

THE MAKING OF A GREAT MEDICAL SCHOOL

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By

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My choice of the title of today's lecture is predicated on my perception of the determination of this institution to be a great medical school. For as I ponder on the institution's difficult past, from which it has arguably made a good measure of recovery, I am persuaded that things will be better and that the greater is yet to come. Commencing a legacy lecture series as a young institution is audacious; sustaining it beyond the first one or two is tenacious. It is such mustard seeds, sown and nurtured with unflagging resolve that propagate into gargantuan trees, from which, not just states, not just countries, but indeed nations are nourished. I congratulate the Faculty of Clinical Sciences and its parent organisations, the College of Health Sciences and the Niger Delta University for instituting the Dean's Lecture Series. It is my wish that it blossoms into a major academic event that will deepen scholarship and so, help to shape the course of this university, together with its medical school, in its quest to be numbered among the best on a global scale.

Medical Schools everywhere, by whatever name called – Faculties, Institutes, Colleges, or even Medical Universities - are institutions of prodigious and formidable standing. They are established essentially to provide dedicated environments in which varieties of scholarly and professional activities in Medicine and related disciplines are carried out, including the training of students – especially professionals, academics and scientists; the conduct of research – especially the health related ones and the provision of specialised services – particularly to needy communities. Accordingly, it is the summation of the institutions' outputs and abilities in these complex areas of expertise, judged through multiple prisms, all of which underscore the element of quality, that inform public opinion and perception, determine reputation and character and define visibility and greatness. Such favourable outcomes that categorise an institution as *great*, therefore do not come easy and cheap. They are planned for and they also evolve over time. In general, they are the product of initial careful preparations followed by rigorous and sustained execution of deliberate and well-articulated action plans and policies. In choosing to speak this afternoon on **The Making of a Great Medical School** therefore, my purpose is to draw the attention of this young and futuristic academic community and medical professionals to some of the pertinent issues about which you all should be preoccupied for your institution to become that respected and revered medical school which you all rightly desire.

The lecture is structured as follows: because I had indicated that some careful initial preparations are important prerequisites to good outcomes, I will begin with a brief account of some of what needs to be in place before the commencement of a medical school. Next I will speak about institutional rankings – universities and their medical schools as these are currently accepted as rational bases for evaluating the performances, standing and quality of these institutions. In this section, I will point out some of the criteria that are used for such evaluations to which this medical school has to subscribe, as it is, in a way, in competition with others, within and outside Nigeria. From these benchmarks, I will expand on three: quality of academic work, quality of research and quality of patient care which have the greatest

potentials to define the status of a medical school. Following this, I will put the College of Health Sciences of the Niger Delta University in historical perspective and comment briefly on the life and times of three illustrious sons of this Glory Land of Bayelsa – Theodore Idibiye Francis, Kenneth Diete Koki and Gabriel Lambert Eradiri - in the context of today's lecture. My conclusion will emphasise the value of a great medical school to the community at large.

PREPARATIONS.

Training would-be-health professionals, especially physicians, nurses and pharmacists – the main task of most medical schools – is a highly complex and tightly regulated affair in all countries¹. This is so because these professionals, everywhere, have to be certified and registered as having acquired requisite knowledge and skills through supervised training in approved institutions to enable them practise their professions.

Statutory bodies set up by Governments not only give approvals for commencement but also supervise development of curricula and construction of physical infrastructure. Curricula are developed by the Senates of the Universities in which the medical schools are domiciled and in line with benchmarks set by the regulatory bodies. Ideally, the curricula should cover the entire training period of four, five or six years as may be applicable and should contain the objectives as well as essential ingredients of the training programmes that are run by the specific universities. The physical structures comprise the teaching and learning environment, including classrooms, lecture theatres, specialised laboratories, dedicated medical library as well as recreational and social facilities. Others are residential accommodation, especially for students and the provision of utilities, particularly electricity, potable water and sanitation. Provision must be made for the use of Information and Communication Technology (ICT) which has not only proved to be a veritable learning tool but also a facility for accomplishing many day-to-day tasks. I am referring to computing facilities, smartboards, Tablets, mobile communications and of course, reliable, fast and affordable internet access. Special mention must be made of the need for the provision of a standard hospital(s) that would serve the needs of the students once they get done with the basic aspects of their training. Furthermore, staff recruitment – teaching and non-teaching - is carried out to cover the various areas through which the students would rotate and be trained. Most importantly, a well-qualified and capable individual, *of honest report*² and with strength of character is appointed to head the institution. In all this, funding arrangement must be secure and sustainable as establishing and running a medical school is capital intensive and expensive.

