



Group Practice: A veritable Tool for tackling Brain Drain.

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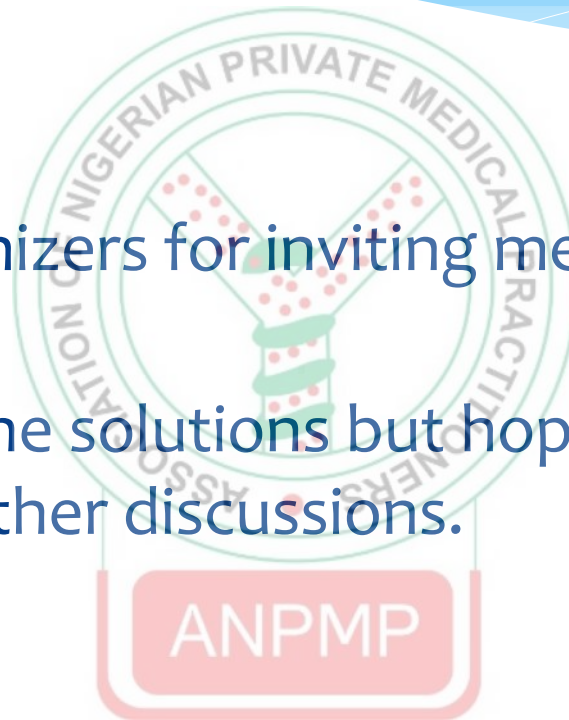
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Disclosures.

- * None.
- * Thanks to organizers for inviting me to give my perspective.
- * Don't have all the solutions but hope to set up the grounds for further discussions.



Outline.

- * Definitions.
- * Extent of the problem.
- * Potential Solutions.
- * Conclusion.



Definitions.

Group Practice.

- * A group practice involves two or more physicians who all provide medical care within the same facility.
- * They utilize the same personnel and divide the income in a manner previously agreed upon by the group.

Brain Drain.

- * The Departure of Substantial numbers of different Professionals usually from poor or developing countries to Developed countries in search of Better Quality of Life, a higher standard of Living, better technologies and more stable political conditions.

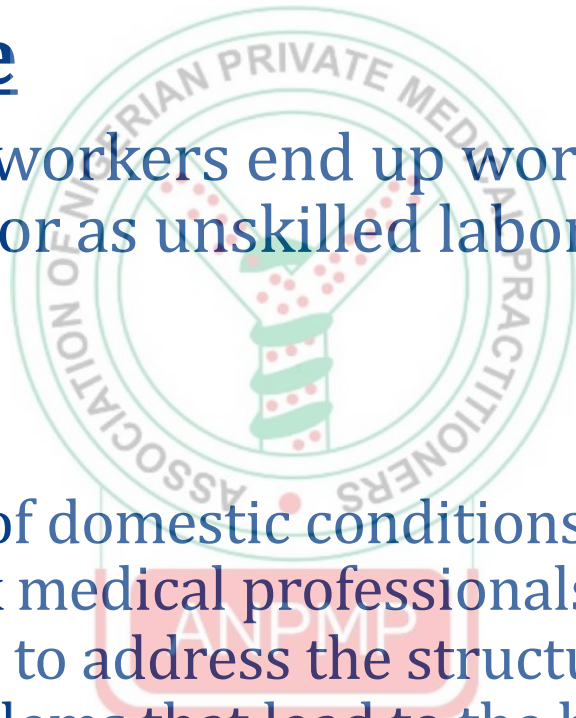
Definitions.

Brain waste

- * When health workers end up working outside the health sector or as unskilled labor in the country they move to.

Brain Gain.

- * Improvement of domestic conditions that succeeds in attracting back medical professionals. Developing countries need to address the structural, political, and economic problems that lead to the brain drain.



Brain Drain.

- * Africa carries **17% of the world's population** and **25% of the world's disease burden**, yet has only **3% of the world's health workers** and only **1% of the world's economic resources**.
- * There is an urgent need to correct this rather unethical and social injustice which has been allowed to occur for many years.

Extent of the problem.....



Nigeria's health sector is underfunded, and there aren't enough doctors.

23,640

Number Of Hospitals In Nigeria

2015 Figure
Includes private and public hospitals. Also includes primary health centres

Source:
PharmAccess FDN

1:5100

Ratio of Doctors To Patients

2015 Figure

Source: WHO

Now about
1:8000

0.69%

Healthcare As % Of GDP

2017 Figure (incl. Social Services)

Source:
National Bureau of Statistics

3.91%

Healthcare Budget Allocation (%)

2018 Figure

Source: Budget Office

52*

HMOs

2018 Figure

Source: NHIS



There are 60 HMOs listed on the NHIS' website but 8 of them were delisted in 2018 for failing to meet minimum operational standards

Health personnel in Nigeria.

- * There are about **39,210 doctors** and **124,629 nurses** registered in the country, which translates into about **20 doctors and 80 nurses per 100,000 populations**
- * This compares to a Sub-Sahara African average of 15 doctors and 72 nurses per 100,000 populations (WHO).
- * World Health Organization (WHO) has promulgated desirable doctor–population ratio as 1:1,000. Yet, over 44% of WHO Member States reported less than one physician per 1,000 population.

Prof. Akin Osibogun. (President NPMCN)

- * There are 11,000 Nigerian doctors in the UK and 12,000 in the US; and about 30,000 to 40,000 Nigerian doctors in different parts of the world.
- * NPMCN has trained about 80,500 specialists for the country.
- * Presently, low enrolment of postgraduate medical students to train, owing to the continued emigration of doctors.
- * There is a need to ramp up training processes, and also need to put in place, mainly on the side of the government, the mechanism to ensure skilled manpower remains in the country.

Medical education in Nigeria.

