Ibadan

Medical Specialists Group

@25

IMSG

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Welcome

From the Editor

Welcome to this commemorative magazine celebrating the 25th anniversary of the founding of Ibadan Medical Specialist Group (IMSG) UK. IMSG is a UK based charity (UK charities commission No: 1090030) founded in 1994. This is a retrospective look of its activities over the last quarter century.

The first part of the magazine looks into the history and activities of the group, and celebrates the life of a lost colleague.

Other sections include the roles alumni play in their alma maters and their achievements to date. Another is on brain drain, how to gain from it, why some people did not bite, and how to return home and contribute. This is not meant to be a serious magazine, so there are other light hearted looks at various aspects of our lives.

However, I have put as a central spread, power point reminders of the important issues of our time, Modern Day Slavery and Climate change.

Finally, I had my less than profound eureka moment on 28th August 2019 that we should publish this magazine, and this started a flurry of emails, texts and phone calls from me to you all. Yes, I was a pain, but I am impressed that in just over six weeks, you have all delivered despite your very busy lives. You can now unblock me from WhatsApp. The IMSG gold star goes to Annette Akinsete, who, while on holiday with her family to share quality time, my text came through, as was my phone call, and while still on holiday, she provided her piece. A free copy of the magazine coming your way. For others, sorry, you have to pay for your copies. It is all for charity.

In closing, I have been privileged reading all your contributions, and they are fantastic. I know others will have as much joy as I did reading them. Thank you very much. This is to another twenty-five years.

Olufunso Adedeji
IMSG Education & Research Secretary
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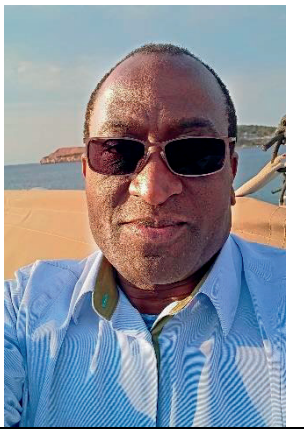


The Ibadan Medical Specialists Group was founded in 1994 by a small group of graduates of the College of Medicine, University of Ibadan, at the time living and working in the United Kingdom. This foundation group was constituted as follows:

1. Mr Olubunmi Olapade-Olaopa FRCS (Class of 1986) (now Professor of Surgery and Provost of the College of Medicine, Ibadan)
2. Dr Femi Ogunyemi FRCA (Class of 1983)
3. Dr Bayo Olujohungbe FRCPath (Class of 1985) – of blessed memory
4. Dr Akin Ayodeji FRCP FACP (Class of 1985)
5. Dr Yemi Olufolabi FRCA (Class of 1986)
6. Mr Olujimi Jibodu FRCOG (Class of 1984)
7. Dr Akintunde Akinkunmi FRCPsych (Class of 1986)

The Group's initial impetus was a desire to put something back into the medical school where we had all received a first class grounding in the art and science of medicine, to support, inspire and encourage succeeding generations of medical students, and to help to restore the College's international reputation for excellence in the clinical and academic aspects of medicine.

"The Group's initial impetus was a desire to put something back into the medical School..,"

Although the membership of the IMSG has changed greatly over the years (of the founding members, only the authors of this article remain UK-based), the ethos of the IMSG has remained unchanged. From a small group of friends who were all at medical school in the same period, it is now a UK registered charity with members whose graduation dates span a 20-year period, its own website (www.imsg-uk.org), and a formal written Constitution. To maintain a focus of commitment, membership has been by invitation, and is limited to doctors who gained their primary medical qualification from the College of Medicine and have gained a recognised postgraduate professional qualification. Doctors who have been removed from the Medical Register in any part of the world are ineligible to join.

