



Center for Medical Informatics and Professional Development

MEDICAL COLLABORATION



UNIVERSITY COLLEGE HOSPITAL IBADAN NIGERIA



2019 CMIPD Visit Report

www.cmipd.org

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INTRODUCTION

The Centre for Medical Informatics and Professional Development (CMIPD) is a Non-governmental organisation which has been providing healthcare educational support to bridge the observed widening gap of the standard of medical practice in developed countries and developing countries.

WHO WE ARE

We are a team of Medical professionals who are leaders in our respective areas of specialisation. The organisation is led by Dr Olusegun Ezekiel Alawale. CMIPD is registered in Nigeria with the Corporate Affairs Commission (CAC) to promote improvement in trainings, healthcare delivery, protocol, treatment and Medical Research in Nigeria. CMIPD is also registered in the United Kingdom as a Charitable Incorporated Organisation CIO.

OUR VISION

Our vision is to ensure that patients and all service users receive safer and effective treatment in all health institutions in developing countries.

OUR OBJECTIVES ARE

To work collaboratively with Healthcare professionals in each health institution that we engage with, to develop and deliver practice skills, improve curriculum/programme to medical/healthcare practitioners to meet global practice standards for the safety of the service users in developing countries.

OUR GOAL

- Capacity building towards the achievement of the following objectives
- Skill transfer to clinicians
 - Improving the quality of services rendered to patients.
 - Reduce morbidity and mortality
 - Making available locally, services which are currently making medical tourism a necessity.

WHAT WE HAVE DONE

Since 2017 till date a group of highly trained and experienced Medical Professionals in various specialties have visited University College Hospital (UCH), the pilot scheme Institution to conduct Seminars, Workshops, Grand rounds, Trainings, performed joint Operations and Clinics..



Dr Osagie Emmanuel Ehanire born November 1946. He is from Oredo Local Government Area of Edo State. Mr Ehanire is a medical doctor.

He attended Government College, Ibadan, for his West African School Certificate as well as Higher School Certificate (HSC). He passed the latter with distinction.

He is a graduate of Medicine from the University of Munich. In 1976, Mr Ehanire attended the Royal College of Surgeon in Ireland, Dublin where he obtained a post-graduate diploma in Anaesthetics as well as a certificate in General Surgery and Orthopaedic Trauma Surgery. Mr Ehanire worked extensively in Germany as resident Anesthesiologist, resident Vascular Surgeon and resident general surgeon in Thoracic Surgery at various hospitals.

He came back to work in Nigeria in 1982 and became a fellow of the West African College of Surgeons (FWACS) in 1984.

He worked at the Department of Surgery (Orthopaedic Surgery) University of Benin Teaching Hospital up till 1985 when he joined Shell Development Company (SPDC) Hospital, Warri from 1985 to 1990.

He also served at various times as a member of the Boards of Edo State Health Management Board and T.Y Danjuma Foundation among others.



**Chief Medical Director,
Professor J. A. Otegbayo**

Professor J. A. Otegbayo, was born in Sekondi, Ghana, on December 17, 1961, he hails from Otan-Ile in Obokun Local Government Area of Osun State. Professor J. A. Otegbayo attended Ila Grammar School, Ila-Orangun between 1977-1978, Methodist Grammar School, Otan-Ile from 1978-1980 and Command Secondary School, Kaduna between 1980-1983. He studied Medicine at the College of Medicine, the University of Ibadan from where he graduated with MBBS in 1989.

After his National Youth Service with the Nigerian Navy in Sapele in 1992, he underwent the residency training programme in Internal Medicine at the UCH, Ibadan, and obtained the Fellowship of the West African College of Physicians in 1998. Professor J. A. Otegbayo holds a Certificate in Immunology from the University of Ibadan in 2001 and a Master of Science Degree in Chemical Pathology/Immunology of the same University in year 2003. He was awarded a Postgraduate Certificate in Gastroenterology and Endoscopy by the University of Tel-Aviv, Israel in 2002 and also has a Ph.D degree in Chemical Pathology/Immunology from the University of Ibadan in 2011.

Professor Otegbayo is a Fellow of the West African College of physicians (FWACP) 1998, and Fellow of the Union Internationale Contre Cancer/International Union Against Cancer (UICC); a Fellow of the American college of Gastroenterology (FACG) in June, 2009; Fellow, Royal College of Physicians (Glasgow) in 2015. He was promoted Professor of Medicine in the University of Ibadan, Ibadan in 2008.

He was Sub-Dean, Undergraduate, College of Medicine, University of Ibadan (2002-2004). He was appointed Director of Clinical Services Research and Training and Chairman, Medical Advisory Committee of the Hospital for two terms from 2010-2014. He served as World Bank Consultant to the Ministry of Health & Sanitation of Sierra Leone for establishment of Post graduate Medical Training from January 2015 to November, 2016. He was Head of Department, Internal Medicine, Babcock University/Babcock University Teaching Hospital, Illishan, Ogun State from 2015 to 2016. He was the pioneer Chief Medical Director, University of Sierra Leone Teaching Hospital Complex, Freetown from December 2016- December 2017. He was Head, Department of Medicine, UI/UCH, Ibadan from 2018 till he was appointed as the Chief Medical Director of the Hospital.