- * Currently, there are **41 accredited medical schools** in the country.
- * Seven other medical schools have partial accreditation.
- * **Eleven dental schools** are fully accredited.
- * Each of the medical schools produce between 50 and 200 doctors yearly and the dental schools 10-40 dentists yearly.
- * Altogether the medical schools produce an average of **5,000 doctors and 200 dentists every year.**

Attrition an increasingly major problem.



IMMIGRATION

Nigerian nurses joining UK

work

...records

By Bunmi Bailey

THE number of trained nurses in the United Kingdom surged to the highest levels in eight years, according to data shown

According to the mid-year register of the Nursing and Midwifery Council, the number of nurses, midwives and nursing associates fell by 46.6% in the 12 months to March 2023 from 7,256 in the same period of 2022.

"Seventy-seven percent of international professionals (educated outside the UK and European Union, European Economic Area, India, the Philippines and Nigeria," it said

It added that rising demand for care services, together with the loss of nurses, midwives and nursing associates

to a record 788,638. "This means there are 30,351 (4%) more professionals eligible to practise in the UK than there were last year. And there are 98,365 (14.3%) more

According to the latest mid-year register of the Nursing and Midwifery Council, the number of nurses, midwives and nursing associates from Nigeria rose by 46.6% (10,639) in the 12 months to March 2023 from 7,256 in the same period of 2022.

"Seventy-seven percent of internationally educated professionals (educated outside the UK and European Union/European Economic Area) are from India, the Philippines and Nigeria," it said.

On Thursday, the British government revealed that Nigeria was among the top three countries with the second largest increase in skilled work visas under the

to errors, higher morbidity, and mortality rates. According to the World Bank, Nigeria has the highest under-five mortality rate in the world, with 117 deaths per

category. It fell to 17,596 in March 2023 from 17,596 in the year

Government is expected to take steps to attract patients Jennifer of Training, a UK registered training

are being used by the converted nurses will be paid fully of life said.

Oyelade, there are fewer take care health care is lost to an unwilling to take them a

cases leads

1,000 live births.

The unavailability of nurses to cater for the population has put a strain on the quality of care that is administered at the different healthcare facilities in the country, consultants at Vesta Healthcare said in a recent presentation.

"There are about an estimated 125,000 nurses in Nigeria. This is almost six times lower than the recommended number of 800,000 by the firm," they said.

But the number of healthcare workers might decline as the UK recently stopped the recruitment of skilled health and social care workers from Nigeria and 53 other countries across the world.

In its updated 'Code of Practice For The International Recruitment of Health and Social Care Personnel In England', the British government placed 37 other African countries on its red list which was based on the World Health Organisation Workforce Support and Safeguard List, 2023. The policy was released in March.

