaluation, portal development & maintenance, furniture etc.

MDCN also developed a portal for the ease of postings and payments. This budget was submitted in 2017, 2018 and 2019, however, implementation could not commence until 2021. The approved budget for the take off of the programme contained only the salaries of Federal Government owned Hospitals excluding

hospitals owned by the Armed Forces, Police, States & FCT and privately owned Hospitals.

**Take-Off of the Exercise**

The exercise took effect from 1st January, 2021 and as part of the modalities for effective collaboration between the MDCN and the approved Housemanship training Centers, MDCN held a meeting with the leadership of the Committee of Chief Medical Directors and Medical Directors (CMDs and MDs) in December 2020 from where it was decided that approved Housemanship training centers should stop recruitment of house officers immediately. In addition, the centers were to submit to the MDCN, details of all current house officers whose training would exceed 31st December 2020. MDCN also informed the leadership of the committee of CMDs/ MDs that the approved budget for the take-off of the programme was premised on the MDCN approved Housemanship quota for each of the forty-two (42) Federal Government owned Hospitals, excluding hospitals owned by the Armed Forces, Police, and States & FCT and privately owned Hospitals. The committee brought up the issue of the current situation in almost all the hospitals which showed recruitment of house officers in excess of MDCN approved quotas and if payment would be based on MDCN quota such might pose some challenges. At this point, MDCN reminded the committee of the letter written to all the hospitals in 2018 requesting them to revalidate their accreditation status. This would have allowed MDCN to either approve or modify any excess house officer recruited over and above the current quota, if this was done, MDCN submissions to the Budget Office would have been based on the revised quota. The response to the letter was however very poor.

The meeting therefore decided that MDCN management with the committee of CMDs/MDs would approach the Budget office of the Federation with a view to request that additional provision be made to pay house officers who might not be included in the MDCN payment. MDCN immediately conveyed this position through a letter to all the centers, by mid-January 2021 only 7 hospitals complied while 12 more hospitals complied by the 1st week of February 2021 to make a total of 19 out of the 42 hospitals. These were the 19 hospitals whose house officers (based on MDCN quota) were scheduled and submitted for payment of January and February 2021 salaries. However late submission were also received in March by the remaining 23 hospitals.

Submission made for the payment of March 2021 salaries for all the 42 hospitals with January and February 2021 salaries for those who were not

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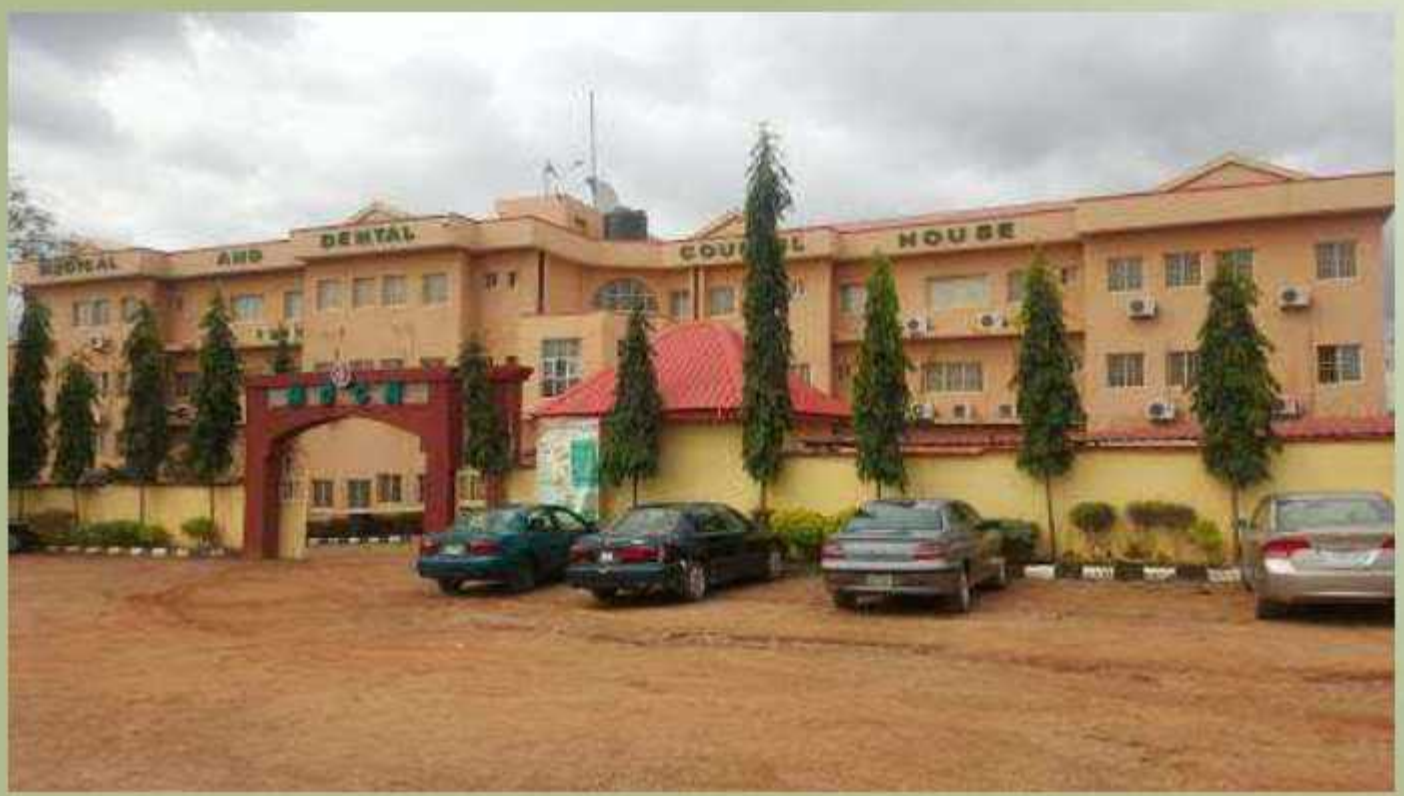


## ANALYSIS OF PERFORMANCE OF THE COUNCIL'S ASSESSMENT EXAMINATION FOR FOREIGN TRAINED DOCTORS, HELD IN SOKOTO, NOV. 2021

### MEDICAL ANALYSIS

| Country of Med. School | Pass Male | Pass Female | Pass Total | Fail Male | Fail Female | Fail Total | Grand Total |
|---|---|---|---|---|---|---|---|
| Barbados | 0 | 1 | 1 | 0 | 0 | 0 | 1 |
| Belarus | 7 | 8 | 15 | 6 | 13 | 19 | 34 |
| Belize | 0 | 0 | 0 | 1 | 1 | 2 | 2 |
| Benin | 1 | 0 | 1 | 5 | 1 | 6 | 7 |
| China | 16 | 38 | 54 | 44 | 34 | 78 | 132 |
| Curacao | 1 | 0 | 1 | 0 | 0 | 0 | 1 |
| Cyprus | 2 | 22 | 24 | 1 | 4 | 5 | 29 |
| Dominica | 4 | 7 | 11 | 2 | 5 | 7 | 18 |
| Egypt | 8 | 8 | 16 | 4 | 11 | 15 | 31 |
| Equatorial Guinea | 0 | 0 | 0 | 0 | 1 | 1 | 1 |
| Gambia | 0 | 3 | 3 | 0 | 1 | 1 | 4 |
| Georgia | 4 | 4 | 8 | 7 | 2 | 9 | 17 |
| Ghana | 0 | 2 | 2 | 0 | 0 | 0 | 2 |
| Grenada | 0 | 2 | 2 | 0 | 0 | 0 | 2 |
| Guyana | 1 | 0 | 1 | 0 | 1 | 1 | 2 |
| Hungary | 0 | 7 | 7 | 0 | 0 | 0 | 7 |
| India | 0 | 0 | 0 | 1 | 1 | 2 | 2 |
| Ireland | 0 | 1 | 1 | 0 | 0 | 0 | 1 |
| Malaysia | 0 | 1 | 1 | 0 | 0 | 0 | 1 |
| Pilippines | 1 | 8 | 9 | 10 | 9 | 19 | 28 |
| Poland | 0 | 1 | 1 | 1 | 0 | 1 | 2 |
| Romania | 0 | 2 | 2 | 0 | 5 | 5 | 7 |
| Russia | 8 | 11 | 19 | 23 | 21 | 44 | 63 |
| Saint Kitts & Nevis | 1 | 1 | 2 | 3 | 1 | 4 | 6 |
| St. Vincent & the Grenadines | 0 | 4 | 4 | 3 | 1 | 4 | 8 |
| Samoa | 0 | 0 | 0 | 0 | 1 | 1 | 1 |
| Sudan | 21 | 44 | 65 | 61 | 80 | 141 | 206 |
| Turkey | 1 | 3 | 4 | 1 | 1 | 2 | 6 |
| Uganda | 3 | 3 | 6 | 3 | 1 | 4 | 10 |
| Ukraine | 21 | 57 | 78 | 52 | 62 | 114 | 192 |
| United Arab Emirates | 0 | 3 | 3 | 0 | 0 | 0 | 3 |
| **TOTAL** | **100** | **241** | **341** | **228** | **257** | **485** | **826** |