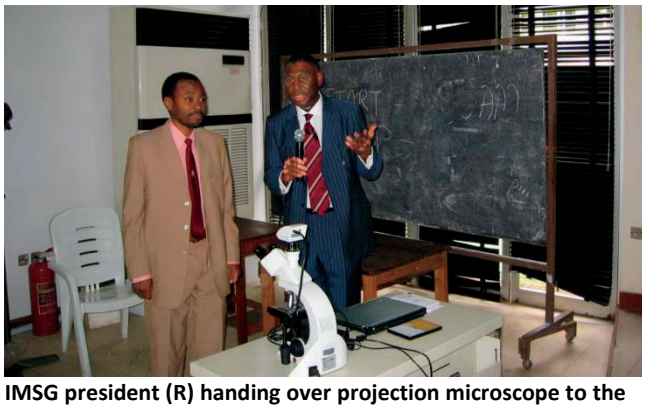
As the IMSG Constitution makes clear, the aims and objectives of the IMSG are to advance education by offering time, expertise, funds and equipment in order to support the College of Medicine, University of Ibadan. To this end, the IMSG has, over the years, been involved in a number of projects to assist the College. These include:

- Computers for E Latunde Odeku Medical Library (1995)
- Theatre clothing and shoe covers for medical students (1996 to 2010)
- Heavy-duty photocopier for E Latunde Odeku Medical Library (1997), through UK fund-raising
- Journal subscriptions for E Latunde Odeku Medical Library (from 1998)
- Fax machine for E latunde Odeku Medical Library
- Overhead projectors for various College of Medicine departments (from 2000)
- Travelling Fellowship for resident doctors (from 2001)
- Annual IMSG Symposium at the College Annual Alumni Week (from 2001)
- Audiovisual package of laptop + overhead projector for various faculties (from 2003)
- College Prize for medical students

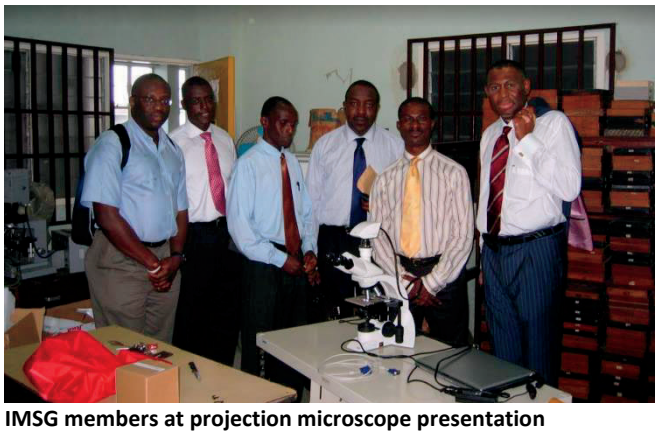
- Support for the IT Department in the form of staff training sponsorship (from 2009)

From 2005, IMSG has undertaken fund-raising dinners in the UK on behalf of the College. Each of these events raised an average of £10,000. The funds have been used for the following projects:

- 2005: Projection Microscope package for Pathology Lecture Theatre, 4th Floor, Clinical Sciences Building (Installed 2006)
- 2007: Wireless network (Internet Access) system for the College of Medicine
- 2009: Projection Microscope package for the Physiology Lecture Theatre in the Pre-clinical School of the College of Medicine
- 2011: Heavy duty photocopier presented to the College on 31 October 2012



IMSG president (R) handing over projection microscope to the Provost



IMSG members at projection microscope presentation

The IMSG fund-raising events, held in London and Mancehster have all been extremely successful events from the first in October 2005, commemorating the 20th anniversary of the College, to the most recent in 2017, to raise funds for the Preclinical Library Project. As a reflection of our close association with the College of Medicine, all of these fund-raising events were attended by incumbent or former Provosts or Deputy Provosts and/or Presidents of ICOMAA Worldwide. The events have also brought together alumni who had not seen one another for several years and ignited the interest of hundreds of alumni in contributing to the advancement of our Alma Mater.

At IMSG fund raising dinner in London.

The IMSG was registered in 2001 as a UK Charity by the Charities Commission in (UK Charities Commision Reg No 1090030), and, in line with this, is regulated by the Rules of the Charities Commission, which include an annual audit of its accounts.

