

Emigration of Nigerian Medical Doctors

Survey Report

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FOREWORD

Medical doctors play a critical role in maintaining and sustaining the health of any country's human resources. They undergo a disciplined and regimented lifestyle while in the university which carries on into their professional practice. They work as detectives, asking questions based on symptoms presented, and the results of tests conducted to come up with a proper diagnosis. And despite the limited conditions under which they work, a doctor is expected to be perfect, particularly about making a diagnosis. They also serve at the frontlines whenever there is a disease outbreak or pandemic in the country. We gained a heightened appreciation for Nigerian medical doctors during the Ebola outbreak in Nigeria in 2015. Despite the threats and dangers faced, they stayed the course, remaining at their posts in hospitals across the country, which is the first point of call for anyone expressing symptoms of the disease. In the end, we were all able to carry on our daily activities because of the early diagnosis, quarantining, and sacrifice of several doctors especially in the hard-hit locations around the country. Some Nigerian medical doctors even volunteered their services in West African countries affected by the disease.

It is disheartening that Nigerian medical doctors are emigrating to other countries. This is not new as doctors have been emigrating since the 80's; however, this trend of doctors emigrating out of Nigeria appears to be witnessing a new height, which some doctors have described as a ticking time bomb. In conducting some desk research, we were shocked to find out the substantial number of doctors who are currently registered and writing foreign exams in order to get work placement abroad.

It was based on this that NOI Polls and Nigeria Health Watch decided to conduct this survey that has merely attempted to put some facts and figures to the issues, beyond anecdotal evidences. We hope the results and findings from the survey can achieve the following:

- (1) Stimulate discussions on this ticking time bomb of emigrating doctors, of which our findings revealed that over 80 percent of Nigerian medical doctors are currently seeking work opportunities abroad;
- (2) Provide some relevant insights to help in rethinking the current configuration of the country's health system, its human resource requirement, and its future sustainability;
- (3) Provide policy makers, particularly from federal & state ministries of health, with scientific evidence to gain better understanding on the issue of doctors emigration from Nigeria, in order to inform much needed policy reform to stem the tide of emigrating doctors; and
- (4) Stimulate some reflections amongst practitioners and stakeholders such as development partners, hospital management boards, and philanthropic organisations on possible areas of intervention in the country's health sector as doctors are a critical component to developing the Nigerian project.



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ACKNOWLEDGEMENTS

NOIPolls and Nigeria Health Watch wish to express its sincere appreciation to all the 705 doctors home and abroad who completed the online survey, and the 26 medical doctors who participated in the in-depth interviews for taking time out of their busy schedules to contribute their voice by participating in this survey which is so critical to the development of our health care sector. We also wish to acknowledge and commend the efforts of Dr. Uzoma Nwankwo a public health physician and health economist, Dr. Obiora Chira, the Chief Medical Director of AbleHands Hospital, and Dr. John Toluwani Oladele a public health physician, who were instrumental in getting the survey started off the ground, and for the support they provided all through the course of the project. Without their cooperation and contribution, this report would not have been possible. Finally, we wish to acknowledge the efforts and hard work of the team of researchers who worked on this assignment – Hamza Kabir, Sunday Duntoye, Raphael Mbaegbu, Femi Taiwo, Debe Nwanze, Amenda Bulus, Sand Mba-Kalu, Olukayode Dahunsi and Chikeluba Azuchukwuene.

ACRONYMS AND ABBREVIATIONS

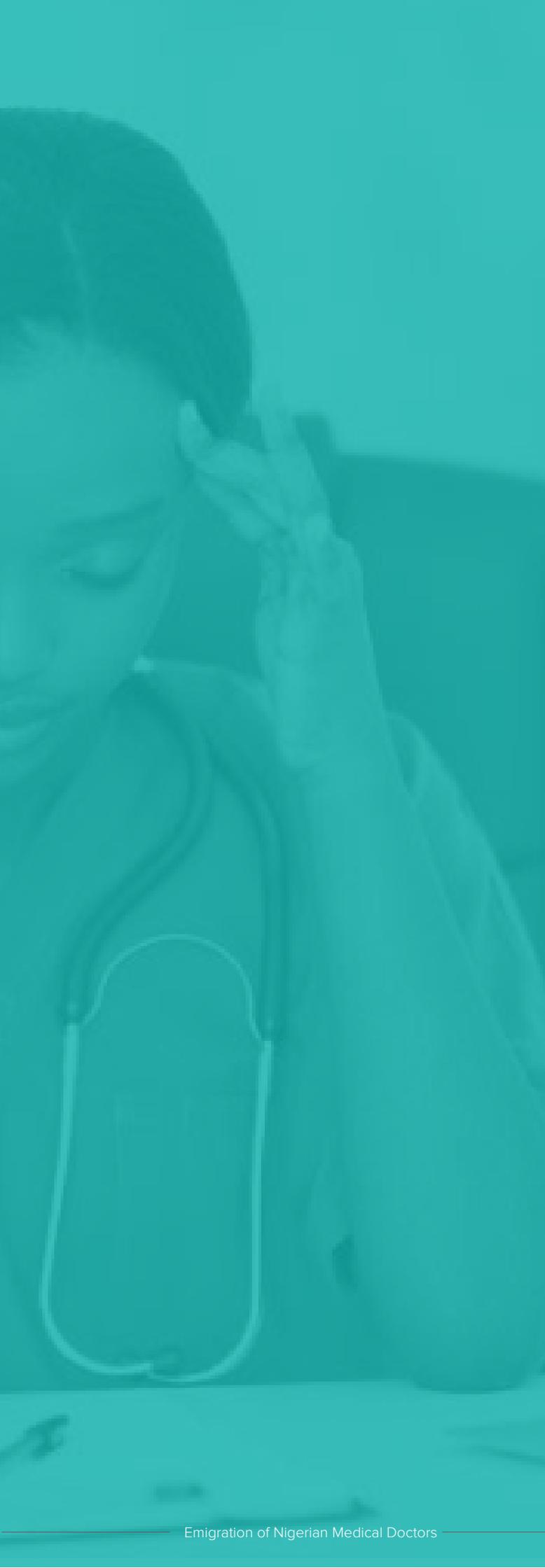
ACMN	Association of Colleges of Medicine of Nigeria
AMC	Australian Medical Council
DHA	Dubai Health Authority
DH	UK Department for Health
Etc.	Et cetera
F.C.T	Federal Capital Territory
IDI	In-depth Interview
MDCN	Medical and Dental Council of Nigeria
MCCE	Medical Council for Canadian Examination
NYSC	National Youth Service Corps
NHS	National Health Service
NPC	National Population Council
N.M.A	Nigeria Medical Association
PLAB	Professional and Linguistic Assessment Board
USMLE	United States Medical Licensing Exams
U.S.	United States
U.K.	United Kingdom
W.H.O	World Health Organization

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EXECUTIVE SUMMARY

Emigration of Nigerian healthcare workforce, particularly medical doctors has been a lingering problem in the country. In a bid to measure the scope of this trend, NOIPolls in partnership with Nigeria Health Watch conducted a survey on medical doctors to assess the prevalence with which medical doctors pursue work opportunities abroad and probable reasons why. The findings are critical to the ability of the health system to retain adequate skilled personnel to cope with Nigeria's growing population.

Methodology

The survey was targeted at Nigerian medical doctors, and it involved a mixed methodology approach employing quantitative and qualitative methods. For the quantitative method, an online survey using a standardized, well-structured questionnaire was employed; and a semi-structured interview guide was utilized for the qualitative approach. The various cadres of doctors were captured in both the quantitative and qualitative methods. Respondents to the online survey were not limited by geographical location, although the in-depth interviews were conducted with medical doctors in the Federal Capital Territory (FCT).



Key findings

The survey confirmed the prevalence of doctors seeking work opportunities abroad, and it also exposed some of the underlying and causative factors for this. Below are the key findings from the survey.

- A large proportion (83%) of doctors who filled the survey and are based abroad are licensed in Nigeria, indicating that they had completed their medical education in Nigeria before departing beyond the shores of Nigeria.
- All respondents (100%) to the survey know medical doctors who are presently resident in Nigeria, who are currently seeking work opportunities abroad. Furthermore, about 1 in 2 (48%) have between 5 – 15 friends/colleagues working in the medical profession who moved out of the country within the last 2 years.
- Almost 9 in 10 respondents (88%) disclosed they are seeking work opportunities abroad.
- Most respondents cited high taxes & deductions from salary (98%), low work satisfaction (92%), and poor salaries & emoluments (91%) as challenges doctors face that make them consider moving abroad.
- The United Kingdom and the United States are the top destinations where Nigerian medical doctors seek work opportunities.
- Prevalent reasons for emigrating include better facilities and work environment, higher remuneration, career progression & professional advancement, and better quality of life.
- The Professional and Linguistic Assessment Board (PLAB) is the most widely written exam, followed by United States Medical Licensing Exams (USMLE).
- Majority of survey respondents (87%) believe government is unconcerned with mitigating the challenges facing medical doctors in Nigeria.
- Improved remuneration (18%), Upgrade all hospital facilities and equipment (16%), Increase healthcare funding (13%), and improve working conditions of health workers were the top suggestions respondents proffered in mitigating the challenges doctors are facing.

Recommendations

The following are key recommendations based on the survey findings.

■ Major challenges in Nigeria's health sector are attributable to poor health financing. Health needs are infinite and resources are limited. Both health workers and patients suffer from this inadequacy. Globally, there is a call for Universal Health Coverage, which is, individuals having access to the care they need without suffering financial hardships. Sadly, after 12 years of the National Health Insurance Scheme, just a paltry 1% of Nigerians have health insurance!¹ Universal Health Coverage would provide the needed health finance necessary to provide a conducive working environment for doctors. Better financing translates to more remuneration, increased training opportunities for doctors, availability of equipment and other consumables.

■ The current poor work environment which several doctors complained about lacks adequate equipment, infrastructure, and medical supplies. Part of the challenge here stems from the fact that government at the federal and state level seems to focus on upgrading tertiary health facilities which is capital intensive, whereas there are more secondary and primary health facilities located around the country, which may not require as much resources in upgrading. Focusing on these would also create more job opportunities for medical doctors around the country.

■ On the dearth of job opportunities across the country, this occurs for housemanship/internship positions, residency, permanent job positions, and even consultancy positions. Most doctors interviewed during the Key Informant Interviews indicated that securing a residency position was even more difficult than securing an internship/housemanship position (which is considered quite challenging).

Fortunately, the federal government recently established a central placement for house officers across the country. This placement has not taken off yet. Government should commence this placement quickly and ensure that commonly underserved locations are given priority. It would be helpful if this placement is extended to residency and consultancy positions.

■ There is a need for stronger public-private partnerships to drive increased investment in the healthcare industry, and possibly provide better remuneration to doctors (which is also a major factor causing them to seek opportunities abroad). As earlier mentioned many of our hospitals are bereft of adequate equipment and facilities necessary to conduct proper diagnosis of patients. This leads to low work satisfaction because the doctor knows that s/he could have prevented the death of a patient if the right equipment was available. Therefore, there needs to be increased incentives, tax holidays etc. given to private investors to encourage investment and growth of the healthcare sector in Nigeria.

■ Several doctors interviewed, cited the disrespectful manner junior doctors are treated by senior colleagues. It is time to review training curriculum of doctors and bring it to international standards. Trainees have rights and deserve to be respected. Constantly shouting down junior doctors is demoralizing, affects quality of care and as shown by this research, contributes to doctors emigrating to saner climes.

¹ Eleanya F. 2017. 12 years after, NHIS covers only 1% Nigerians. *BusinessDay*

1.0 BACKGROUND

Medical education around the world is an expensive venture. It requires a student who is committed financially, and who is willing to invest his or her time and energy in order to successfully complete their medical education. It costs a society a lot of money to have such highly skilled staff. This applies more in Nigeria where Teaching hospitals are funded by government, and the tuition fees for medical students at federal universities is low compared with the cost at private universities or in other countries. The unit cost of training a doctor working in the British National Health Service (NHS) was estimated in a 2012 study commissioned by the UK Department for Health (DH) as £269,527 for a Foundation Officer 1 and £564,112 for a Consultant². These costs are not borne solely by the NHS, but also by the doctors and their families as school fees and loans. It is obvious therefore to understand why these societies are willing to accept qualified medical professionals from developing countries, because of the huge cost-savings to them.

Unfortunately, it is this workforce that we so direly need that we lose to these countries, as our medical workforce to population ratio is much lower than the recommended standard. In many instances it is our best and brightest hands that we lose as the application process in these countries is usually very competitive. Interestingly, some of these emigrated professionals end up treating the elite of our society who seek medical attention abroad, because they do not believe they can get the care needed for their recuperation locally in Nigeria.

In all of this it is the average Nigerian who bears the brunt of the ailing healthcare system in Nigeria, as he lacks the resources to travel abroad for medical care.

Yet we keep electing politicians who promise to revamp the health sector, but do not live up to their promises; and several of whom seek medical attention out of the country.

As the “giant” of Africa with one of the largest economies on the continent, we should be better invested in health services such that we would attract medical tourists from other countries in the same way that India is attracting medical tourists from all over the world because of the committed investments, and efficient processes they have put in place. Some experts place our annual expenditure on medical tourism at over \$1 billion.³ These are monies that could have been used in growing our economy, providing highly specialized care locally with the added benefit of training younger doctors, and bolstering the healthcare industry. Instead we are faced with outdated and broken-down equipment and infrastructure, poorly remunerated and inadequate workforce to cater to a growing population.

In the past, medical professional pressure groups have tried to demand for better conditions by embarking on industrial action. The Nigerian Government claims during industrial actions that it provides good reward schemes to doctors, but that has not stopped the waves of doctors leaving the country. What is clear is that in every faceoff between the Government and the Doctors, the populace are the ones deprived of healthcare. For as we have noted above, the elites would access care abroad. On the other hand, the doctors would care for themselves and their families. Those who lose their lives during these strikes are neither doctors nor the elite of society, it is the people. The doctors must also realize that their service to humanity is a calling, and ours is a society where people believe human life is sacred and placed above material wellbeing, thus placing high expectations and demands on medical doctors.

2 Curtis, L. (2012) Unit Costs of Health and Social Care 2012, Personal Social Services Research Unit, University of Kent, Canterbury.

3 News Agency of Nigeria. 2016. Nigeria spends \$1 bn annually on medical tourism – Minister. <https://guardian.ng/features/nigeria-spends-1bn-annually-on-medical-tourism-minister/>

2.0 INTRODUCTION



We hear of medical doctors who relocated out of the country to seek better work opportunities. In some cases, we know these doctors personally, they may have cared for us or a loved one; they may have been a friend or a classmate; or we may have known them by reputation. The story of medical doctors emigrating out of the country is nothing new. Professionals from all walks of life seek better opportunities within and beyond the shores of this country.