### ANALYSIS OF DENTAL

| Country of Med. School | Pass Male | Pass Female | Pass Total | Fail Male | Fail Female | Fail Total | Grand Total |
|---|---|---|---|---|---|---|---|
| Cyprus | 0 | 1 | 1 | 0 | 0 | 0 | 1 |
| Georgia | 0 | 1 | 1 | 0 | 0 | 0 | 1 |
| Ghana | 0 | 1 | 1 | 0 | 0 | 0 | 1 |
| India | 0 | 0 | 0 | 0 | 1 | 1 | 1 |
| Philippines | 1 | 0 | 1 | 0 | 1 | 1 | 2 |
| Russia | 0 | 0 | 0 | 0 | 1 | 1 | 1 |
| Sudan | 4 | 7 | 11 | 7 | 3 | 10 | 21 |
| Ukraine | 0 | 1 | 1 | 0 | 0 | 0 | 1 |
| Ethiopia | 0 | 0 | 0 | 0 | 1 | 1 | 1 |
| **TOTAL** | **5** | **11** | **16** | **7** | **7** | **14** | **30** |

# The Medical and Dental Council of Nigeria in Brief

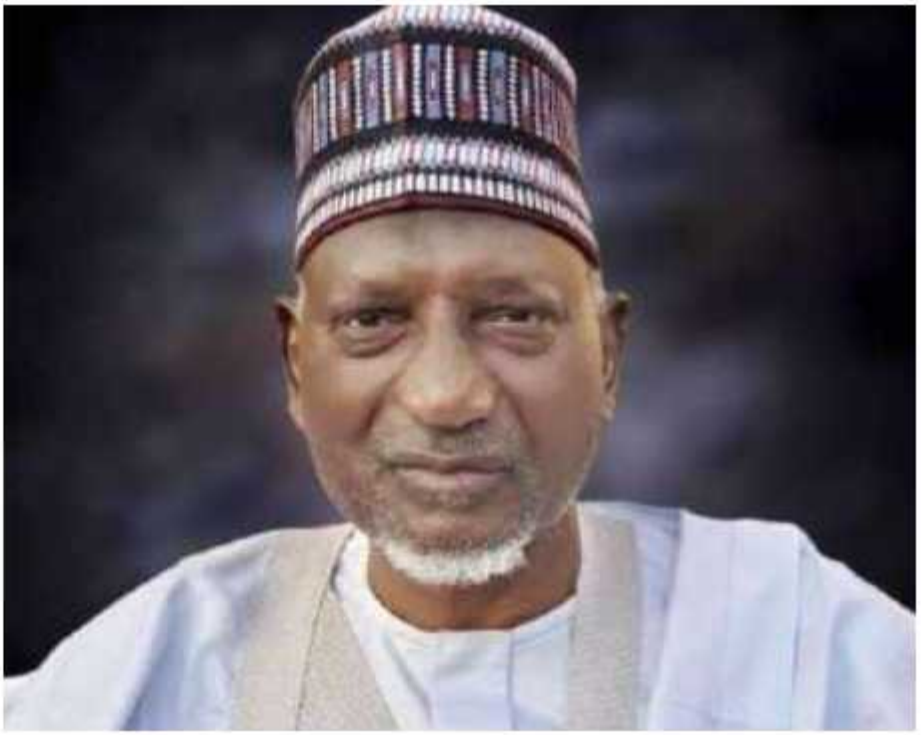
THE regulation of Physicians and Dental Surgeons in Nigeria historically preceded indigenous statutory provisions for such functions. The first allopathic doctors to come to Nigeria were Portuguese. They came in 1472. The Roman Catholic Mission opened a hospital at St. Thomas Island off the Bight of Benin in 1504. The trans-Atlantic slave traders also came with ship doctors and surgeons who attended to the healthcare needs of slavers and slaves.

The Roman Catholic Mission established The Sacred Heart Hospital Abeokuta in 1865 whilst St. Margaret's Hospital Calabar came into being in 1898. Before the establishment of these hospitals, a Medical Examining Board in 1789 recorded doctors' names, mainly Dutch names which were followed by Danish and British names on its register.

Doctors of the Dutch West Indies Company went to Benin and treated the local people. Many of the explorers who came to Nigeria were medical men and we easily recall such names as Mungo Park, David Livingstone, Schnister and John Kirk. The West African Medical Service originated from the Royal West African Frontier Force, (WAFF) and in 1902, the Medical Departments of the various British Colonies, i.e., Nigeria, Gold Coast, Sierra Leone and Gambia were established.

The regulation of conduct of medical and dental practitioners started in that era in Nigeria with the establishment of the Medical Practitioners Disciplinary Board in the Colonial Department of Health for the medical personnel whose names were on the register of the General Medical Council in England. The Director of Medical Services, (DMS) was its Chairman. This was the position of statutory regulation of the professions of medicine and dentistry until independence in 1960. Indeed, indigenous statutory provisions came into being through the efforts of the first Nigerian Inspector of Medical Services, Sir Samuel Manuwa and these culminated in the promulgation by the Federal Parliament of the Medical and Dental Practitioners Act which became operational from 18 December 1963. This law established the Nigeria Medical Council, the first regulatory body for Medicine and Dentistry in Nigeria. The inaugural meeting of the Nigeria Medical Council was held on Saturday 24 October 1964 in the Boardroom of the Federal Ministry of Health, Lagos. Dr. S. 0. Awoliyi was the first President and members were drawn from:

1. The University of Ibadan
2. University of Lagos
3. Ministry of Health, Kaduna
4. Ministry of Health, Ibadan
5. Ministry of Health, Enugu
6. Ministry of Health, Port Harcourt
7. Royal Orthopaedic Hospital Igbobi, Lagos
8. Vom Hospital, Northern Region.

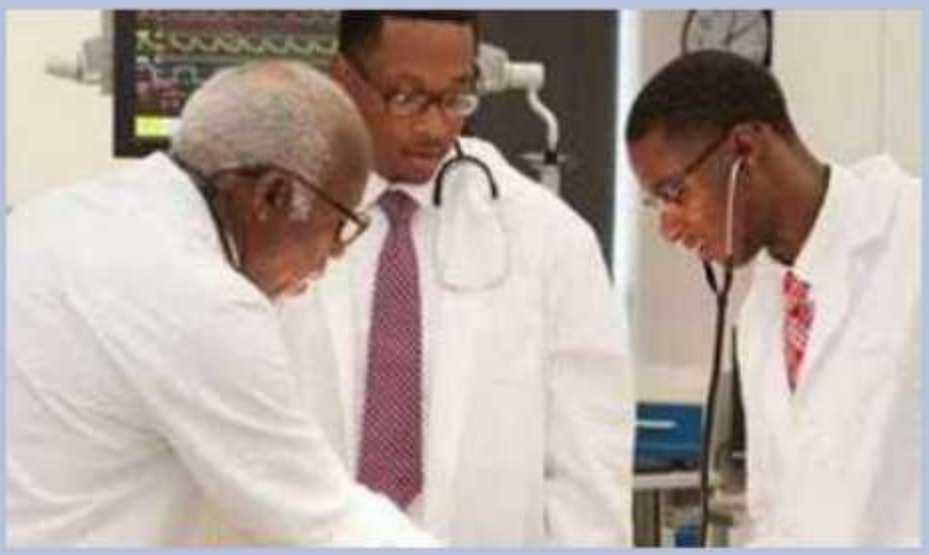


**Prof. Abba Hassan**, OON, FRCS (Glasgow), FICS Cert. HCM (Harvard), SHHSM (Birminghan), FMCS, **(Wazirin Mubi)**

# MDCN Mandate Vision & Mission

THE Medical and Dental professions in Nigeria are regulated by the Medical and Dental Practitioners Act Cap 221 (now Cap M8) Laws of Federation of Nigeria 1990 which sets up the Medical and Dental Council of Nigeria with the following mandates:

1. Regulation of training in Medicine, Dentistry and Alternative Medicine in Nigeria
2. Regulation of Medical, Dental and Alternative Medicine practice in Nigeria.
3. Determination of the knowledge and skills of these professionals.
4. Regulation and control of Laboratory Medicine in Nigeria.



**OUR MISSION STATEMENT**

To regulate the practice of Medicine, Dentistry and Alternative Medicine in the most efficient manner that safeguards best healthcare delivery for Nigerians underlies these Mandates.

**OUR VISION**

To be the foremost Professional Regulatory body in Nigeria!

The Act (Medical and Dental Practitioners Act Cap 221 (now Cap M8) Laws of Federation of Nigeria 1990) which sets up the MDCN charges the council with the following responsibilities.

1. determining the standards of knowledge and skill to be attained by persons seeking to become members of the medical or dental profession and reviewing those standards from time to time as circumstances may permit.
2. Securing in accordance with the provisions of this Act the establishment and maintenance of registers of persons entitled to practice as members of the medical or dental profession and the publication from time to time of lists of those persons.
3. Reviewing and preparing from time to time, a statement as to the Code of Conduct which the Council considers desirable for the practice of the professions in Nigeria.
4. Performing the other functions conferred on the Council by the Act.

However, by amendment viz Decree No. 78 of 1992 The functions of the Medical and Dental Council of Nigeria were expanded to include:

1. Supervising and controlling the practice of homeopathy, and other focus of alternative medicine (naturopathy, acupuncture and osteopathy)
2. Making regulations for the operation of clinical laboratory practice in the field of Pathology, which includes Histopathology, Forensic Pathology, Autopsy and Cytology, Clinical Cytogenetics, Haematology, Medical Microbiology and Medical

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9. Private Practice

This meeting appointed Dr. M.S. Graham-Douglas as the Acting Secretary until he later became the first Registrar of Council.

The Nigerian Medical Council was succeeded by the Medical and Dental Council of Nigeria, a statutory creation of the Military Decree No 23 of 1988. This decree, with the return of constitutional government of Nigeria is now known as The Medical and Dental Practitioners Act, Cap. 221, Laws of the Federation of Nigeria 1990. The statutory functions of the Medical and Dental Council of Nigeria are:

1. Determining the standards of knowledge and skill to be attained by persons seeking to become members of the medical or dental profession and reviewing those standards from time to time as circumstances may permit.
2. Securing in accordance with the provisions of this Act the establishment and maintenance of registers of persons entitled to practice as members of the medical or dental profession and the publication from time to time of lists of those persons.
3. Reviewing and preparing from time to time, a statement as to the Code of Conduct which the Council considers desirable for the practice of the professions in Nigeria.
4. Performing the other functions

may permit.

