



**Carrier path and practitioner profile of  
general medical practitioners in a  
practice based research network in**

**Lagos, Nigeria.**

**Ayankogbe. O. O.; Oyediran M. A.; Oke D. A.; Arigbabu S. O.  
Osibogun A. A.**

Presented at the Conference on Improving the quality of  
Family Medicine training in Africa

By

Dr O. O. Ayankogbe MBBS(Ib.) FMCGP(Nig.) FWACP(FM)W.A



# Introduction



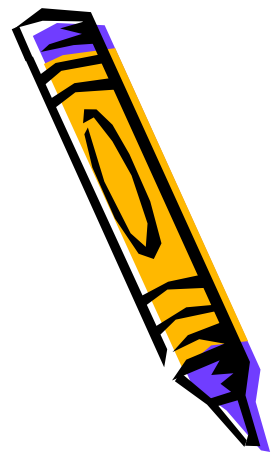
- Attempts to reform the health care sector in Africa have frequently failed to respond to the aspirations of staff concerning remuneration and working conditions. Whereas the public sector still provides a large part of the income of doctors in rural areas, those working in urban environments turn to private general practice for a considerable proportion of their remuneration. This has made general practice a viable option for many doctors, as all stand alone practices of general medical practitioners in Lagos and



# Introduction(contd.)

Nigeria are in the private sector.

- While it is desirable for the public health sector to collaborate with the private health sector for the good of all, the former views the latter with suspicion and criticism. In fact, private general medical care has been described an obstacle to the implementation of health care for all, and condemned as a result. Private general medical practice however is a reality in developing countries and cannot be ignored.



# Introduction(contd.)



- Recent literature acknowledges that public systems of health care are not incompatible with the existence of a private general medical sector and governments of many developing countries are actively encouraging it. However, even mere descriptive data about the private general medical sector in most developing countries are scarce.



# Introduction

Recent findings by World bank/International Finance Corporation confirms what we have long suspected: over 60% of health expenditure and financing in Sub-Saharan Africa is from out-of pocket expenses of its inhabitants

Furthermore, 70% of this expenditure is on the private health sector (where most general/family practices are situated)



# Aim & Objectives

- This study documents the evidence on carrier paths and practitioner profiles of general medical practitioners in Lagos State, Nigeria (all of whom are in private practice).



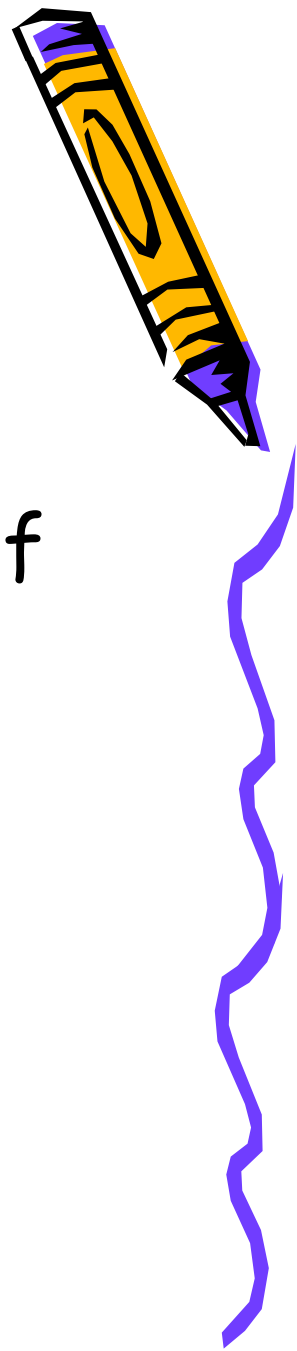
# Methods

- This is a cross-sectional descriptive facility based study, carried out between July 2006 and Jan 2007. 167 self-administered questionnaires were sent to all doctors working in 67 out of 500 randomly selected private clinics/hospitals, located in 20 local government areas of Lagos State, a population of 19 million inhabitants, using trained field workers. These hospitals constitute the practice based research network used to teach Family Medicine to final year medical students of the College of Medicine of the University of Lagos, Nigeria.