Professor Otegbayo is a quiet, humble and firm person with commitment to the common good of this hospital. He was President, Association of Resident Doctors, UCH, Ibadan (1995-1996), National Vice President, National Association of Resident Doctor of Nigeria (1996-1997); National Publicity Secretary/Public Relations Officer, MDCAN (2003-2005); Chairman, MDCAN, UCH Branch (2006 – 2008); and member, State Executive Council, NMA, Oyo State (2006-2008).

He is a member of several learned societies and professional bodies locally and internationally and has attended several academic professional conferences locally and internationally. He is an international collaborator, reviewer and member, editorial boards of local and international journals as well as an External Examiner to many Universities within and outside the country.

Professor Otegbayo is a renowned researcher with over 100 publications to his credit. A Consultant physician & Gastroenterologist, he is happily married to Dr. (Mrs.) Bolanle Otegbayo, an Associate Professor of Food Science and Technology, Bowen University, Iwo, Nigeria and the marriage is blessed with two children.



Professionals who visited UCH in November 2019.

1. Dr Faboya- Consultant Anaesthetist
2. Mr Demola Akomolafe, Consultant Vascular Surgeon
3. Mr Akin Oluwole, Consultant Vascular Surgeon
4. Dr Anthony Shonde, Consultant Gastroenterologist
5. Mr Biodun Ayantunde, Consultant Colorectal Surgeon
6. Mrs Yemi Ayantunde , Occupational Health Advisor /Nurse
7. Mrs Oyinlola Borishade, Theatre Nurse, Vascular
8. Dr Lola Ayoola, Consultant Paediatrician
9. Mr. Wale Afolabi, Consultant Accident & Emergency Medicine
10. .Barrister Dennis Ekhaga, Legal adviser/ Secretary.
11. Mr David Alao, Consultant Accident and Emergency Medicine
12. Dr Babatunde Agbede. GP
13. Mrs Bukola Adeniran, Acute Pain Nurse/ Research Practitioner
14. Dr Benjamin Odeka Consultant Pediatrician with interest in Pediatric research, Gastroenterology
15. Dr Ezekiel Olusegun Alawale GP
16. Mr. Femi Odubore - Technical and Media Consultant
17. Dr Chinenye Iwuji (CI) – President
18. Dr Gbenga Saka (GS) – Treasurer
19. Dr Okezie Ofor (OO) – Academic Secretary
20. Dr Azeez Salawu (AS) – Member
21. Mrs Abi Alabede (AA) – Member
22. Dr Olusola Faluyi (OF)– Vice President/Secretary – source of update

Professional Profiles of CMIPD Team Members



Dr Niyi Faboya

Consultant Anaesthetics, NHS base at St. Helier Hospital Fellow of Royal College of Anaesthetist UK (FRCA UK) Fellow of the Faculty of Anaesthesia of West African College of Surgeon (FWACS) Areas of Interest: Obstetrics, Regional Anaesthesia, Difficult Airway, Trauma



Mr. Ademola Bankole Akomolafe

BTC, MBBS, FWACS, FRCS (gen Surg.) Consultant in Vascular Surgery Director Care of the Critically Ill Surgical Patient, Royal College of Surgeons, England Instructor Advance Trauma Life Support Course, Royal College of Surgeons of England.

Honorary Lecturer Hull and York medical School, UK Clinical Governance Lead for Vascular Unit, HEY, UK Professional Memberships held:

Member of Vascular Society of Great Britain and Ireland Member of British Medical Association

Member of Medical Defense Union

Prospective Member of West African Surgical Society.

Barrister Denise Ekagha CMIPD Secretary & Treasurer CMIPD Legal Officer, UK

Dr Babatunde Agbede MBBS (Ilorin) MRCP UK (General Practitioner)



Mr Akin Oluwole

Consultant Vascular and Endovascular Surgeon Nottingham University Teaching Hospital Nottingham. UK

Former Head of Department of Vascular Surgery, University Teaching Hospital, Nottingham

Profile

Akin Oluwole has 18 years' experience in Vascular surgery. As a vascular surgeon, he has experience in the treatment of all vascular conditions with special interest in keyhole venous closure techniques for varicose veins and Endovascular aneurysm repair.

He developed and leads the complex endovascular aneurysm repair program in Nottingham He is also keen to collaborate and help with carotid surgery for stroke prevention, peripheral vascular and Diabetic foot disease, all aneurysms and leg ulcers.