2. securing in accordance with provisions of this Law the establishment and maintenance of registers of persons entitled to practice as members of the medical or dental profession and the publication from time to time of lists of those persons;
3. reviewing and preparing from time to time, a statement as to the code of conduct which the Council considers desirable for the practice of the professions in Nigeria; and,
4. performing the other functions conferred on the Council by this Law.

By provision (c) above, the Council is empowered to make Rules of professional conduct and is also empowered to establish the Medical and Dental Practitioners Disciplinary Tribunal and Medical Practitioners Investigating Panel for the enforcement of these Rules of Conduct.

These Rules of Conduct are made to enable doctors and dentists in Nigeria maintain universally acceptable professional standards of practice and conduct. They serve as standards in relationship of medical and dental practitioners with the profession, their colleagues, patients, members of allied professions and the public.

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b) Securing in accordance with the provisions of this Act the establishment and maintenance of registers of persons entitled to practice as members of the medical or dental profession and the publication from time to time of lists of those persons.
c) Reviewing and preparing from time to time, a statement as to the Code of Conduct which the Council considers desirable for the practice of the professions in Nigeria.
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2. Making regulations for the operation of clinical laboratory practice in the field of Pathology, which includes Histopathology, Forensic Pathology, Autopsy and Cytology, Clinical Cytogenetics, Haematology, Medical Microbiology and Medical Parasitology, Chemical Pathology, Clinical Chemistry, Immunology and Medical Virology.

Since its inception in 1963, the Council has published certain documents as guidelines for registered practitioners and those who wanted to become members of either profession. Such publications are:

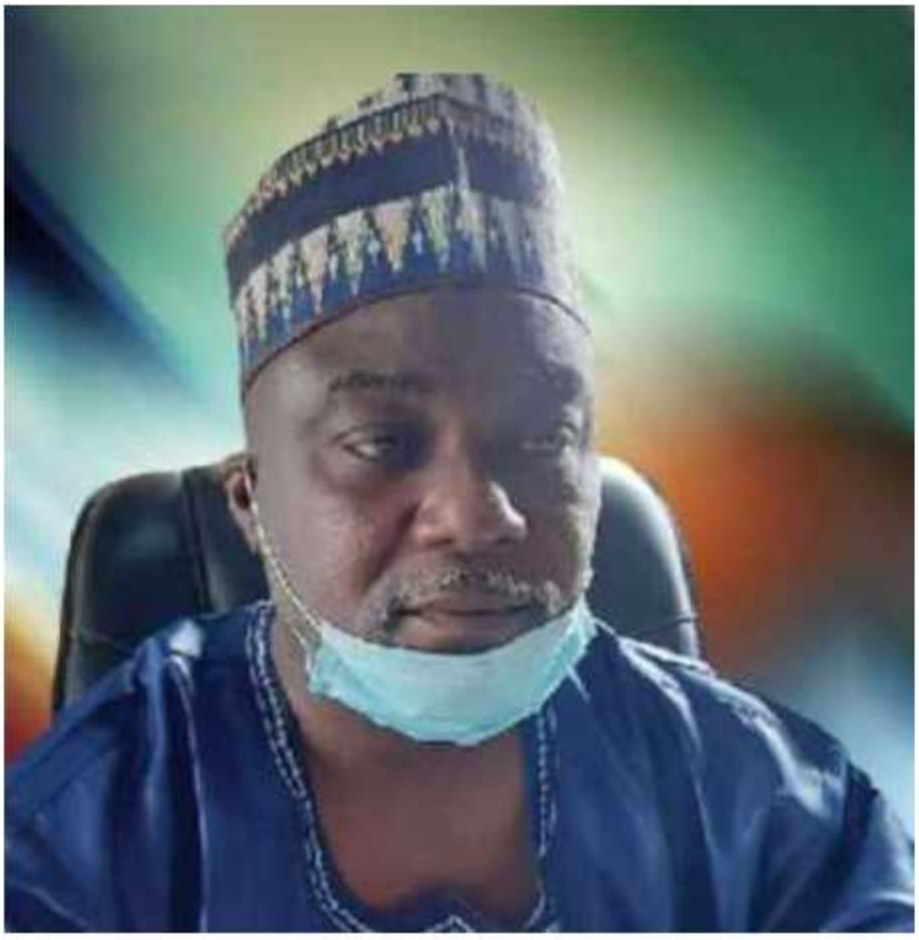
1. Guidelines on Minimum Standards of Medical and Dental Education in Nigeria. This was first published in 1975, and revised in 1993. It is now being revised by the present Council.
2. Rules of Professional Conduct for Medical and Dental Practitioners in Nigeria which was first published in 1963. It was revised in 1995. A new edition has been published as Code of Medical Ethics in Nigeria since January 2004.

The Council shall have responsibility for:

1. Determining the standards of knowledge and skill to be attained by persons seeking to become members of the medical or dental profession and reviewing those standards from time to time as circumstances may permit.
2. Securing in accordance with the provisions of this Decree the establishment and maintenance of registers of persons entitled to practice as members of the medical or dental profession and the publication from time to time of lists of those persons.
3. Reviewing and preparing from time to time, a statement as to the code of conduct which the Council considers desirable for the practice of the professions in Nigeria.

# "No Doctor is above discipline"

## - Dr. Tajudeen Sanusi, Registrar, Medical and Dental Council of Nigeria, speaks to the BBC



Excerpt of the Interaction with a Reporter of the BBC Media Action, Affiong Bassey Affi in the Registrar's office at the Medical and Dental Council of Nigeria.

**BBC >** ***Please introduce yourself***

**Registrar>** I am Tajudeen Sanusi, Registrar, Medical and Dental Council of Nigeria, the Statutory Body responsible for the regulation of Medicine, Dentistry and alternative Medicine practice in Nigeria. The Council maintains the Register of people who are competent to practice as medical practitioners, Dental Surgeons and Alternative medicine practitioners. By the law that set us up, our mandates are:

1. Determination of the skill to be acquired by people who want to become medical and dental practitioners in this country.
2. To maintain such people's names in the relevant register;
3. To put together the code of conduct for the practice of the profession;
4. Control of clinical laboratory practice;
5. To also regulate the profession of Alternative medicine in osteopathy, homeopathy, acupuncture etc.

***Doctors in Nigeria are seeking greener pastures in other countries, does that bother the Council?***

Council is a regulator, people migrating from one jurisdiction to the other made their choice, Council's concern is to maintain the minimum guidelines for the practice. In essence when they are seeking to make our jurisdiction to another jurisdiction, there are procedures to be followed. When they arrive their destinations, they will be required to bring a letter of good standing, usually that letter of good standing is a correspondence between the two bodies. If any of these practitioners is any under disciplinary action it will be stated there, meaning that, the person cannot be allowed to practice over there.

***What would you say about the information from this organisation that over half of the seventy two thousand registered doctors practice abroad?***

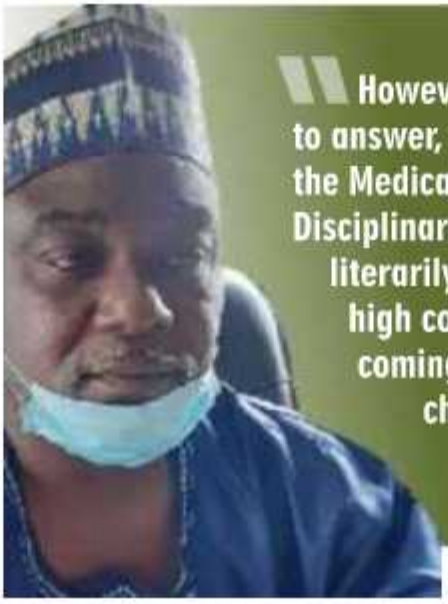
Let me correct that information, since the inception of Council and up to date we have only registered about ninety two thousand plus doctor on yearly basis, they renew their licences and for last year about forty seven thousand people renewed their licences

including some of those in the diaspora who come home to offer medical mission programme or medical mission care, invariably, the ones we have locally are about thirty nine thousand.

***Dr. Sanusi, let's move on to the issue of discipline in the medical health sector. There was a report that the Governor of Borno State went to one of the medical institutions in the state and found no doctor on ground to attend to patients. We also have it on record, where patients we met in Ilorin said they have to wait for three to four hours before doctors would attend to them. What is the Council doing to ensure discipline of medical officers in Nigeria?***

Thank you very much for this. Council is concerned with the professional conduct of its registered practitioners. As you know, health is on a concurrent list in the constitution of this country, meaning that the Federal, State and Local Governments have responsibilities. What they have done is to put the responsibility of regulation in the hands of the federal government. That is why we have the Medical and Dental Council of Nigeria regulating the practice of the professions. Of course you have other bodies like the Medical Lab Science Council, Pharmacists Council of Nigeria, Nursing and Midwifery Council, they are in charge of all those cadres of staff. We deal with staff, when it comes to attendance in the hospitals, in their location, where they are practicing, they have their own Public Service Rules which indicate times of resumption and closing, and of course when a doctor is on call, he has to make himself available, so it is for those States to ensure that they enforce that.

Outside of that, if there are reasons for members of the public to report a medical practitioner, there are procedures we need to follow but without a complainant, there is nothing we can do because we cannot be a judge in our own cause.