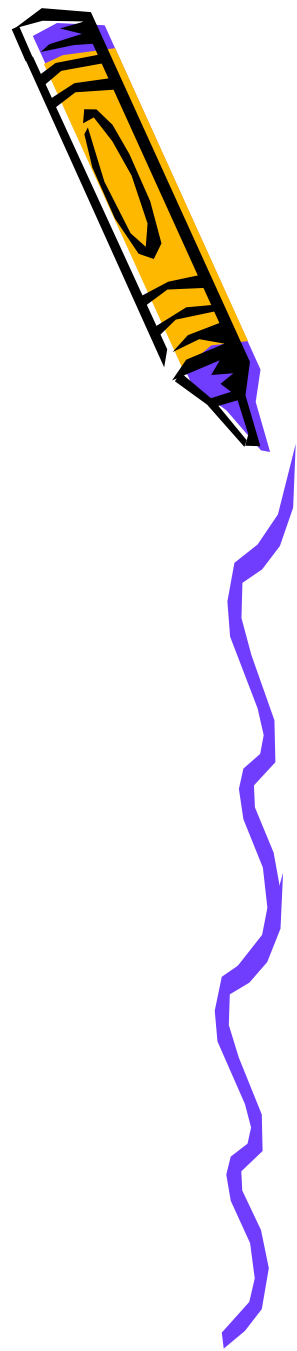


# Results

- 167/167 questionnaires were fully completed giving a response rate of 100%.



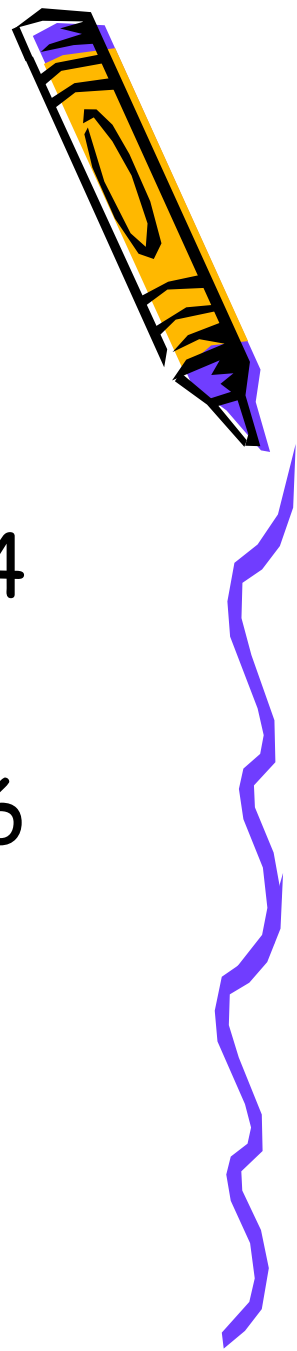
# Age distribution



Age	frequency	%
20-24	2	1.8
25-29	31	18.4
30-34	45	26.1
35-39	17	10.4
40-44	21	12.3
45-49	23	13.4
50-54	9	5.4
55-59	8	4.9
60-64	6	3.6
65-69	5	3.0
Total	167	100