The IMSG holds an annual symposium in Ibadan, which involves speakers from Ibadan and abroad, and which addresses a subject of interest from a multi specialty perspective. The next symposium is scheduled to hold on 7th November 2019.

IMSG members and with the Provost (centre front row) at an IMSG symposium in Ibadan

Perhaps the most notable IMSG achievement to date, is the construction and commissioning of a Preclinical Library building between 2013 and 2014. At the time of commissioning, this project had cost close to £100,000, raised from UK and Nigerian donors. The project demanded full commitment from IMSG members, and the herculean efforts of Prof Segun Abudu (IMSG member). There have been further financial undertakings by the group, since the building was

handed over to the College of Medicine, University of Ibadan.

Commissioning of IMSG built pre-clinical school library at the University of Ibadan

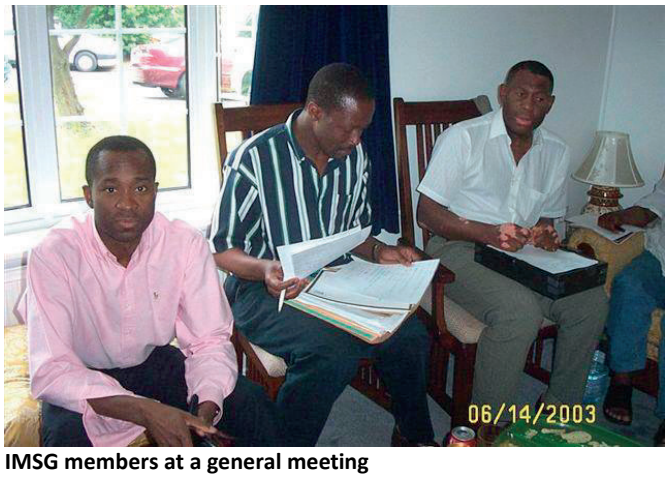
The IMSG has come a long way in the 25 years it has been in existence. It recognises that it has been greatly encouraged in achieving its goals by the support and assistance of Provosts and other key College officials throughout this period. The IMSG is aware that it has developed a reputation for being fully committed to its goals, and for delivering on its commitments; it is a reputation that has required a great deal of hard work, over several years, to earn. We do not intend to relinquish it.

Notwithstanding our achievements, members maintain an atmosphere of friendship and informality. General meetings to this day are held in members' homes on a voluntary basis.

Akintunde Akinkunmi is a consultant psychiatrist and Olujimi Jibodu is a consultant gynaecologist and obstetrician practicing in the UK

ICOMMA president at an IMSG meeting

IMSG fund raising dinner



IMSG members at a general meeting

Members at an IMSG symposium in Ibadan

Taiwo Adewumi

IMSG at 25: Personal View

It's amazing to be celebrating IMSG at 25. I am thankful for the vision of the founding members to look at ways of giving back to their Alma Mater, College of Medicine University of Ibadan. I became aware of the activities of IMSG through my brother -in-law Banji Adeyoju and my classmate Gbenga Akande who were already active members. They spoke glowingly of the ethos and focus of the group and the sense of purpose leading to successful programmes over the years.

I have always appreciated the input of the college and the solid foundation it gave to me enabling me to build a successful medical career. I was interested in the opportunity to give back but not sure how to make this happen.

My first meeting was with some anxiety, as I was aware that many of the members were my senior in medical school. It was a pleasant surprise to experience the warmth of welcome and the sense of importance accorded all members. The meeting was conducted in an atmosphere of mutual respect and humour with focussed discussion and excellent interaction over an excellent meal . I was impressed by the singleness of focus supporting medical education.

I believe IMSG is an example of the brightest and best of Nigeria. Authority in the group is not based on seniority, hierarchy or position but on expertise and knowledge. Respect is not demanded or commanded but earned based on competence and value added to discourse and activities of the group. Each member of the group is valued for what they bring to the discourse and everyone is encouraged to participate fully as best as they can, utilising their area of expertise and competence. Though in tribes and tongues we differ but in brotherhood/sisterhood around a common goal we see a sense of solidarity and multiple successful milestones achieved over the last 25 years.