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TOP 10 COUNTRIES WHERE UK REGISTERED DOCTORS ORIGINALLY QUALIFIED

 **210,885**

NUMBER OF DOCTORS

0 10K 20K 30K

INDIA



30,638

PAKISTAN



17,005

 NIGERIA



10,003

EGYPT



8,776

IRELAND



4,892

SOUTH AFRICA



4,880

GREECE



4,421

SUDAN



3,917

ITALY



3,886

ROMANIA

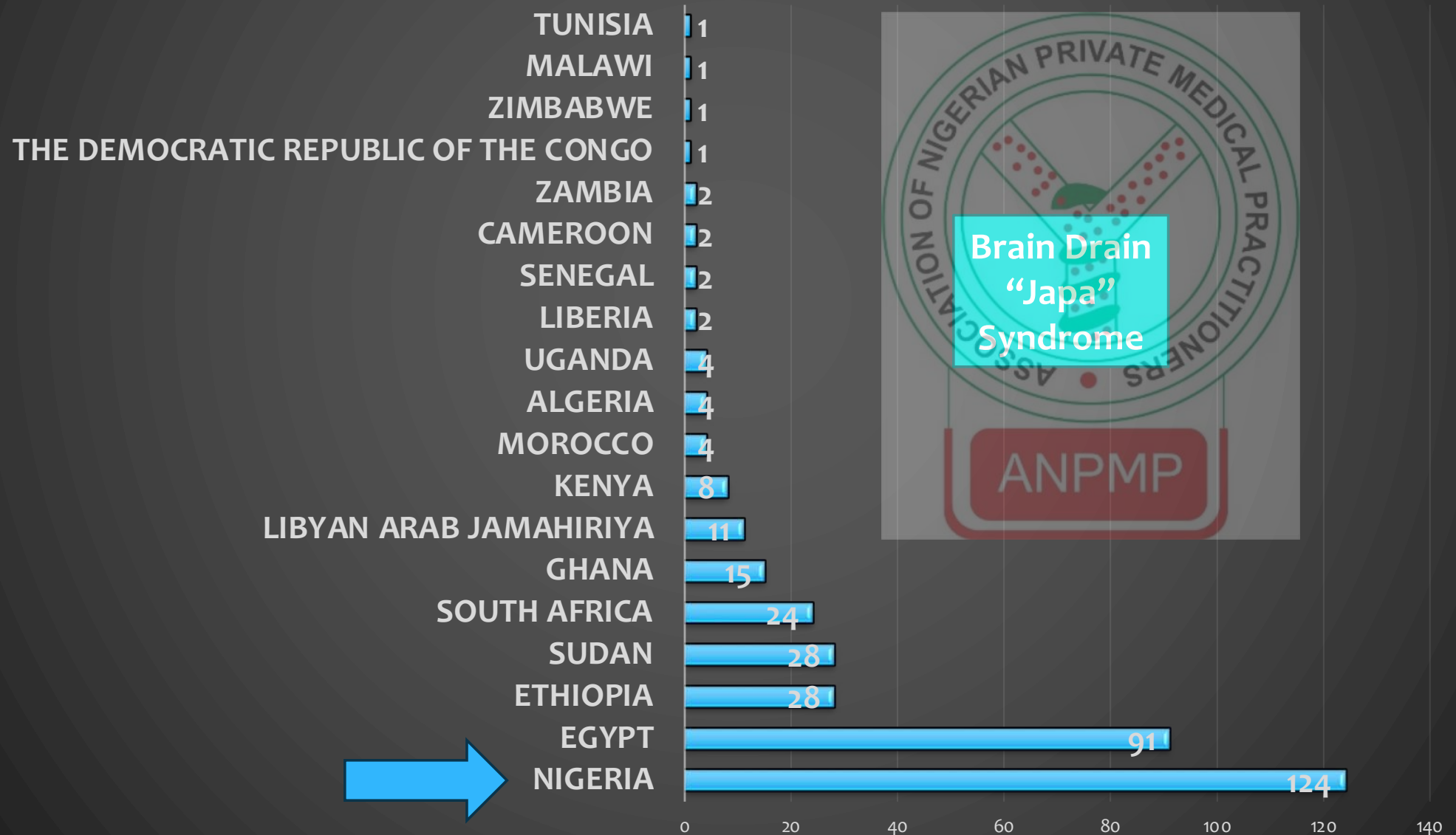


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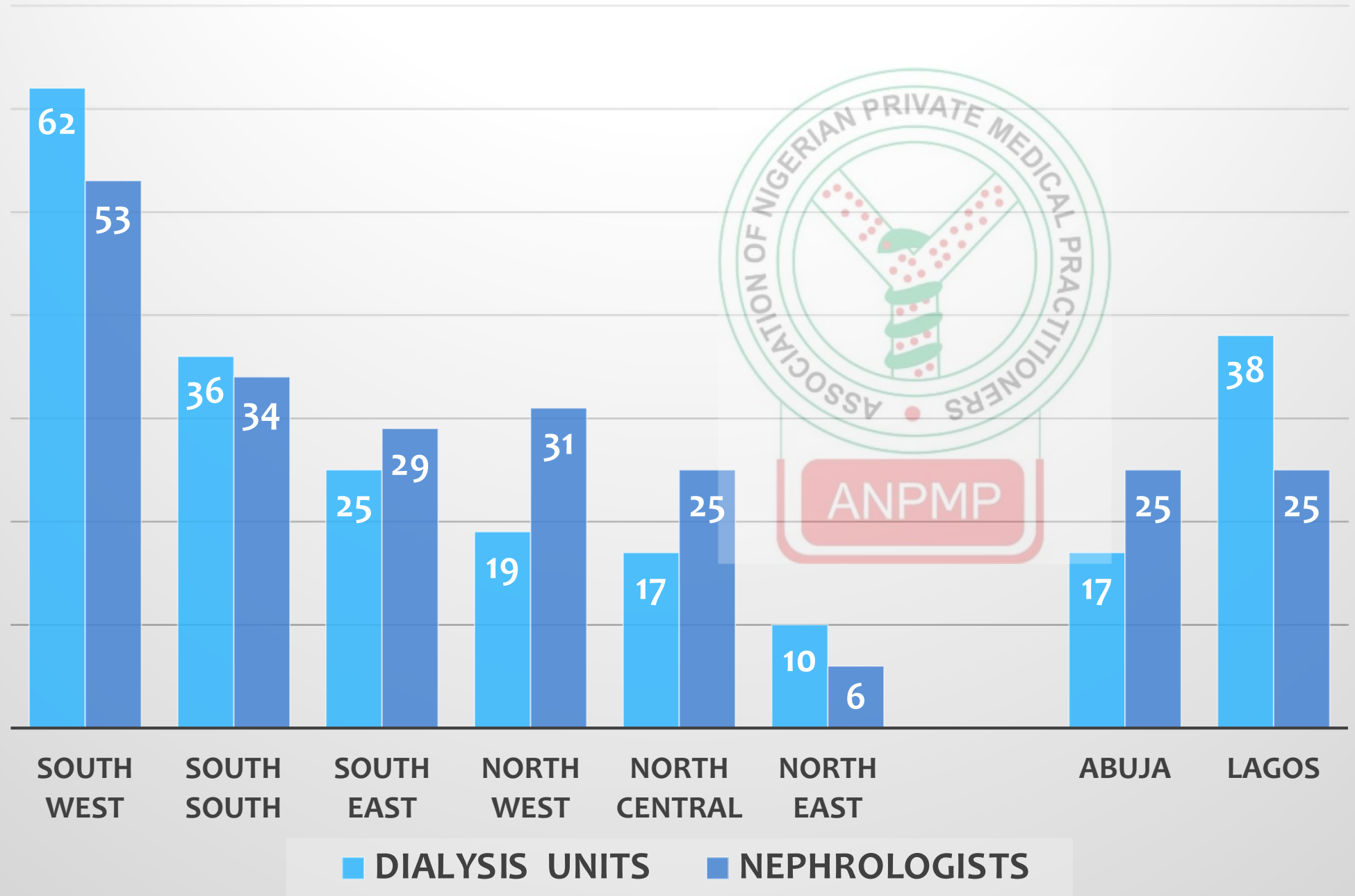


Source: General Medical Council

LICENSED PHYSICIANS IN THE US WITH ABMS CERTIFICATION IN NEPHROLOGY BY AFRICAN COUNTRY (2020).



NEPHROLOGY RESOURCES IN NIGERIA.