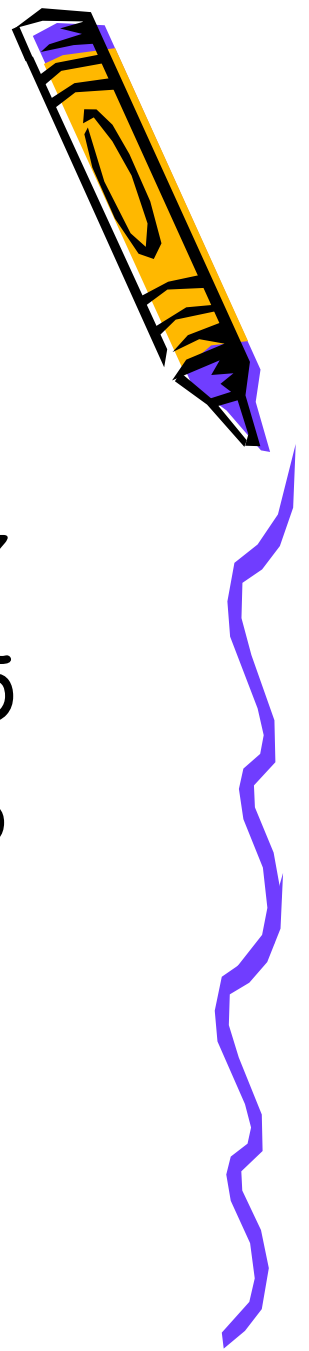
# Sex distribution



Sex	freq	%
Male	131	78.4
Female	36	21.6
Total	167	100



# Marital Status

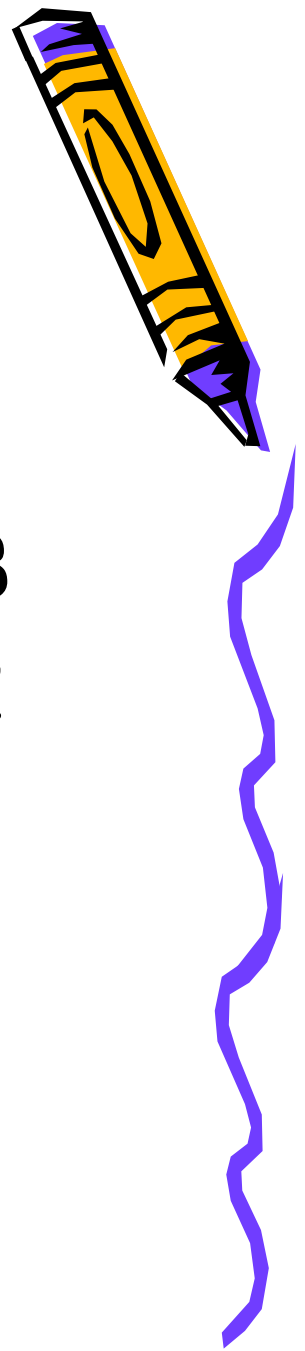


Status	freq.	%
Not married	53	31.7
Married	111	66.5
Sep./Divorced	1	0.6
Widowed	2	1.2
Total	167	100



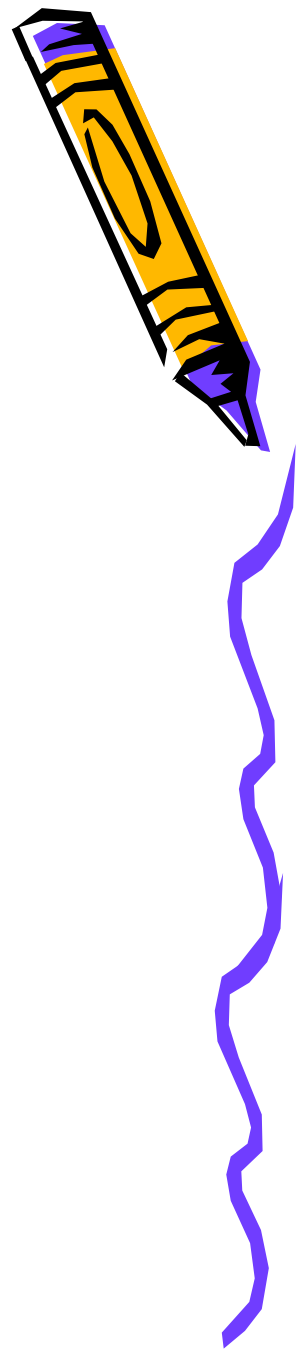
# Religion

Religion	freq	%
Christianity	150	89.8
Islam	17	10.2
Trad./indigenous	0	0
Others	0	0
Total	167	100