"Respect is not demanded or commanded but earned based on competence and value added to discourse and activities of the group."

Thus began my journey with my esteemed colleagues. The group has provided a platform to find out more about activities in the college and has provided opportunities to participate and contribute to projects in the college . I have had opportunities to present at the annual academic symposium in Ibadan and I also became aware of the excellent development in Child and Adolescent psychiatry under the leadership of Professor Omigbodun and her consultant colleagues. It was a privilege to be invited as a visiting faculty member at the Centre for CAMHS on the Masters programme. The impact of that programme in developing CAMHS practitioners on the continent has been exemplary and heartwarming. I have also had the opportunity of rekindling old friendship and developing new ones with colleagues in Ibadan.

It has been a wonderful opportunity as General secretary of the group, working alongside my committed colleagues to continue to push forward the vision and programmes of the group. I will like to raise a toast to the founding members for their exemplary vision, to the current members for their unrelenting commitment to the aims and goals and to future members who will continue to carry on the legacy of the group. Looking forward to all the activities organised to celebrate this landmark achievement.

Taiwo Adewumi is a consultant psychiatrist.

Remembrance

Adebayo Babajide Olujohungbe 03/06/63 – 26/05/2013

'Bayo (also known affectionately by his many friends as 'Siki P') was born on June 3rd, 1963 in Ibadan to the late Funsho and Olabisi Olujohungbe. 'Bayo was recognised very early on as a special and gifted intellectual and was invariably at the top of the class while at primary school at Sacred Heart, Onireke, Ibadan and subsequently during secondary education at King's College Lagos. Bayo was diagnosed with Sickle cell anaemia but evidently this did not deter or hinder him from his many laudable achievements throughout his lifetime. Many have commented (and all of us – his close friends all witnessed this firsthand) on how he soldiered through painful crises with grace and fortitude. He went on to study Medicine at the College of Medicine, University of Ibadan, Nigeria, graduating in 1985. He subsequently commenced postgraduate studies in internal medicine and Haematology in the UK. During this period, he obtained the following qualifications; Dip.Haem Lond(1989) MRCP(1992) MRCP(1992) MRCPath(1998) MD Birm(1999) FRCPath(2006). He was appointed Consultant Haematologist at University Hospital Aintree Liverpool in 1999 and a decade later he moved to University Hospital Manitoba Winnipeg where he was appointed as Associate Professor in the Haematology section of the internal medicine department. He was a vigorous and thorough research academic, always probing, always challenging, always climbing new heights. He made significant and lasting contributions to knowledge and understanding in his chosen sub-specialities of Oncology (particularly multiple myeloma) and haemoglobinopathies. He published over 35 scientific peer reviewed articles and contributed to the publication of several books. One of his most notable achievements was his leadership of the development of the United Kingdom standards for Adult Sickle Cell Disease to reduce gaps in care, in 2008. This outstanding work was directly acknowledged by the then Prime Minister of UK, Gordon Brown.

Bayo was a gregarious, generous, sympathetic and empathetic man. We can comfortably and honestly say, as his friends and colleagues, that Bayo had the unique and attractive attribute of making you (the friend) feel special and valued.

He is survived by his wife Danita and children James Olufunsho and Olivia Folashade who are thriving in their own lives today. His siblings Bunmi, Yinka, Tokunbo and Ayo also miss him greatly. He loved his family and, in his downtime, had a fondness for cricket and a well-known and appreciated eclectic taste in music. Among us, his friends, he was known for his dance moves.

Just one of his many contributions was being one of the famous visionary seven individuals who set up the Ibadan Medical Specialists group in the UK in 1994. Indeed, he served on the executive in the early years as Treasurer. The organisation was founded to make contributions back to the College of Medicine University of Ibadan, Ibadan Nigeria. 25 years later, the organisation is still going strong and has lived up to the aspirations of its founders.

