NARRATIVE
ESSAYS

Igniting a Paradigm Shift in Family Medicine in Nigeria: Lessons From a Global Health Experience

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Despite family medicine's 30-year history in Nigeria,[1] as a resident training in the specialty I was worried that we were still not getting it right. I had already spent 4 years of what was supposed to be a 4-year training program in family medicine. However, the end seemed elusive and the future uncertain. One of the reasons for this was that up to 18 months of the 4 years had been lost to strikes by health care workers, which I attributed to lack of interprofessional collaboration and poor leadership. Furthermore, even when I eventually finish, there are no government policies regarding the role and placement of family physicians in the Nigerian health care system. The reality is that many family physicians end up scrambling for limited hospital-based jobs, or begin self-sponsored private practice for those who can afford it, competing with numerous specialists and general practitioners who are all providers of first-contact care. This reality was not what I had envisioned when I decided to be a family doctor.

I was desperate to find answers before I concluded residency, and embarked on a search for a different experience. When I came across the tagline "Emerging Leaders Come Together to Transform Family Medicine Around the World" on the cover of the TIPS-FM program's poster, I was convinced I had to attend this conference. I looked forward to a program with the stated aim of identifying the possibilities and challenges of family medicine from a global perspective, and applying the lessons learned to the advancement of family medicine in my country.

At the TIPS-FM program, there were participants from Brazil, Ethiopia, Nigeria, Chile, and Iraq. I was intrigued to learn that, as in Canada, family medicine training was also 2 years in Brazil and Ethiopia. The Brazilian concept of a community-based primary care health team portrayed what I thought of as the goal of family medicine.

I wondered why in Nigeria we had to spend twice the time in training, mostly trying to acquire skills to enable us to function like multispecialists in hospitals, while losing sight of the role of the family physician as a provider of first-contact care in the community, and manager and advocate for the people.[2] My eyes were also opened regarding the value of educational research. In Nigerian residency, our role as researchers is introduced in the latter half of training and is perceived by most residents as forced upon us, partly because an in-depth understanding of its purpose has not been imparted. At the conference, I was introduced to and appreciated the concept of education scholarship as the scientific process of asking questions, finding answers, and sharing these answers with others. This sparked a new zeal for research and scholarly writing in me.

I also felt encouraged meeting young Ethiopian female family physicians. These women are among the first cohort of family physicians in their country and had already taken on leadership responsibilities in their family medicine program. This challenged me to be more proactive and accepting of leadership roles.

Despite the differences in our economic and cultural backgrounds, I realised that the promoters and deterrents of family medicine globally were surprisingly similar in the countries represented at the conference. The participants from Brazil and Chile highlighted the struggles in their countries with the implementation and sustaining of existing policies relating to provision of primary care by family physicians.

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In Nigeria, such policies are nonexistent and family medicine still struggles for recognition. However, as I listened to the role of advocacy in the establishment of family practice in Canada, I was convinced that it was possible to influence change in my society.

It was with great enthusiasm that I returned home to share all I had learned with my teachers and peers. I made a presentation of the lessons learned at the program to fellow residents, family physicians, and other health professionals working in the family medicine department. However, after listening to the discussions that ensued, I had to admit that as a trainee I was not positioned to make major changes to my training nor to my country's health policies.

Despite this realization, I was not deterred. I understood that change could begin with me and my peers. Thus I chose to refocus on advocating for personal and professional development outside our current training, in order to break free from the constraints of a mediocre society where the status quo is rarely questioned. I felt residents would become more self-aware, and pursue the acquisition of skills in leadership, advocacy, and education scholarship if they were exposed to international best standards in family medicine education and practice. In the process, they could identify their potential to influence change and work toward a health system that would best fulfill our roles as family doctors.

In becoming more confident to express my thoughts and opinions, I have been able to question and encourage my peers to question the existing methods in our training. This fostered some institutional changes in training such as allowing residents to suggest and choose from a wider range of sites for certain clinical rotations. In addition, I am more determined to express my thoughts and experiences in academic writing, with the aim of stimulating discussions among peers and possibly influencing the decisions of policy makers in my country. I have also joined a resident-driven research support group, where I am now collaborating with colleagues to carry out an original research project on family medicine education in Nigeria.

The thought of the potential influence many young family physicians can wield on the future of family medicine in Nigeria puts a smile on my face. With the continued support of well-meaning individuals and organizations, many young family physicians can participate in global health experiences similar to my own. Many more can be saved from disillusionment and can be inspired to become leaders who influence change in their home environment and in the world at large.

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