Graduate of the University of Lagos, Nigeria, he is actively involved in education and teaching. He is responsible for organizing the Cadaveric Vascular Training workshops at Nottingham University Hospitals. Assessor & Co-chair CESR committee Royal College of pediatrics MCRN research lead Pennine

Appointed as Performance assessor (GMC) Clinical & professional advisor CQC

He has published medical research papers in peer review journals and continues to review research articles for publications for the journal of pediatric gastroenterology and nutrition and also for evidence based group of McMaster University Canada.

He is driven to improve governance in clinical management and now established a foundation to support the improvement of healthcare in Nigeria.



Dr Anthony Shonde Consultant Gastroenterologist

Profile

Trained in London after completing his medical school in Royal Free Hospital, London.

His areas of specialist interest are bowel cancer screening and Inflammatory Bowel Disease (IBD), most specifically the small bowel, taking an active interest in capsule endoscopy including upper GI capsule, small bowel capsule and lower GI capsule. He is a National Quality Assurance clinician in the UK for the National Bowel Cancer Screening Program. He takes an active department lead in IBD and the Endoscopy Department at Sherwood Forest Hospitals.

He has carried out a number of international clinical trials as the Principal investigator with several publications in the field of endoscopy, IBD and bowel cancer. He actively trains and mentors Registrars in Endoscopic Mucosal Resection and other endoscopic therapeutic procedures. He has been lecturing and supporting the Society of Gastroenterologist and Hematologist in Nigeria (SOGHIN) for a number of years. He provides regular endoscopic training at a number of Nigerian hospitals.

Dr Shonde is also the CEO of incope Global Resources Nigeria Ltd (IGS), a leading supply of medical equipment in Nigeria. This business was set up initially to ensure that high quality, affordable, medical accessories were available to clinicians. IGS now supplies a full range of hospital equipment in particular endoscopic and laparoscopic equipment.



Dr Omolola Ayoola

MBBS, FWACP, MSc, FRCPCH, PhD

Consultant Paediatrician & Clinical Lead for Diabetes

Service Research Lead

Lancashire Teaching Hospital NHS

Foundation Trust, Preston Honorary

Senior Lecturer & Academic Advisor

University of Manchester, Manchester



Mr. O Afolabi
(FRCS Ed, FRCEM, PGC Clin NCL, PGC Med USS)

Consultant in Accident and Emergency College Tutor

Educational Leads for

Accident & Emergency

General Ultrasound

Lead in A&E

Formerly Clinical Director Accident & Emergency

Mr. Polycarp Gana, ENT Consultant Specialises in Ear, Nose & Throat

Mr. Purohit Shekhar, Chief Audiologist, ENT Department, Kettering General Hospital NHS Foundation Trust, Kettering, United Kingdom.



Mr Abiodun Ayantunde

FRCS; FWCS; FRCS (General and Colorectal Surgery)

Consultant General and Laparoscopic Surgeon

VTE Clinical lead for Southern University Hospital

Member of Southend University Hospital Medicine

United Kingdom.

Areas of interests:

General and Colorectal Surgery, Laparoscopic Surgery, Emergency Surgery Diagnostic and therapeutic endoscopy, Anorectal and pelvic floor disorders

Research and audits, Patient safety.



MRS. ELIZABETH OLUBUKOLA ADENIRAN BSc

(Nursing Admin), MSc (Med. Sociology), MSc (Clinical Research Admin), Dip.(Midwifery and Nursing) Research Practitioner, Clinical Research Organizations, UK Flexible

worker (RGN), NHS Professional, Wakefield, UK

Director, Joolade Clinicals Limited, Stockport, UK

Former: Clinical Research Nurse, ICON Development Solutions, Manchester. UK RGN, Stepping Hill (NHS Trust) Hospital, Stockport.UK

Mr David Alao

MB, BS (Ib), (FRCS), FRCER (Consultant in Accident and Emergency) Consultant in Emergency Medicine

Peninsular Major Trauma Centre, Plymouth UK. Lecturer at Peninsula Medical School

Examiner at Fellowship of the Royal College of Emergency medicine

Interests:

His areas of interests are medical education; both post-graduate and undergraduate, major trauma care and resuscitation medicine. He instructs regularly in pediatric and adult advanced life support as well as European trauma course.

He is on the editorial board of the Emergency Medical Journal and a regular reviewer for a number of medical journals.



Mrs Oyinlola Olaide Borishade

Vascular and Theatre Nurse - RGN . RPON AND THEATRE MANAGEMENT.

Profile:

Oyinlola is a Registered General Nurse/ Peri Operative Nurse and a Theatre Practitioner, who qualified in Nigeria.