'Bayo lives on evergreen in our hearts and continues to influence what we do positively to this day.

'Banji Adeyoju
IMSG Vice-President
21/09/201

Adesegun Abudu & Adebanji Adeyoju

The Educational Activities of the IMSG in the Last 25 years

At its conception, the Ibadan Medical Specialists group was set up with one primary, over-arching goal in mind that was for interested and committed alumni, based in the UK to collectively 'give back' to our alma mater; the College of Medicine, University of Ibadan Nigeria. Soon after it was set up the IMSG achieved registered charitable status in the UK in 2001. Article II of our constitution states;

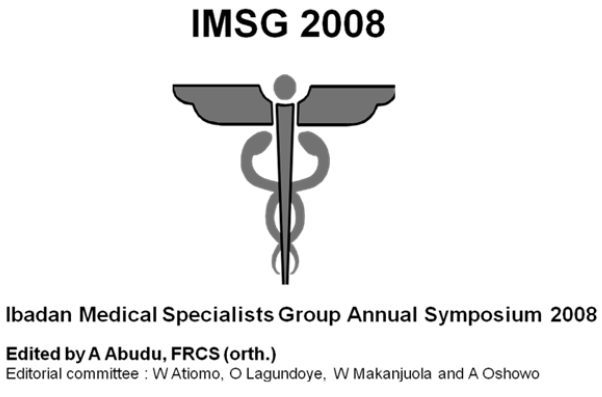
The aims and objectives of the IMSG-UK: -
To advance undergraduate and postgraduate medical and dental education by offering resources and support to the College of Medicine, University of Ibadan, Nigeria.'

In this brief article, I will report upon the IMSG's educational activities over the last 25 years. A list of direct and indirect educational support to medical education at the COM Ibadan includes the following;

- Computers for E Latunde Odeku Medical Library (1995)
- CDROM for Anatomy teaching (1998)
- Theatre clothing and shoe covers for medical students (1996 to 2010)
- Heavy-duty photocopier for E Latunde Odeku Medical Library (1997),
- Journal subscriptions for E Latunde Odeku Medical Library (from 1998)
- Fax machine for E latunde Odeku Medical Library (1999)
- IMSG Endowment (College Prize) for Medical students £500.00 (yearly ever since)(2000)
- Overhead projectors for various College of Medicine departments (from 2000)
- Travelling Fellowship for resident doctors/junior Consultants (from 2001)
- Annual IMSG Symposium at the College Annual Alumni Week (from 2001)
- Audio-visual package of laptop + overhead projector for various faculties (2003) X4; For each of the four main clinical faculties
- Solar powered panels – To provide uninterrupted power supply to the E Latunde Odeku library (2008)
- Free Internet access students Alexander Brown Hall of residence 2008
- Support for the IT Department in the form of staff training sponsorship (from 2009).
- Heavy-duty photocopier for E Latunde Odeku Medical Library (2013)
- Building of IMSG Preclinical Library (2015)

IMSG members in front of the new pre-clinical library

As the group was made up of specialists, one of our earliest efforts was directed at publishing a yearly set of articles, typically based around a theme i.e. IMSG members would agree on a theme and each specialist would write a specialty based article relating to some aspect of the theme. The earliest, with Adebayo Olujohungbe as editor was called the 'Journal of the Ibadan Medical Specialists Group' which was published as a set of articles on Diabetes Mellitus in 1997. A year later, in 1998, with Oluwabunmi Olapade-Olaopa as editor the IMSG published the 'Archives of Ibadan Medicine; A Journal of the Ibadan Medical Specialists Group' with 'Hypertension' as the theme. Jimi Jibodu took over and developed this activity even further. The target audience of our articles, then as now were medical students and residents



Front page of the first IMSG year book 2008

In 2008, shortly after Adesegun Abudu took over as Education and Research Secretary, the IMSG started publishing a yearly educational book with contributions by specialists from within the IMSG and additional contributions by other invited authors. This first yearbook was produced in 2008 and titled 'Advances in Medical Care' The yearly book is paid for by the IMSG and we would typically print 5-700 copies. Adebanji Adeyoju took over as Education and research secretary in 2011, followed by Olufunso Adedeji in 2015 who is still the current officer-in-post.