"However, if the doctor has a case to answer, the matter is transmitted to the Medical and Dental Practitioners' Disciplinary Tribunal (MDPDT) that literarily has the same status with the high court, meaning any judgment coming from there can only be challenged at the court of appeal..."

***How often do you receive complaints like these from Nigerians?***

At the moment, we have over one hundred and twenty cases pending for investigation while over sixty are pending for trial because when they are reported, the matter goes to the Medical and Dental Practitioners Investigating Panel whose responsibility it is to carry out preliminary investigations into alleged professional misconduct because nobody is on charge until investigations are carried out.

If in the course of investigation, the doctor has no case to answer, the matter ends there, that is why the investigation is done privately, because nobody is on charge and we don't want to do any damage to anybody's reputation. However, if the doctor has a case to answer, the matter is transmitted to the Medical and Dental Practitioners' Disciplinary Tribunal (MDPDT) that literarily has the same status with the high court, meaning any judgment coming from there can only be challenged at the court of appeal. But again if in the course of investigating the alleged professional misconduct and the doctor is found to constitute danger to public health, the doctor is suspended immediately and the trial will be accelerated by the MDPDT.

***Finally, sometimes back, what happened to Precious Owolabi, the Youth Corp Member attached to Channels Television was shot and was carried around hospitals in Abuja where he was rejected until he lost his life, has MDCN investigated that incident and is anybody under your disciplinary procedure?***

Like I stated earlier, if there is no complaint, there is nothing we can do because we can not be a judge in our own cause. It is only when the matter is reported to Council that we take action.

***But in this case, it is a public matter then?***

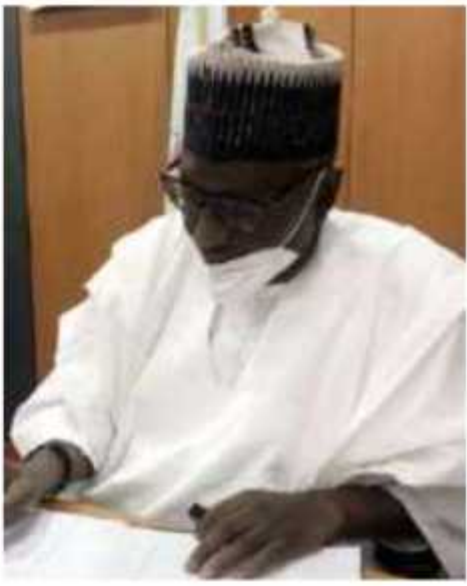
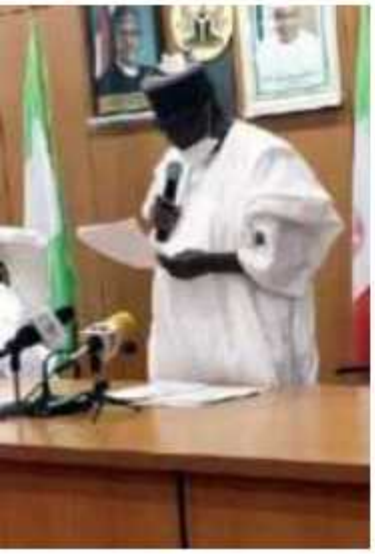
It does not matter, a law is law. Why can't the people who took the victim to the hospitals report, they were the witnesses to what happened, let them complain and the matter will be investigated and the doctors involved, if they have case to answer, will face the music.

In fact when you came here today, I was at a symposium about treatment of gunshot wound, police, lawyers, journalists, surgeons, others were there and I was there. For some time now in this country, doctors used to insist that unless the victims bring police report, they won't attend to them, but the police came today, Chief Superintendent of

# PhotoSpeak

**MDCN pays courtesy call on Executive Governor of Sokoko State, His Excellency, Aminu Tambuwal, solicits office and land for Northwest Zonal Office, applauds the State for hosting the November edition of the MDCN License Examinations for foreign trained doctors**

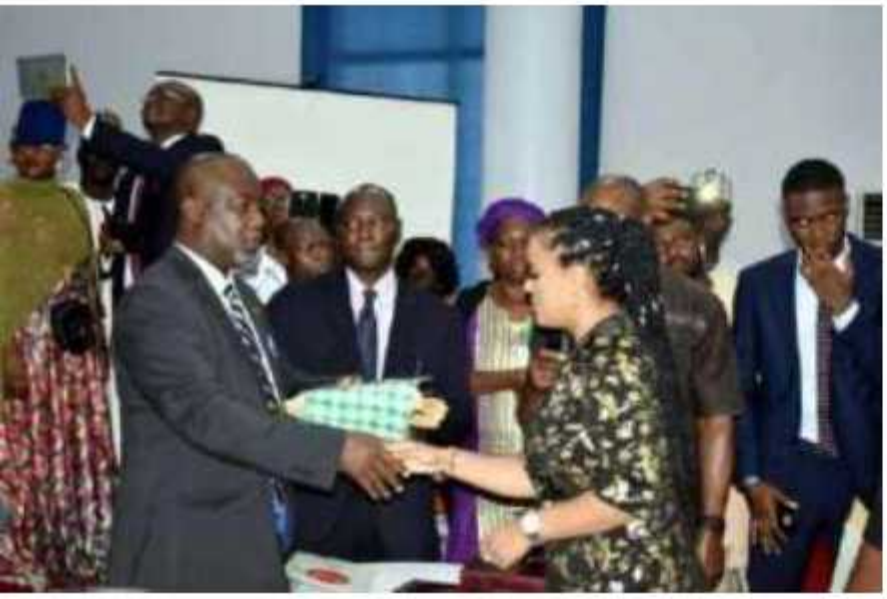


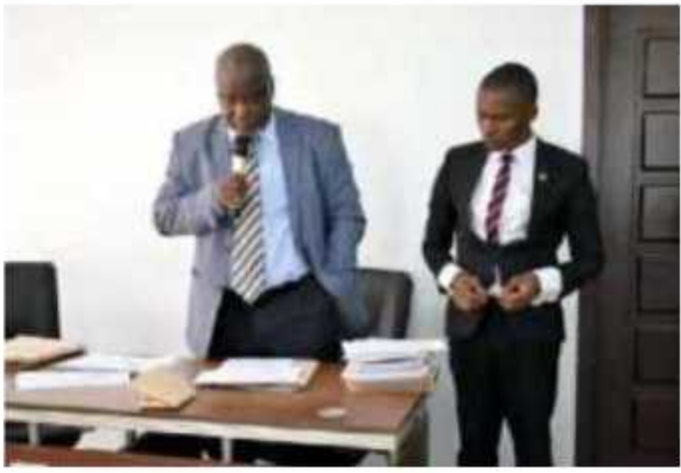



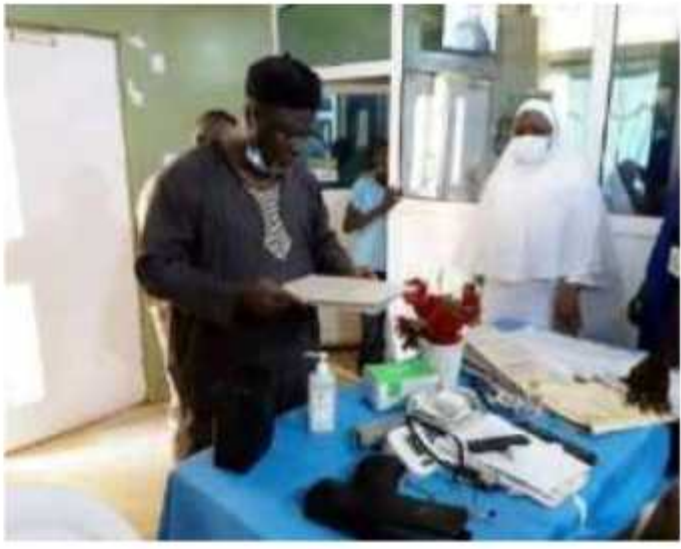




# Photo*Speak*








Police Idachaba, Head of Investigation and Legal in the Police Command of FCT, he said the law allows that they could treat patients with gunshot wounds.

And again, there were issues of payment. Who pays for the treatment offered, especially in the private hospitals? Because apart from being ethically bound to do what is right, they are equally in business. And it is good to note that Good Samaritan law has not been signed into law in Nigeria, meaning that if, as a registered health professional you are going on the road side and there are accident victims, you are, by law, not compelled to stop and render help but the other aspect is, I have not seen it, another thing is when you compel them, and assuming something happens because some relations can be very cantankerous, economy is biting harder, some may think that it is a way for them to make money and they start some sorts of trouble. So until some of these laws are tested and you cannot even know the veracity of those laws.

***A report published in the Nigeria Health Watch expressing concern about the number of Nigerian professionals going from here to practice elsewhere, according to them will have impact on the health economics of Nigeria, what is your comment on this.***

Being a government agent and a public servant, I am not in any position to say anything negative about my employer but there is no doubt that doctors are not satisfied in terms of remuneration, that is why some of them are getting out of this country.

***The doctors we spoke to said it is just not the salaries that doctors are dissatisfied with, most of them said they are moving out because they can't find residency opportunities at all, one said in her class of about thirty, fifteen are practicing in the UK.***

Let me throw more lights on that, residency programme is a training programme, it has self-life, it is supposed to be for between four and six years. And over the years, we discovered that people became residents permanently to the extent that their Association national officers are people who have overstayed in the programme. You see, when you don't move, others cannot come in. It is like those of us in the public service now, at the age of sixty, I don't want to go, how can these people move up? That is one of the problems we have and as at 2017 that has been addressed. During the tenure of the immediate past Minister, Prof. I.F. Adewole, we had an extensive meeting with the Minister of Labour then, the DG, NACA, the former Registrar of the National Post Graduate Medical College, Prof. Atoyebi and my humble self. It was agreed that a registry should be created in the ministry since most of the teaching hospitals that are training centres are under the Federal Ministry of Health, so that as soon as a Resident is engaged, the name will be in the registry there. If you are to be there for six years, before the six years expires, they will write to you. If you have to stay beyond the six years it will be with an application which will be considered on its own merit after which vacancies will be created for others to come in.