The time spent in such careful planning and preparations before the intake of students is never wasted. Rather, such actions constitute an important way of ensuring that things run smoothly from the start and that students are properly engaged in their educational pursuit

right from the time of their admission into the medical school. Indeed such painstaking preparations are important first steps in the making of a great medical school; omitted or handled badly, a problem is created which serves as a drumbeat for disaffection and a root cause of perennial difficulties that fester for long and confine a medical school to the doldrums.

The regulatory agencies that approve the establishment and supervise the activities of medical schools for the training of physicians in Nigeria are the Medical and Dental Council of Nigeria (MDCN) and the National Universities Commission (NUC). Their functions are complimentary, emphasising different aspects of their supervisory roles – professional and academic, respectively, as the medical degree is both a professional as well as an academic qualification. The respective guidelines of the two organisations are contained in two seminal publications: *Minimum Standards for Medical and Dental Education in Nigeria (The Red Book)*³ and *Benchmark Minimum Academic Standards (BMAS) For Undergraduate Programmes in Nigerian Universities (Medicine and Dentistry)*⁴ which should be available in all medical schools in Nigeria. Where a Pharmacy programme is housed in a Medical College/School, as is currently the case at NDU, the regulatory functions for the programme are provided by the Pharmacy Council of Nigeria and the NUC.

Whereas it is impossible to anticipate and provide for every conceivable situation, that should not be an excuse for not trying and rather, making students' intake the priority. A number of medical schools in Nigeria have commenced in a hurry with little or no preparations. Students had been admitted in a haste with little or no groundwork. Not surprisingly, the mess that followed took precious time, lots of rancour and immense effort to clear. No medical school should wish itself such harm.

RANKING UNIVERSITIES AND THEIR MEDICAL SCHOOLS.

Ranking universities by using sets of criteria to benchmark them for the purposes of comparison and profiling is a relatively recent phenomenon⁵. Increased human interactions across boundaries necessitated by several factors – globalisation, emigration, migration, technological advancements – have remarkably enhanced students' inclination to study in countries other than theirs. Comparison of universities across national borders to inform choices therefore becomes inevitable. However, with increasing access to the internet which enables institutions to upload information on the web about their operations, the practice of comparing institutions across borders has rapidly gained popularity and global attention leading to the emergence of a number of organisations (Times Higher Education, Quacquarelli Symonds (QS) that have taken on the business of university ranking. So, currently, not only are there international rankings of world universities which are published annually, there are also regional (for example Asian, African), in-country (for example United Kingdom, Nigerian, South African) and others. It has been suggested that ranking universities, especially among the developing countries of Africa, could drive development of the region by enhancing institutional funding⁶.

In the ranking process, using web-based information, key, weighted and scored performance indicators (KPIs) are used to assess universities against a wide range of parameters that derive from the core mandates of universities, including teaching, research, creativity, knowledge generation and its transformation into services, goods and products as well as institutional relevance to communities. Also assessed is popularity and the universities' cosmopolitan mix with respect to staff and students. Thus, popularity is assessed through structured surveys, including peer evaluations; the teaching and learning environment through the quality and number of students that seek admission, visibility of alumni, number and academic standing of faculties including citations and laurels, post graduate degrees awarded and income of academic staff; research by impact, funds attracted, patents and derived goods and services; and international diversity by ratio of international to domestic staff as well as ratio of international to domestic students⁷. Ranked in this or similar manner, the top 100 universities are regarded as the world's best. They are mainly in Europe and the United States of America and they all have strong web presence. Universities whose activities are poorly and inadequately presented on the World Wide Web accordingly receive poor ratings in the ranking system. However, in a ranking that was published recently, *Times Higher Education* – a UK based university ranking organisation - ranked the University of Port Harcourt as best in Nigeria, 6th in Africa and 300th in the world, based on the impact of publications emanating from staff of the institution⁸. Outside these global rankings, the National Universities Commission of Nigeria also ranks universities in the country. In the 2015 ranking by the Commission, the Niger Delta University is ranked 54th out of the 147 in the country⁹.