Nigeria has about 72,000 medical doctors registered with the Medical and Dental Council of Nigeria, with only approximately 35,000 practicing in Nigeria. This is according to the Registrar of the Medical and Dental Council of Nigeria⁴(MDCN) and the Chairman, Association of Colleges of Medicine of Nigeria⁵. When these figures are compared with the World Health Organization (WHO) recommended doctor to population ratio of 1:600, we easily deduce how poorly we are performing against this benchmark. Nigeria’s National Population Commission (NPC) has projected our current population to be about 182 million at a 3.5% growth rate from the 2006 census. **This means we need about 303,333 medical doctors now, and at least 10,605 new doctors annually to join the workforce.** Only at this level can we expect good quality patient care that is not compromised by errors occasioned by fatigued and overworked medical doctors.



Figure 1: Illustration showing deficit of doctors in Nigeria

The deficit between doctors registered with the MDCN and those practicing in Nigeria is about 37,000. Some of the reasons for this disparity include; death, retirement, change of profession and emigration. The latter is hard to ignore as trained medical doctors of Nigerian descent move in droves to work in developed economies (e.g. U.S. and U.K.) to seek greener pastures.

The MDCN Registrar placed the number of medical doctors working outside the country at about 20,000. To buttress this, we took a screen shot of the list of registered doctors approved by the medical board of Trinidad and Tobago, and it could easily pass as a list of Nigerian doctors. The illustration below is only a part of the list of doctors whose last name starts with the letter “O”, of which a majority appear to be Nigerian.

⁴ Leo, R. 2015. Nigeria under producing medical doctors – MDCN. <https://www.dailytrust.com.ng/daily/index.php/health/49547-nigeria-under-producing-medical-doctors-mdcn>
⁵ Premium Times. 2015. <http://www.premiumtimesng.com/news/top-news/192536-nigeria-needs-237000-medical-doctors-but-has-only-35000.html>

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Figure 2: List showing some Nigerian doctors on the medical board of Trinidad & Tobago obtained from www.mbt.org/o.htm#next as at 3rd July, 2017

The issue of emigrating doctors is worrisome especially as only 3,000 to 3,500 doctors graduate from medical schools annually, nationwide.⁶

The Nigerian government's expenditure on health as a proportion of its GDP is relatively low in comparison to other countries. According to 2012 data analysed by the CIA World Fact Book,⁷ Nigeria ranks 109th out of 191 countries in terms of proportion of GDP spent on health.

Rank	Country	% of GDP spent on Health Expenditure
1	United States	17.90
3	Liberia	15.50
5	Sierra Leone	15.10
7	Netherlands	12.40
10	Lesotho	11.60
13	Germany	11.30
26	Spain	9.60
30	United Kingdom	9.40
35	Malawi	9.20
37	Australia	9.10
42	South Africa	8.80
45	Togo	8.60
58	Uganda	8.00
109	Nigeria	6.10
123	Democratic Republic of Congo	5.60
126	China	5.40
139	Cameroon	5.10
142	Egypt	5.00
148	Kenya	4.70
169	Bangladesh	3.60

Figure 3a: Country comparison on %age of GDP spent on health

It is on record that doctors in America and Europe are paid better than their counterparts in Africa. An outpatient and emergency physician in Ghana earns an annual gross salary of GH¢40,000, equivalent to N2,863,163. The figure in naira equals to approximately N240,000 monthly salary. Similarly, there are also reports of medical doctors in Sierra-Leone who earn up to \$2,000 per month, translating to roughly N700,000. In contrast, while doctors under federal government employment in Nigeria can earn a gross monthly salary of N195,000 - N220,000, their colleagues in State government employment earn between N150,000 – N240,000. However, doctors employed by private hospitals in Nigeria earn as low as N80,000 (GH¢1,118) monthly.

⁵ Leo, R. 2015. Nigeria under-producing medical doctors MDCN <https://www.dailytrust.com.ng/daily/health/49547-nigeria-under-producing-medical-doctors-mdcn>

⁶ Country comparison: World Fact Book. Library. Central Intelligence Agency. <https://www.cia.gov/library/publications/the-world-factbook/rankorder/2225rank.html> obtained 3rd July, 2017.

Some have argued that doctors are better paid in America than in Africa due to disparities in costs of training doctors in both continents. The average American doctor graduates from medical school with thousands of dollars of loans to repay, while a doctor in Africa is basically trained by taxpayers. A medical doctor in the USA, pays an average of \$2,398 a month for a 30-year repayment plan (360 payments). Therefore, a medical doctor owes the USA taxpayer and government \$863,500 due in monthly payments. Conversely, training a medical doctor in Ghana does not exceed GH¢5,000 (\$2587 or N357,900). If taxpayers pay for training of doctors in Africa, is it right for doctors in Africa to expect to earn the same with their counterparts in the USA?

Expenditure on medical schools in nine sub-Saharan African countries included in analysis

Country	Government subsidised cost (local currency)	Exchange rate to % (July 2011)	Total cost of medical school (\$)	Total cost of primary and secondary school	Total education cost per student (\$) (government funded)
Ethiopia	485 927	1 Ethiopian birr=0.06	28 620	1278	29 898
Kenya	2 652 500	1 shilling=0.012	32 225	4228	36 453
Malawi	4 969 161	1 kwacha=0.0066	32 952	1334	34 286
Nigeria	3 860 100	1 Nigerian naira=0.0066	25 188	11 222	36 410
South Africa	280 364 79	1 rand=0.13	40 383	18 315	58 698
Tanzania	37 335 000	1 shilling=0.00073	23 511	3745	27 256
Uganda	49 155 400	1 shilling=0.00048	18 870	2170	21 040
Zambia	127 073 700	1 kwacha=0.0002	26 529	1220	27 749
Zimbabwe	37 500	\$1=\$1	37 500	1120	38 620

Source: *The financial cost of doctors emigrating from sub-Saharan Africa: human capital analysis, BMJ 2011;343:d7031*

Figure 3b: Expenditure on medical schools in nine Sub-Saharan African countries

To train a medical doctor in Nigeria, government subsidizes the training to the tune of N3,860,100. Countries that African doctors emigrate to do not provide medical school training to doctors who successfully pass licensing examinations. As such, these countries essentially make savings on training of medical doctors. Estimates of these savings are as follows: “at least \$621m for Australia, \$384m for Canada, \$2.7bn for the United Kingdom, and \$846m for the United States; \$4.55bn in total. As the United Kingdom had the largest number of African doctors practising, its savings were the largest”. Perhaps it is not a fair comparison between doctors’ salaries in Nigeria and USA based on the costs of training medical students. Nonetheless, we argue that doctors in Nigeria deserve better salaries than they currently earn.

In a bid to understand the scope of emigrating doctors, the frequency, and some of the underlying factors, NOIPolls in partnership with Nigeria Health Watch conducted this survey on medical doctors to feel the pulse of these professionals. The findings are quite revealing and we hope with this report we can catalyse the dialogue and an action plan that would redesign a health system that is responsive and meets the needs of Nigerians.

3.0 METHODOLOGY

The survey on medical doctors was conducted between the 1st and the 15th of May, 2017 to provide a snapshot of the prevalence of Nigerian medical doctors who are seeking work opportunities abroad. The survey employed a mixed methodology involving a quantitative and qualitative approach. The target respondents to the survey were Nigerian medical doctors. The quantitative approach involved an online survey which contained screener questions to ensure respondents were doctors, and provision was made for respondents to include their email address. This helped serve as a quality control measure to ensure uniqueness of responses (i.e. preventing multiple entries by the same respondent).

Respondents to the survey were purposively selected through professional networks and referrals, professional social network and media platforms (e.g. LinkedIn, Relevant WhatsApp groups, etc.), and personal contacts. As it was an online survey, participants were not limited by location or time, and they were able to complete the survey at their own convenience. The link to the online survey was shared and disseminated on medical professional fora and networks, and through personal contact and referral.

In total, 705 doctors completed the online survey the majority of whom were in Nigeria, with a few of them residing outside Nigeria. Respondents to the survey cut across house officers, National Youth Service Corps members, medical officers, senior registrars, consultants, medical directors, etc.

In addition, 26 in-depth interviews (IDIs) were conducted as part of the qualitative approach to gather insightful information on the challenges and underlying factors causing doctors to seek work opportunities abroad. Respondents to the in-depth interviews were medical doctors, and they were purposively selected using personal contact and snowballing technique. We ensured the different cadres of medical doctors were interviewed as part of the sample size, from junior level doctors (i.e. house officers, corps members) to senior level (i.e. consultants, medical directors). The interviews were conducted with the aid of a semi-structured interview guide (questionnaire). However the interviewers maintained a level of flexibility which allowed them ask probing questions not particularly captured on the interview guide. In addition, the interviews were audio recorded and subsequently transcribed into transcripts from which quotes were extracted and utilized in the report. There were only a few cases where respondents declined an audio recording, in which case copious notes were taken down during the interview. Anonymity of the respondents were adhered to according to the rules of research.



3.1 Limitations

The quantitative survey was delivered using an online survey, and as such respondents to the survey required access to a device with internet connectivity in order to partake in the survey, and those without access could not partake. However, given the high bandwidth penetration and prevalence of smartphones in the country, the proportion without access would be a minority. Secondly, given the busy schedules of the medical doctors, completing an online survey may not be high on the priority list of many. Thirdly, with online surveys, respondents are unable to ask clarifying questions they may have had regarding a survey question or response options.

Lastly, the survey only provides a snapshot in time of the experiences and challenges of the healthcare workforce, via the respondents interviewed. Ideally, NOIPolls and Nigeria Health Watch would have preferred obtaining a master list of registered medical doctors from the Medical and Dental Council of Nigeria, but given the exigency of the problem and the lack of data on the topic, this methodology was employed to obtain preliminary data on the issue.

In order to mitigate these risks, multiple reminders were sent to medical doctors who were contacted by referral, and several posts of the survey were put up on the various professional social network and media platforms. In addition, in-depth interviews were conducted with key informants in the sector to allow deeper insight and responses to the questions asked in the online survey.

4.0 DEMOGRAPHICS



This section captures the demographics of respondents to the survey. The survey involved a mixed methodology of a quantitative approach, which comprised an online survey; and a qualitative approach, which comprised in-depth interviews (IDIs) with key informants (medical doctors working in private and public hospitals). There were a total of 705 respondents to the quantitative (online) survey, and 26 key-informant in-depth interviews were conducted.

In capturing the demographics of respondents to the survey, we asked if the respondents were legally licensed medical doctors in Nigeria. An overwhelming majority (98%) admitted that they were licensed medical doctors in Nigeria, while 2% disclosed that they are not licensed to practice medicine in Nigeria. In addition, the rank of respondents captured include: house officers, National Youth Service Corps members, who are categorized as Junior level; medical officers (junior, senior, principal), residents, senior registrars, who were categorized as mid-level; and medical directors, chief medical directors, and consultants who were categorized as senior level. Demographic analysis shows that 45% of respondents to the poll are junior level doctors, 43% are mid-level doctors, and 12% are senior level doctors.

Furthermore, demographic analysis shows at least 54% of respondents became fully registered with the Medical and Dental Council of Nigeria less than 6 years ago, whereas 32% were registered 6 – 10 years ago, and 10% were registered 11 – 15 years, among others. Interestingly, a majority of the respondents (88%) to the poll have considered work opportunities abroad, although most of the respondents to the survey currently reside in Nigeria (93%).

Summary of Demographic variables for Migration of medical doctors out of Nigeria (N=705) June, 2017

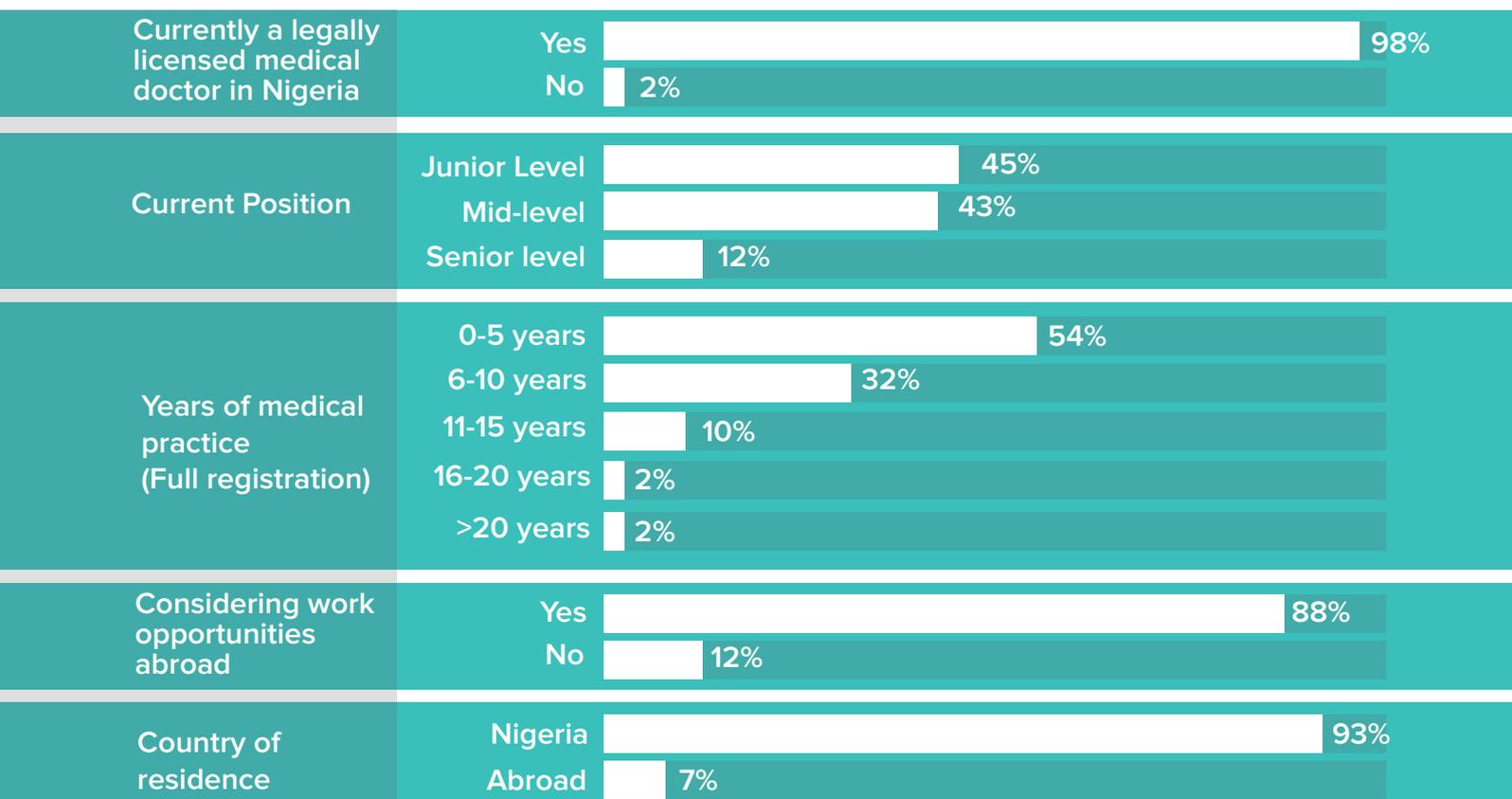


Figure 4: Demographic analysis of respondents

The proportion of licensed medical doctors largely held true across the various ranks i.e. from junior level (house officers/interns/National Youth Service Corps members) to senior level (consultants and medical directors). Interestingly, all the medical doctors who responded to the survey in Nigeria were legally licensed in Nigeria, and 17% of the proportion of medical doctors who responded to the survey outside of Nigeria were not licensed to practice in Nigeria, whereas 83% of them were. This further confirms that a large proportion of Nigerian doctors who practice abroad completed their basic medical training in Nigeria, and that at the moment the migration of medical doctors out of the country occurs largely after doctors have joined the labour market, not before.