It has been remarkable to review the strong and cohesive team-based efforts of the IMSG over the last 25 years

In 2004 and every year since, we started hosting a yearly IMSG symposium on the first Wednesday of November at the College of Medicine (COM) at Ibadan. Lectures are delivered by IMSG members and invited lecturers. During the symposium, attending medical students are each given a copy of each publication free of charge. Several copies are also distributed individually to the various clinical departments with 10 copies also given to the E Latunde Odeku Medical Library (The main COM library). The College librarian also distributed one each to the other medical college libraries around Nigeria. Also, at this time, the IMSG started formally publishing these articles in a formal book form. These symposia have well attended and has become a fixture in the College diary. This remains the earliest and best recognised recurring alumni lead activity of this nature at COM.

These twin activities; the yearly IMSG book and symposium have formed the cornerstone of the educational activities of the IMSG over the years. During the yearly symposium, individual IMSG members also interact directly with residents and medical students in the various clinical specialities. These direct activities often take the form of grand rounds, tutorials or even occasionally teaching ward rounds. While the focal point is the symposium and book launch, as the IMSG activities span the best part of a week every November, there is ample opportunity to interact with medical students and residents allowing lasting mentoring and networking relationships to flourish. Its pertinent to note and acknowledge that visiting the IMSG members numbering between 6-15 individuals every year do so while personally bearing travel and accommodation costs to Ibadan (from the UK).

By far the single biggest educational contribution is the building of a large Preclinical library for medical students in the pre-clinical area of the COM at the main University of Ibadan site. Thus far, the IMSG has raised and spent over £100,000.00 on this project. This building was formally completed in 2015, while our fund-raising efforts continue to the current time to provide furnishing and equipment for the running of the library.

It's been a pleasure and a privilege to reflect on these educational IMSG achievements. It has been remarkable to review the strong and cohesive team-based efforts of the IMSG over the last 25 years. We intend to build on this and drive forward the vision of enhancing and supporting medical education at the college of medicine Ibadan, Nigeria

Acknowledgements: Many thanks to Olujimi Jibodu, Olujimi Coker and Akintunde Akinkunmi for kindly reviewing this article

Professor Adesegun Abudu is consultant orthopaedic surgeon in Birmingham. Mr Adebanji Adeyoju is a consultant urological surgeon in Stockport Manchester.

Lanre Ogunyemi

Funding and Fund-Raising by IMSG

From inception till 2005, IMSG charitable activity was funded by *regular membership subscription and intermittent levies* on its members. The regular subscriptions have risen from fairly modest sums contributed by 6 members to £200 per annum from about 40 members. Thus an annual sum of around £8000 is currently raised from membership subscription alone.

In 2005 we added a *biennial fund-raising dinner* to our financial efforts. This raises a net figure of between £7 - £12,000 every two years.

IMSG successfully registered for *Gift Aid* on 25th of February 2013. This means that we are able to claim 25p extra for every 1pound donated by an eligible UK tax payer.

Between 2012 and 2015 we also ran a *focused fund-raising effort* to help us build the pre-clinical school library at the behest of a former Provost. The budget for this was just under 25 million naira which we successfully raised. At the time, this was equivalent to about a £100,000. Helping us along the way were all the above resources alongside direct donations to the library project (including use of virgin-money giving]. The two largest single donations to the project were those of the late Professor David Montefiore's estate for £10,000 and N1.139m from the Aboderin foundation. All IMSG members donated at least £500 in addition to their regular membership subscriptions. The library was handed over in a ceremony on the 4th November 2015.