Medical Schools being integral parts of their respective universities contribute to the overall prominence of their institutions through their activities in the traditional areas of education, research and clinical care. It is proficiency in these areas of expertise that also make a medical school a great one - the criteria for ranking medical schools being similar to those for ranking universities. Thus a great medical school is one that attracts applications for admission from bright students from all over the globe. One that diligently educates and sufficiently stimulates as well as motivates such students to acquire relevant knowledge and skills for a professional or academic career in medicine or other disciplines and to commit to lifelong learning. A great medical school is one that is research led with staff that are seriously engaged in the pursuit of breaking new grounds and generating knowledge that would contribute to progress in the profession. A medical school whose staff are concomitantly involved in the provision of the highest quality of care to patients and also use such medium to train students. Indeed a great medical school is one that is involved in the wellbeing of its community, carrying out such public health measures that enhance the health of its members¹. Let me expatiate on some of these.

EDUCATION.

The number and quality of students who apply for admission into a medical school is somehow indicative of the institution's worth. Globally, students with the highest pre-university qualifying grades tend to seek admission into the best medical schools where they frequently also excel in their studies. Students admitted to Harvard Medical School (established 1782) which is reputed as one of the world's best, typically have an undergraduate *Grade Point Average (GPA)* of between 3.73 and 4.00 and have a median *Medical College Admission Test (MCAT)* score of 37 out of 45 possible points¹⁰. Similarly, the *MCAT* score of students admitted to Johns Hopkins School of Medicine (established 1893), another globally acclaimed medical institution is 36 out of 45. Admission process which includes interviews is rigid and highly selective. In 2014, of the 6,322 persons who applied for admission, 717 (11%) were granted interviews and of these, 116 (1.8% of applicants) were enrolled as first-year medical students¹¹.

A similar trend is observed in Nigeria: large number of applicants with requisite scores from the Joint Admission and Matriculation Board Examination applying to study medicine in universities they believe have acquired fame and respect – some, not surprisingly, for all the wrong reasons¹. Tables 1a, 1b and 1c show number of applicants to ten highest subscribed universities in the country for degree programmes in medicine for 2012, 2013 and 2014. The number of applicants is high and across board, much less than 10% (< 1% in some instances) of persons who apply get admitted (average for most other programmes, 30%). Also, in many universities, most of the highest scoring candidates in the science disciplines, apply to study medicine. And so, in stipulating *cut off points* for admission into various programmes, those for medicine tend to be the highest.

Training to become a physician is therefore an oversubscribed programme which is well sought after in many parts of the world. Furthermore, the programme attracts some of the best students who preferentially seek admission into well-renowned medical schools¹². To attract the best students therefore, a medical school has to enhance its reputation through its infrastructure and the nature of its establishment, the number and quality of its academic staff, their academic output and the relevance of the academic programme that it runs. Additionally, the personal life styles, commitment and dedication of staff to their duties and to the course of students are all significant in defining a medical school and its perception by would-be – students^{12, 13}.

Happily, many bright students who attend renowned medical schools work hard, make good grades, graduate and successfully pursue brilliant careers thereafter, within and outside the medical profession. They innovate, discover, win laurels, awards and recognition, contribute to knowledge, establish entrepreneurial empires, prosper immensely and become famous – all of which rob off positively on their alma mater in more ways than one. Thus, great medical

schools attract good students who become accomplished alumni who in turn, add to the greatness of their medical schools through their success in various areas of human activities. Accordingly, committing to taking the education of every medical student seriously is a vitally significant way by which great medical schools evolve.

To a large extent, the same is also true of the training of the pharmacist. The admission criteria are stringent, the course is arduous and many who practise the profession do well.

RESEARCH.

By July 2015, there were 147 universities in Nigeria¹⁴. Like all others in the world – current estimate, 25,000¹⁵ - they reflect diverse cultures and variations in their orientations. But their central objective, to pursue the impartial truth and to seek a better understanding of the world so as to contribute to improvement in the quality of life of all mankind, is the same¹⁶. It is therefore argued that research is one pathway by which the Almighty reveals to mankind truth about creation.

To achieve this goal of the pursuit of truth, universities everywhere, use research, analytical and critical enquires as tools, through which knowledge is generated that leads to understanding and utilitarian values. The innovation, knowledge dispersal and discoveries that emanate from these processes thus become one of the most fundamental expected outcomes for which universities are established¹⁷. These anticipated outcomes truly define universities and serve as some of their most vital performance indicators. So important is this feature in the context of universities that evidence of research activities as provided partly by the quantity and quality of peer-reviewed publications in reputable journals constitutes the major factor used in assessing academic staff for advancement from one cadre to the other.