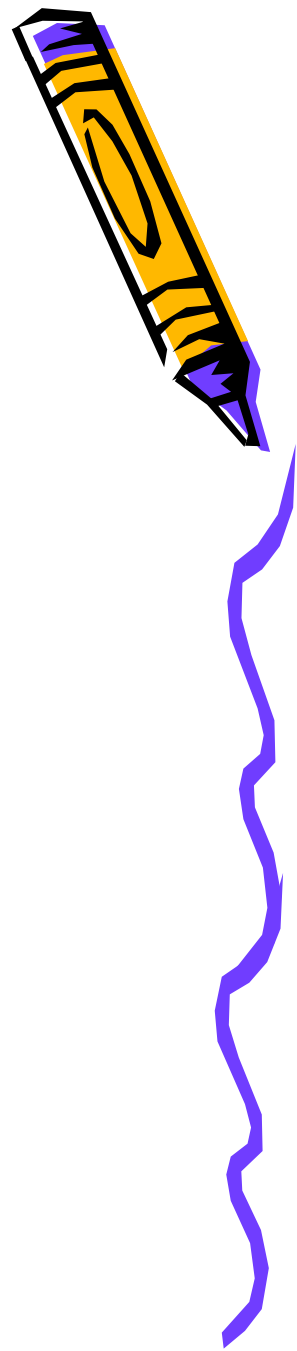


# Years since graduation

No of years	freq	%
1-5	72	44.9
6-10	15	9.2
11-15	9	5.5
16-20	25	15.5
21-25	18	11.2
26-30	11	6.8
31-35	7	4.3
36-40	5	3.0
Total	167	100



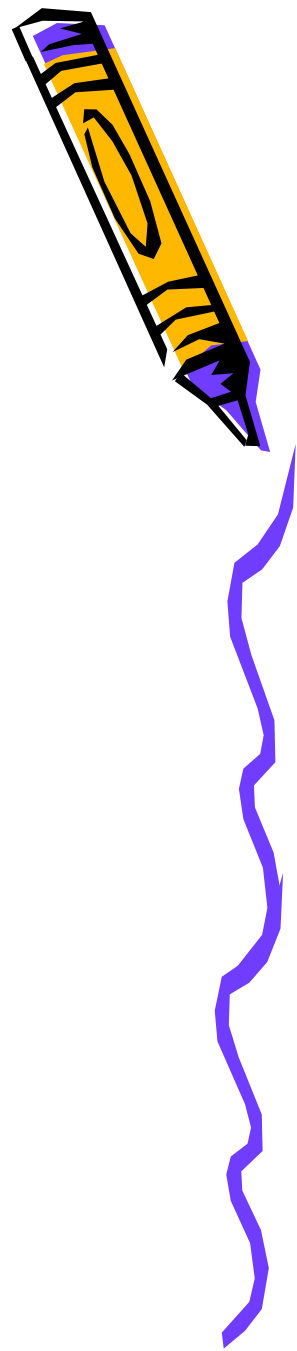
# Which Medical School



Medical School	freq	%
Nigerian	149	89.2
African	1	0.6
European	14	8.4
American	1	0.6
Others	2	1.2
Total	167	100