She qualified at the University College Hospital, School of Nursing Nigeria in 1989 and 1997 as a RGN and RPON before she travelled to the United Kingdom in 2005 after working in a few well established private hospitals in Lagos . She worked for the NHS for 12 years and She also worked as a Marie Curie Cancer Care Nurse for well over 12 years. She is currently working in the Private sectors and NHS Trusts in England on private basis as a theatre nurse/ practitioner. Being a general trained nurse, she practices effectively in various areas of Nursing Speciality, which her flexibility of working schedule has afforded her in the recent time, after leaving full-time NHS employment. Specialties & Skills Participating in / scrubbing / circulating for sundry surgical procedures with specialties ranging from Vascular surgeries General - upper gastro intestinal and colorectal surgeries Caesarian sections and gynaecology surgeries Urology surgeries Laparoscopic surgeries endoscopy Breast surgeries and plastics Minor ENT Surgeries. Emergency, Acute Surgical and Medical care . End of life care for cancer and none cancer patients • Venepuncture and Phlebotomy skills • Generic IV Therapy skills • ECG recording • Mentoring and Preceptor skills • Leadership and Co-ordinating skills • Basic Life Support/Resuscitation Skills • Peri Operative Care . Elderly and Frailty nursing care coordinating • Safety monitoring, reporting and resolution of queries



Mrs Yemi Ayantunde BSc (Hons); SCOHN; RN (UK); NRN; NRM; FPP
Occupational Health Advisor /Nurse

She started as surgical and Orthopaedic nurse before obtaining further university degree in occupational health.

INTRODUCTION:

MEETING BETWEEN CMIPD LED BY DR ALAWALE AND UCH MANAGEMENT TEAM LED BY DR VICTOR MAKANJUOLA, DEPUTY CMAC.

Dr Alawale gave a brief vision statement of CMIPD and a summary of the activities and achievement of the NGO thus far. He highlighted some of the difficulties we as an NGO have encountered over the last 4 years. Especially in terms of the poor attitude from UCH staff members, the inactivity of management and the lack of support from head of departments.

Dr Victor responded that there were problems with the perception staff members have regarding CMIPD. This negative perception was made worse by the previous administration's non-inclusiveness. He also mentioned that some CMIPD members were seen as arrogant and condescending.

These matters were discussed extensively and it was concluded that:

1. The collaboration takes a fresh start, the new UCH management is committed and keen to work with CMIPD
2. The grass root approach should be employed i.e. that CMIPD should engage with the individual departments through the HOD rather than compelling departmental collaboration through management.
3. It was accepted that poor attitudes still exist and as such CMIPD members should focus for now where there has been positive response and gradually perhaps other departments will open their doors.
4. There will be a focal person for each department CMIPD is collaborating with. The focal person will be responsible for keeping management updated with events and progress.

He/she will also be responsible for coordinating with CMIPD re areas of collaboration and or needs.

5. It was suggested that in light of the shortage of funds, the number of CMIPD team members who are visiting at any point in time should be agreed to ensure UCH is able to maintain and accommodate them for the duration of their stay. UCH will take responsibility for transporting to and from the airport.

6. All visits from CMIPD members must be coordinated from the UK office. UCH will not deal with individual without prior confirmation by the UK office. UCH will also not deal with groups or disciplines within CMIPD without prior approval from the CMIPD UK office. .

7. UCH will assist with temporary registration for CMIPD members who will have direct clinical contacts patients. In this regard CMIPD will be responsible for ensuring such members are up to date and their profile confirmed by CMIPD before they are put forward for temporary registration

8. With respect to the donation of equipment and medical supplies it was suggested that all donations from CMIPD be documented and details of the cost/value be provided so that management and the community can better appreciate the donations.

9. UCH will also explore the possibility taking over the responsibility of clearing the shipment of items with custom authorities at the ports. It was further agreed tht before shipping CMIPD will inform UCH.

10. Both sides undertake to publicise our collaborative activities through our publicity units. Information will be sent regularly to the PROs.

11. Efforts will be made to raise funds in order for CMIPD to be able to bring more specialist who are unable to fund their own trips to Nigeria.

12. In light of all the above, UCH's legal department, represented by Barrister Ola Awowoyin, will review and amend the MOU to reflect the suggested changes.

13. A draft will be sent to CMIPD

CENTRE FOR MEDICAL INFORMATICS AND PROFESSIONAL DEVELOPMENT

ANAESTHETIC DIRECTORATE

Dr Adeniyi Faboya Consultant Anaesthetist
Mrs Bukola Adeniran, AcutePain Nurse / Research Practitioner.

UCH ACUTE PAIN MANAGEMENT SERVICE; SUGGESTION FOR IMPROVEMENT

SERVICE PROVIDERS

1. Consultant Anaesthetist with interest in Acute pain Management
2. Nursing Sister x 1 Acute pain service Lead Nurse
3. Nursing Staff x2 to allow for Annual / Study Leave

SERVICE AREA

1. Post Anaesthetic Recovery Room
2. Surgical Wards
3. Some Medical Wards that looks after Sickle Cell patients etc
4. Intensive Care Unit.

EQUIPMENTS.