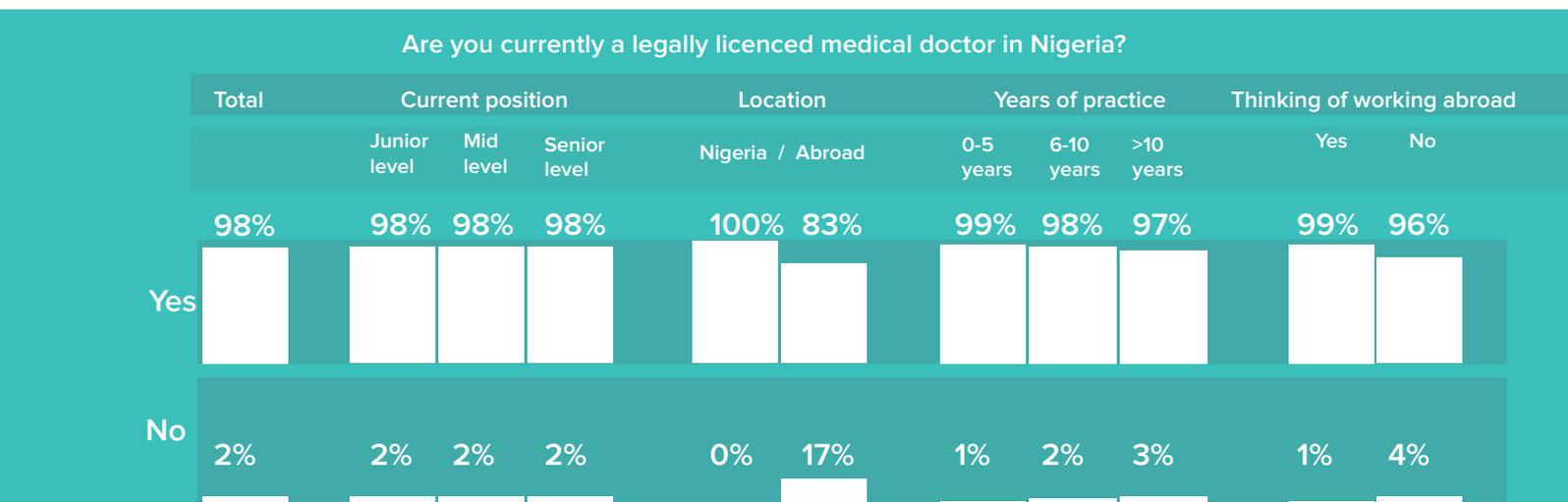


Figure 5: Proportion of respondents who are licensed medical doctors in Nigeria

In terms of duration after graduation from medical school, we found that a large proportion (42%) had graduated from medical school some 5 years ago or less, 38% graduated between 6 – 10 years ago, and 13% graduated 11 – 15 years ago, among others.

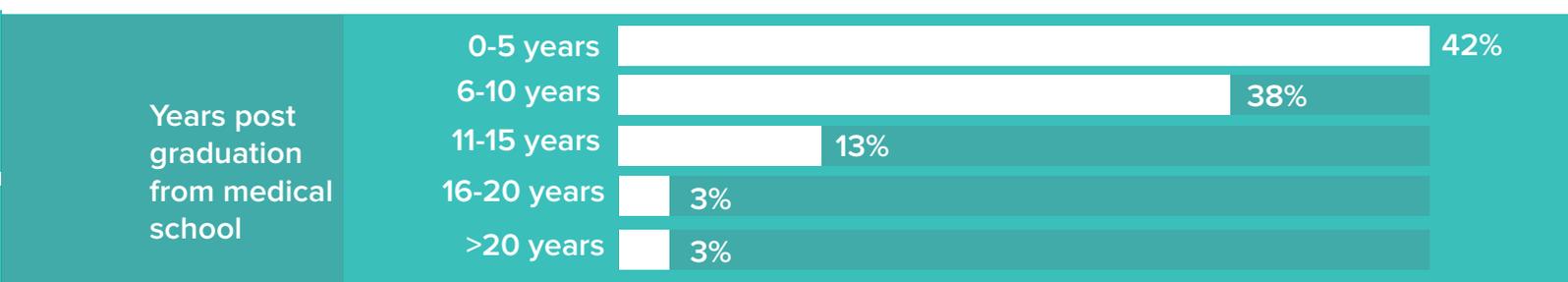


Figure 6: Years of practice post-graduation

The survey also shows most of the respondents to the survey (93%) are based in Nigeria, 2% operate in the U.K., another 2% reside in the U.S.A., and 1% each are based in Australia, Saudi Arabia, and Canada respectively.

What country are you based in?

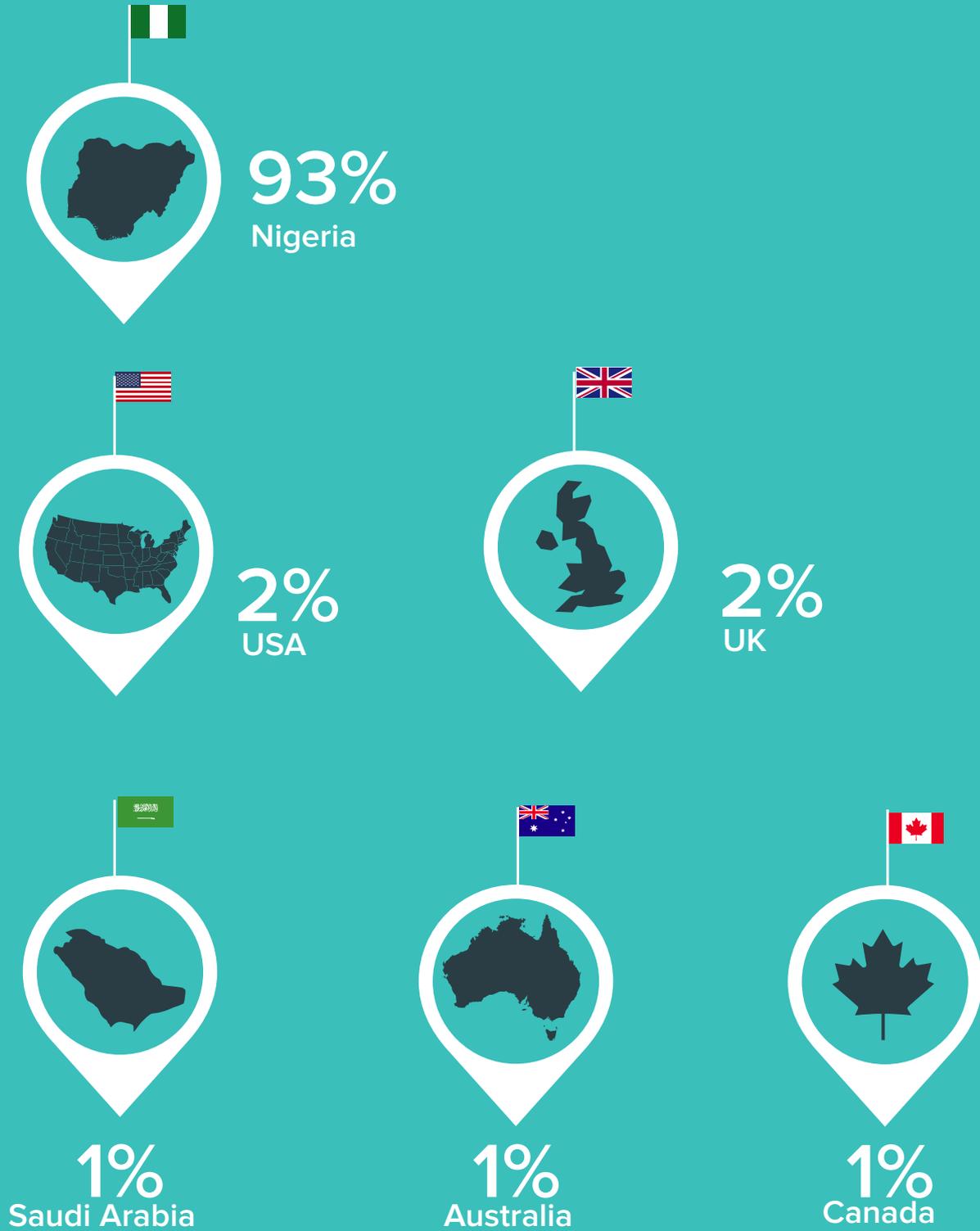


Figure 7: Country of residence

5.0 SURVEY RESULTS



This section presents and discusses the results from the quantitative and qualitative components of the survey.

5.1 Prevalence of Nigerian doctors seeking work opportunities abroad

All the doctors (100%) who responded to the survey admitted that they know medical doctor(s) who are currently seeking work opportunities abroad. This highlights the prevalence of doctors in Nigeria who look for work opportunities outside Nigeria. In the course of the survey, attention was drawn to the causative factors and systemic challenges doctors face, which make them look for work opportunities abroad. These are discussed in detail in later sections of the report.

Are you aware of Nigerian medical doctors currently seeking work opportunities abroad?



Figure 8: Awareness of Nigerian medical doctors seeking work opportunities abroad

The United Kingdom and the United States are the top two prevalent destinations Nigerian medical doctors seek work opportunities in, with 93% and 86% of the population disclosing this respectively. The prevalent reasons as elicited in the in-depth interviews for selecting these locations include: better facilities and work environment, higher remuneration, better welfare packages and benefits, career progression and professional advancement, etc. Other countries that were prevalent in the survey include: Canada (60%), Saudi Arabia (59%), Australia (52%), Dubai (29%), The Caribbean Island (17%), Ireland (15%), South Africa (4%), Qatar (1%), and Botswana (1%).

Interestingly, language doesn't pose a major barrier in these countries as English which is the official language in Nigeria, is widely spoken to conduct business in countries like Saudi Arabia, Dubai, and Qatar where English is not the official language.

What are the top locations for Nigerian doctors seeking work opportunities abroad?

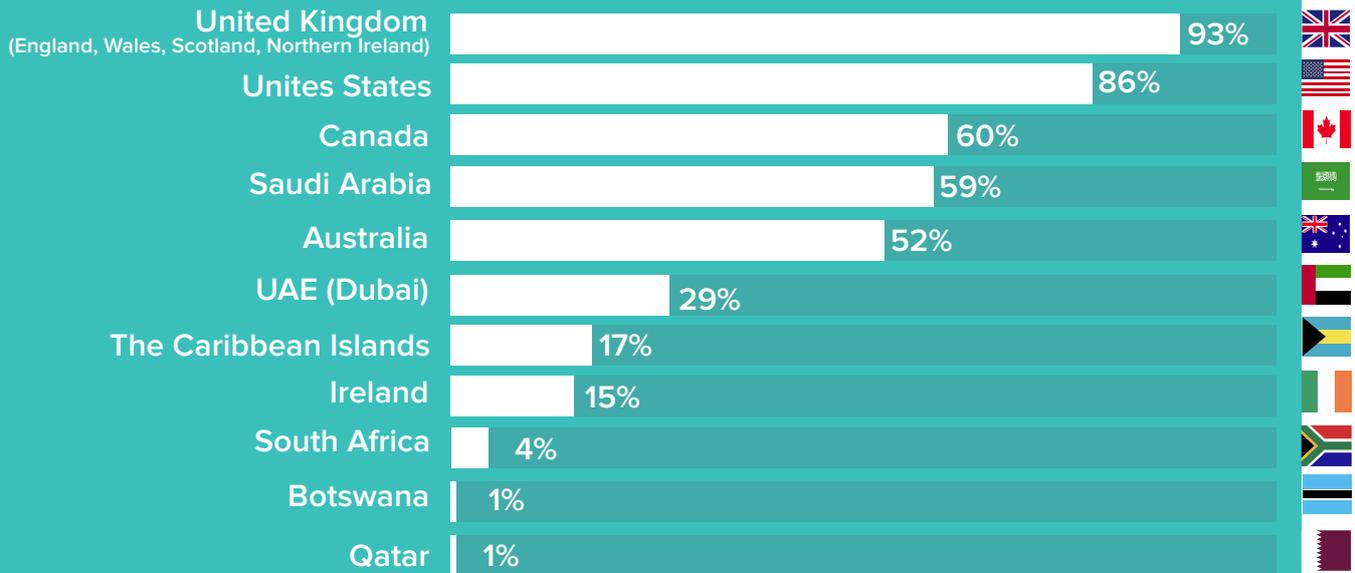


Figure 9: Top destinations for Nigerian medical doctors seeking work opportunities abroad

Interestingly the Professional and Linguistic Assessment Board (PLAB) and the United States Medical Licensing Exams (USMLE) are the two most commonly written foreign exams by Nigerian medical doctors seeking work opportunities abroad. This was indicated by about a third of the respondents (i.e. 30%) for PLAB and USMLE respectively. Similarly, while more respondents mentioned the United Kingdom as a top destination than the United States, an equal proportion listed the qualification exams for both countries.

So even though an almost equal proportion write both exams, more Nigerian medical doctors end up migrating to the United Kingdom. This may be as a result of old colonial ties and established relations, or a difficulty in passing the USMLEs compared to PLAB, which was corroborated in the interviews with some doctors disclosing that while PLAB is easier to pass, doctors have a higher chance of getting a Residency position in the U.S. than in the U.K. Further in-depth interviews revealed that the United States appears to be an end destination for doctors who travel abroad for work opportunities, as they eventually migrate from other foreign countries to the United States.

Other exams mentioned were the Medical Council for Canadian Examination – MCCE (15%), the Australian Medical Council – AMC (15%), and the Dubai Health Authority – DHA exam (10%). Although the proportions writing the Canadian and Australian exam seems to be the same, more respondents cited Canada as a preferred destination over Australia. This may be an indication that Canada may have more amiable policies, and habitable environment which supports foreign doctors (particularly from Nigeria) when compared with Australia.

