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EDITORIAL

The Urgent Need for Postgraduate Medical Training in Emergency Medicine in Nigeria

Emergency medicine is a standalone field of medicine which has developed over decades to become the bedrock of emergency care in developed countries. It is a fairly new specialty, which started to receive recognition in the late '60s and early '70s as a distinct specialty, out of the need to care for a growing population of unscheduled and undifferentiated patients who needed immediate medical care [1].

The emergency medicine training framework is in different stages of development in Africa. It is highly developed in some parts of the continent, yet remains rudimentary and virtually non-existent in other parts. The flagship emergency medicine residency training program in Africa began in the University of Cape Town in 2004 [2], after which several programs in other African countries such as Botswana, Egypt, Ethiopia, Ghana, Kenya, Libya, Malawi, Mozambique, Rwanda, Sudan and Tanzania sprang up. As of 2017, there were 15 emergency medicine residency training programs across 12 countries in Africa [3].

A structured residency program was pioneered by Ghana in 2009 through collaborative efforts of the Department of Emergency Medicine at University of Michigan, Komfo Anokye Teaching Hospital, Ministry of Health, Ghana Ambulance Service, Kwame Nkrumah University of Science Technology and Technology (KNUST) and the Ghana College of Physicians and Surgeons (GCPS) to meet the country's emergency care needs [4]. Unfortunately, only this small West African country with a population of about 30 million people has been able to achieve this in the West African sub-region [3].

Postgraduate medical training in Nigeria, the most populous country in Africa, is under the purview of the West African College of Physicians and Surgeons and the National Postgraduate Medical College of Nigeria. Sadly, both institutions which should cater for the training needs of the West African Sub-region, currently lack provisions for emergency medicine training [5–7]. Yet, countries in Sub-Saharan Africa are responsible for a high burden of morbidity and mortality from acute illnesses of communicable (malaria, tuberculosis and HIV) and non-communicable aetiology (cardiovascular disease, diabetes, etc.) [8]. The lack of a formal pre-hospital emergency response set-up in Nigeria further complicates the state of emergency care in Nigeria [9]. Okonofua correctly identified that part of the weakness of postgraduate medical education in Nigeria is the lack of review of training curricula [7].

It is therefore urgent to reorganize emergency services in Nigeria. The government and leadership of the postgraduate colleges need to work hand-in-hand to develop legislature and policies that would enable the commencement of training in emergency medicine. Faculty can be drawn from a repertoire of sources including Emergency medicine specialists and fellows from neighbouring countries and in diaspora. Government can sign agreements with established institutions (e.g. the Royal College of Emergency Medicine, Emergency Medicine departments of Universities in countries with training programmes) whose models can be easily adopted and modified to suit our peculiar environment and needs. Also, as doctors do not work in isolation, we advocate that nurses and pre-hospital care providers (including the emergency ambulance service) should undergo formal training in emergency medicine to improve quality of care. Furthermore, the state of tertiary hospitals in the country (especially as regards equipments and infrastructure required for emergency response) needs to be improved upon, in order to be able to support emergency medicine training, while offering emergency care to patients that require it.

Declaration of competing interest

We have no conflict of interest to declare.

Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.afjem.2019.09.003.

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