1. Rythmic TM Evolution intravenous infusion pumps and accessories
Accessories / tubes for ambulatory pain control
2. Epidural infusion pump sets and accessories
3. Graseby TM 2000 syringe pump and accessories for pain control on ICU
4. Graseby TM Patient Controlled Analgesia (PCA) infusion pumps and accessories for postoperative pain control.
5. Multi-parameter patient vital signs monitor

AREAS OF COLLABORATION.

1. Local training for service providers: Seminars, Conferences and Local teachings
2. Sponsored Overseas Exchange Programs to Centres with established Acute pain service
3. Support from Charity Organisations; Local and International
4. Support from Notable Philanthropists; Local and international
5. Support from reputable Medical Equipment Manufacturing Companies.

MONITORING AND IMPROVEMENT OF THE SERVICE

1. Regular Audit of Patients' satisfaction.
2. Regular Training for Staff in the service areas.

VISIT TO OYO STATE COMMISSIONER FOR HEALTH

Our team was warmly received at the Oyo State Commissioner of Health's office . We were assured of the Government's willingness to work with our team. Areas discussed include emergency obstetric care, endoscopic surgery. In the future, the state is able to collaborate with CMIPD to organise training, updates and ongoing support for the doctors in the employment of the state.

VISIT TO UCH IBADAN

Dr Alawale and Dr Kunle Ajayi discussed with Prof Odukogbe on the phone concerning the developments for Gynaecology oncology in UCH and we were made to understand that the department are very keen about the collaboration especially laparoscopic gynaecologic oncology surgery. Prof Odukogbe would be in touch with Dr Alawale and Dr Jaf Abu during his trip to the UK in December 2019.

Prof Odukogbe then requested Dr Sesan Oluwasola to accompany Dr Ajayi to key areas in the department. The visit took them through the following places.

1. **Cervical cytology / Colposcopy Room:** Located in the Gynaecology wing of the Outpatient department. They met the matron in charge of Colposcopy who supports the doctors carrying out colposcopy and cervical smear. Cervical screening seems to be largely opportunistic. There is therefore opportunity for CMIPD to support the current system through collaboration in establishing a call and recall cervical screening programme, formal training of the resident doctors in colposcopy and development of colposcopy MDT.
2. **Diagnostic Laparoscopy Room.** The diagnostic laparoscopy room next to the GOPD. The laparoscopic equipment is said to be in good working order although it is dated. The laparoscopic stack insufflator does not have a pressure gauge. The surgeon is thus not sure of the abdominal pressure during insufflation. The stack has a volume gauge. The diagnostic laparoscopy is carried out under sedation with no anaesthetist.

3. **Laparoscopic Stack in Main Theatre:** We inspected the laparoscopic stack in the main theatre which is currently being used by the Surgeons. The laparoscopic stack is of standard make with pressure and volume gauge. We did not see a slave monitor. There were basic laparoscopic surgical equipment. No LigaSure or Harmonic. Our understanding was that Dr Jaf Abu was planning a visit in the future to teach laparoscopic Surgery. Dr Ajayi therefore suggested that arrangements be made for LigaSure or Harmonic Scalpel, McCartneys Tube and with back up equipment for Dr Jaf Abu's visit if he plans to operate.
4. **Gynaecology Anaesthetist:** We later met Dr Sonaiki, at the Consultant's lodge. She was very keen to support CMIPD's effort at laparoscopic oncologic surgical work.
5. **Labour Ward Support:** Our request to UCH to provide the Obstetrics and Gynaecology Department with functional Cardio tocograph (CTG), Arterial blood Gas Analyser towards support in continuous electronic fetal monitoring and fetal blood sampling in labour is yet to be answered.
6. **MDCN registration:** Despite the effort put into obtaining practicing licence and registration with the MDCN, this was not ready as at the time of visit which meant that even if the equipment were ready, some of the CMIPD team members would not be legally covered for clinical practice.

Thanks.

Mr Olukunle Ajayi

MBBS (Ib); MRCOG, MMedSci (Medical Education)

Consultant Obstetrician and Gynaecologist.

PAIN SERVICES TEAM REPORT 2019
Elizabeth Olubukola Adeniran Research Coordinator, NWEH RGN, MSc

The UCH management has a role to play in making sure that the Nursing Service department are motivated to embrace the 'Multidisciplinary Approach' (MDT) idea – the Medics are not giving them room in the scheme of things (the issue of the New Pain Chart developed by the Nursing services, and which the surgical doctors kicked against readily comes to mind).

Nothing was earmarked by the Nursing Services Department for this visit, so it was agreed that Mrs Olubukola Adeniran should pay a courtesy visit to the Head of Anaesthesia (Dr Eyelade), and to reassure her that the items she requested for the department since last year's visit were being attended to. We spent part of the afternoon, supporting the Oncology Team with their presentation at the department of surgery.

On Tuesday 26th of November 2019, Mrs Olubukola Adeniran was with Dr Eyelade as scheduled, she was very supportive of the CMIPD programmes and we reassured her that the items needed to practice Pain Management effectively were being looked into.