# Post-graduate degrees

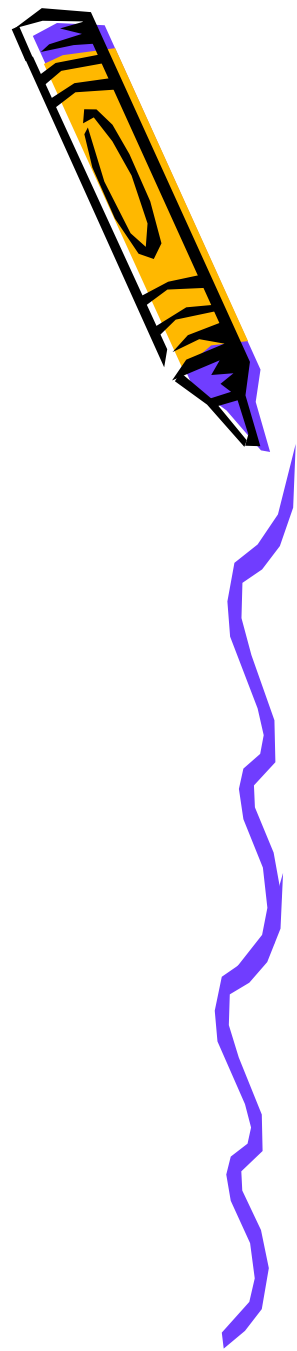


Degrees	freq	%
None	131	78.4
In Surgery	8	4.7
In Int. med.	3	1.8
In Paed.	2	1.2
In Fam. Med.	1	0.6
In O&G	7	4.2
Others	15	9.0
Total	167	100

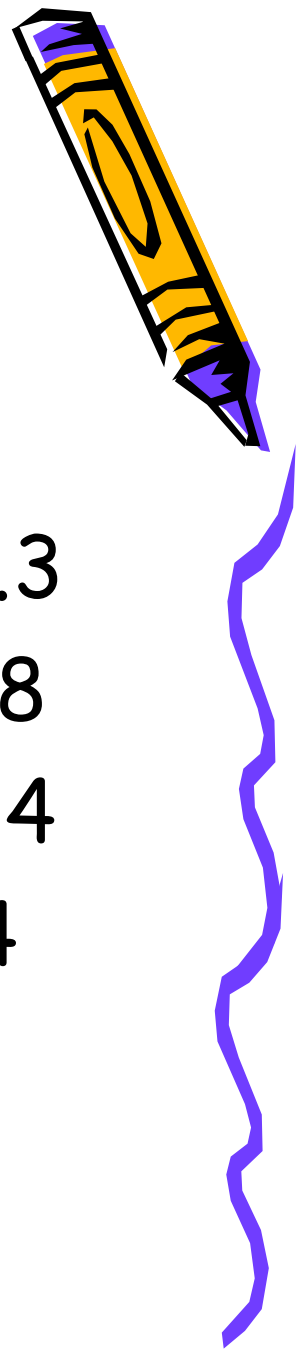


# 60 (35%) who Work elsewhere

Work place	freq	%
Govt hosp/clinic	9	15.
Another Pri hos/clinic	36	60
Govt moh	1	1.7
Commercial	3	5
Agriculture	2	3.3
University t. hosp	2	3.3
Own clinic/hosp	0	0
NGO	4	6.7
International agency	1	1.7
Others	2	3.3
Total	60	100