***People go to hospitals and could not see a doctor, someone for example said he went to the hospital and he had to stay for hours and left because he couldn't see a doctor***

Which of the hospitals?

***National Hospital, a lot of people wanted to see a doctor, it is almost as if mass exodus is really affecting ordinary people, how do we make it better?***

That assertion is very strange to me, because in Abuja here, even their general hospitals, Yanyan, Kubwa, Wuse, Asokoro, Maitama, Kuje, Abaji, Gwagwalada, have so many specialists, and they are attending to patients. You see, some of these people like to paint a bad situation but it is not as bad. Though, going by the recommendation of the WHO, it is one doctor to six hundred patients but with our situation, because we are highly populated, it is one doctor to over four thousand patients. I disagree with the claim that someone went to the hospital, spent three four hours and there was no doctor

**"You see, when you don't move, others cannot come in. It is like those of us in the public service now, at the age of sixty, I don't want to go, how can these people move up? That is one of the problems we have, but as at 2017 that has been addressed... we had an extensive meeting... where it was agreed that a registry should be created in the ministry since most of the teaching hospitals that are training centres are under the Federal Ministry of Health, so that as soon as a Resident is engaged, the name will be in the registry there. If you are to be there for six years, before the six years expires, they will write to you. If you have to stay beyond the six years it will be with an application which will be considered on its own merit after which vacancies will be created for others to come in..."**

earlier paid also included excess list submitted by the hospitals which the Honourable Minister of Labour directed should be included for payment being one of the conditions for the suspension of the industrial action by NARD in March 2021.

**Centralized Housemanship Placement and Payment through the Housemanship Portal**

The Housemanship portal developed by the MDCN was opened on Thursday 1st April, 2021. The portal was designed in a way that any newly graduated and inducted Doctor or Dental Surgeon who is provisionally registered by the Council and is yet to undergo Housemanship Training will visit the online portal, registers/validates himself using existing records with the MDCN, views approved Housemanship Training Centers where vacancies exist, selects an institution of choice, automatically receives posting letter in his registered email accounts and proceeds for acceptance and resumption.

An interface was also made available on the portal for every approved Housemanship Centre to receive copies of doctors letters, access doctors records and interact with the MDCN on the doctors posted to their institutions.

One of the major preparations for implementation of the Centralized Housemanship Posting was the capturing and payment of all House Officers that were recruited by the training institutions in year 2020 and will complete training in year 2021.

The Housemanship Portal had being I use for six months and over One Thousand doctors and dentists have automatically selected posting through on it (1st April to 31st August, 2021).

**Discovery of illegal House Officers**

Continuous verification and validation of House Officers under training in various institutionswho were inherited by the MDCN lead to the discovery of illegal House Officers grouped as follows:

1. Doctors who have obtained Full Registration and were repeating housemanship.
2. Doctors under training in more than one institution at the same time.
3. Doctors who commenced training before obtaining their provisional registration.
4. Recruiting doctors with expired Provisional Licence into Housemanship programme.
5. Recruitment of House Officers in excess of approved quota.
6. Doctors that resigned after receiving training allowances for some months and re-commenced in another institution.

All issues above have been addressed by the centralized Housemanship placement and payment through the portal.

to attend to him.

***What about Rural areas?***

At rural areas we have primary healthcare centres, where you have CHOs CHEWs and what have you and they operate based on standing orders. Let me tell you one thing, we have seven hundred and seventy four local governments in this country and each of these local governments is supposed to have Medical Officer of Health who must be a Medical Practitioner. Go and take inventory, how many of them employ Medical Officers of Health. It is not like we don't have those that are willing to do those jobs, there is a problem, you know doctors have other allowances which may make their salary bigger than that of the Chairman. Even though the pay is poor, to some people it is high. Some of us who have some training abroad know that because you are the Chief Executive does not mean that you take the highest salary. Doctors salaries are totally different, even Professor of Medicine in the UK where their annual salary is about 84,000 pounds, other professors don't take more than 50,000 or 48,000 pounds in a year. Prof. of Medicine, apart from giving academic instruction still provides services in the hospital because if he does not do that, he could not train the medical students.

***Finally, how do you report misconducts to the Council? What are the platforms for the citizens to report misconduct of practitioners to the Medical and Dental Council?***

Thank you. Reporting any erring doctor for alleged professional misconducts to Council is very simple. Complaints should come in form of affidavit sworn to before a Commissioner of Oath before it is considered to have been reported.

***How does an illiterate do that?***

The so called illiterate is not going to write, somebody is going to write for that person. It can be submitted in any of our offices: Lagos, Enugu, Kaduna, Ilorin, Abuja and recently, Yola.

**Editor's Desk** *- continued from cover*

to the best of my abilities.

The decision by the present Council of the Medical and Dental professionals to establish the MDCN Bulletin is a welcome development, and another positive addition to the fleets of awesome strides already recorded. For this, I would like to congratulate the Council for this wisdom. In no doubt, this will accord the public the opportunity staying informed of the workings, challenges, and activities of the Council.

MDCN Bulletin is envisioned as one of the flagships of the publications of the Medical and Dental Council of Nigeria (MDCN), with contents robust enough to adequately and properly inform and educate the public on the operations of the Council. The overarching principle is to Keep the stakeholders abreast, on regular basis, with the statutory and other extant activities of the MDCN and related public information of interest.

The Bulletin is designed to appear both in print and e-copies, to be made available on the MDCN web portal. Sincere and deliberate efforts to ensure that the Bulletin provides authentic, authoritative, and citable information, shall be the guiding and driving principle of the MDCN Bulletin. I shall assure all our readers that our consistent efforts will be aimed toward increasing the visibility, impact, editorial cycle time, citations and the overall quality of our bulletin. We very much look forward to strengthening the reputation of our publications, and we want to attract more higher-quality submissions. I hope our readers and stake-holders share a similar vision, and we look forward to a productive, challenging and successful voyage ahead. In the spirit of continuous improve-ment, any constructive input on streamlining our processes is very welcome.

*Professor Francis A. Uba,*
*Editor-In-Chief*

# Housemanship Centres Carrying Capacities Get Expansion

THE meeting of the 7th plenary session of the Medical and Dental Council of Nigeria held on the 16th to 17th of August 2021 gave approval for an increase in the training capacity of ten (10) Medical training centres and one(1) Dental training centre while approval for the commencement of training was given to two(2) Medical training centres and four(4) Dental training centres respectively.

| S/N | NAME OF HOUSEMANSHIP TRAINING INSTITUTION | NEWLY APPROVED TRAINING SPACES | REMARKS |
|---|---|---|---|
| 1. | Federal Medical Centre, Umuahia, Abia State | 48 | Increase in training spaces |
| 2. | Federal Medical Centre, Keffi, Nassarawa State | 38 | Increase in training spaces |
| 3. | Federal Teaching Hospital, Ido-Ekiti, Ekiti State | 48 | Increase in training spaces |
| 4. | Federal Medical centre, Asaba, Delta State | 62 | Increase in training spaces |
| 5. | Federal Medical centre, Katsina, Katsina State | 38 | Increase in training spaces |
| 6. | General Hospital, Katsina, Katsina State | 24 | Increase in training spaces |
| 7. | Babcock University Teaching Hospital, Ilisan-Remo, Ogun State | 36 | Increase in training spaces |
| 8. | Federal Medical Centre, Jalingo, Taraba | 24 | Increase in training spaces |
| 9. | Federal Medical Centre, Yola, Adamawa | 38 | Increase in training spaces |
| 10. | General Hospital, Ilorin, Kwara | 16 | Increase in training spaces |
| 11. | General Amadi Rimi Specialist Hospital and Turai Yar'Adua Meternity & Children Hospital, Katsina | 18 | Newly approved training centre |
| 12. | Annunciation Specialist Hospital, Enugu | 12 | Newly approved training centre |
| | **DENTAL TRAINING CENTRES** | | |
| 13. | National Hospital Abuja | 12 | Newly approved training centre |
| 14. | Aminu Kano Teaching Hospital | 24 | Increase in training spaces |
| 15. | Federal Teaching Hospital, Ido-Ekiti, Ekiti State | 10 | Newly approved training centre |
| 16. | Federal Medical centre, Asaba, Delta State | 12 | Newly approved training centre |
| 17. | Alex Ekwueme Federal Teaching Hospital, Abakaliki, Ebonyi State | 12 | Newly approved training centre |

## Registrar's Remarks

*- continued from page 1*

necessary information and education to the public, on regular basis to keep all stakeholders abreast with developments in the MDCN. It is envisaged that the Bulletin will appear both in print and e-copies, to be made available on the MDCN web portal.

As an entity, we appreciate that MDCN can only achieve its mandate by networking with the various stakeholders-the States of the Federation of Nigeria and the Federal Capital Territory, Nigerian Medical Association, Nigerian Dental Association, and other stakeholders. We are determined to improve collaboration with these groups of people and accredited institutions of training of doctors to improve on the delivery of healthcare services to Nigerians and all persons who live in Nigeria.

It is on this note that I welcome you onboard to patronise the MDCN Bulletin as a means of accessing authoritative information as regards the workings and activities of the MDCN.

Bon voyage! My sincere gratitude goes to all those working behind the scene to ensure both the birth and thriving of the MDCN Bulletin.