FURTHER PLAN

None for now; until the atmosphere is conducive for NURSES to be involved as a team in our own respect. I reckon nurses will fair better within their respective area of speciality team.

SUGGESTION

I will suggest that the various medical team going to UCH should source for their specialist nurses to come along. May be when those on ground in UCH sees this (as being invited to their sessions when in attendance), they will understand what MDT is all about.

Let's make effort to facilitate the supply of the items requested by the anaesthetic department so that the lead nurse can have something to work with. Like I opined above, they have the necessary training and academic knowledge about what to do now. They just need the equipment to work with.

Encourage all departments to create nursing specialist roles in order to encourage full participation of nurses in the scheme of things.

MR O O. OLUBOWALE, CONSULTANT BREAST SURGEON
HOSPITAL: UNIVERSITY COLLEGE HOSPITAL (UCH), IBADAN, OYO STATE, NIGERIA.
AUDIENCE: DEPARTMENT OF SURGERY, UCH.

Arrival : Monday 25/11/19 along with other CMIPD Delegates.

A meeting was held with the Deputy CMAC to discuss the Memorandum Of Understanding (MoU) Between CMIPD and UCH.

Prior to Dr Olubowale's arrival, the department of surgery had sent out invitations to their members to attend the guest lecture, to be delivered by myself, on the two dates.

On Monday 25/11/19, Dr Olubowale gave a lecture on the topic multidisciplinary team approach to the management of cancer. The lecture was delivered at 4pm in the seminar room of the department of surgery and was attended by the provost college of medicine, the head of the department of surgery, consultants in the department of surgery, surgical residents and medical students.

The take home points were that the MDT's approach in the management of patients with cancer will improve patients' outcomes, experiences and improve clinical decision making. It provides the best care for patients overall and results in improved working lives of team members.

The lecture was well received and there was a great level of engagement and interaction from all who attended. Furthermore, there was an agreement that the next steps for UCH are to begin looking at how current practice will include MDT working.

The second lecture was delivered on Tuesday 26/11/19 at 2pm in the seminar room of the department of surgery. This was focused on breast reconstruction and attendees of the lecture were consultants and surgical residents who are interested in breast reconstruction and aesthetics, as well as the head of the department of plastic surgery.

This lecture was also well attended and I was able to illustrate indications but also options available for immediate and delayed breast reconstruction as well as symmetrisation surgery.

The key points were that breast reconstruction should be discussed with patients having mastectomies and also that oncoplastic options that can extend breast conserving surgery are very useful tools to avoid a mastectomy in the selected patient. Additionally, the available options that can be managed locally should be explored and training opportunities can be explored with the collaboration available.

We also agreed to have an exchange program for residents who are interested in having clinical attachments in the UK to have exposure to some reconstructive and aesthetic surgery options.

Below are some pictures taken at the two lectures:



CMIPD MEDIA REPORT

Mr. Femi Odubore - Technical and Media Consultant

Date: Monday 25/11/2019- Tuesday 26/11/2019

Hospital: University College Hospital (UCH), Ibadan, Oyo State, Nigeria.

The 2019 Annual engagement took place from Monday 25 November to Friday 29 November.

The visit started with a meeting between CMIPD delegates and deputy CMAC; agenda being the level of engagement of UCH management and the Memorandum of Understanding (MOU).

This was followed by a lecture delivered by Mr. Olumuyiwa Olubowale at the Department of Surgery titled: Multidisciplinary Team Approach to the Management of Cancer.

Day 2; Tuesday 26 November again saw Mr. Olubowale deliver another lecture at the Department of Surgery titled MDT Approach in the management of patients with cancer. The CMIPD delegates were later held to a small reception by the UCH management.

I met with the Public Relations Officer (PRO) of UCH Mr. A.A. Akinrinlola and his team and closely worked with Mr. Ibrahim Abiola. The PRO department are responsible for recording media events in UCH and projecting a representing image to the public.

Online Presence

Having a strong online presence is quite important for a 21st century organisation to remain visible, be able to showcase work being done so as to attract the right kind of partnership, collaboration and association and perhaps the much needed funding.

UCH has a good website (uch-ibadan.org.ng) with embedded Facebook feed. The Facebook page is quite active having on average a post per week however there are no posts on CMIPD. It also has an Instagram page (@uchmd) with 115 followers, 0 following, 0 posts.

This shows a big opportunity for improvement. UCH being a big organisation would generate tonnes of content on a weekly basis which would make good content for a strong online presence.

Recommendations

1. MOU with UCH should include the use of media contents produced during any CMIPD visits or events
2. The provision of computer systems for the PRO Department to process and manage their media files.