STAFF TURN OVER

Row Labels	Count of Employee ID
2014	35
2015	27
2016	32
2017	50
2018	46
2019	59
2020	66
2021	98
Grand Total	413

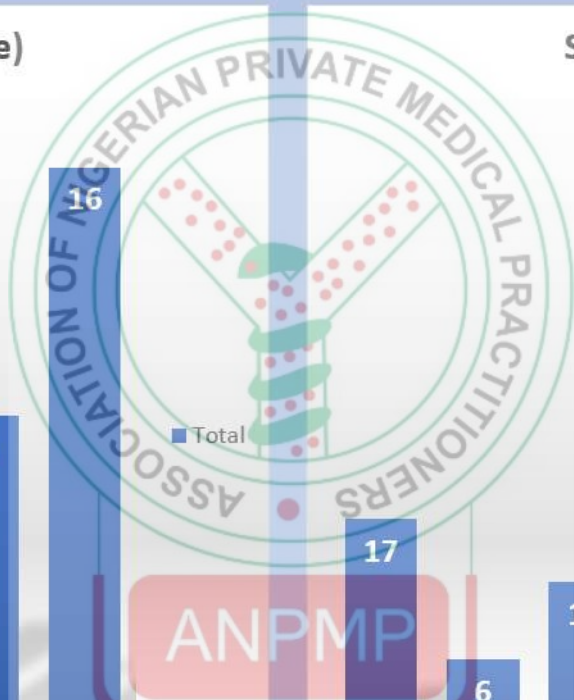
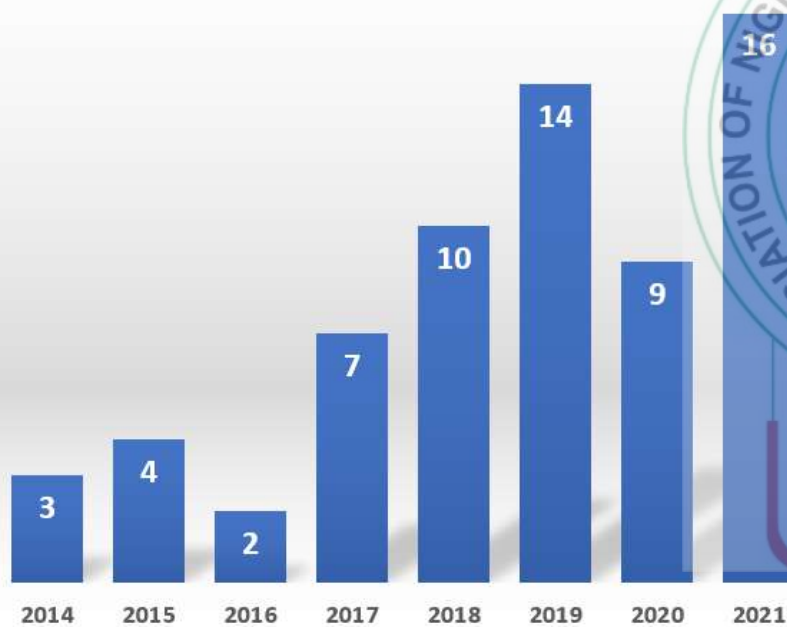


**St. Nicholas
Hospital**

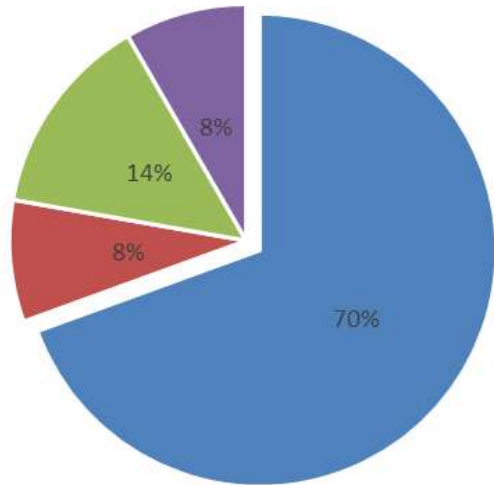
STAFF TURN OVER WITH A FOCUS ON MEDICINE AND NURSING

SNH TURN OVER - (Medicine)

SNH TURN OVER - (Nursing)



Reasons for staff exit Nursing dept.

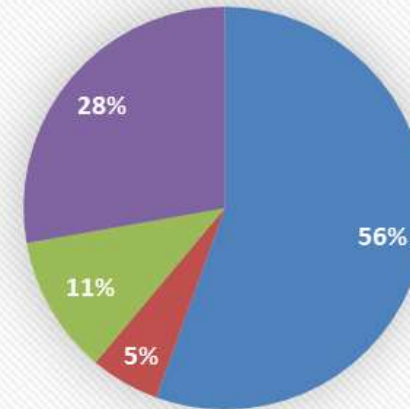


■ Out of the Country ■ Unclear career path ■ Another Job ■ Disgruntled

Reason for leaving	Count
Out of the Country	25
Unclear career path	3
Another Job	5
Disgruntled	3
Total no of exited nurses	36

Reason for leaving	Count
Out of the country	10
Termination	1
Residency	2
Another Job	5
Total no of exited doctors	18

Reasons for staff exit Medicine dept.



■ Out of the country ■ Termination ■ Residency ■ Another Job



Key Reasons for leaving.

- * Poor remuneration,
- * Bad working conditions,
- * Oppressive political climate,
- * Persecution of intellectuals
- * Discrimination.
- * Researchers cite lack of funding, poor facilities, limited career structures, and poor intellectual stimulation as important reasons for dissatisfaction.
- * Other key reasons for emigrating are personal ones. These include security, the threat of violence,-and the wish to provide a good education for their children.

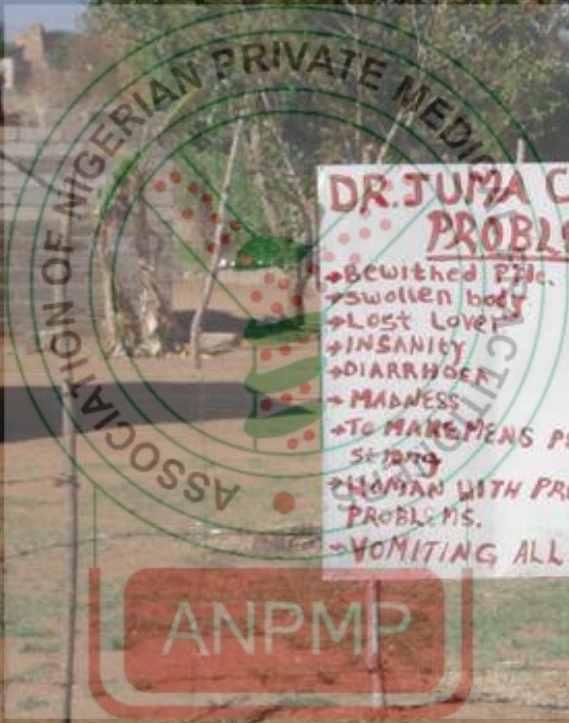
Consequences?