However, it is not only universities that carry out research – the process of objectively investigating specific problems in order to obtain verifiable results. Realising the huge benefits by way of innovation, discoveries, new products, improved ways of doing things that arise from research, all organisations worth their salt carry out research as deliberate policies. Some have even created divisions within their organisations – *Research and Development (R and D)* - that are designated for the purpose and to which they commit large portions of their annual resources. Manufacturers, farmers, transporters, educationists and many more, all commit to research¹⁸. It was such a realisation that motivated the immediate past Vice-Chancellor of the University of Port Harcourt, Professor Joseph Ajenka, *FNSE*, to create a Deputy Vice-Chancellor's position for R&D during his tenure to drive research and the conversion of research outcomes into patents, products and services in keeping with the entrepreneurial orientation of his institution¹⁹. To his credit, a number of other universities subsequently indicated interest in that arrangement. Indeed it can even be argued that research, by which we learn to do things better and more efficiently, underscores all human activities.

Because universities take on research as duty and responsibility, it is not surprising that most ground-breaking researches that have led to quantum leaps in human advancement, have come from such institutions. These cover all fields of human endeavour as shown at the website, *Universities – Discoveries. Com. Discoveries and Innovation that changed the world.*

Everywhere, it is people that carry out research – in universities, staff and students. They do so for a variety of reasons including curiosity, the desire to discover, personal gain, fame, societal advancement and to discharge their responsibilities to their employers. Research and discovery as well as the scholarly activities with which they are associated, not infrequently, attract huge benefits as well as recognition. Of these, probably the most prestigious is the *Noble Prize* – a set of annual international awards made possible through a large fortune left behind by Alfred Nobel (1833-1896), a Swedish chemist who discovered the dynamite²⁰. The awards are bestowed in a number of categories by Swedish and Norwegian Committees for academic, cultural and scientific advances on “those who, during the preceding year, shall have conferred the greatest benefit on mankind”²¹. Apart from huge financial returns of about one million US dollars to recipients, noble laureates bring tremendous fame and recognition to their affiliate universities. Not surprisingly, most Nobel Prize winners, outside the Peace Prize are researchers affiliated to universities of which, Stanford University in the U.S.A. currently tops the list²².

Medical Schools as well as other health research institutions on their parts, offer their staff and students abundant opportunities for meaningful research in the laboratory sciences, clinical sciences and public health. Happily, the Nobel Prize Committee also has a category for Physiology and Medicine and so far, the committee has bestowed 106 of such awards on 300 Laureates with all the appurtenances to recipients and their medical schools, universities and institutions, between 1901 and this year (2015), where the awards went to three scientists for “therapies that have revolutionized the treatment of some of the most devastating parasitic diseases.”²³

As of now, Nigeria's only Nobel Laureate, Professor Wole Soyinka is in Literature (1986. *University of Ife*, as it then was). However, there are a number of national awards of great distinction like the *Nigerian National Order of Merit (NNOM)* which have been won by academics from their work in various medical schools. Such persons include Professors Etim Essien – Ibadan/Calabar, Umaru Shehu – Maiduguri, Ladipo Akinkugbe – Ibadan, Kelsey Harrison – Ahmadu Bello/Port Harcourt, Samuel Ohaegbulam - UNN. By winning these awards, the recipients portrayed their medical schools and universities in good light.

It is unlikely that all medical schools and their parent universities will produce Nobel Laureates or National Merit Award winners as prevailing circumstances and existential realities differ remarkably from one institution to the other. However, it is important for all to cultivate an appetite for research, right from students in their early years to the most highly placed staff. A medical school which is famous for the quality of its research and the discoveries that emanate therefrom, is seen as a great medical institution. So, a medical

school that would wish to join the league of stars, must consciously do all in its power to encourage research in its institution by providing adequate funds, hiring sharp minds with research orientation and providing the enabling environment for quality research – utilities, equipment and support staff right from the time of its commencement. Funds spent in this manner may not reveal immediate discernible benefits; they are well-meaning investments in the greatness of a medical school.

CLINICAL CARE

Many students who enrol in the various programmes of medical schools and their universities do so because they wish to practise and take some responsibility for the clinical care of patients at some point in their career²⁴. This is without prejudice to some who graduate and take to other professions – banking, flying planes, dress making, photography and others. The clinical aspects of the training of students thus becomes one that many look forward to with great expectation. In addition to bed-side teaching on the wide array of diseases, students are made to acquire the skills, competence and the professional attributes of empathy, honesty and accountability needed for the practise of their professions.