3. Reliable internet connection to facilitate a stronger online presence and the department's connection with the wider UCH community
4. The time-table of activities to be shared in advance with the CMIPD team and the PRO Dept. in order to prepare for media coverage
5. PRO team members to have a portfolio of areas/departments/subject (as applicable) they cover and generate content
6. CMIPD to (always) have a professional media coverage of all major events

CMIPD Social Media pages

The following social media accounts have been registered for CMIPD:

Facebook and Instagram: @CMIPDNGO

For media content to these pages, members of CMIPD are encouraged to send their pictures and video footages to the CMIPD WhatsApp group or account admins. Please note that it is very important to add appropriate captions to these media files

To achieve more online visibility, CMIPD may promote key contents online

Report from BNOG visit to UCH, Ibadan (14 Nov 2019):

Following several months of planning, a team from the BNOG made a working visit to Nigeria to cancer treating centres. In association with CMIPD, the BNOG team was introduced to multidisciplinary teams at UCH, Ibadan that are involved in the care of cancer patients.

Attending Members:

- (1) Dr Chinenye Iwuji (CI) – President
- (2) Dr Gbenga Saka (GS) – Treasurer
- (3) Dr Okezie Ofor (OO) – Academic Secretary
- (4) Dr Azeez Salawu (AS) – Member
- (5) Mrs Abi Alabede (AA) - Member
- (6) Dr Olusola Faluyi (OF)– Vice President/Secretary – source of update

Report on visit to UCH:

We visited UCH on 14 November 2019 following previous discussions between CI, Dr Alawale (CMIPD, UK) and Dr Taiwo (Oncologist, UCH). This introductory visit was facilitated by the CMIPD team, led by Dr Ezekiel Alawale. Dr Olabumyi had also networked with us via Skype at one of our BNOG meetings. UCH staff were remarkably hospitable and receptive. The BNOG team had a UCH staff team (with police escort) to pick us up from Lagos and drop us back in Lagos. We were received by the CMD, followed by an MDT on a complex pre-prepared case led by AS. There was significant engagement with the MDT and an opportunity for education on the management approach via local practitioners and BNOG members. This was followed by meetings with the Representative of various teams involved in cancer management (see appended list). In parallel with this, AA ran an educational session for the UCH Nursing staff. We spent approximately 6 hours at UCH and were hosted to dinner later in the evening. Particular issues identified and action points from the visit are as follow:

- (1) Service set-up:** There is a radiotherapy department with radiotherapy treatment areas. There was a functional Cobalt-60 radiotherapy machine (felt to be easier to maintain than linear accelerators'). Two recently acquired brachytherapy machines were yet to be installed due to some missing equipment (suitable benchtops for treatment were unavailable) as a result of logistical issues. However, even though some chemotherapy was given in the radiotherapy department, no designated chemotherapy suite was available. Patients were generally admitted to the ward for day case or longer treatment regimens. Furthermore, chemotherapy infusion pumps were not available on the wards or to take home as required. Most treatment was funded out of pocket as it was difficult obtaining funding for oncology treatment by means of the NHIS.

Action points:

- Encouragement of a chemotherapy suite (which we may be created within planned medical oncology unit)
- Donation of infusion pumps as available from UK hospital
- We note document circulated by OO on Federal Ministry funded scheme for diaspora specialists in Canada to form working partnerships with Nigerian hospitals in areas including Oncological care. GS to contact Dr Olowu (Ministry of Health) on scope for more

structured/funded BNOG involvement in education/service development at UCH. CI also to contact MANSAG President.

- (2) Oncological care:** The oncology service within UCH was not coordinated centrally by a cancer division. Radiation Oncologists provided a radiotherapy service and also gave most systemic treatment (thus served as the equivalent of UK Clinical Oncologists). However, a lot of Surgeons in particular and other specialists administered systemic anti-cancer therapy without a policy mandating Oncology referral. There were no Clinical Nurse Specialists with Nurses playing little specialist roles. One Oncology Pharmacist had recently been trained in the management of systemic anti-cancer therapy.

The consensus was that most non-oncological specialist were willing to release patients requiring cancer to centralised oncological care. However, there were not enough Oncologists. Furthermore, there were only a few functional MDTs to coordinate referral pathways. These include the head and neck MDT as well as a Paediatric Oncology MDT (Prof Brown – Paediatrician collaborating with a Radiation Oncologist and a Surgeon).

Action points:

- We had consensus on the necessity for functional MDTs. BNOG could contribute to MDT development (short to medium-term) by my means of telemedicine. The radiologist confirmed that PACS and radiologist contribution was available for telemedicine. As a first step, AS is to join a virtual breast tumour board/MDT 8 am (Nigerian time) on alternate Thursdays from January 2020. We would aim for more BNOG involvement in MDTs subsequently.
- OO kindly forwarded a WhatsApp message to the BNOG Group on a proposed scheme funded by the the Nigerian government of collaboration between local hospitals and Canadian doctors (including Oncologists). Consequently, GS will contact Dr Oke (Federal Ministry of Health) on behalf of the BNOG to get information on any opportunities to support collaboration between Nigerian partners and BNOG as a group.