Health Seeking Behaviour and Access to Health Care Facilities at the Primary level in Nigeria: our experience.

- * (62.7%) patent medicine stores.
- * (61.1%) traditional healers.
- * (57%) seek health care at the health centres.
- * (51.8%) private clinics.
- * (45%) medicine vendors.
- * (29%) prayer houses.

FN Chukwunke, CT Ezeonu, BN Onyire, PO Ezeonu, N Ifebunandu, MC Umeora



DR. JUMA CAN TREAT, SOLVE MANY PROBLEMS SUCH AS:

- Bewitched PPL.
- Swollen body
- Lost Love
- INSANITY
- DIARRHOEA
- MADNESS
- TO MAKE MENS PENNIS ^{SEEDS}
- WOMAN WITH PREGNANCY PROBLEMS.
- VOMITING ALL THE TIME
- MISFORTUNES.
- DEMAND DEBTS
- REMOVE MISUNDERSTANDING WITH ANYBODY.
- COURT CASES.
- CASINO SPECIALIST.
- BAD LUCK
- CUSTOMER ATTRACTION.
- "ETC....."



HOLY JAPHET

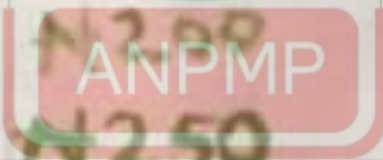
MINISTERS

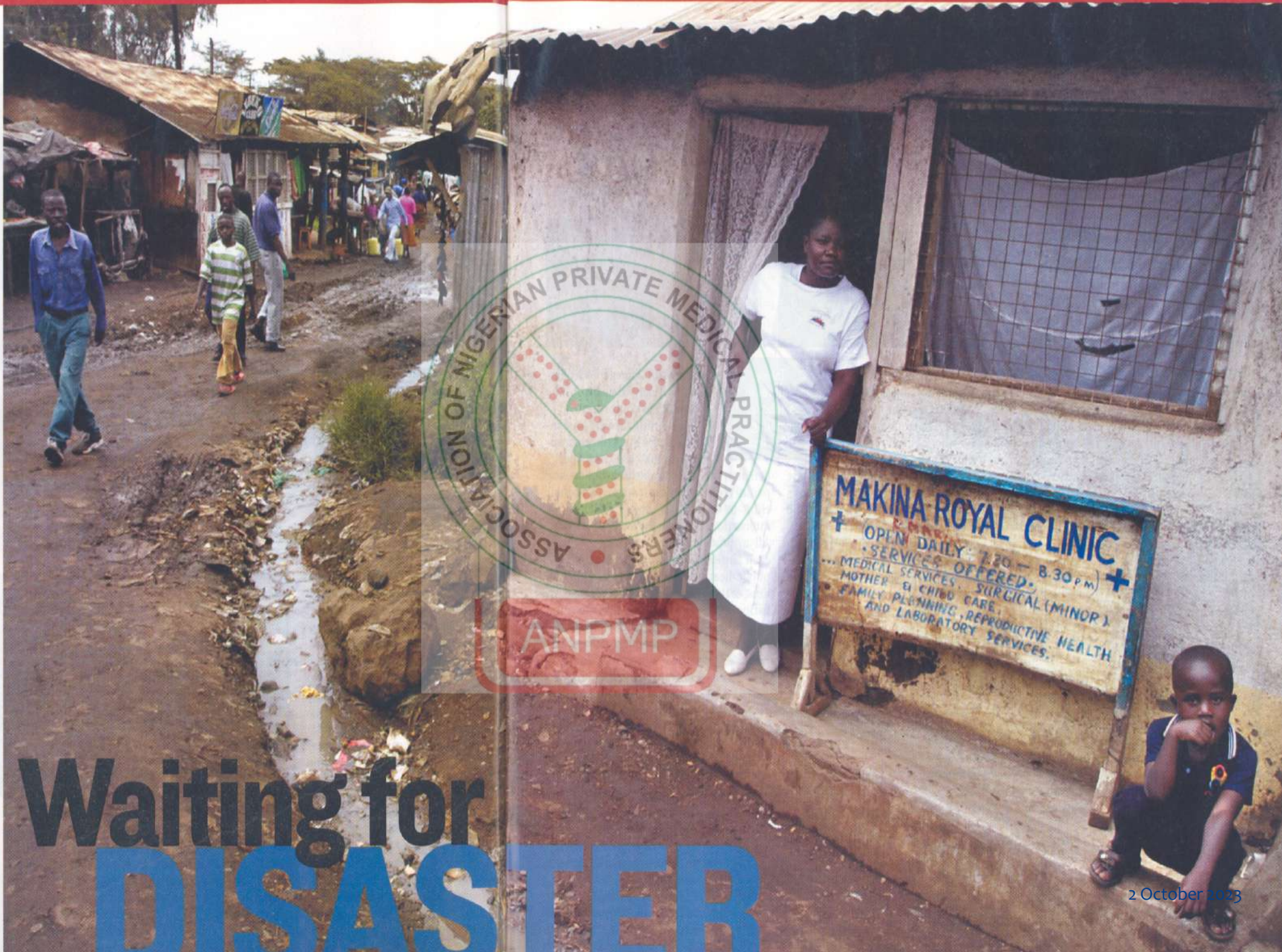
SERVICE DAYS: ALL DAYS ARE FOR GOD'S WORK

SPECIALTIES:

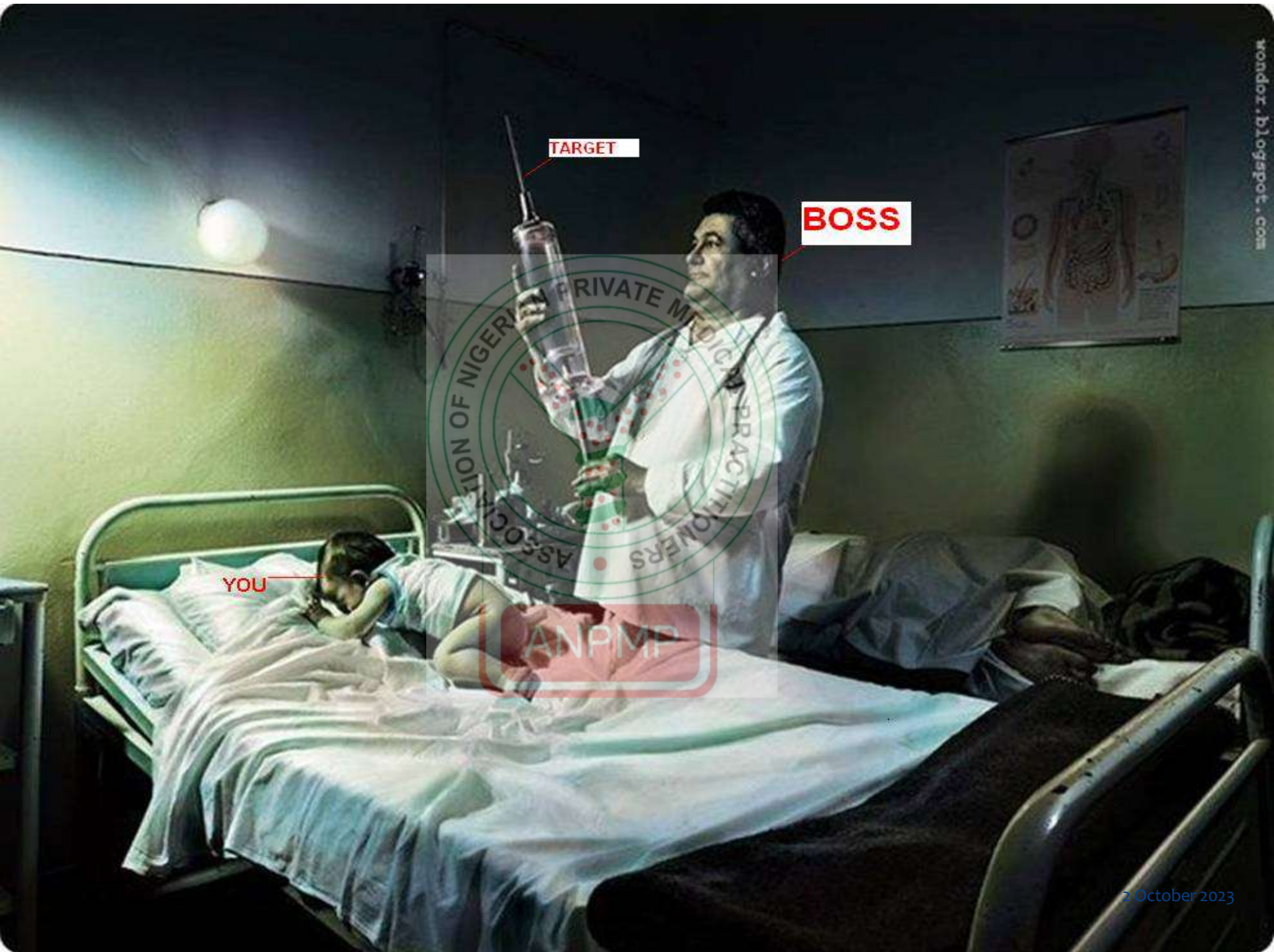
- BAMITISM = N200
- ANNOITING = N250
- DELIVERANCE = N400
- SPECIAL PRAYER = N150
- ORDINARY PRAYER = N100