Such complex engagement of students takes place in highly specialised environments – usually tertiary hospitals which have to be specially equipped, appropriately staffed and properly managed to fulfill this significant role. Hospitals where students are trained therefore become integral parts of their affiliated medical schools and universities and the level of competence and professionalism that such institutions display in the care of the patients under their watch, also define the level of respect accorded the medical schools. Such hospitals commit not just to patient care but also, teaching and research. Students have direct contact with patients, learn about their infirmities and participate in their care, albeit, under the supervision, tutelage and mentorship of academic staff of the university and medical school who also serve as clinicians/consultants to the hospital. In return, the high class teaching and research carried out in the hospitals by the academic staff of the universities and their medical schools bring about higher quality of care of the patients in the hospitals, than would have ordinarily been the case¹.

The proper functioning of each arm of this tripod arrangement – university, medical school and hospital - and their close collaboration with one another is needed to give the students the requisite sound and rounded education obligatory for professional practice²⁴. It also affords the clinical teachers the milieu in which to exercise the full range of their knowledge and skills, including those for research. Furthermore, such close collaboration contributes to the fame and respect accorded each of them by the general public. A great medical school

therefore is one in which staff and students take their clinical responsibilities to patients seriously.

THE COLLEGE OF HEALTH SCIENCES OF THE NIGER DELTA UNIVERSITY

So, how does all this pertain to the object of today's lecture: the College of Health Sciences of the Niger Delta University (NDU) and its Faculty of Clinical Sciences? Realising that a university's international outlook matters, NDU, right from its commencement in 2000, was mindful of its perception abroad and the quality of its work as these two elements are sufficiently captured in the institution's Mission Statement: "To strive to maintain an international reputation for research and academic excellence for the promotion of social, cultural and economic wellbeing of mankind". There could have been no better declaration of intent to ensure a respectable position for the institution on the local and international league of universities. For how else can a university expect to attract the high caliber of staff and students if it fails to look beyond its own borders?

The same strong aspiration to build a great health institution fueled the establishment of the College of Medical Sciences in 2001 as it had as its core values "professionalism, innovation, excellence, team work, partnership/collaboration and integrity". With such firm focus, the College formed faculties and commenced classes with the admission of 100 students into a remedial programme in Medicine. But alas things went awry almost from the start as the programme floundered and could not be continued at NDU due to gross inadequacies and huge logistic problems – laboratories, classrooms, hostels, access to the medical school and absence of an appropriate facility for clinical studies. The needed accreditation from the NUC and MDCN could not be obtained. Even the introduction of a Bachelor's degree programme in Basic Medical Sciences as a stopgap measure could not satisfactorily address the problem and in the end, the students had to be fanned out to other medical schools to continue their studies. In the process, some took 12 years to graduate from a five year programme! Tempers flared and there was immense altercations amongst stakeholders in the medical school. Clearly there had been a breach of the apposite steps to be taken in the process of making a great medical school – preparations had been shoddy; students had been admitted in a hurry. Even at that, the admission of 100 students as first intake into a medical programme was ambitious. The College of Medicine of the University of Lagos admitted only 28 students annually in its first three years of its existence – 1962, 1963 and 1964 before nudging slightly upwards; Johns Hopkins School of Medicine established 1893 currently only has 116 students in its first year class.¹⁰.

Thankfully, some of these drawbacks are now in the past; some hard lessons had been learnt and the medical school is being positioned to place it on the path to greatness. Accreditations by the statutory bodies have been obtained and the programmes in the College are now running with some degree of success. A number of graduates of the College have sat for postgraduate professional examinations by the National Postgraduate Medical College and the West African Postgraduate Medical College and have passed their Primaries at first attempts just like graduates from some of the older medical schools. Furthermore, the medical school has attracted some mature and seasoned academics and professionals from different parts of the country – even if as adjuncts and on short stints - and they are rendering the much needed expert services. Interdisciplinary ideas and corporations – a very forward-looking approach to institutional development - is being actively encouraged.

A good case in point of this approach is the establishment of *Genito-Urinary Medicine* – a discipline that requires the knowledge of Gynaecology and Internal Medicine as they are currently taught, and appointing a very capable hand to man the unit in the person of the current Dean of the Faculty of Clinical Sciences²⁵. This is a novelty as the unit in the NDU is the first of its kind in any Nigerian university. I join many in congratulating all those who made this turn around possible at the NDU just as my heart reaches out to the students who had the bad end of the stick in the early days of the institution.