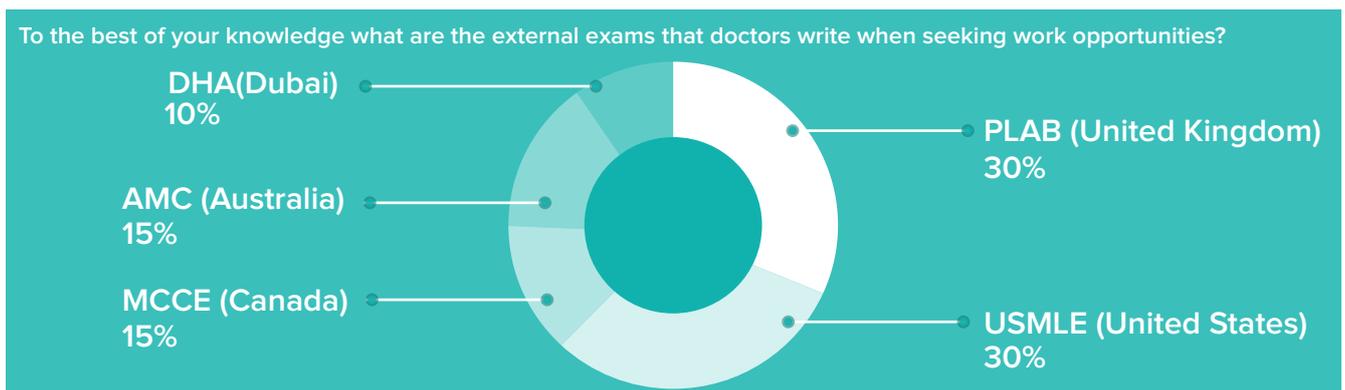


Figure 10: Foreign exams taken

The survey drilled down further to get a sense for the number of Nigerians who wrote these foreign exams in the past two years. Estimates reveal that PLAB appears to be the most widely written exam, with at least 10% of respondents indicating that over 15 of their friends/colleagues have written the exam in the past two years. This was followed by the USMLE, where at least 4% of respondents disclosed that over 15 of their friends/colleagues wrote the exam in the last two years.

Based on memory, how many of your friends/colleagues are you aware who wrote the following exams in the past 2 years?

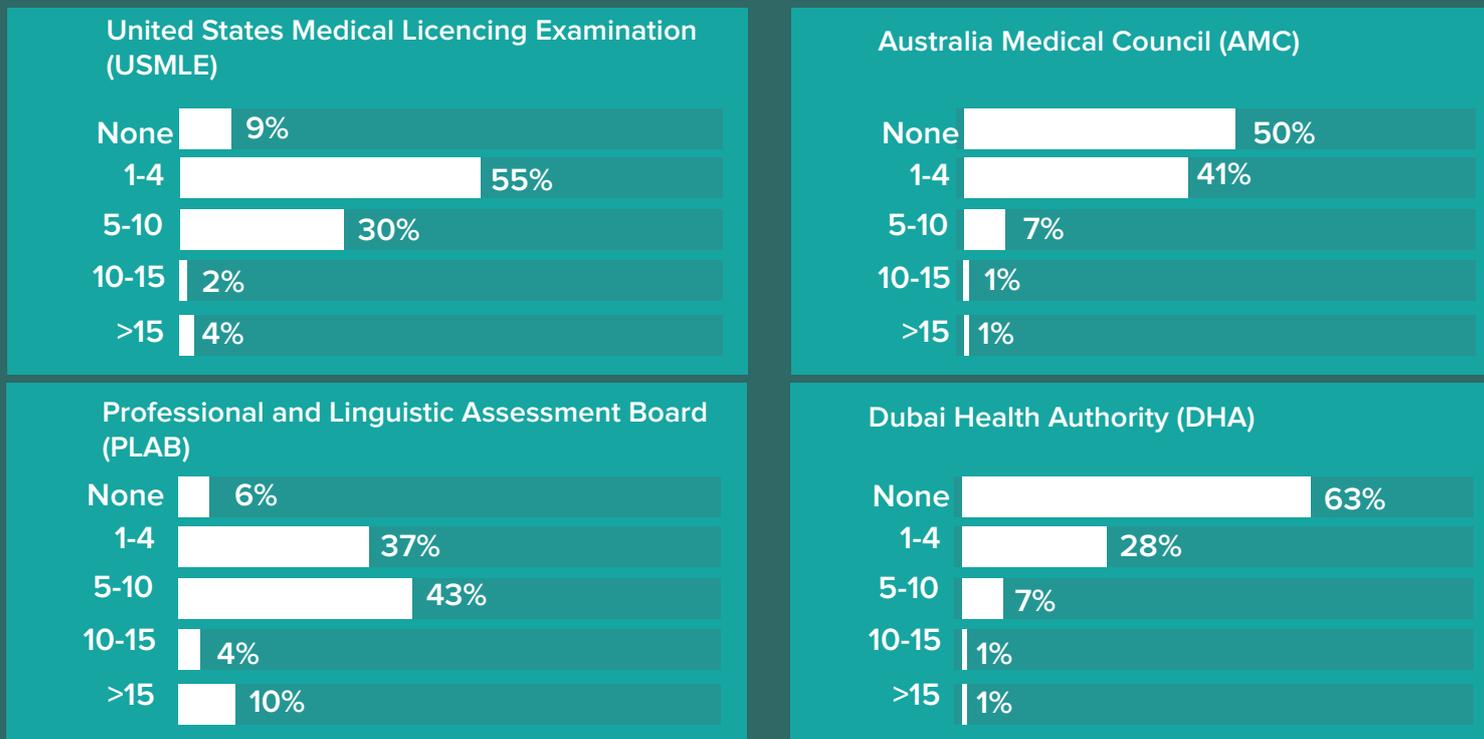
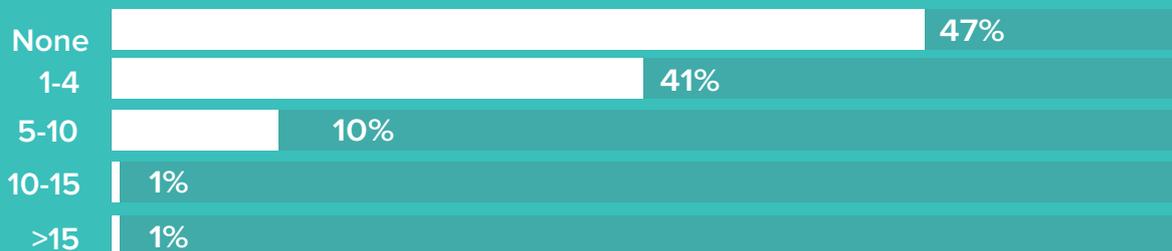


Figure 11: Estimates for number of friends/colleagues you know wrote these exams

The Canadian exams (MCCE) were the next commonly taken exams followed by the Australian Medical Council exams. The figures provide an estimated snapshot of the volume of Nigerians who have written these exams in the past two years.

Based on memory, how many of your friends/colleagues are you aware who wrote the following exams in the past 2 years [Medical Council for Canadian Examination (MCCE)?



Based on memory, how many of your friends/colleagues are you aware who wrote the following exams in the past 2 years [Other foreign examinations]

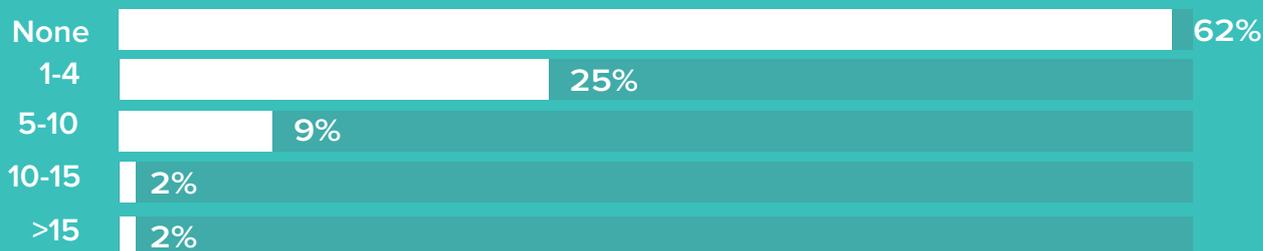


Figure 12: Estimates for number of friends/colleagues you know wrote these exams contd.

The key informant interviews with medical doctors also revealed a high prevalence and participation in foreign exams. Some doctors talked about their colleagues who wrote multiple foreign exams simultaneously to different countries, and were waiting for the first pathway that opens up. Others also told about the size of their graduating class as at the period of graduation, and how over half of them are in the United States.

More than 10 of the 26 doctors interviewed in-depth disclosed that they have several friends and classmates who either work abroad, or are currently seeking work opportunities abroad. Some of them even told how their friends and medical colleagues who work abroad suggest and advise them to move abroad.

Friends and colleagues seeking work opportunities abroad

“Yes, I have friends that are writing all foreign medical exams at the same time and which ever clicks they just want to leave. I have an orthopaedic surgeon friend that trained in Lagos state, he is a surgeon and consultant, and he stayed in Abuja for a while but couldn’t find a job. He started depending on his wife, and he got frustrated and started sitting for every foreign medical exam. He passed the first stage of USMLE, he’s almost through with the requirements for the U.S., and he has completed his PLAB for the U.K. The exodus is massive not only among my fellow doctors, but also among nurses.”

– **Male Resident doctor, Public Tertiary Hospital.**

“My colleagues and senior colleagues actually encourage our fellow doctors to move and migrate out of the country. They understand that things are not going to change. The average older physician has a son or daughter who is a physician, or people who are physicians, and they encourage them to venture out.”

– **Male Consultant doctor, Public Tertiary Hospital.**

“I know a lot of them. Last year a lot of them moved out. It’s a cumulative thing. You hope the system gets better, but time over time it doesn’t and so people check out.”

– **Male Resident doctor, Private Tertiary Hospital.**

“Many doctors who I know went to London were unable to start their residency program. Many of them who went to the U.K. end up migrating to the U.S. The pre-exam for the U.K., PLAB, you just have two steps, which are very easy, but upon passing it getting residency is very difficult. There are selected spots where they may grant residency, but there are some where they may never grant residency. And even when they give you residency placement they are selective. But in the U.S. they are more liberal, as well as Canada and Australia.”

– **Female Resident Surgeon, Public Tertiary Hospital.**

“I know of a doctor who will give everything to get out of this country. He has refused to buy a car after many years of saving money. He has written PLAB, which is a requirement for the U.K. A lot of people are so determined and I felt life should not be at a standstill because I want to go abroad where I will begin afresh...”

– **Male, Obstetrics and Gynaecologist, Private Tertiary Hospital.**

“... [Sighs]...To be honest with you, if you had asked me this question like 5 years back, I would have stuck with the whole patriotic Nigerian all the way, but I have family here. I’m married with children, my husband’s business is here and that’s what’s keeping me here, that’s the honest truth. If my husband would wake up one morning and decide to move out, I will be more than happy to move out too.”

– **Female Consultant, Public Tertiary Hospital.**

The problem of migrating doctors is even more bothersome because government makes medical education in Nigeria inexpensive, by funding Teaching Hospitals, and unfortunately upon completing their basic medical education these trained physicians, at the nation's expense, then look for better opportunities outside the country, which is a gain to those countries as they didn't invest in the doctors education, and a loss to Nigeria.

5.2 Experiences of professional colleagues abroad

In a bid to understand how pervasive this phenomenon is, we asked doctors how many friends/colleagues they have working in the medical profession abroad. Almost 1 in 2 doctors (48%) revealed that they have between 5 - 15 colleagues and friends working in the medical profession who moved out of the country in the last 2 years. Over 1 in 5 (21%) doctors said they have between 16 – 30 colleagues who moved out of the country in the last 2 years, 8% disclosed they have between 30 and 50 colleagues who have migrated out of the country within the last 2 years, another 8% mentioned that they have over 50 friends and colleagues who moved out of the country within the last 2 years. Only 15% of doctors expressed that in the last 2 years, less than 5 of their friends/colleagues have emigrated out of Nigeria.

Some consultants who have been in the labour force longer than junior doctors quipped that the trend of doctors moving out of the country for work opportunities wasn't always this way, and unfortunately it seems to have risen in the last few years. One went further to add that when the salary of doctors were reviewed upwards some years ago, the rate of doctors emigrating out of the country declined. Unfortunately, it seems to have increased again with the poor working conditions and environment, lack of work opportunities, and the poor salary which is not commensurate with the rising cost of living.

It also became apparent from the interviews that while the younger demographic who are upwardly mobile and do not have their own families yet seem to be adopting the trend of leaving the country, some older doctors and consultants are also moving abroad with their families. The results from the survey also show a high proportion of senior officers (i.e. comprising consultants and medical directors) who have between 5 and 15 colleagues and friends that moved abroad within the last 2 years. Furthermore, from the demographics, almost 9 in 10 (88%) respondents to this survey disclosed they are seeking work opportunities abroad, and this proportion comprises senior level officers (consultants, medical directors, etc.).

Interestingly, a higher proportion of Nigerian medical doctors living abroad seem to have doctor friends who have relocated from Nigeria in the past 2 years. This is probably because these doctors already living and working abroad may serve as the conduit for other doctors helping them through the process in gaining work placement, so they may be in a position to know more doctors who have moved abroad.

It seems the more friends and colleagues you have who have moved abroad in the last two years, the higher your chances of considering moving abroad. This indicates that the population of doctors migrating abroad has an effect on the doctors who are back home, leading them to aspire to travel abroad as well.

How many of your friends/colleagues do you have working in the medical profession who have moved out of the country in the past 2 years?