DONATIONS ARE HAPPILY RECEIVED





Waiting for DISASTER



TARGET

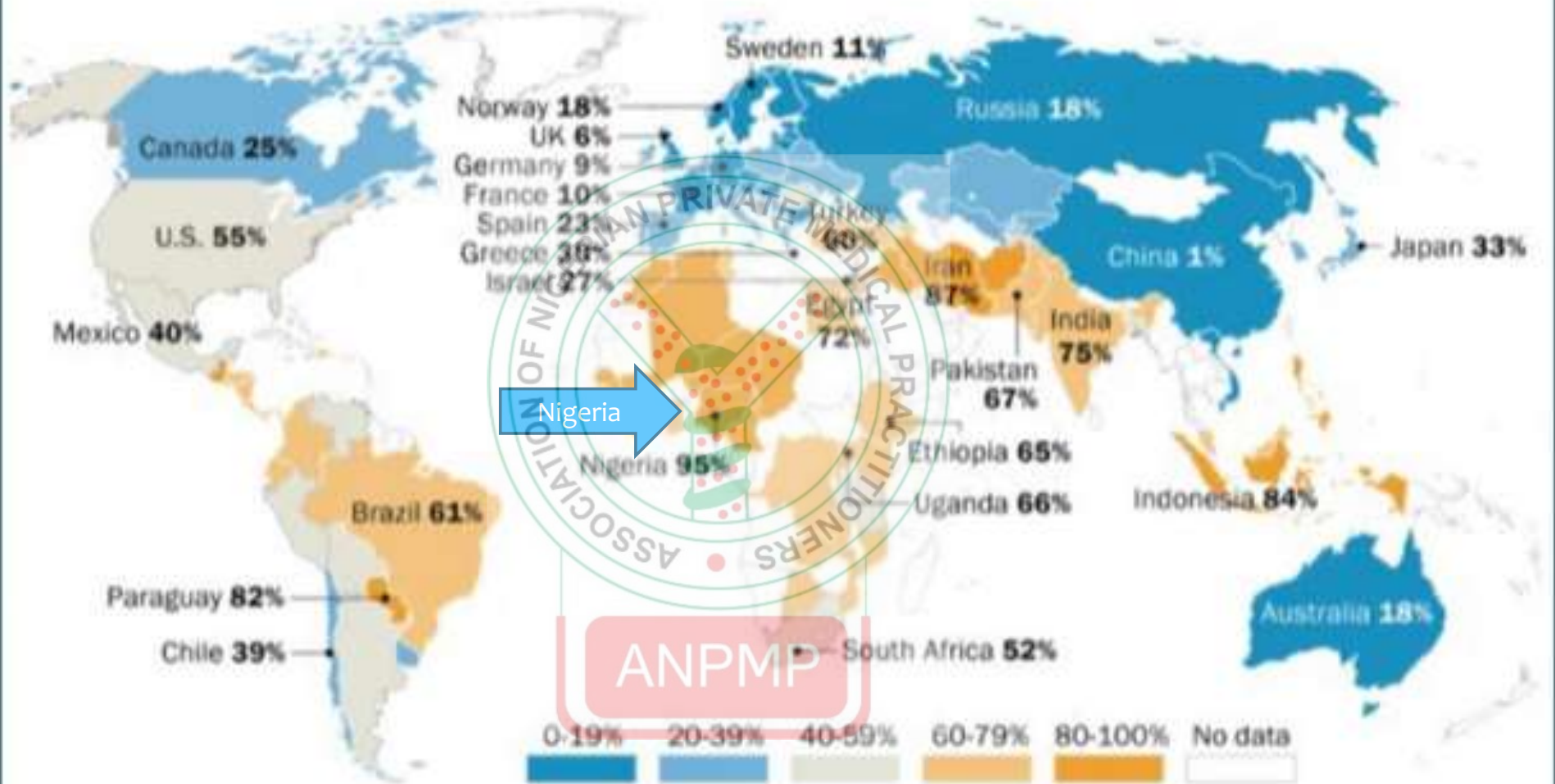
BOSS

YOU

ASSOCIATION OF NIGERIAN PRIVATE MEDICAL PRACTITIONERS
ANPMP

Rates of daily prayer lowest in Europe, China

% who say they pray daily



Source: Pew Research Center surveys, 2008 to 2017.

"The Age Gap in Religion Around the World"

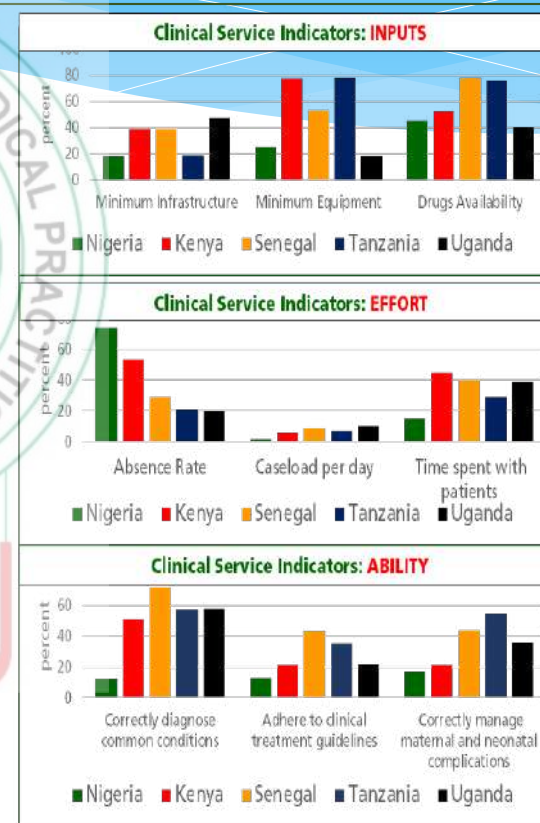
Comparative Analysis of Service Delivery Indicators across Nigeria, Senegal, Kenya, Uganda & Tanzania

Service Indicators (2007-2014)

- Nigeria: Births attended by skilled health personnel 35%
- WHO Africa region average: 51%
- Nigeria: 1-year olds DTP3 immunization coverage 58%
- WHO Africa region average: 75%
- Nigeria: Vitamin A supplementation in children 41%
- WHO Africa region average: 59%
- Nigeria: Anti-retroviral Rx coverage PLWH/AIDS 20%
- WHO Africa region average: 37%

Health Infrastructure and Technology

- Nigeria: Computed Tomography (CT) units: 0.2 per million
- WHO Africa region average: 0.4 per million
- Nigeria: Radiotherapy units: 0.1 per million
- WHO Africa region average: 0.1 per million
- Nigeria: Mammography units: 0.7 per million F 50-69 years
- WHO Africa region average: 7.4 per million F 50-69 years



The 5 Types of Medical Practices.



Private Practice.

- * In private practice, a physician practices alone without any partners and typically with minimal support staff. Therefore, this type of practice ideally works for physicians who wish to own and manage their own practice.
- * Physicians may choose to work in private practice for the benefits of individual freedom, closer relationships with patients, and the ability to set their own practice's growth pattern.
- * However, the drawbacks of working independently in this way include longer work hours. It also includes financial extremes, and a greater amount of business risk.

Hospital Based.

- * In hospital based work, physicians earn a predictable income, have a regular patient base, and a solid referral network. Physicians who are employed by a hospital will either work in a hospital-owned practice or in a department of the hospital itself.
- * The benefits of working for a hospital include a regular work schedule, low to no business and legal risk, and a steady flow of income.
- * On the other hand, there are drawbacks, such as a relative lack of physician autonomy. Also, employee constraints and the expectation that physicians become involved in hospital committee work can be drawbacks.