But a lot still needs to be done – infrastructure, well equipped laboratories, hostels and many more areas that need urgent and sustained attention. Of these, the teaching hospital requires a very special mention being the laboratory of the Faculty of Clinical Sciences, the anchor of today's lecture. The teaching hospital merits an urgent upgrade in all areas of its operations and a proper administrative structure that would enable the Chief Medical Director, who, happily, is an academic staff of the faculty to do a good job.

Irrespective of their ownership or affiliation, well-equipped, properly run and functional hospitals are formidable assets to a nation, even when they do not bear the appellation of *teaching hospital*. Set up rightly, they quickly acquire a momentum of their own in education, research, and professional care and become renowned centres for the good of all. Little wonder they are invaluable complements to all medical schools. Let us recall a few of them: University College Hospital, Ibadan, which in 1960 produced the first set of doctors in Nigeria that had received the full complement of their training in the country; the First Consultant Hospital, Lagos, where in October 2014, the late Dr. Emeyo Stella Adadevoh and her colleagues stringently applied public health principles²⁶ at great personal risks in the case of

the late Patrick Sawyer, then a patient suspected to be with ebola infection and thereby saved Nigeria and probably the world from what would have been a calamity of unimaginable dimension; the Groote Schuur Hospital in Cape Town, South Africa where Christiaan Bernard successfully carried out the first human heart transplant in December 1967; St. Mary's Hospital, London where Alexander Fleming discovered penicillin, the first antibiotic in 1928; the Toronto General Hospital of the University of Toronto, Canada where in 1920, the discovery process of insulin which revolutionised the treatment of patients with diabetes was perfected by Frederick Banting and Charles Best (a medical student); the Johns Hopkins Hospital, Baltimore, where, in 1987, Benjamin Carson led a team of 70 health professionals that successfully separated Patrick and Benjamin Binder from Germany who had been joined at the backs of their heads for 7 months as craniopagus twins, and many more, all readily come to mind as great medical institutions that have impacted immensely on mankind's progress.

Nearer home, examples also exist of hospitals that have played great roles in the lives of people and universities that have used their medical schools and hospitals to positively influence their communities.

Braithwaite Memorial Specialist Hospital, Port Harcourt, a 375-bed health facility, as it now is, named after the pioneer surgeon and head consultant of the hospital, Dr. Eldred Curwen Russel Braithwaite, an Australian, has been consistent in the provision of quality, safe and compassionate healthcare services to Nigerians, especially those based in riverine southern parts of the country since its establishment in 1925. In a similar vein, the University of Port Harcourt, commencing 1992 and for over 10 years carried out specialised patient care, capacity building, training and community enlightenment in K-gbara Dere – a community of indigenous Ogoni people, about 30 Kilometres from the institution. The university did this through a collaborative research between it and the Women's Health Group of the Liverpool School of Tropical Medicine aimed at improving the "quality of life and standard of health care for women" through the execution of "health strategies for women in developing countries^{27, 28}". K-gbara Dere was the project site and because of the presence of the university, Shell Petroleum Development Company felt sufficiently reassured to equip the cottage hospital at the site to an extent that staff of the university and its teaching hospital were able to offer free specialised care to the inhabitants and their neighbours in B-Dere. A close relationship was fostered between the university and the K-Dere community as the university used the facility to train its medical students in rural medical practice as well as preventive and social medicine. Employment opportunities were generated and some members of the research team learnt the Ogoni language and established long lasting friendships, one of which led to marriage. Furthermore, the research led to several unprecedented reports on the status of reproductive health of women, especially adolescents, in Rivers State including a lead original

research article in the *Lancet*²⁷ and the completion of five Ph.D. theses. It is in such light that I would wish the teaching hospital and the medical school of the NDU to be remembered in future.

Happily, a good number of the sons and daughters of this Glory Land of Bayelsa have trained in great medical institutions all over the world and pursued brilliant and inspiring careers thereafter. Let us reflect momentarily on the life and times of three of them: Theodore Idibiye Francis, Kenneth Diète Koki and Gabriel Lambert Eradiri as examples of bright students whose abilities were unearthed by great medical institutions.

Theodore Idibiye Francis (1933-1992) a native of Nembe, graduated bachelor of Medicine and Bachelor of Surgery from Guy's Hospital Medical School of the University of London in 1959. He had further training at various times at the Royal College of Physicians, London, the Liverpool School of Tropical Medicine and Boston City Hospital at Harvard University. He returned to Nigeria and commenced a brilliant career that saw him through the Universities of Ibadan and Port Harcourt as well as that of the Federal University of Technology, Akure. At various times, he was Professor and Head of the Department of Medicine of the University of Ibadan; Foundation Provost of the College of Health Sciences of the University of Port Harcourt; Foundation Chief Medical Director of the University of Port Harcourt Teaching Hospital and Foundation Vice – Chancellor of the Federal University of Technology, Akure. He received several accolades including Fellowship of the Nigerian Academy of Science and those of the Royal Colleges of Physicians of London and Edinburg.