- ***TAB Sanusi,*** *Registrar, MDCN*

## The Medical and Dental Council of Nigeria in Brief

*- continued from page 7*

Parasitology, Chemical Pathology, Clinical Chemistry, Immunology and Medical Virology.

Since its inception in 1963, the Council has published certain documents as guidelines for registered practitioners and those who wanted to become members of either profession. Such publications are:

a) Guidelines on Minimum Standards of Medical and Dental Education in Nigeria. This was first published in 1975, and revised in 1993. It is now being revised by the present Council.

b) Rules of Professional Conduct for Medical and Dental Practitioners in Nigeria which was first published in 1963. It was revised in 1995. A new edition has been published as Code of Medical Ethics in Nigeria since January 2004.

The Council shall have responsibility for determining the standards of knowledge and skill to be attained by persons seeking to become members of the medical or dental profession and reviewing those standards from time to time as circumstances may permit.

1. Securing in accordance with the provisions of this Decree the establishment and maintenance of registers of persons entitled to practise as members of the medical or dental profession and the publication from time to time of lists of those persons.
2. Reviewing and preparing from time to time, a statement as to the code of conduct which the Council considers desirable for the practice of the professions in Nigeria , and
3. Performing the other functions conferred on the Council by this Decree or Act of Parliament.

## MDCN Opens North- East Zonal Office

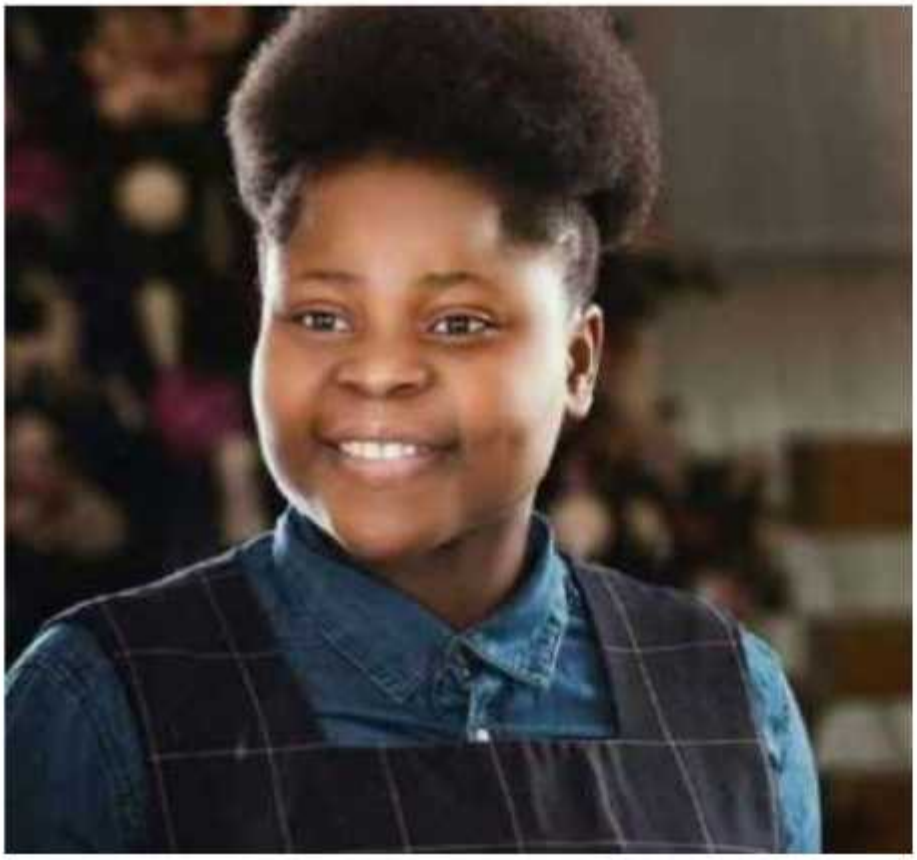
IN a bid to bring its services closer to all stakeholders, the Medical and Dental Council of Nigeria (MDCN) has established a new Zonal Office in Yola, Adamawa State to serve the whole of the North East Zone.

The new Zonal Office is being operated temporarily from the Federal Secretariat Complex, Malamure Road, Jimeta, Yola ahead of a planned acquisition and construction of a permanent site in the area.

With the addition of the new Zonal Office in North East to the network of MDCN Zonal Offices, the number of Council's Zonal Offices has increased to five(5). Before this development the Council has a South West Zonal Office in Lagos, North West Zonal Office in Kaduna, South East Zonal Office in Enugu and the North Central Zonal Office in Ilorin.

MDCN News Crew gathered that several other Zonal Offices are also being planned in order to reduce the stress experienced by stakeholders, especially practitioners in accessing the Office for services requiring their physical presence.

The Zonal Office network expansion is a gradual programme that will eventually cover all States of the Federation.



# My Experience Preparing for the MDCN Exams

BY GLORIA **AWOLEHIN**

GLORIA is a Christian writer and blogger, drama minister and a medical doctor. She is presently having her Housemanship at the University of Ilorin Teaching Hospital. She believes in practical Christian living and she is deeply interested in the youths and the female gender.

**HOMECOMING**

I am grateful this has ended in praise and I can write about it but then it was certainly overwhelming.

I arrived Nigeria on the 2nd of September 2018 after leaving Ukraine on the first. But the struggle coming back to Nigeria was real.

I had planned from my 5th year in medical school to find greener pasture in another country and all plan was set. But my dad brought up the idea of being certified home and abroad after which I could travel wherever I wanted.

The struggle to convince him was real. He insisted not knowing my fear was the MDCN exam. The pass rate of previous year was low (I'm talking about the 2017 November set in Ilorin).

After it all, I agreed to come home, but I intentionally delayed my return so I wouldn't be writing the October exam but my dad immediately suggested that I start tutorials as soon as I got back to Nigeria.

"Daddy, no, don't want to waste the 135k you're going to pay". He argued, "You will pass, don't worry. Just try it shey I'm the one paying", but I refused, and opted for writing the one in April.

"Daddy, I prefer to put in everything possible, I mean my possible best, instead of rushing to write the exam."

But another part of my heart reasoned; "Gloria…time isn't on your side". So from September to December, I was on a tour mode. Attended weddings, conferences, and what have you…

**MY FEARS BEFORE EXAM PREP**

The result for the October exam came out and my heart was literally on a horse race, as if I had written the exam.

At first, I was happy because a good number of people had passed the exam, and I was secretly wishing I had written then, only to be hit with mixed feelings later on. Several others who were very intelligent didn't make the pass list and I couldn't help but be worried about what had gone wrong. I became scared for myself. Then the choice about where or how to prepare for the exam began; a tutorial, personal reading, or hospital attachment?

Later on though, I was encouraged by a friend who had been in a tutorial and left for another, encouraged me to join. So yeah…with my intuition from telegram dealings, and his recommendations, I decided to join the Acemedix tutorial in Abuja.

**TUTORIALS AND STUDY GROUPS**

On Wednesday, January 7th I traveled to join the tutorials. Getting to Abuja, motion sickness welcomed me.

"Ohh… it will resolve in a few days", I assumed, but it didn't. Instead, it got worse. My dad had paid for accommodation instead of staying with him so I could indeed study with those preparing for the exams but it didn't work out. Also, his house was quite a distance so I eventually had to stay with my married cousin.

Classes were a nightmare for me. I

couldn't get the bearing to anything. It seemed the topics were quite different from what I had learned in medical school. Clerking was so difficult. My fears heightened.

"Will I be able to pass this exam?"

I was haunted by what my friend earlier told me she said "People are waiting for you in Ukraine. She said one of our juniors told her if Gloria fails, she would fall hands". You can imagine how haunting that statement could be. All I was reading, I couldn't recollect.

I remember my Teacher asking me a simple question in class. He asked me to give spot diagnosis of a picture of a big baby in a class of more than 100 students. I didn't know the answer. I looked up and down.

"Big baby", came to my mind, but I thought to myself, "You're just about to disgrace yourself here". Too big for gestation came but I couldn't say it. It was later he asked the class and they chorused, "Macrosomia".

I felt like crying but comported myself. Then the torment came again... "Kai Gloria they will think you don't know anything." My self-esteem was bruised for the following weeks. My health deteriorating psychologically.

**STRUGGLING WITH DEPRESSION**

I didn't know how I made it to and from the tutorial class with public transport whenever my cousin couldn't drop me or pick me. It was an alternating pattern. There were a few days though when I was a little close to normal. Out of growing concern my cousin took me to the hospital. The clerking session...oh noo... I felt like crying even more. My answers immediately brought a diagnosis. Depression, so I was placed on amitriptyline to be taken over the next month. I started the meds but there was little to no improvement. I had shut out my other life. I had stopped blogging, was inactive on all forms of social media, WhatsApp included.

Then came another struggle it was time to register for the exam and my EPIC account started acting up. I couldn't log in. At a point was literally banned from the account!

What have I done exactly? I started asking for forgiveness of sins. It was then a debt crept up and I pondered; "How did I get myself into this?" I couldn't eat and had lost almost 5kg in 2 weeks...I also stopped taking the drug as there was no improvement. "Will I ever survive this", I thought. "God, please forgive me...forgiveness is all I ask for." It was a torment. I completely lost myself... My past sins which were forgiven kept haunting me and I felt was God still angry with me. I just couldn't place it. I couldn't even write in my diary.

Writing is therapeutic for me, besides being a means of penning down ideas. But I couldn't even write. For about a month. My diary was plain and empty. My relationship with God strained and I just couldn't help but wonder where I had gone wrong.

I couldn't read my bible, it was just muttering things to God telling Him to intervene. And then suddenly there was an improvement. I started remembering things I had read, my dysfunctional account was restored and registered for the exam. Things started looking up. This all happened in March when my exam was supposed to be in April, but still the fear of failing the exams never completely left.