Some other projects we have delivered over the years include:

- Donations to E. Latunde Odeku library of
    - Computers/ Fax Machines/ Journal Subscriptions
    - Heavy duty Photocopier in 1997 and replaced in 2012
- Faculties of College of Medicine
    - Audiovisual package of laptops and overhead projectors for various departments
- Wireless (internet) network for ABH, UCH
- Traveling fellowships for resident doctors
- College Prizes & Gifts for medical students
    - E.g. theatre clothes annually
- IT Department
    - Staff training sponsorship from 2009

And much more. Currently our fund-raising efforts support an annual educational symposium that has been running for over a decade and a half. Alongside this an annual IMSG book is published on the symposium theme and donated to each attending medical student. The tracked value of contributions to the college of medicine over the years would be hundreds of thousands of pounds and possibly much more when considers the uncharged man-hours of professional education and related expenses that IMSG members freely contribute. IMSG looks forward to many more years of supporting its alma mater.

Dr Lanre Ogunyemi
IMSG President

Lanre Ogunyemi

IMSG Charity Governance: Journey & Challenges

Introduction

IMSG is a registered charity with the UK Charities commission [UKCC]. It's principle governing document is its constitution, which specifies our aim to be "*To advance education by offering funds, equipment and support to the College of Medicine, University of Ibadan, Nigeria*".

"The perception of corruption with some things Nigerian can be difficult to overcome"

The group is led by an executive body of seven that also serve as trustees. This executive is elected from members every four years. UKCC rules mean that the trustees are accountable for the decisions of the group. Thus they can face prosecution and personal sanctions if there is a breach of charity commission rules or they are negligent in their responsibilities. All trustees for charities in the UK are required to be familiar with the UKCC published essential trustee guide and their charities' governing document at the very least. The Trustees serve as guarantors of good leadership, integrity, effectiveness, openness and accountability. They also ensure appropriate risk management & controls with regards to the charities' decision making . IMSG Trustees meet on at least a quarterly basis to tend the affairs of the charity.

The Journey

After the inception of the group the formal constitution was adopted on 6th of May 1995 and amended 4 times since then to its current iteration. The group was formally entered onto UK register of charities on 10th of January 2002. With this came regulated responsibility for good governance and annual declaration of finances and governance status. Over the years the detail required to fulfil this regulatory requirement has increased for both small and large charities. Currently registered charities working overseas have to make enhanced declarations about their overseas expenditure (and income) as well as the financial controls governing these (including decision making & expenditure policies and protocols). These aim to make sure it is easy for an external body to verify that money raised in the UK was used for the charitable purpose for which it was raised. As governance best practice has evolved, IMSG has updated its constitution to keep in step with the UKCC recommendations and also introduced a UKCC-compliant procedure to govern our overseas expenditure.

Challenges:

Working as a charity that is mainly active in Nigeria poses unique challenges to good governance. Some of these range from navigating seemingly non-threatening *current* cultural nuances that diaspora may not be familiar with to recognising probity "banana skins" that may result in reputation damage and harm to future charity efforts. Some of these are discussed below:

***Fund-raising resistance due to perceived Nigerian corruption**:*
The perception of corruption with some things Nigerian can be difficult to overcome. Most IMSG members who have tried to encourage donations will have encountered this lack of confidence that the donor's money will achieve what they wish it to achieve. Having a demonstrable culture of transparency, openness and accountability is a good way of

countering this perception. From our earliest days we've addressed this challenge, with a strategy to raise funds and directly oversee the projects the funds are intended for. This helped IMSG achieve an enviable reputation for accountability with our fund-raising projects. More recently we have developed a UKCC compliant financial procedure to detail how are financial obligations are met. Compliance necessitates a clear process for ensuring rigorous accountability from the point at which money is raised to when it is used. For example, using only FCA approved organisations for transfer of money to Nigeria means an external reputable permanent record of value and circumstances of transfer. After delivery of a project, there should be evidence of receipt of project/funds by our alma mater. Overall, it should be unambiguous that money raised was used for what it was intended; and the detail of this should be accessible to any enquirer. Our annual accounts are audited by an accounting firm and accessible to the public via the UKCC or on request.