Like Theodore Francis, Kenneth Diète Koki (1926-1992) as he was later known, hailed from Nembe. He was educated at the Yaba Higher College, University College Ibadan and the University of London from where he obtained Licentiate in Medicine, bachelors and doctorate degrees in Physiology. He returned to Nigeria and took up appointment as lecturer in Human Physiology with the University of Lagos and an honorary consultant to the Lagos University Teaching Hospital. He attained professorial status and moved through many universities in Nigeria – University of Nigeria, University of Benin and the University of Port Harcourt. In the process, he taught several medical, dental and single honours students from many parts of the country including my humble self. He was the first to work out the nerve supply to muscle spindles and to date, his PhD thesis on the subject which was concluded in 1962 remains a leader in that field.²⁹ He played a major role in the establishment of the Rivers State University of Science and Technology – the first University of Science and Technology in Nigeria and he served as the pioneer chairman of its governing council. He was dearly loved by his students who fondly called him *The Great KDK*.

Gabriel Lambert Eradiri (OFR) is from Agudama. He read Pharmacy at the University of Ife, as it then was, where he taught briefly and followed up with a long and successful career as a federal civil servant. He also worked briefly in the United Kingdom as a manufacturing and dispensing pharmacist at St. Mary's Hospital, London. He has received several awards including an honorary Doctor of Science degree from the Marlborough University, USA. He is a member of the Institute of Pharmacy Management, London, the International Pharmacy Federation, the Society of Health Nigeria (Life Member) and a Fellow of the Pharmaceutical Society of Nigeria. His professional services include: Secretary of the Pharmaceutical Law Review Committee, Lagos (1965-66); National Secretary of the Nigerian Union of Pharmacists (1967-77); Pharmaceutical Society of Nigeria Representative at the Federal Government Pharmacist Board of Nigeria (1972-74) and First National Deputy President of the Pharmaceutical Society of Nigeria (1994-97).

Ladies and gentlemen, the point being made is that such brilliant boys and girls still exist in Nembe, Agudama, Yenagoa, Amassoma, Otueke and elsewhere especially in this Glorious Land of Bayelsa. History beckons on the NDU to make great professionals and academics of them as was made of Theodore Idibiye Francis, Kenneth Diете-Koki and Gabriel Lambert Eradiri. The university should, as is advocated in the recently adopted Sustainable Development Goal 5, take its drive of ensuring *inclusive and equitable quality education* and the promotion of *lifelong learning opportunities for all, beyond its borders*³⁰. Talent, it is said, is universal; opportunity is not.

CONCLUSION

What is clear is that a great medical school is made through the commitment of its stakeholders - especially students and staff - to such a course. Outside the issues of infrastructure and finance, it is the dedication, drive and passion with which students pursue their academic work and staff commit to research, professionalism and community engagement, with the overarching aim of mankind's advancement, which ultimately determine the standing of a medical school. Starting well and building up reputation for competence and excellence in all spheres of its operations attract good students who graduate and pursue successful careers and in return, bring fame and glory to their medical school. Not surprisingly, the benefits of such a great institution abound both for its parent university and the community at large.

For its university, a great medical school together with its affiliate teaching hospital is *a jewel of inestimable value*³¹. Among many other advantages, such a medical school brings to the

university fold a large pool of seasoned and well-bred academics and professionals who foster university culture, strengthen academic discourse and facilitate intellectual interchange.

A great medical school does even more for its wider community as the university is able to positively impact its public in a strong manner using such an institution by engaging in community-oriented activities - research, public enlightenment programmes, rural medical practice, outreach sessions, sanitation and clean up exercises and much more – all aimed at integrating with the community and securing its health.²⁵

Chang-Rae Lee, a Korean-American once wrote: *It is “where we are” that should make all the difference, whether we believe we belong there or not.* Here, my perception is that the College of Health Sciences of the NDU wishes to belong to the highest class of medical educational institutions and that it is prepared to carve a niche for itself within the array of critical medical issues that are currently trending in the country: vaccination for malaria; vaccine for ebola; interruption of poliomyelitis infection; Universal Health Coverage; the gains at the twilight of MDGs in the reduction of maternal mortality and HIV infection. For me, I see a window in the fight against HIV infection in which this university is rapidly becoming a reference point for the country as judged by the structures being set up by its Genito-Urinary Medicine unit as was amply demonstrated at the university's 16th Inaugural Lecture²⁵. This university should accordingly set itself the target of eradicating this infection in the whole of Bayelsa State in the next few years and from there, throughout the rest of the Niger Delta in accordance with the Federal Government's aspiration of 2030 as being the effective year for the eradication of this disease throughout the country among the 3.4 million that are still leaving with the disease.