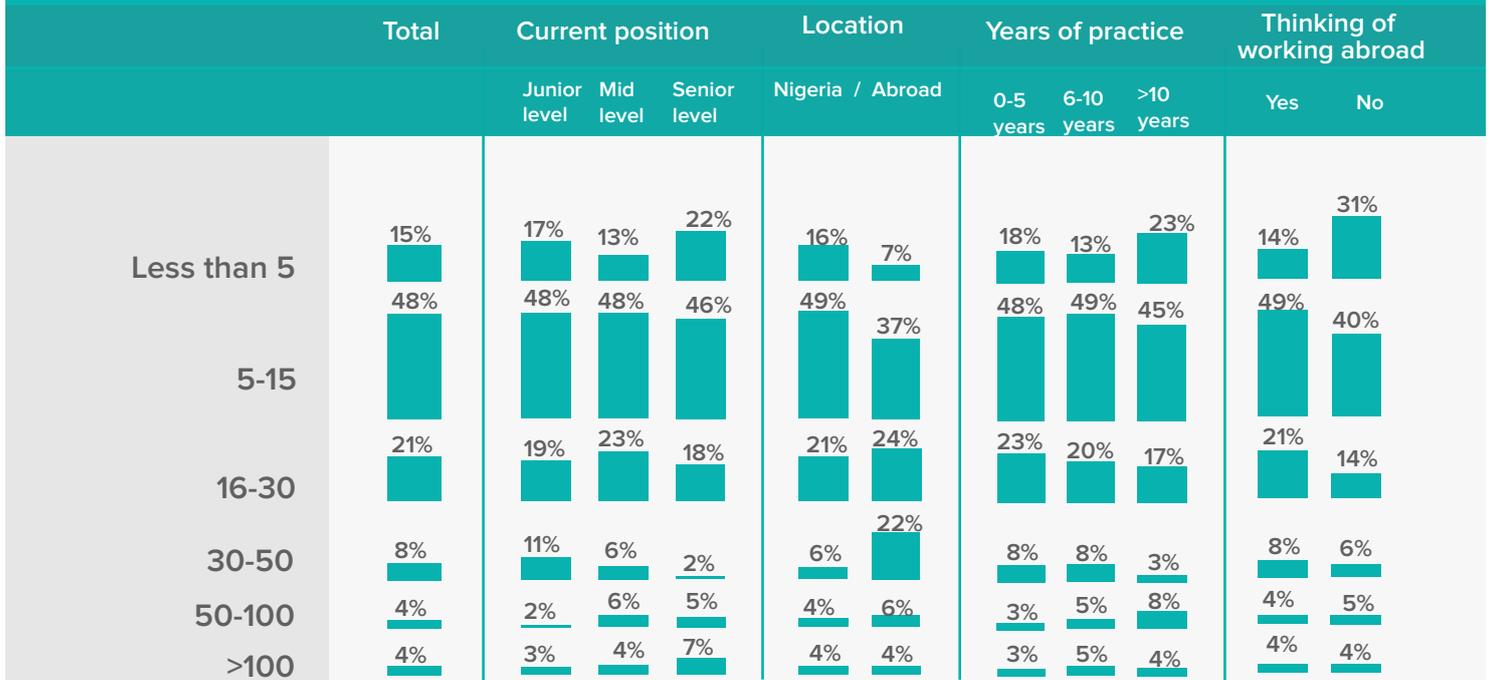


Figure 13: Number of friends working in the medical profession who moved out in the last 2 years

Below are some quotes from the in-depth interviews conducted which shed more light on this trend.

“I know of a colleague who finished here and was jobless for one year and left for the U.S. He is a neurosurgeon, and another 2 plastic surgeons who left the country last year because they couldn’t even practice after attaining the certification.”

– **Male Consultant, Public Tertiary Hospital.**

“I know a lot of them. Last year a lot of them moved out. It’s an accumulative thing. You hope the system gets better, but time over time it doesn’t and so people check out.”

– **Male Resident doctor, Private Tertiary Hospital.**

“Almost all my friends are abroad o! They are even laughing at me for staying back here and suffering.”

– **Female Resident Surgeon, Public Tertiary Hospital.**

Remarkably, a majority of doctors (88%) who completed the survey and are resident in Nigeria expressed interest in working abroad, and 12% expressed no interest in work opportunities abroad.

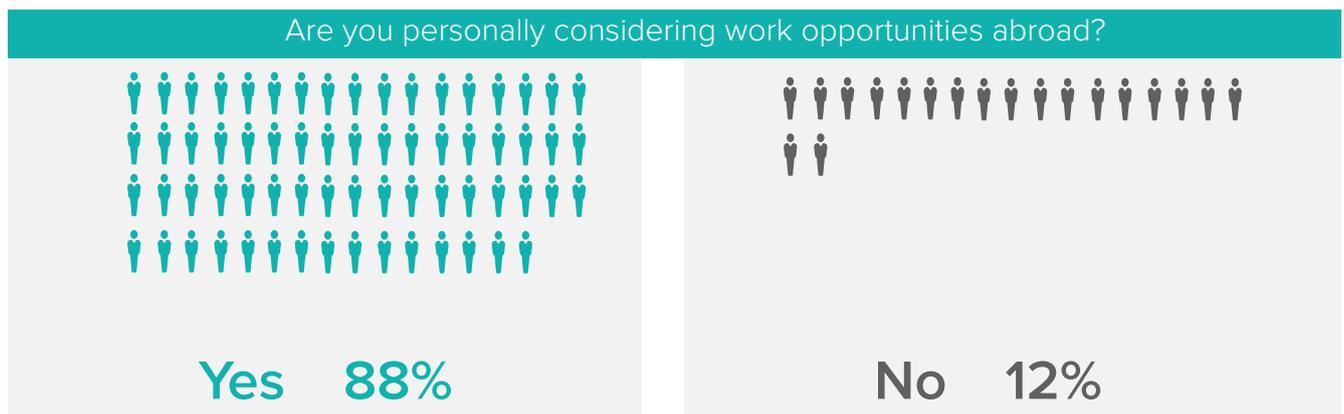


Figure 14: Proportion seeking work opportunities abroad

When this analysis was carried out by rank, we found a higher proportion of junior level doctors (91%) who admitted that they were personally considering work opportunities abroad, followed by 89% mid-level doctors, and 73% senior level doctors. A similar translation was seen when analysed by years of practice after full registration.



Figure 15: Considering work opportunities abroad, by current position and duration of registration

The president of the NMA had confirmed in a public interview that between 10,000 and 15,000 Nigerian doctors work outside the country, of which about 90% completed their basic medical training in Nigeria. And seeing that the cost of medical education is highly subsidized in Nigeria, it becomes a huge loss to the country, because we are paying for the training of doctors the majority of whom wish to leave our shores.

5.3 Systemic challenges facing doctors in the country

Having identified the nature and scope of medical doctors who seek work opportunities abroad, we sought to identify challenges, if any, which doctors face in the country that makes them want to travel abroad. This was a multiple response question in the quantitative survey, meaning that respondents could select or mention more than one response category. Response categories include; huge knowledge gap, low work satisfaction, poor salaries & emoluments, quality of practice, lack of proper infrastructure, etc.

Survey results show that a majority of respondents indicated that high taxes & deductions from salary, low work satisfaction, and poor salaries & emoluments were the three most prevalent challenges facing doctors in their career that makes them consider moving abroad. This was indicated by 98%, 92%, and 91% of the sample population respectively. In addition to these, Huge knowledge gap (47%), Quality of practice (8%), Poor relationship among colleagues (7%), Inadequate opportunities for career progression (4%), Poor treatment by government (3%), Lack of proper infrastructure (3%), Poor working environment (3%), Insecurity (2%) and Others (4%) (comprising incessant strike, poor health management, inadequate manpower, and corruption) were reasons given for considering work opportunities abroad.

If the three most prevalent reasons are analysed, we find that two of the reasons are related to financial benefits or rewards which doctors expect to receive, but are not met. Also, work satisfaction could be described as a reward or benefit derived from the work environment. Low work satisfaction in the health sector increases when mortality rates go up, or when there are insufficient equipment and tools to diagnose and treat a patient. Some respondents also cited Knowledge gap as a reason doctors consider work opportunities abroad. Many doctors complained that a lot of the procedures they see in text books and on television are often not conducted in Nigeria. Therefore, in a bid to remain current and up-to-date, some doctors seek medical careers out of the country.

In your opinion, what are the challenges prompting medical doctors to consider moving abroad?

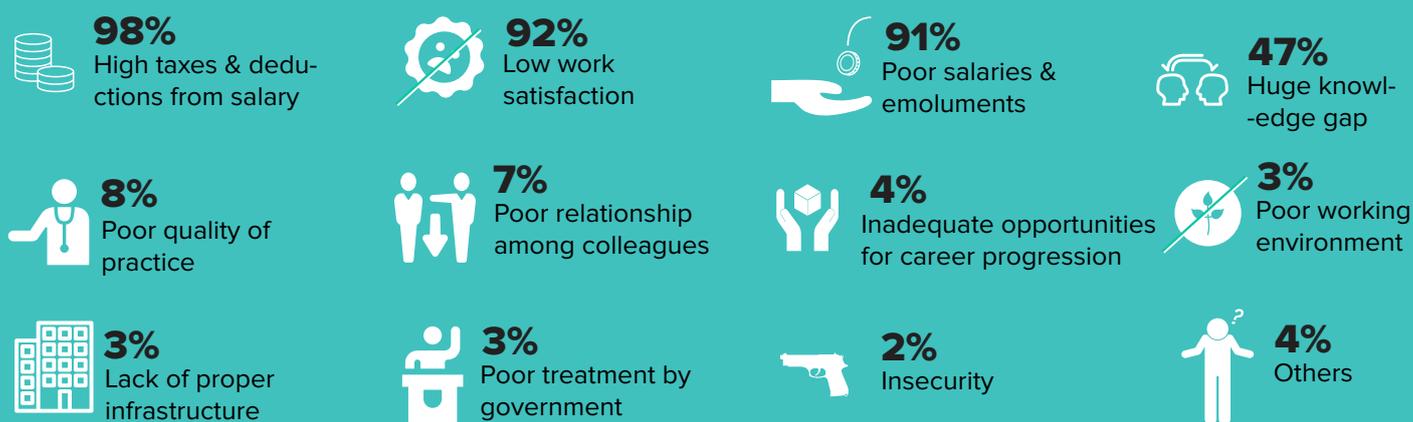


Figure 16: Challenges facing doctors which make them consider moving abroad

These findings were largely corroborated during the in-depth interviews where at least 10 out of the 26 doctors interviewed mentioned low work satisfaction as the foremost reason making doctors pursue work opportunities abroad. Many even placed low work satisfaction above poor remuneration, which was the second most prevalent reason cited for making doctors seek work opportunities abroad in the in-depth interviews conducted. Work opportunities came in third with at least 4 in 26 respondents citing work opportunity as the most prevalent reason, because doctors who are unable to secure a good job to cater for themselves and the family will be forced to source for better opportunities.

Poor infrastructure, outdated and non-functional equipment, complete depletion of consumables, long work hours, etc. were used to characterize the low work satisfaction doctors derived from their work environment. Many doctors decried the poor state of up-to-date, functional equipment in the hospitals. These complaints of inadequate equipment cut across public and private facilities, forming handicaps in their ability to diagnose, and leading doctors to perform at sub-optimal levels. One can only imagine the frustration at not being able to diagnose a patient because a particular machine is faulty, or the torment of not being able to treat a patient suffering from a known disease because the equipment broke down. A surgeon at a reputable government hospital in Abuja told how she and her team cancelled a scheduled surgery on the day the interview for the survey was conducted, because there were no consumables available in the hospital. Yet others described how patients were asked to purchase rechargeable lanterns as part of the requirement for performing a procedure at the hospital.

Many recalled the harsh working conditions they experienced during their internship. One doctor told how he worked day after day, without relief, for two months straight as a House Officer. He disclosed that it was during this period that he lost all interest in Paediatric medicine. Another spoke about the level of responsibility that rests on house officers' shoulders. Some doctors complained about how house officers and junior doctors are maltreated and verbally abused in the presence of patients, making the patients lose confidence in the house officer's abilities as a doctor. House officers and junior doctors were said to supervise the most number of beds on the floor, yet instead of being encouraged they get bullied and openly chided for every wrong decision made when their attending resident was not available.

Challenges facing doctors which make them consider work abroad

“I think that one of the major issues is the work environment, the working equipment and what to work with, there was a time I was doing a procedure that should not take more than five minutes, and I spent over 45 minutes on the procedure just because of the equipment I was working with.”

– Male Obstetric and Gynaecologist, Public Tertiary Hospital.

“Working conditions are very poor, particularly in government hospitals where you do not have facilities to work with.”

– Male Obstetrics and Gynaecologist, Private Tertiary Hospital.

“First of all the working conditions are harsh...Medical ethics in Nigeria is practically dead. There’s a lot of oppression practiced in medicine, and it’s been occurring from generation to generation. This cycle is perpetuated as the oppressed over time become the oppressors. The root cause of this oppression may stem from the fact that you spend all of your time and dedicate all of your life, away from family and friends to this profession, only to find out that it is just not worth it at the end. This manifests in them lashing out at junior doctors. So the relationship between senior and junior doctors is very bad.”

– Female Resident Surgeon, Public Tertiary Hospital.

“It is the working condition that matters and not salaries or tax deduction. If you are paid well in a system that doesn’t support your growth then you will be dissatisfied.”

– Male Consultant, Public Tertiary Hospital.

“The work condition is very poor. As a house officer you are responsible for covering 4 – 5 wards when you are on call, each ward having an average of 20 beds in the surgical department, and a minimum of 40 beds in other departments. And you are responsible for giving these patients intravenous medications sometimes three times a day (at times late in the night). And because there are other things you need to do you’d find situations where IVs that should be administered at 6 p.m. is administered at 4 p.m.

– Male Resident doctor, Private Tertiary Hospital.

“I think basically it’s the work environment. The number of healthcare personnel is low compared to the patients i.e. the doctor patient ratio is very bad. Unfortunately in Nigeria our doctor to patient ratio is 1: 6000 patients. That means that any clinic day you would need to see almost 30-40 patients a day which is not ideal. So the pressure is there, and you won’t have time to get to conduct a proper investigative diagnosis.

– Male, Medical Officer_2, Public Secondary Hospital.

5.4 Efforts to mitigate challenges facing doctors

When asked what steps and actions government is taking to mitigate the challenges facing doctors in the country, unfortunately a majority of doctors (87%) expressed that government is unconcerned. In addition, 5% mentioned they were unaware of any efforts government was making in mitigating the challenges facing doctors. Another 5% mentioned that not enough is being done by the government. A paltry 1% mentioned ‘provision of basic infrastructure and equipment’, ‘funding is a major problem’, and ‘Others’ respectively. Their responses are largely corroborated by the qualitative survey findings, where most of the respondents decried that they could not feel the impact of government in ameliorating the challenges.