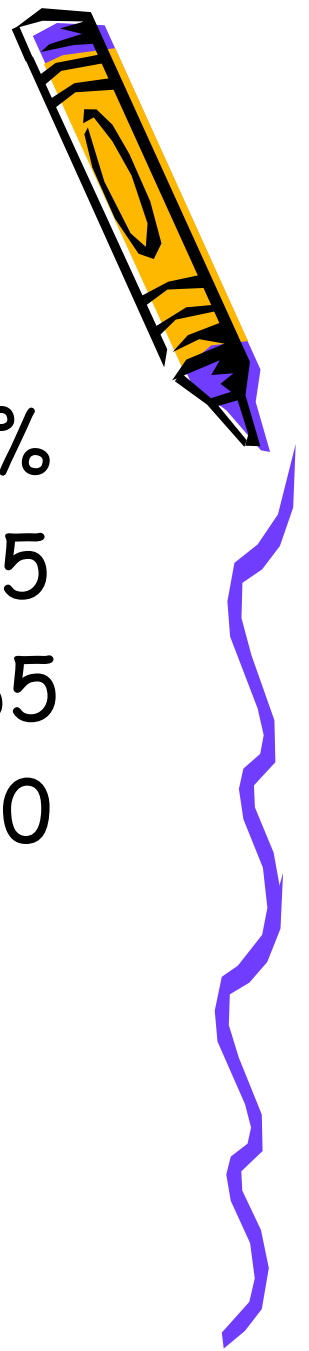
# Status in practice



Status	freq	%
Full owner	42	25.3
Part-owner	18	10.8
Employee	88	52.4
Locum	19	11.4
Total	167	100



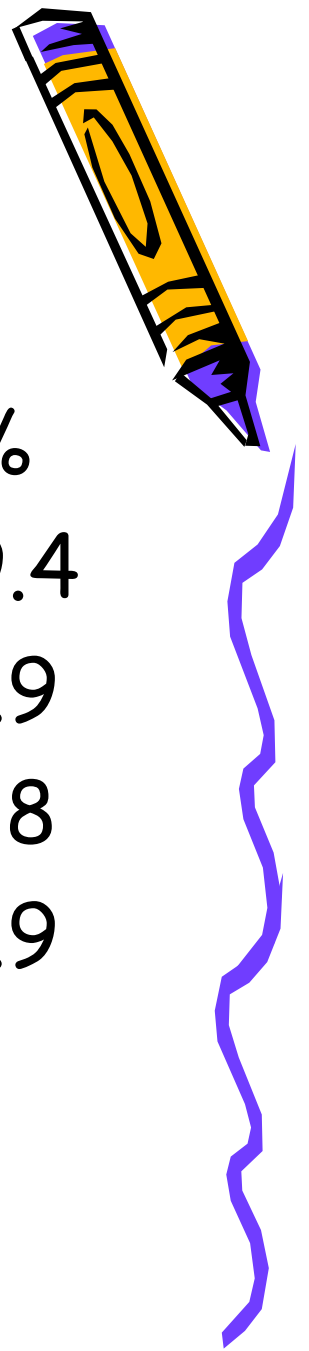
# Work Schedule



Work Schedule	freq	%
4-5hrs/day	25	15
>4-5hrs/day	142	85
Total	167	100



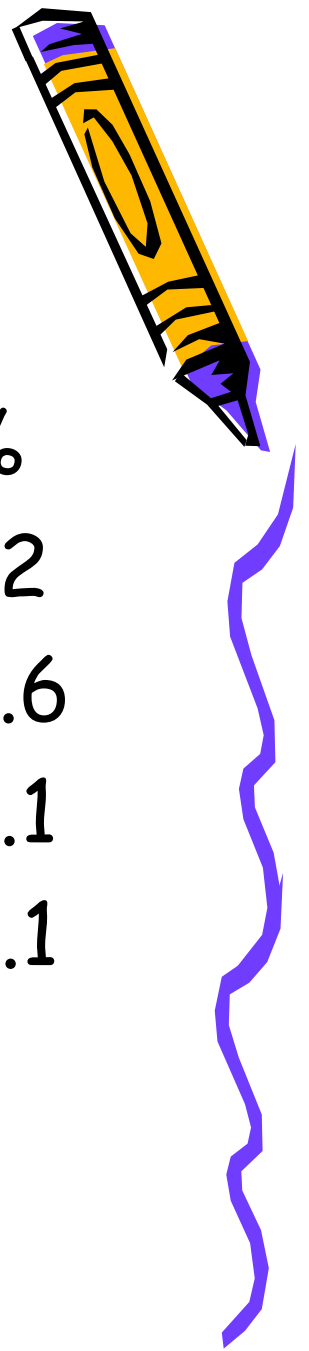
# Kind of practice



Kind of practice	freq	%
Solo practice`	99	59.4
2-man partner.	33	19.9
3-man partner.	3	1.8
Multiple part.	30	18.9
Total	167	100