It is then left is for me to thank this university, its College of Health Sciences and in particular, its Faculty of Clinical Sciences for inviting me to deliver today's Dean's Lecture. For me, it has been a labour of love just as has been the case in the many recent past. The central message of the lecture is simple. Challenged by the burden of history, the lecture is a call to action; an exhortation that urges the NDU, along with its College of Health Sciences to shoot for the stars in the quality and output of its work in teaching, research and service delivery so as to be counted among the very best. But frankly, judging from the dire state of affairs in the Niger Delta from which the university derives its name, can it really afford to do any less?

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ADMISSION INTO SOME NIGERIAN UNIVERSITIES MEDICINE AND SURGERY**2012****Table 1a**

S/N	INSTITUTION NAME	TOTAL NO OF APPLICANTS	NO ADMISSION	%
1	UNIVERSITY OF NIGERIA NSUKKA.	8639	323	3.73
2	OBAFEMI AWOLowo UNIVERSITY, ILE-IFE	8365	202	2.41
3	UNIVERSITY OF BENIN, BENIN CITY	7540	326	4.30
4	UNIVERSITY OF ILORIN, ILORIN	7500	202	2.69
5	UNIVERSITY OF LAGOS	7034	277	3.94
6	UNIVERSITY OF IBADAN, IBADAN	6953	221	3.18
7	AHMADU BELLO UNIVERSITY, ZARIA	6265	113	1.80
8	UNIVERSITY OF CALABAR, CALABAR	5294	211	3.99
9	USMANU DANFODIO UNIVERSITY, SOKOTO	4886	130	2.66
10	NNAMDI AZIKIWE UNIVERSITY, AWKA	4719	223	4.73
19	NIGER DELTA UNIVERSITY , WILBERFORCE ISLAND	2182	116	5.32

2013**Table 1b**

S/N	INSTITUTION NAME	TOTAL NO OF APPLICANTS	NO OF ADMISSION	%
1	UNIVERSITY OF ILORIN, ILORIN	12821	266	2.07
2	UNIVERSITY OF BENIN, BENIN CITY	11634	101	0.87
3	UNIVERSITY OF NIGERIA NSUKKA.	10542	188	1.78
4	OBAFEMI AWOLowo UNIVERSITY, ILE-IFE,	9906	91	0.92
5	UNIVERSITY OF IBADAN, IBADAN,	8310	161	1.94
6	AHMADU BELLO UNIVERSITY, ZARIA	7873	139	1.77
7	NNAMDI AZIKIWE UNIVERSITY, AWKA	7342	96	1.31
8	UNIVERSITY OF LAGOS	7135	225	3.16
9	UNIVERSITY OF JOS, JOS	7060	146	2.07
10	USMANU DANFODIO UNIVERSITY, SOKOTO	6494	72	1.11
22	NIGER DELTA UNIVERSITY , WILBERFORCE ISLAND	2218	89	4.01

2014 Table 1c

S/N	INSTITUTION NAME	TOTAL NO OF APPLICANTS	NO OF ADMISSION	%
1	University Of Benin Benin City	10413	407	3.91
2	University Of Nigeria Nsukka.	8623	461	5.35
3	Obafemi Awolowo University Ile-Ife	8557	279	3.26
4	University Of Ilorin Ilorin	8282	357	4.31
5	University Of Ibadan Ibadan	7751	305	3.93
6	AHMADU BELLO UNIVERSITY, ZARIA	7562	348	4.60
7	University Of Lagos	7376	452	6.13
8	Usmanu Danfodio University Sokoto	5810	253	4.35
9	Nnamdi Azikiwe University Awka	5676	315	5.55
10	University Of Jos Jos	5333	296	5.55
20	NIGER DELTA UNIVERSITY , WILBERFORCE ISLAND	2182	176	8.07

SOURCE: Joint Admissions and Matriculation Board.