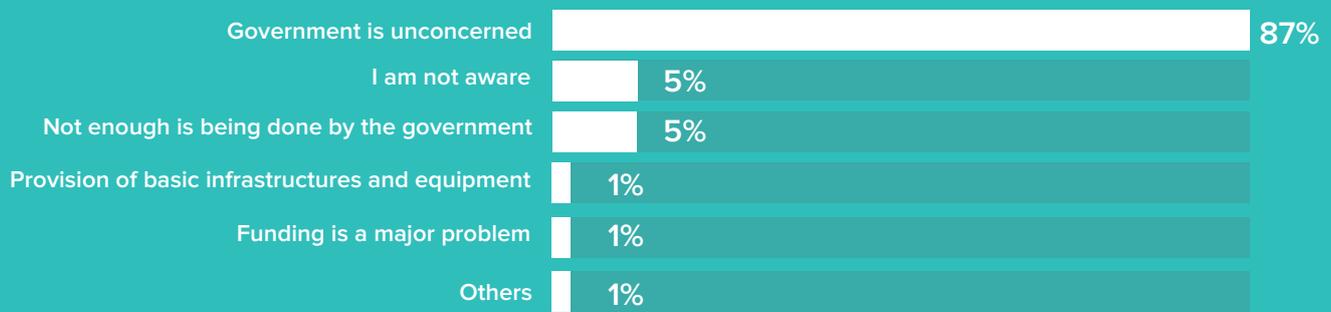


Figure 17: Activities of government to mitigate challenges

What Government is doing about the challenges facing medical doctors

“Nothing, right now we have a government that has no vision, we have policies that have not been implemented. Even when they are implemented there are forces within the system that sabotage those things. We have people who are ready to line their pockets other than providing healthcare services. You have Chief Medical Directors who jeopardize departments in the hospital so that there can be mass referrals to diagnostic centres, which in many cases are owned by them, and these referrals are conducted to profit these organizations. If the patient were to be wheeled for CT scans & MRI within the hospital premises it would be less stress and increase their chances of survival rather than having to transport such a patient a long distance to an external diagnostic centre for a test or imaging.” – **Female Senior Registrar, Public Tertiary Hospital.**

“I don’t think the government cares...because even our leaders don’t get treated here, they travel abroad to get treated.” – **Male Medical Officer, Private Tertiary Hospital.**

“The government is not doing anything...for long, the healthcare system has never been a priority for any government. Nobody has been willing to improve our healthcare because I can’t imagine common things like meningitis, polio and malaria being an issue in Nigeria because we are in the 21st century.” – **Male Cardiologist, Private Tertiary Hospital.**

“They [government] are not doing anything about it. The truth is in Nigeria generally the populace doesn’t feel healthcare is important...When Nigerians visit a government hospital they always hesitate or complain asking why should they pay for admission, a bed, a lab test, etc. at a government hospital.” – **Male Resident, Private Tertiary Hospital.**

“The government is not listening, one of the problems in Nigeria is the lack of listening leaders. We have leaders who you will write all the forms of suggestions and give to them and they don’t listen to you. You go on strike, they don’t listen to you...we need listening leaders in the ministry of health, and departments of health all over the country.” – **Male, Medical Officer, Public Secondary Hospital.**

“Well I don’t think government is doing much in the sense that we have a lot of medical students who are churned out every year, and the truth is job availability for these fresh graduates to have their best experience are few. How many teaching hospitals do we have, how many well equipped private hospitals do we have? I was opportuned to finish from UCH, ... a lot of people wanted to work in UCH, and LUTH, but do these hospitals have the capacity to handle the demand? We have a lot of doctors, consultants out there looking for work and work is not available.” – **Female Resident doctor, Public Tertiary Hospital.**

“Government is being slow about the whole issue, I just pray that they will realize that the health system will go down if they don’t act.” – **Male, Medical Officer, Public Tertiary Hospital.**

5.5 Ameliorating systemic challenges facing doctors

As a follow-up to the previous question, respondents were asked “What do you think government should do, but is not currently doing to mitigate these challenges?” About 1 in 5 respondents (18%) mentioned government should improve on salaries and emoluments. This was followed by 16% who suggested ‘upgrading all hospital facilities and equipment for better service delivery’, 13% mentioned increase health care funding, and 12% mentioned ‘improve the working conditions of health workers’. Other suggestions included: Ridding the country of corrupt individuals (9%), Increase training of health workers (7%), Ensure more residency placements (6%), Implement the National Health Act (6%), Better welfare package (6%), Employ more medical personnel (5%), and Better health policies (2%).

What do you think the government should do, but is not currently doing to mitigate these challenges?



Figure 18: Suggestions to ameliorate challenges

Suggestions were sought from the respondents on actionable steps that could be taken to stem the tide of doctors emigrating from the country. One in four respondents (25%) mentioned providing better salaries, followed by 24% who mentioned increasing funding to the health sector. Other mentions were better working environment (11%), providing career development plan (9%), improving the quality of residency (8%), provision of adequate equipment (7%), improving the quality of health service (5%), employing more medical doctors (4%), full implementation of the National Health Act (2%), making health insurance accessible to the public (2%), improving the economy (2%), and fighting corruption in the health sector (1%).

In your opinion, what can be done to stem the tide of doctors emigrating out of Nigeria?

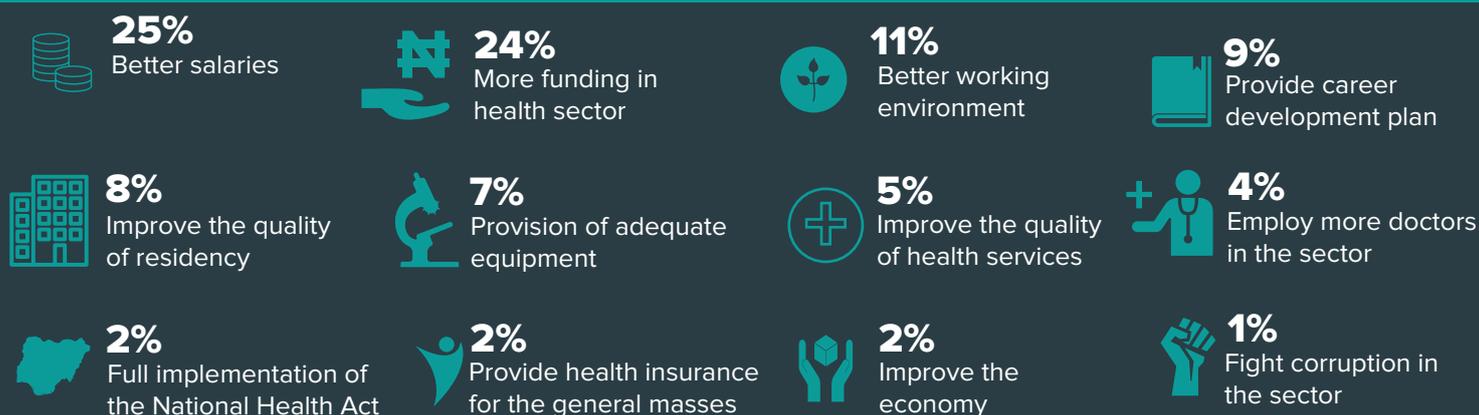


Figure 19: Curbing emigration of medical doctors

Recommendations on curbing emigration of doctors

“Let the glory of medicine return in Nigeria, that’s the truth. The glory of being a doctor has been lost in this country. Secondly try to equip the hospitals. It was unheard of in the past that a doctor is looking for work, but now you see doctors going from pillar to post looking for work. ...I spent almost 3 years at home before I started residency. Those days I was looking for work, my fellow doctors were pricing me ₦ 30,000 as monthly salary. That is how bad it has become in Nigeria. ...Then equip the Primary Health Care (PHC) centres and then post doctors there. If the positions in the rural areas where these PHCs are mainly located pay well – many doctors are rushing to work at teaching hospitals because living conditions are better there. If this is replicated for the PHCs, and they are well equipped, then of course no doctor would look for work.” – **Female Resident Surgeon, Public Tertiary Hospital.**

“The problem is so embedded in the foundation that it will take a miracle to change it...as senior registrars, we are all residents, but some people blow out their time. Some see 6 patients a day, others see 12 patients. We all get paid the same salary. That should never be. ...If a House officer puts in 12 hours and another house officer puts in 6 hours, the house officer who puts in 12 hours should be paid overtime. This creates an incentive for persons who want to put in more time. ...If I make ₦ 1 million as a surgeon every month for a hospital in terms of procedures done, and a community health physician makes ₦ 20,000 for the same hospital every month, the hospital would be inclined to pay the surgeon more, so why can’t this be obtainable in a government hospital? You cannot re-distribute wealth for the sake of re-distributing wealth! – **Female, Senior Registrar, Public Tertiary Hospital.**

“Hospital administrators particularly the CMDs and MDs need to be monitored. There should be proper auditing of expenditures and monies allocated to them. Most of these hospitals embark on projects that are not particularly beneficial to the general public, e.g. constructing a new VIP wing when there are insufficient oxygen tanks in the emergency room.” – **Female Resident doctor, Private Tertiary Hospital.**

“They should make the facilities that are available work. There are so many places where they have machines that are not working, so there’s need to revive the health system” – **Female Medical Officer, Private Tertiary Hospital.**

“I don’t think I want to stop Nigerians seeking career opportunities abroad, we should actually go and get ourselves trained. So should people go out? Yes, they should! There is nothing wrong with importing Cuban doctors too. Just create an enabling environment, and with proper legislation government needs to hands-off healthcare. Healthcare is a business, and we should let the system manage itself. There are enough people that are ready to set-up hospitals, standard hospitals, which would prevent brain drain. So just create an enabling environment, that’s all, every other thing will fall into place.” – **Male Consultant, Public Tertiary Hospital.**

“Two sets of people seeking to go abroad; those that seek specialist training, and those seeking better work environment. Government should come up with problems that tackle training (housemanship, residency training, etc.) space and how they are being utilized. Government should restructure the primary health care system to attract specialists in the primary care level. The secondary and tertiary institutions should accommodate more specialists by creating more components. Government should allow doctors have access to single digit loans, create incentives, tax holidays or waivers to people who want to invest in the medical system. And lastly regulate the quality of healthcare given in the system” – **Male Consultant, Public Tertiary Hospital.**

“Stop our leaders from leaving the country to get treated, bring in more expatriates to come and teach us and help us with equipment, stabilize the country, encourage people to get into residency program, don’t make it impossible.” – **Male, Medical Officer, Private Tertiary Hospital.**

“Tackle the problem of training spaces including housemanship and residency training. An independent body should ‘match’ doctors with locations of work similar to the NYSC program, and that body should not be the Medical and Dental Council of Nigeria (MDCN), it should be independent.” – **Male Consultant, Public Tertiary Hospital.**

“Nothing can be done. Let’s face it, we are in Nigeria. Okay, well we need to improve the doctor to patient ratio. For example, there are no Apo, Dawaki General Hospitals, yet the number of residents in these communities are high. So if the system is right it would accommodate for these things.” – **Male, Resident doctor, Private Tertiary Hospital.**

In providing other suggestions to improve the general welfare conditions of doctors in Nigeria, about a third of respondents (29%) yet again mentioned better remuneration, 11% cited creating a good working environment, another 11% mentioned better training opportunities, 6% revealed better equipment and facilities to enhance job satisfaction, another 6% mentioned eradicate corruption. Other suggestions provided include 5% who said make residency attractive and available, 5% suggested building more hospitals, 4% each mentioned increase budgetary healthcare funding, government should enact already agreed terms, and periodic supervision; 3% cited full implementation of the National Health Act, 3% indicated stopping government officials from seeking medical services abroad, among others.

What other suggestions do you have to improve the general welfare conditions of the doctors in Nigeria?

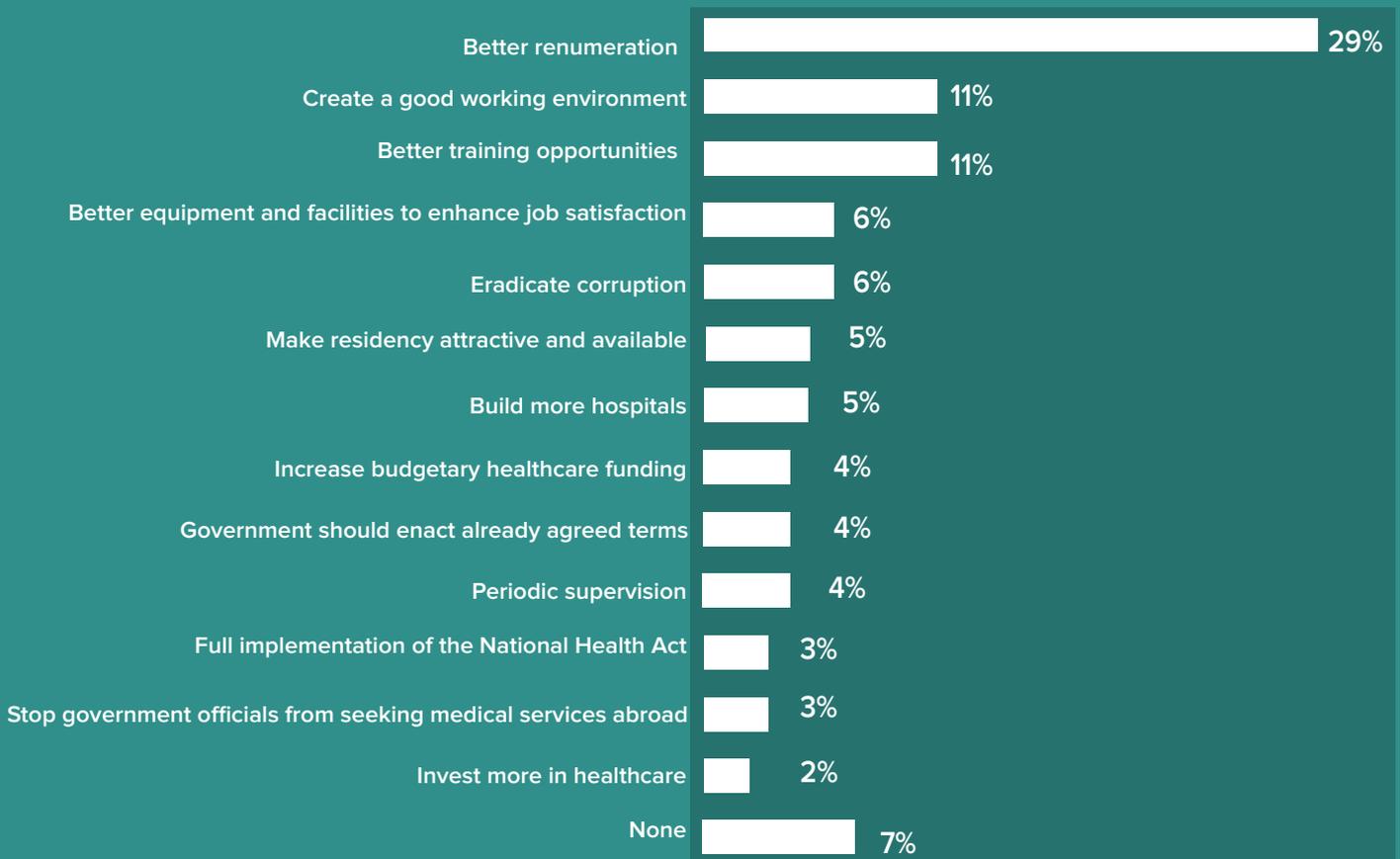


Figure 20: Suggestions to improving welfare conditions of doctors

Improving salaries, and upgrading hospital facilities and equipment were the main suggestions proffered in the in-depth interviews conducted. Many doctors believe that their salaries are not commensurate with the amount of work and long hours that they put in. Some also mentioned that part of the reason why getting a job is so difficult is because many of the job positions available especially in the private sector offer less than what they received during their housemanship and so it is not attractive enough.

Suggestions to improve the general welfare of doctors

“Basically, they actually have to create incentives for the health workers or for the doctors. I don’t think they are doing that. Right now they even slashed our salaries. In previous years it was a bit encouraging, but now they have slashed everything so you can’t do much with what you have.”

– **Male, Medical Officer, Public Secondary Hospital.**

“The work conditions are suboptimal. The truth is that I work in a private hospital and the call room comprises a hard couch, not a bed, and a standing fan with poor ventilation in a makeshift room. How are you supposed to rest there to refresh your mind?”