Locum Tenens.

- * Locum tenens is derived from the Latin phrase for “to hold the place of.” In locum tenens, physicians re-home to areas hurting for healthcare professionals.
- * These types of positions offer temporary employment and may offer higher pay than more permanent employment situations. Physicians working in locum tenens scenarios enjoy the benefits of variety and the ability to experience numerous types of practices and geographic locations.
- * Also, they enjoy schedule flexibility and lower living costs.
- * The drawbacks of locum tenens work include the possibility that benefits are not included, and a potential lack of steady work. Also, locum tenens physicians need to regularly uproot their families.

Large HMOs.

- * A health maintenance organization, or HMO, employs providers to care for their members and beneficiaries. The goal of HMOs is to decrease medical costs for those consumers.
- * There are a variety of types of HMO scenarios, including staff-model HMOs and group-model HMOs. The benefits for providers working for an HMO include a more stable work life with regular hours.
- * Other benefits include less paperwork and regulatory responsibilities and a regular salary along with bonus opportunities. These bonuses are based on productivity or patient satisfaction.
- * In reality, the main drawback for physicians working for an HMO is the lack of autonomy.
- * HMO's require physicians to follow their guidelines in providing care.

Group Practice.

- * A group practice involves two or more physicians who all provide medical care within the same facility.
- * They utilize the same personnel and divide the income in a manner previously agreed upon by the group.
- * Group practices may consist of providers from a single specialty or multiple specialties.
- * Physicians working in a group practice experience the benefits of shorter work hours, built-in on-call coverage, and access to more working capital. All of these factors can lead to less stress.
- * The drawbacks include less individual freedom, limits on the ability to rapidly grow income, and the need for a consensus on business decisions.

List of barriers and facilitators for group practices.

Facilitators

- * Teamwork
- * Leadership
- * Common vision
- * Patient-centred care
- * Quality improvement
- * Accountability
- * Sense of ownership
- * Sense of responsibility
- * Cohesiveness

Barriers

- * Incompatible personalities
- * Poor leadership
- * Different visions for the group
- * Disagreements about reimbursement
- * Legal and real estate issues
- * Dissatisfied office staff
- * Fears about loss of autonomy



Solutions.

- * Demanding compensation from departing professionals;
- * Delaying their departure through compulsory service;
- * Increasing salaries in the public health sector;
- * Permitting health professionals in the public sector to do some private practice;
- * Providing educational benefits for their children;
- * Training paramedics who can fulfil many of the roles of doctors but whose qualifications are not recognized outside the country.
- * They must aim to provide a stimulating environment for professional growth with adequate funding, facilities, and a vibrant intellectual community.

Group Practice as solution to Brain Drain?

- * Reduce the cost and complexities of set-up of medical facilities due to shared costs and shared administrative responsibilities.
- * Shared on-call responsibilities making it more feasible to practice also in a teaching hospital.
- * Encouragement of specialists that have left to return and to set up Group Practices as a form of Brain Gain.
- * Permit private group practice participation in the training of personnel.

Solutions.

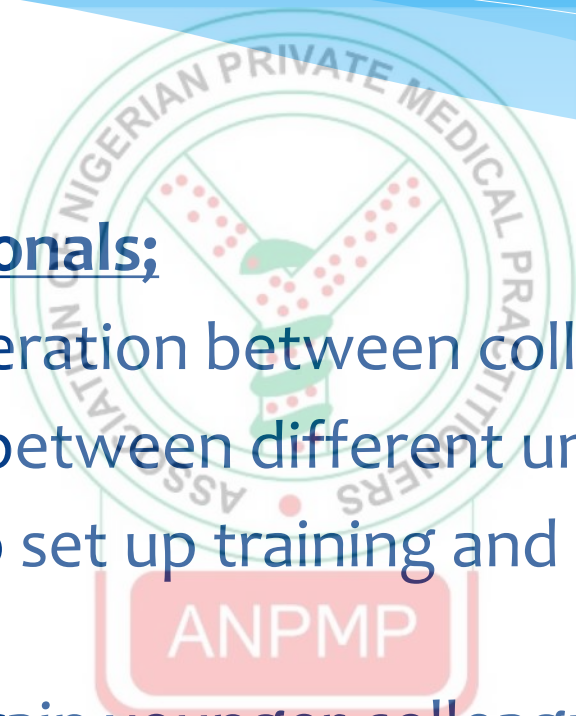
Government and its agencies;

- * Ease of doing business; Registration, multiple levies and taxes.
- * Tax breaks
- * NHIA needs to become more functional
- * Accreditation of Private facilities to engage in training
- * Implementation of measures to reduce the risk of spurious litigations.
- * Improvement of Security generally in the community

Solutions.

Health professionals;

- * Greater cooperation between colleagues.
- * Cooperation between different units.
- * Willingness to set up training and research oriented units.
- * Engage and train younger colleagues.



Group Practice.

Complex procedures more efficiently managed in private medical practices.

- * 90% of kidney transplants
- * IVF
- * Minimally invasive Cardiac procedures
- * Interventional radiology

Group Practice.

Increasingly becoming accredited for training of medical personnel.

- * Internship for medical house officers, nurses, radiographers, pharmacists etc
- * Some are considering setting up medical schools
- * Post graduate medical training

Conclusions.

- * Brain drain is clearly a significant problem now that has been under-recognized and certainly has not been appropriately addressed.
- * Government needs to define the extent of the problem and design measures to address the inevitable consequence of a decrease in the quality of care our citizens are obtaining in the country.
- * Encouragement of Group practice can certainly be one of several measures that can be instituted to assist in defraying the consequences.



Thank you for listening.

“A man can be as great as he wants to be. If you believe in yourself and have the courage, the determination, the dedication, the competitive drive and if you are willing to sacrifice the little things in life and pay the price for the things that are worthwhile, it can be done.”

~ Vince Lombardi.