# Kind of Partners

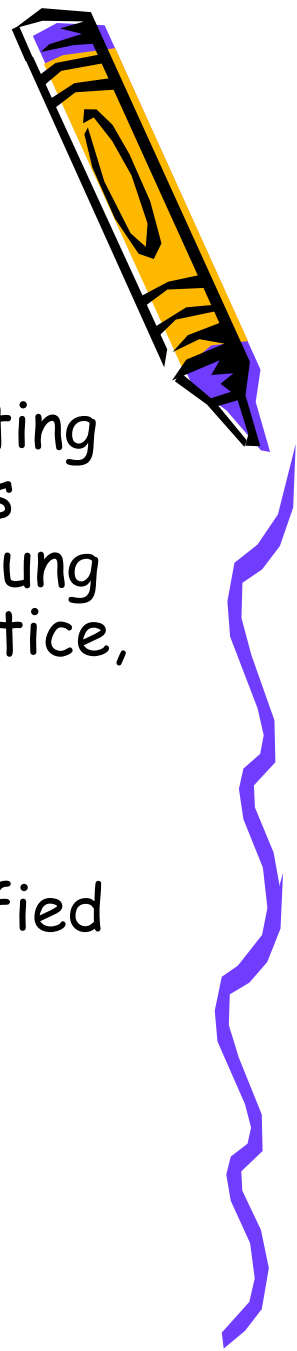


Kind	freq	%
Medicals only	47	71.2
Bus.men only	7	10.6
Med.& Bus.men	10	15.1
Others	2	3.1



# Conclusion

- Many young doctors in Lagos, Nigeria are quitting private general practice, as they grow older as there does not seem to be sustainability of young doctors staying in private general/family practice, as time passes. There is need to fashion skill acquisition short courses and provide general support that would increase the skills of this large population of trainable doctors in identified need areas in their practices and communities where they serve.



# References



- Roy Widdus. Public-private partnerships for health require thoughtful evaluation. *Bulletin of the World Health Organization* 2003, 81(4): 235
- Association of General and Private Medical Practitioners of Nigeria.
- Roemer M.I. La Medicine Privee. Obstacle a l'instauration de la sante pour tout. *Forum Mondiale de la sante* 1984; 5:217-24
- Roemer M.R. and Roemer R. Global health, national development and the role of government. *American Journal of Public Health* 1990; 80:1188-92
- Paulo Ferrinho, Wim Van Lerberghe, Manuel Romano Julian, Evelize Fresta, Aurelio Gomes et al. How and why public sector doctors engage in private practice in Portuguese-speaking African Countries. *Health Policy and Planning* 1998.13(3): 332-338)
- Zaidi S.A. Planning in the health sector, by whom for whom? *Social Science and Medicine* 1994; 39:1385-93



# References(contd)



- Bennett S and Mills A (guest eds.) Special Issue: The Public/Private Mix: policy issues and country experiences. *Health Policy and Planning* 1994;(9):1
- Deppe H. U. Sante et societe en period de transition. *Forum Mondial de la Sante* 1996; 17:203-8
- Public Health Policy in and with respect to developing countries: the need for change. In: Velden KVD et al (eds.) Health matters, Public Health in North-South perspectives. *Health Policy series Part 9 Amsterdam 1995.*
- Ensor T and San BP; Access and care for health plan:the poor of Northern Vietnam. *International Journal of Health Planning and Management*;1996(11):69-83.
- Paulo Ferrinho, Wim Van Lerberghe, Aurelio da Cruz Gomes. Public and private practice: a balancing act for health staff. *Bulletin of the World Health Organisation* 1999 77(3): 209) 11
- David Morley. In Pediatric Priorities in the Developing World; First edition, London. Butterworth & Co. 1973:33-36
- World Bank/International Finance Corporation. The Bossiness of Health in Africa