– **Female Resident doctor, Public Tertiary Hospital.**

“Well, for one, the residency training programme needs to be opened up, more places need to train doctors. Opportunities need to be opened for doctors who have graduated and are waiting for housemanship ... so the number of places for residency needs to be increased, the remuneration needs to be improved, healthcare facilities need to be upgraded at all levels. Some of these secondary care facilities like this hospital are over stretched because of the failure of primary healthcare...” – **Male, Junior Medical Officer, Public Secondary Hospital.**

“The first step is making proper legislations. If government officials are barred from patronizing private health care by flying abroad, ... things will turn around, because I can imagine a government official rushing a relative to a hospital for an emergency and he drives in and there’s no light, no doctors, no gloves, I mean the official would realize that he may have failed these people.”

– **Male, Obstetrics and Gynaecologist, Private Tertiary Hospital.**

“The first thing to do is to stop medical tourism from among themselves (i.e. the politicians/political elite)” – **Male, Consultant, Private Tertiary Hospital.**

“First of all we need to sort out the issues with our Primary Health Care systems. Secondly, it’s important to financially cater to the welfare of health workers, not just doctors. ...You have to encourage doctors to want to practice because at the rate at which it’s going, in the next 15 years you wouldn’t have any doctors anymore.” – **Male, Resident doctor, Private Tertiary Hospital.**

5.6 Patriotism and career advancement

As the rate at which doctors are emigrating from the country is high, the survey sought to measure the value placed on patriotism and loyalty to community, and juxtaposed this against professional advancement and wealth accumulation. Analysis from the quantitative survey showed that over half of the respondents (55%) disclosed that it would depend on factors and events at the time, saying that they could easily find themselves in either position depending on the circumstances at the time, as all things are not equal.

Slightly over a third (35%) disclosed that their quest to advance their career in a more developed environment outside Nigeria is greater than their level of patriotism to country. This formed almost 4 in 10 (37%) of junior level (i.e. house officers, interns, corps members) and mid-level doctors (i.e. junior and senior medical officers, residents, senior registrars, etc.) respectively, and over half (55%) of the proportion of respondents who filled this survey outside the shores of Nigeria.

However, 5% of survey respondents revealed that their level of patriotism to country is greater than seeking career opportunities abroad. Interestingly, 14% of senior officers (comprising consultants, and medical directors) declared that their level of patriotism is greater than seeking career advancement abroad. This was the largest proportion across the three ranked categories. At least 3% said they would like to pursue opportunities to advance their career abroad, and then return home to impact society.

In conclusion, most respondents disclosed that their decision to seek career advancement abroad versus maintaining their careers in Nigeria would depend on factors and events at the time, and they could easily find themselves in either position. Therefore, if all stakeholders join hands to improve the work environment and conditions, we may begin to see a reversal in the tide of Nigerian medical doctors seeking career opportunities abroad.

In advancing your medical career, how will you prioritize your level of patriotism to Nigeria versus seeking career opportunities abroad?

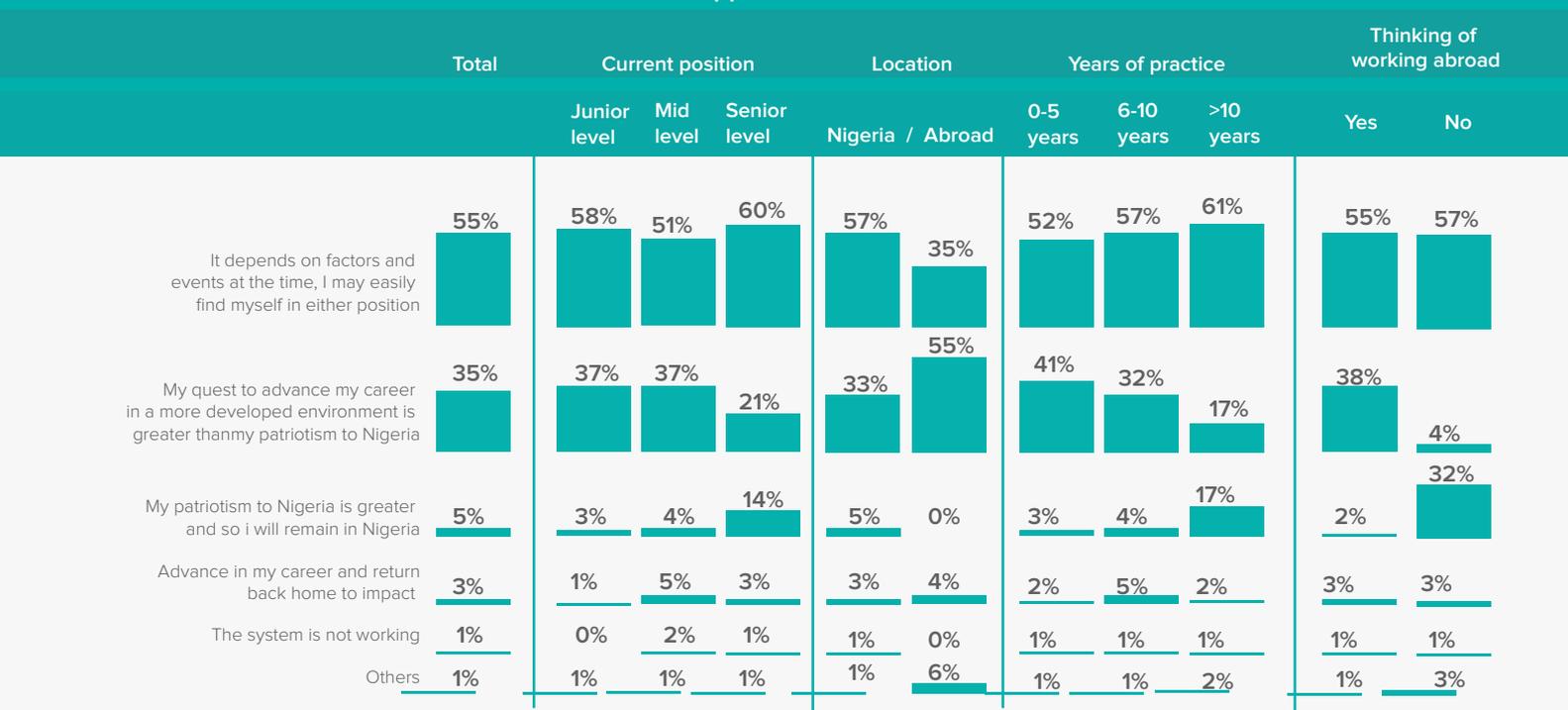


Figure 21: How would you prioritize patriotism versus career opportunities abroad?

As part of the in-depth interviews we had asked, “In advancing your medical career how will you prioritize patriotism to Nigeria, versus seeking career opportunities abroad?” Below are some quotes from the interviews.

Patriotism to Nigeria VS Career Opportunities Abroad

“I don’t know, probably my case is different. I don’t like the whole migration theory because I feel that as Nigerians are migrating we are losing all our brains to other countries.”

– **Female, Resident Surgeon, Public Tertiary Hospital.**

“Patriotism is in the heart, but no man will die or will be shouting patriotism with an empty stomach, it can never be done. If you want me to be patriotic you must take care of me and employ me. I told you it’s not the salary I’m looking for it’s the employment. Salary will come later. Patriotism with a hungry stomach is equal to zero, but patriotism with a full stomach moves mountains...”

– **Male, Medical Officer_3, Public Secondary Hospital.**

“I mean it works both ways, if you go abroad, you get money and you can always end up coming back to the country. ...Being patriotic doesn’t mean staying in the country and just being there, you can always represent Nigeria abroad.” – **Male Medical Officer _2, Public Secondary Hospital.**

5.7 Challenges with salaries, welfare and benefits, taxes and deductions

Overall, according to all of the 26 doctors interviewed in this survey, the salary scale and remuneration remains a major threat to work satisfaction. Government reaction to this has been insufficient. The challenge is even worse in the private sector where hospitals remit lower wages to doctors.

Doctors were further asked about other incentives like welfare packages and benefits, taxes, and other deductions to which most of them said they were privy to receiving just a few allowances, unlike what they hear their colleagues in other professions receive.

This is particularly important as doctors serve on the front-line of disease outbreak and epidemics, and some of the allowances they receive for taking such risks is not substantial enough e.g. N5,000 is provided as hazard allowance every month for exposure to HIV, Hepatitis, etc. in government hospitals. This finding speaks volumes about the current situation being faced by doctors, and they are of the opinion that the government is not doing enough to address the dilapidating conditions.

A few doctors decried the huge amounts of taxes and deductions taken from their pay slips, complaining that they were unfairly taxed, and that this was not obtainable in other professions. Many hold the view that they do not feel the impact or see the benefit of the taxes they pay. Essentially, they feel the taxes are outrageous and they don't translate into anything tangible. The following quote highlights some of their thoughts on the issue.

Salaries, Welfare and Benefits, Taxes, and Deductions

“Ok, that is a sham. Currently I earn 60 percent of what I was earning before and government said the shortfall will be reimbursed later on in the future, now the future we don't know if it's to eternity, but you cannot question it. ...We also have problems with allowances that are owed to people for years, often times they are not paid. There are things that are required of the management for the residents based on the nature of their training, things like allowances for their exams, for office, for conferences, etc. that never exists, or if they exist they are never enforced.”

– **Female, Senior registrar, Public Tertiary Hospital.**

“For example Anambra taxes are terrible as a Senior Registrar pays N 300,000 per annum as tax. Yet you do not receive a tax clearance, the State Inland Revenue Service would tell you the money was not remitted to them. When I worked in Anambra I fought to receive my tax clearance for three (3) years.” – **Male, Consultant, Public Tertiary Hospital.**

“Last year we almost went on strike because they brought a very ridiculous amount they wanted to deduct from our salaries. I didn't follow the case closely, but I think the doctors association fought and won that case. ...I have not received my tax clearance certificate. In fact I didn't even know I was supposed to receive it. I have been working for 6 years now and I have never seen a tax clearance certificate.” – **Female Resident Surgeon, Public Tertiary Hospital.**

“As a house officer I never got to see my pay slip. The only deduction I was aware of was the association of resident doctors deduction which was about N 3,000 every month or so.”

– **Male, Resident doctor, Private Tertiary Hospital.**

“How many doctors do you know have allowances like wardrobe allowance, car, housing allowance etc.? Who has that? Nobody values your life, yet they expect you to save the lives of others. So you see there are issues beyond just pay. We [doctors] are expected to help the lives of others, but we have issues too, family issues, pressing issues, psychological issues...we are human beings first before we chose our professions, and if our welfare is below par it would affect our performance.” – **Male Consultant_2, Public Tertiary Hospital.**

5.8 Shortage of equipment and medical supplies

In addition, the survey sought to find out their experience with availability of equipment and medical supplies, and if this poses an impediment in the ability of doctors to deliver their services. Findings from the interviews showed a majority of hospitals in the public and private sector lacked adequate materials necessary in discharging their everyday duties, although this is more telling in the public hospitals.

It is so disheartening to learn that Nigeria has only three radiotherapy centres in the entire country. Also, there are times when all three radiotherapy machines are shut down forcing cancer patients to leave Nigeria and go to Ghana, Egypt, and some other countries looking for cancer treatment. In some cases, most basic medical supplies like hand gloves, bleach and spirit, rechargeable lanterns, etc. are being bought by patients before they are being attended to. These findings reveal a deeper problem that has eaten up the very fabric holding the healthcare system together in Nigeria. Below are some of the quotes from what the doctors had to say.

Shortage of equipment and medical supplies

“That one is also a very serious issue, one of my colleagues too had a family friend who was involved in a road traffic accident and they actually had to pass a chest tube or do surgery and then they went to the hospital and there was no light, like how are you supposed to even see? ... and it was in the night everybody was using their phone as flashlight, like really? And the guy eventually died. So you imagine if at all there was light at the place, they would be able to see and possibly save his life. Or you have cases where a patient needs oxygen, we actually have to share. If there are 5 people at the same time that need oxygen, you have to finish with one, ok, if this person is quite stable, then you move to the next person, like what kind of thing is that? Honestly, it is really discouraging”

– **Female, Jr Medical Officer, Public Secondary Hospital.**

“We all know that when it comes to infrastructure and equipment, what we have is insufficient. It's either archaic, or it doesn't work at all. The situation is so dire that even consumables in the hospital are sometimes paid for by patients. We have cancelled surgeries in the past because we ran out of consumables to sew up wounds. Today we cancelled a scheduled surgical operation because we do not have suture. That is how bad it is, okay. Our current CT scanners were last used in the 60's and 70's abroad. They are outdated. This hospital has Radiotherapy machines, however, for the past 6 months these machines have not been working. Now cancer patients depend on these machines to survive. Do you know how many patients would have died in the interim? It is a shameful thing that in the entire country just three hospitals have radiotherapy machines. There are times when all three machines have shut down, and patients had to fly to Ghana, and Egypt for cancer treatment.” – **Female, Resident Surgeon, Public Tertiary Hospital.**

“It's not because we don't know what to do, but we don't have the equipment to actually know what is truly wrong with the patient. And at the end it is very frustrating and annoying that you could have done something if you had the right equipment. And medical supplies, drugs and everything, I mean there are some drugs we expect to have in the hospital. I can remember one asthmatic patient, and we were looking for Ebrotoc and Adrelanin, and this was an emergency surely, and we couldn't find it in the entire hospital. It's really bad and frustrating.”