"That means you will rewrite in October again. A year wasted. Your father's money wasted, the stress and all wasted." The fears drove me to my books each time. While asleep I'd jump up and pick up book amidst tears and pray to God for Him to help me.

**GETTING INTO THE STUDY GROOVE**

By the end of March, I had gained confidence and stability in class. I could now answer difficult questions, and I was no longer bending my head or hiding from questions from my teacher. I also had study groups. One which was basically for clerking and counseling with physical examination and another for reading the guide.

At this point, all hands were on deck, knowing fully well the exam was in April but the good news came it was going to be in May. Ohhh May...why so late. It was with mixed feelings but my heart said, "Gloria that shift was because of you. January to early March seems wasted because you didn't really gain much, now is the time for you to buckle

> **"I didn't know how I made it to and from the tutorial class with public transport whenever my cousin couldn't drop me or pick me..."**

up". My plan was to read the Guide a couple of times and be grounded with my clerking, physical examination, instrument, lab values...and all that was needed for the exam.

**EXAM D DAY**

And so it was time for the exam. My dad wanted to book my flight and settle me before traveling out of the country. But I told him to just credit my account and I would sort myself out. I said so because I didn't want to use a flight.

I thought, "If you end up not making it you would have wasted a lot so why not just use the train with some of your friends to Kano." I also had to settle for a cheap hotel instead of the expensive ones so I can return his money and tell him sorry for not making you proud.

A week before I was to travel I was summoned by one of my seniors who also is a spiritual mentor and then I remembered I had not done what she had earlier advised me to do. She told me to take a walk around the National Hospital, to pray in my success by faith. I immediately called my friend and reading partner that we both also fasted together in prep for the exams and we had that walk by faith.

Yeah, we traveled to Kano and prep was on high. "God, please favour us," was our prayers.

**Phase One**

It was the day of the exam. I and my friend had not gone to the center earlier on but had planned to go with another lady who was in our hotel but she left so early that day.

Getting to the exam center was a real commotion, we had even gone and settled in another before finally realized we were in the wrong place.

The exam started early. Immediately I logged in I asked to start with my picture test which I learned carried the higher mark. The goal was to finish off 300 questions in 2 hours as the time factor was the undoing of the set before mine. The time giving to them was rather short.

I went into the hall with that mindset; my experience for my final exams in medical school was fresh in my memory...I wasn't going to be limited because of speed. In 2 hours I was almost done with the question but I saw that I had almost an hour of the 3 hours allotted left. I had time to go over the questions and left none unanswered. Afterwards people at my own center were smiling. The atmosphere actually wasn't tense. I was grateful for the 1st day and hoped the second would be the same.

**Phase Two: OSCE DAY**

After being dispatched in batches into different halls, the wait to when we'd be called in began. And while waiting, different questions started circulating. More than 20 of them. Which one was true we wouldn't know.

Oh no!! We had to go revise what was in circulation again and again. Although very tasking, it paid off. My batch was the last to be called in. I was stressed and dehydrated already. We're finally lined up and we entered our station, I had a test run and then my first station was a General Physical Examination. My first station was General Physical examination which I completed in almost 3 minutes of the 5 minutes. I then started thinking about what might have forgotten and adding extras to it to buy time. The examiner just smiled and told me not to worry.

Okay, the next was a counseling station. (I'll write out all the questions at the end). It was the end of the exam and I was confident I had given it a good shot. I knew I had done more than 70 percent but I still had my reservations.

**EXAM AFTERMATH**

Over the next couple of days started I thinking about what I could have said but didn't say. What I should have added but didn't add and my fears were mounting.

"God..." I started praying, "...have mercy." I was in church on a Monday when the result came out. I hurried to check my number. I passed!! It was so surreal to me. As I stepped out of the church tears came out as my experience preparing for the exam passed by my memory in a flash.

I got home and lay on the floor rolling in appreciation. He then reminded me of the promises. Each victory should rather draw me closer to Him. Monetary gift and helping whosever wants to write the exam in whatever capacity I'm able to.

And it starts now...

Journey with me as I write out things you need to know in preparation for the MDCN exam. Below are questions for the MDCN May 2019 exam.

a) **Station 1**:
General physical examination
b) **Station 2**:
Counsel a man on non pharmacological treatment of diabetic foot
c) **Station 3**:
Thyroid examination
d) **Station 4**:
Written Station Combined oral contraceptives. Indications, Contraindications, Side effects
e) **Station 5**:
Levels of prevention cervical cancer
f) **Station 6**:
Counsel a woman on the need to immunize her child
g) **Station** 7:
Sources of water, types, water borne disease and prevention
h) **Station 8**:
Antenatal booking
i) **Station 9**:
A case and diagnosis Chronic liver disease with symptoms and other investigations to do
j) **Station 10**:
Systemic review

You might want to read this Medical Induction Outfit.

- **culled from** *https://theinspiredlifeblog.com/my-experience-preparing-for-the-mdcn-exam/* Accessed on 8-12-2021

## LIST OF CURRENTLY APPROVED HOUSEMANSHIP PLACEMENT CENTRES BY THE MEDICAL & DENTAL COUNCIL OF NIGERIA

| | |
|---|---|
| 1. | Abubakar Tafawa Balewa Teaching Hosp |
| 2. | Ahmadu Bello University Teaching Hospital Shika-Zaria |
| 3. | Aminu Kano Teaching Hospital, Kano |
| 4. | Federal Medical Centre Abeokuta |
| 5. | Federal Medical Centre, Jabi |
| 6. | Federal Medical Centre, Katsina |
| 7. | Federal Teaching Hospital Abakaliki |
| 8. | Federal Teaching Hospital Gombe |
| 9. | Federal Teaching Hospital, Ido-Ekiti |
| 10. | Federal Medical Centre Asaba |
| 11. | Federal Medical Centre Azare |
| 12. | Federal Medical Centre Bida |
| 13. | Federal Medical Centre Birnin Kebbi |
| 14. | Federal Medical Centre Birnin Kudu |
| 15. | Federal Medical Centre Ebute-Metta |
| 16. | Federal Medical Centre Gusau |
| 17. | Federal Medical Centre Jalingo |
| 18. | Federal Medical Centre Keffi |
| 19. | Federal Medical Centre Lokoja |
| 20. | Federal Medical Centre Makurdi |
| 21. | Federal Medical Centre Nguru |
| 22. | Federal Medical Centre Owerri |
| 23. | Federal Medical Centre Owo |
| 24. | Federal Medical Centre Umuahia |
| 25. | Federal Medical Centre Yenegoa |
| 26. | Federal Medical Centre Yola |
| 27. | Jos University Teaching Hospital |
| 28. | Lagos University Teaching Hospital, Idi Araba |
| 29. | National Hospital, Abuja |
| 30. | Nnamdi Azikwe University Teaching Hospital, Nnewi |
| 31. | OAU Teaching Hospital Complex, Ile-Ife |
| 32. | Irrua Specialist Teaching Hospital, Irrua, Edo State |
| 33. | University College Hospital, Ibadan |
| 34. | University of Abuja Teaching Hospital |
| 35. | University of Benin Teaching Hospital, Benin City |
| 36. | University of Calabar Teaching Hospital |
| 37. | University of Ilorin Teaching Hospital, Ilorin |
| 38. | University of Maiduguri Teaching Hospital |
| 39. | University of Nig. Teaching Hospital, Enugu |
| 40. | University of Port Harcourt Teaching Hospital |
| 41. | University of Uyo Teaching Hospital |
| 42. | Usmanu Danfodio Teaching Hospital, Sokoto |

# Payment of Year 2022 Practising Fee

This is to inform all registered practitioners that payment of annual practicing fee for year 2022 can now be made on MDCN registration portal without the requirement to add previous payment details. This is decision was taken as a result of the current challenge of adding payments made outside MDCN Portal (through remita). As soon as remita resolves the current challenge of adding payments made directly through its platform, this decision will be reverted. Practitioners are hereby strongly advised to make all payments related to the services listed below, through their profile on MDCN Portal.

1. Provisional Registration
2. Full Registration
3. Practicing Fee
4. Additional Qualification

5. Temporary Registration
6. Certificate of Good Standing
7. Doctors Change of Name
8. Alternative Medicine Registration

Any of such payments subsequently made outside the portal will be lost.

***Signed: Management***

# World Health Organization

# Update on Omicron

ON 26 November 2021, WHO designated the variant B.1.1.529 a variant of concern, named Omicron, on the advice of WHO's Technical Advisory Group on Virus Evolution (TAG-VE). This decision was based on the evidence presented to the TAG-VE that Omicron has several mutations that may have an impact on how it behaves, for example, on how easily it spreads or the severity of illness it causes. Here is a summary of what is currently known.

## CURRENT KNOWLEDGE ABOUT OMICRON

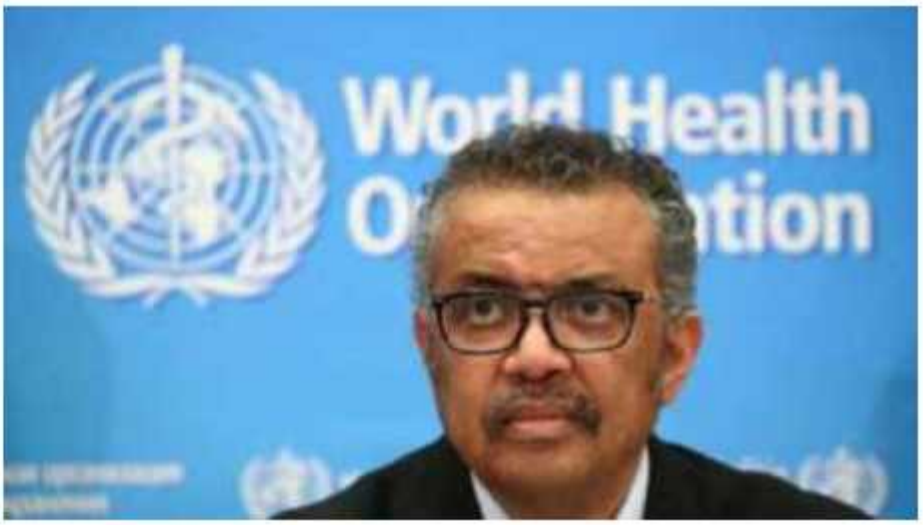
Researchers in South Africa and around the world are conducting studies to better understand many aspects of Omicron and will continue to share the findings of these studies as they become available.