- (3) Medical Staffing:** The team we met with identified inadequate oncology staffing (numbers and spectrum) as a major problem. Some constraints to staff training were identified. Limited facilities for radiotherapy training (due to types of machines available and downtime for repairs) and the absence of a medical oncology training scheme (or even its recognition by the local post-graduate colleges). While staff could be trained abroad, high rates of attrition due to brain drain meant that UCH no longer funded such in general. However, the University of Ibadan still supported staff in this regard.

Radiation Oncologist: Training exists locally with some constraints due to types of treatment machines available and downtime for maintenance.

Medical Oncology: The CMD was pioneering a medical oncology unit (within the Gastroenterology Unit). There were plans for an already fully trained Gastroenterologist locally to be developed as a medical oncologist. BNOG assistance was needed with development of the training programme.

Action Points:

- (a) Curriculum Development:** Drs Taiwo, Oke and Olabumoyi to serve as a working group on a curriculum tailored to local needs (to be sent by January 2020) which BNOG would contribute to based on input from the ESMO/ASCO/RCP curricula.

Steps were also in place locally toward recognition of Medical Oncology sub-specialty training by the National and West African Colleges of Physicians, development of a training programme would enhance the prospects.

Action points:

- BNOG to start working on curriculum revision as soon as we receive a copy from UCH. Further discussion at our next meeting.
- Development of a medical oncology training programme locally has been identified as a potential area for medium to long term collaboration.

- (b) Medical Training initiative:** Scheme for foreign doctors to acquire UK oncological training (clinical/trials - perhaps for ~ 1 to 2 years). With RCP or RCR collaboration, such a scheme needs to be in the form of structured training with ARCP to ensure not just taken as a service role. Doctors will get a full salary on the scheme (as for UK doctors in training, so no need for funding from UCH). Also, there should be an agreement that doctors on the scheme must return to Nigeria after completion of training.

It was discussed that a UCH training scheme of that nature with Wolverhampton in the past led to attrition of several doctors due to brain drain which may make UCH less keen. Furthermore, that some doctors returned to UCH but went back to the UK to work shortly after completion of the scheme. Consequently, it may be that University-employed staff will be easier to recruit to the scheme and that means to ensure staff retention in Nigeria have to be worked out.

Action point: BNOG to discuss further about this at our next meeting.

- (4) Nursing Staffing:** Role currently limited to basic and routine patient care. No Clinical Nurse Specialists. Furthermore, Nurses were not permitted to give IV chemotherapy. Advanced Nursing roles explained by AA. This includes: management of IV chemotherapy and potential complications such as syncope/anaphylaxis, First dose of IV antibiotics for neutropenic sepsis, Triage/Phone support for patients on chemotherapy, General support for patients with cancer.

Nurses were not appropriately gloved for safety of chemotherapy administration and management of spillage. Furthermore, appropriate caution was not being taken to prevent chemotherapy exposure by pregnant staff. There were not any special chemotherapy disposal bins available, with routine bins being utilized for chemotherapy disposal.

Notably, at the medical meeting AS explained enhanced Nursing roles in some detail. There was no opposition to such from the medical team.

Action points:

- AA liaison with nursing team leaders on potential training to improve safety of chemotherapy delivery/support and enhanced Cancer Nursing roles.
- BNOG clarification of restriction to IV therapy by Nurses (appears to be a national policy).

- (5) Pharmacy Staffing:** A pharmacist (Toyosi Adepoju - partly trained in Oncology pharmacy in the UK) was the only designated Oncology Pharmacist at UCH. He introduced us to the Chief

Pharmacist at UCH who was engaging and keen for collaboration. Following reception of some funding from the US-funded Alita trial (neoadjuvant therapy in Her-2 over-expressing breast cancer), UCH has recently developed a clean room with a level 2 cabinet installed for aseptic preparation of chemotherapy. We understand that a standardized consent form for chemotherapy and chemotherapy protocols were non-existent with regimens devised by individual clinicians.

Action points:

- Support with consent forms and protocols. CI will link Mr Adepoju with Leicester Oncology pharmacist.
- Try to link Mr Adepoju with Nigerian Oncology Pharmacists in the UK
- Discuss potential possibilities for Pharmacy support at our meeting.

Conclusion/Next meeting:

It was the consensus among attending members that this working trip was very useful towards our group objectives (educational and fact finding on the status of oncological practice in parts of Nigeria for potential group intervention). Members gave good educational presentations and advice in general on cancer management. Furthermore, we were able to make constructive suggestions during this visit. Even though we were a little limited by the absence of a Clinical Oncologist in the visiting BNOG group, we felt that we were better educated on the mode and challenges of service delivery for cancer management in Nigeria.

BNOG members were well received and there was at least initial enthusiasm and conversation towards collaboration with UCH.

Yours sincerely
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