– **Female Medical Officer, Public Tertiary Hospital.**

5.9 Work opportunities and work conditions

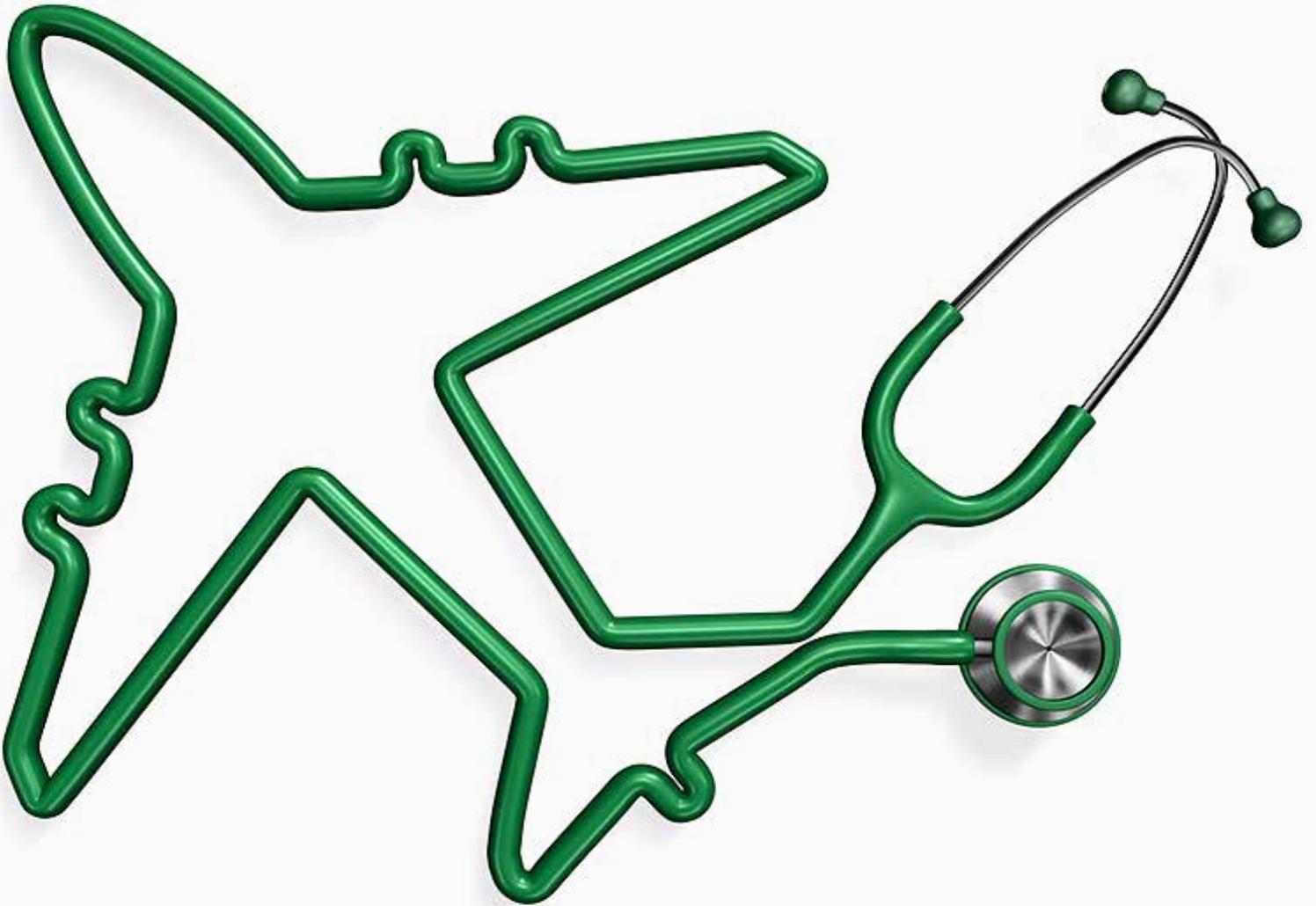
Unfortunately, all 26 doctors interviewed in-depth as part of the qualitative approach complained bitterly about the lack of job opportunities in the sector. Many of them described getting a housemanship position as being very difficult, and landing a residency position even more difficult than housemanship. They blamed nepotism and corruption in the health sector as some of the factors leading to this conundrum. For example, some cited examples of 800 doctors vying for 34 housemanship positions at a particular hospital. Allegations were also made that some health facilities receive an allocation to employ a certain number of doctors, but they turn around and employ less than that number. And somehow the number employed are expected to do the work of the target number of doctors, and the funds from the deficit are diverted.

Furthermore, the work conditions experienced as a house officer were described as deplorable. Many doctors complained about the verbal abuse, and insults hurled at them by their senior colleagues as house officers, sometimes in the presence of the patients. Others talked about how they had excruciatingly long hours as a house officer, one in particular worked for 2 months straight, day and night, and there were only two of them in charge of the unit he worked in. Over the period his performance dipped, but as a doctor he is expected to perform at his optimal best all the time, even though the work conditions do not allow that; and this needs a review.

Work opportunities

“For residency there were 189 applicants to the department of radiology vying for about 4 slots. And with the whole federal character thing it makes it more difficult, so it doesn’t matter how much you score ...you may not get into the program...” – **Male Resident doctor, Private Tertiary Hospital.**

“We did an interview just last month, and we had over 2000 doctors coming for the interview, and in each of the departments they are going to take a maximum of 5 doctors, so in all a total of 50 doctors will be hired from the pool of 2,000. So the remaining backlog of 1,950 doctors will go around being jobless. Now that is for residency training. We also have challenges for house officers and the rest of them.” – **Female, Resident Surgeon, Public Tertiary Hospital.**



6.0 CONCLUSION AND RECOMMENDATIONS



The issue of emigrating doctors is an imminent problem as the findings from the survey clearly reveal. Alarmingly, a majority of respondents who are resident in the country disclosed that they are considering work opportunities abroad (i.e. 88%). This problem is fast becoming a crisis considering our rising population and growing demand for health care services.

The topmost causative factors that make doctors want to leave include: Poor working environment (i.e. poor facilities, lack of equipment and infrastructure), poor remuneration, and inadequate work opportunities and career advancement. It is imperative that all hands be on deck to help ameliorate these challenges in order to curb this looming crisis. Members of the general public and civil society organizations would need to put the feet of the stakeholders to the fire (government agencies, policy makers, hospital management, MDCN, NMA, etc.) and demand solutions before we get to a point where it would be too late. The solutions would have to be demanded by the citizenry, from the grassroots, similar to the successes achieved by HIV advocacy groups in South Africa. At a period when millions of South Africans were being infected with HIV/AIDS (the highest around the world), medical treatment was inaccessible in South Africa particularly in the government hospitals. It took organized civil society groups to advocate consistently for improved health delivery services, culminating in the formulation of HIV/AIDS policy in the country.

By the same token, given the leading causative factors that make doctors emigrate from the country based on the survey findings, the following recommendations are proffered:

1. Major challenges in Nigeria's health sector are attributable to poor health financing. Health needs are infinite and resources are limited. Both health workers and patients suffer from this inadequacy. Globally, there is a call for Universal Health Coverage, which is, individuals having access to the care they need without suffering financial hardships. Sadly, after 12 years of the National Health Insurance Scheme, just a paltry 1% of Nigerians have health insurance. Universal Health Coverage would provide the needed health finance necessary to provide a conducive working environment for doctors. Better financing translates to more remuneration, increased training opportunities for doctors, availability of equipment and other consumables.

2. The current poor work environment which several doctors complained lack adequate equipment, infrastructure, and medical supplies. Part of the challenge here stems from the fact that government at the federal and state level seems to focus on upgrading tertiary health facilities which is capital intensive, whereas there are more secondary and primary health facilities located around the country, which may not require as much resources in upgrading. Focusing on these would also create more job opportunities for medical doctors around the country.

3. On the dearth of job opportunities across the country. This occurs for housemanship/internship positions, residency, permanent job positions, and even consultancy positions. Most doctors interviewed during the Key Informant Interviews indicated that securing a residency position was even more difficult than securing an internship/housemanship position (which is considered quite challenging). Fortunately, the federal government recently established a central placement for house officers across the country. This placement has not taken off yet. Government should commence this placement quickly and ensure that commonly underserved locations are given priority. It would be helpful if this placement is extended to residency and consultancy positions.

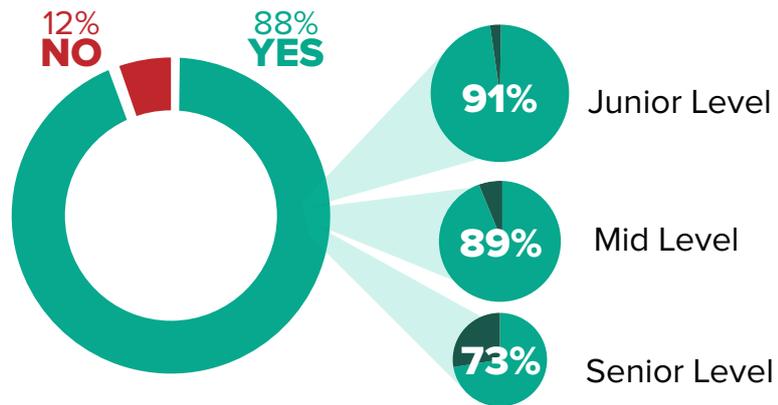
4. There is a need for stronger public-private partnerships to drive increased investment in the healthcare industry, and possibly provide better remuneration to doctors (which is also a major factor causing them to seek opportunities abroad). As earlier mentioned many of our hospitals are bereft of adequate equipment and facilities necessary to conduct proper diagnosis of patients. This leads to low work satisfaction because the doctor knows that s/he could have prevented the death of a patient if the right equipment was available. Therefore, there needs to be increased incentives, tax holidays etc. given to private investors to encourage investment and growth of the healthcare sector in Nigeria.

5. Several doctors interviewed, cited the disrespectful manner with which junior doctors are treated by senior colleagues. It is time to review training curriculum of doctors and bring it to international standards. Trainees have rights and deserve to be respected. Constantly shouting down junior doctors is demoralizing, affects quality of care and as shown by this research, contributes to doctors emigrating to saner climes.

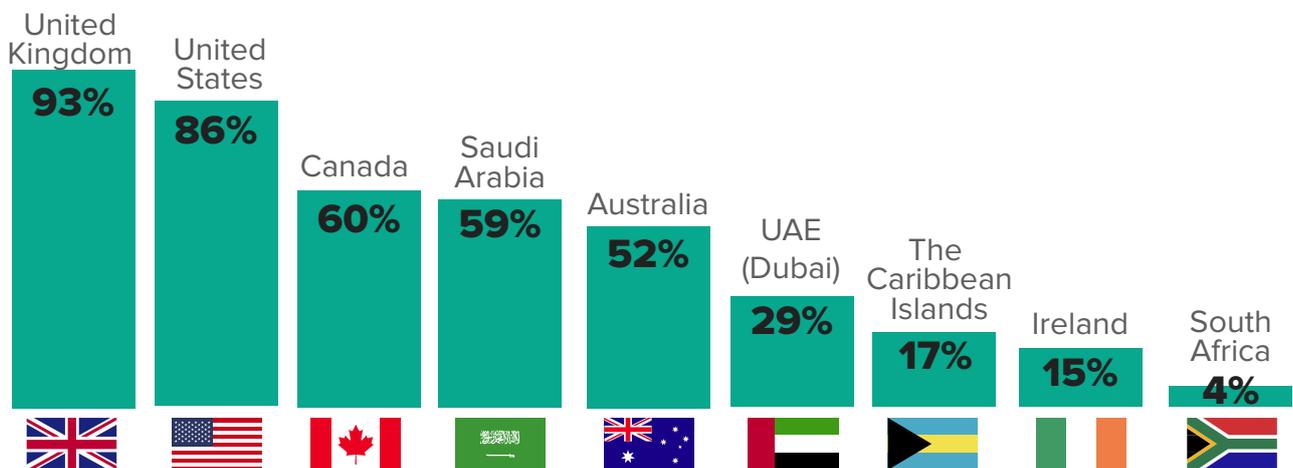
If these challenges are addressed, it could help stem the tide of emigrating healthcare workforce (doctors in particular) whom we critically need to cater to the health challenges in the country. The average Nigerian does not care about the tussles between government and doctors. They are not interested in who is right or wrong, but only hope to subject their lives to medical doctors who are well motivated and sufficiently equipped to perform their duties.

Survey Infographics

Doctors considering work opportunities abroad



Top locations for Nigerian Doctors seeking work opportunities abroad



Challenges prompting medical doctors to consider moving abroad

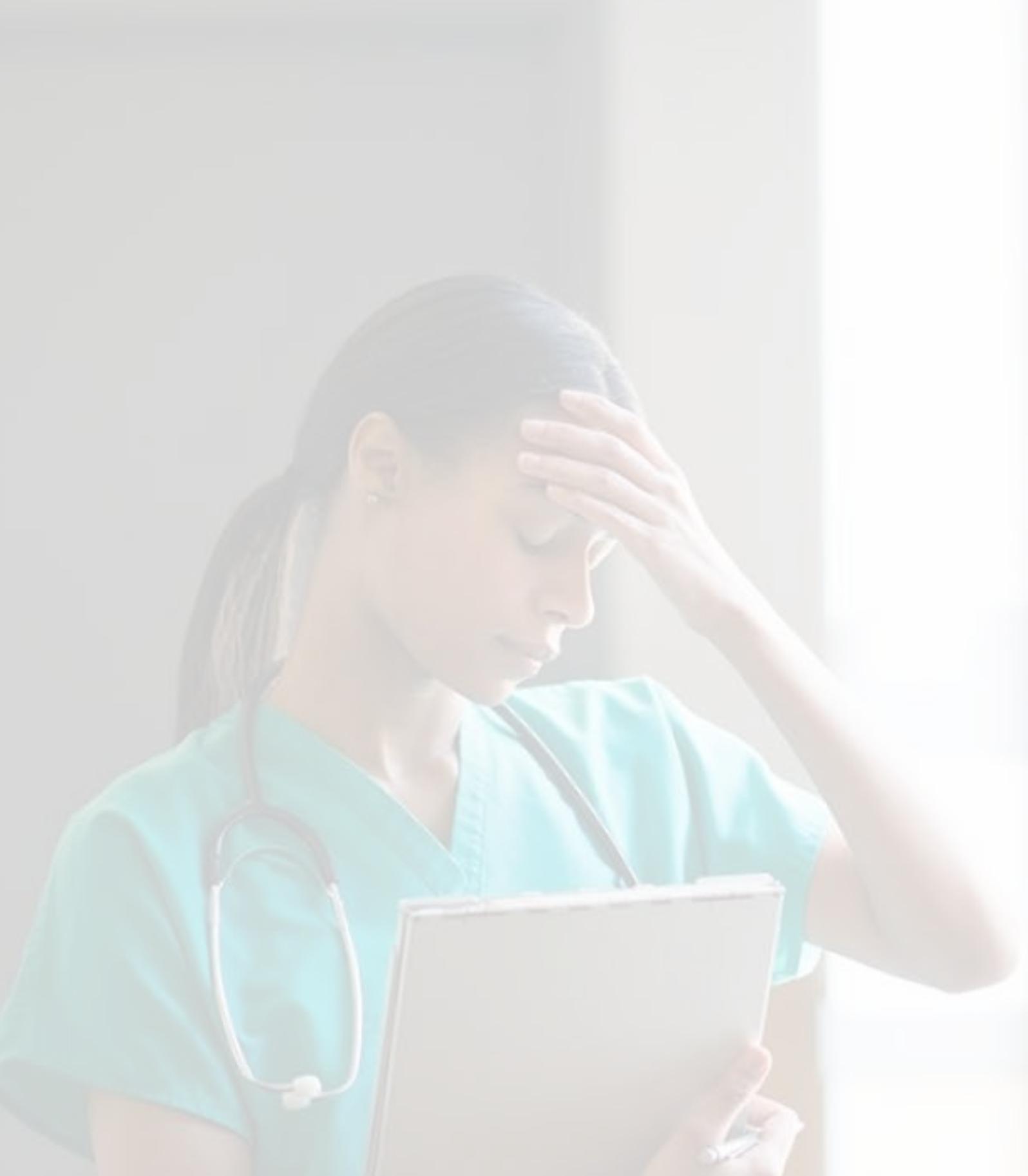


Recommendations to stem the tide of doctors emigrating from Nigeria









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