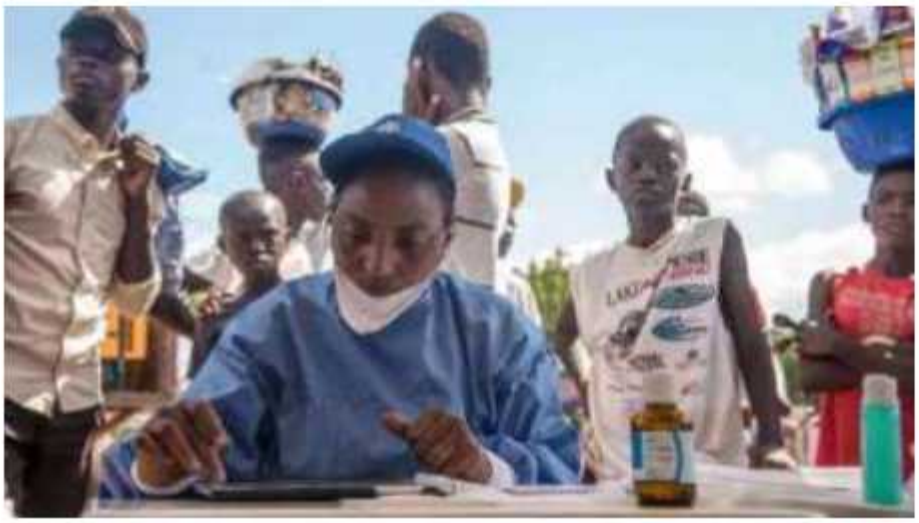
1. **Transmissibility**
   It is not yet clear whether Omicron is more transmissible (e.g., more easily spread from person to person) compared to other variants, including Delta. The number of people testing positive has risen in areas of South Africa affected by this variant, but epidemiologic studies are underway to understand if it is because of Omicron or other factors.

2. **Severity of disease**
   It is not yet clear whether infection with Omicron causes more severe disease compared to infections with other variants, including Delta. Preliminary data suggests that there are increasing rates of hospitalization in South Africa, but this may be due to increasing overall numbers of people becoming infected, rather than a result of specific infection with Omicron. There is currently no information to suggest that symptoms associated with Omicron are different from those from other variants. Initial reported infections were among university students—younger individuals who tend to have more mild disease—but understanding the level of severity of the Omicron variant will take days to several weeks. All variants of COVID-19, including the Delta variant that is dominant worldwide, can cause severe disease or death, in particular for the most vulnerable people, and thus prevention is always key.

## EFFECTIVENESS OF PRIOR SARS-COV-2 INFECTION

Preliminary evidence suggests there may be an increased risk of reinfection with Omicron (ie, people who have





previously had COVID-19 could become reinfected more easily with Omicron), as compared to other variants of concern, but information is limited. More information on this will become available in the coming days and weeks.

a) **Effectiveness of vaccines**
WHO is working with technical partners to understand the potential impact of this variant on our existing countermeasures, including vaccines. Vaccines remain critical to reducing severe disease and death, including against the dominant circulating variant, Delta. Current vaccines remain effective against severe disease and death.

b) **Effectiveness of current tests**
The widely used PCR tests continue to detect infection, including infection with Omicron, as we have seen with other variants as well. Studies are ongoing to determine whether there is any impact on other types of tests, including rapid antigen detection tests.

c) **Effectiveness of current treatments**
Corticosteroids and IL6 Receptor Blockers will still be effective for managing patients with severe COVID-19. Other treatments will be assessed to see if they are still as effective given the changes to parts of the virus in the Omicron variant.

## STUDIES UNDERWAY

At the present time, WHO is coordinating with a large number of researchers around the world to better understand Omicron. Studies currently underway or underway shortly include assessments of transmissibility, severity of infection (including symptoms), performance of vaccines and diagnostic tests, and effectiveness of treatments.

WHO encourages countries to contribute the collection and sharing of hospitalized patient data through the WHO COVID-19 Clinical Data Platform to rapidly describe clinical characteristics and patient outcomes.

More information will emerge in the coming days and weeks. WHO's TAG-VE will continue to monitor and evaluate the data as it becomes available and assess how mutations in Omicron alter the behaviour of the virus.

## RECOMMENDED ACTIONS FOR COUNTRIES

As Omicron has been designated a Variant of Concern, there are several actions WHO recommends countries to undertake, including enhancing surveillance and sequencing of cases; sharing genome sequences on publicly available databases, such as GISAID; reporting initial cases or clusters to WHO; performing field investigations and laboratory assessments to better understand if Omicron has different transmission or disease characteristics, or impacts effectiveness of vaccines, therapeutics, diagnostics or public health and social measures. More detail in the announcement from 26 November.

Countries should continue to implement the effective public health measures to reduce COVID-19 circulation overall, using a risk analysis and science-based approach. They should increase some public health and medical capacities to manage an increase in cases. WHO is providing countries with support and guidance for both readiness and response.

In addition, it is vitally important that inequities in access to COVID-19 vaccines are urgently addressed to ensure that vulnerable groups everywhere, including health workers and older persons, receive their first and second doses, alongside equitable access to treatment and diagnostics.

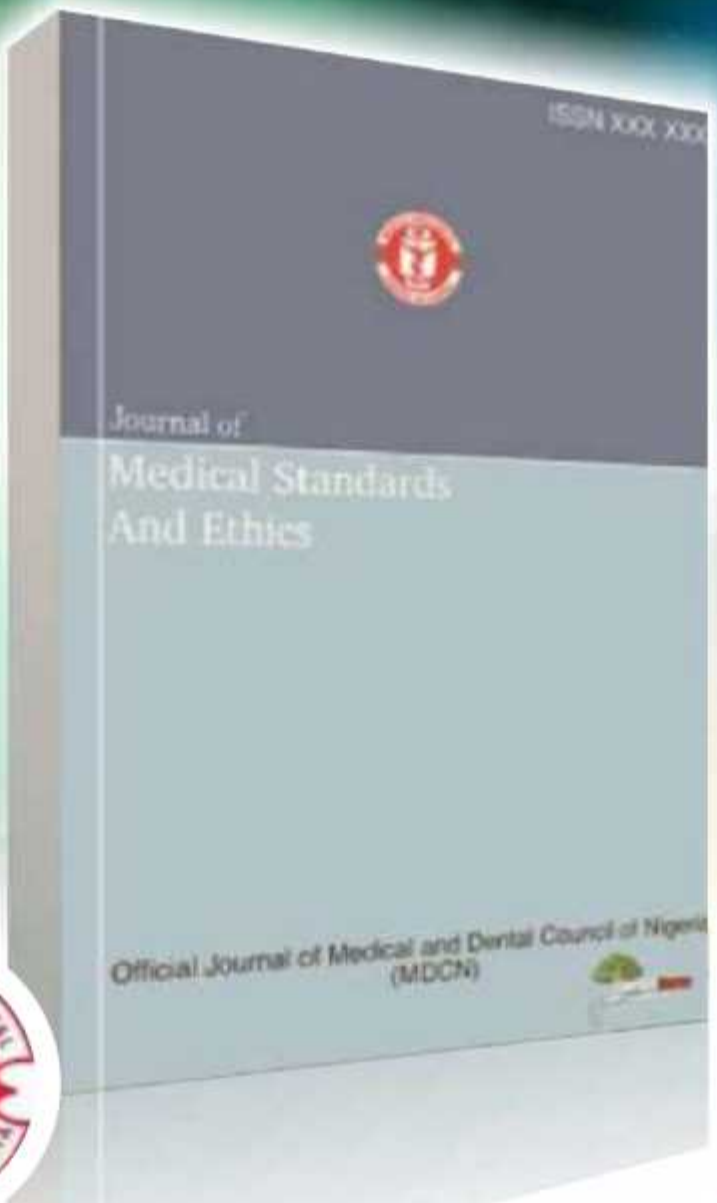
## RECOMMENDED ACTIONS FOR PEOPLE

The most effective steps individuals can take to reduce the spread of the COVID-19 virus is to keep a physical distance of at least 1 metre from others; wear a well-fitting mask; open windows to improve ventilation; avoid poorly ventilated or crowded spaces; keep hands clean; cough or sneeze into a bent elbow or tissue; and get vaccinated when it's their turn. WHO will continue to provide updates as more information becomes available, including following meetings of the TAG-VE. In addition, information will be available on WHO's digital and social media platforms.

***Reference material***

*Classification of Omicron (B.1.1.529): SARS-CoV-2 Variant of Concern*
*Further information on TAG-VE*
*https://www.who.int/news/item/07-12-2021-who-recommends-against-the-use-of-convalescent-plasma-to-treat-covid-19*

# MDCN introduces




# Journal of Medical Standards & Ethics

Journal of Medical Standards and Ethics (JMSE) is the official peer-review journal of the Medical and Dental Council of Nigeria

Watch Out!