Perceived corruption by association or neglect.
We do find that at times potentially allied organisations use either the IMSG name or that of its principal officers without consultation/permission,
presumably in order to lend a level of respectability/legitimacy to their own fund-raising efforts. Whilst the fund-raising effort may not have any corrupt intention, the processes involved may not meet the UKCC standards that IMSG adheres to and thus can result in damage to our reputation. We rely on members alerting us to such situations so they can be challenged. A more direct example of corruption by association/neglect is where a project has been delivered as intended but after delivery the project is then abused corruptly. We had to stop our annual donation of theatre gowns to students on account of such a concern (external sales of donated item). *The UKCC recommends that charities operating overseas rigorously ensure that donor intentions are honoured and have frozen charity accounts in cases where they were not able to clearly verify that funds have been used as intended.*

"Having a demonstrable culture of transparency, openness and accountability is a good way of countering this perception"

Information/evidence deficiencies:
In making decisions on what project to support, a particular challenge is getting enough information to support our decision making. Cost estimates can vary and having a trusted experienced critical eye to look at these is invaluable. We often have to shorn quotes of items that are not fundamental to the successful delivery of projects. Having prompt clear written correspondence from the recipient on progress/status greatly helps with demonstrating fulfilment of charitable objectives. Sometimes these are not received. Pending these there is immense probity value from, pictures of hand-over events, emailed request for such information, statements made by a group of UK doctors and minutes from charity meetings.

Extraordinary expenses:
In the course of our activities there may be expenses incurred that do not easily fall into our defined charitable aims or where there may be a risk of misinterpretation of use of funds. For those situations the member will often fund the expense themselves. These can vary from minor meeting related expenses to flights to Nigeria. The charity has never paid for any flight/travel expenses for its members. We rely on the goodwill of members, which thankfully is never in short supply.

Personality & Cultural Issues:
Nigeria has a very strong hierarchical culture permeated with deference to age and authority. Good governance systems do not overly allow for such deference. Purposive invitations to [and consultations on] IMSG events can inadvertently alienate more distant stakeholders who are overlooked in these processes. They may feel slighted because they were not *consulted/involved* in the *order/manner* they judge to be appropriate. Unfortunately, this can mean that projects are held up because such parties, may play a part in bringing your project to fruition and do not prioritise your project. The ideal way to counter this is wide consultation and education before the project that also takes into account these cultural nuances without sacrificing good governance and probity. However, in pragmatic terms this is laborious and often impractical for busy time deprived volunteering doctors. Fortunately, some members travel to Nigeria frequently and we try to achieve a balance by discussing with these colleagues and agreeing at our meeting the most pragmatic way to achieve our objective. With such an approach we do our best (and mostly succeed) not to alienate potential stakeholders whilst preserving our integrity. There are also people who will only cooperate with you where they find there is some direct personal gain for them; such personal gain

cannot be given any weight in our decision-making, thus if a key stakeholder, it can be fatal to a project.

"From our earliest days we've addressed this challenge, with a strategy to raise funds and directly oversee the projects the funds are intended for"

Shifting Priorities, Organisational Memory Issues.

Within the life of a project the leadership of both IMSG and COMUI can change and when the priorities of the college change (often due to a change in the larger political environment), there can be a change in pace of commitment to facilitating delivery of IMSG projects.

Our IMSG library perhaps exemplifies some of these governance challenges, it is the single biggest project that we have undertaken as a group. In accord with good practice we agreed a Memorandum of Understanding with the college leaders at the inception of the project, however by the time we handed over in 2015 leadership of the college had not only changed but also the financial operating environment of the college, in particular national introduction of "treasury single account" restrictions. This made it difficult for two successive provosts to honour the college responsibilities agreed in the memorandum promptly.

Benefit

The key benefit of good governance is public confidence in the organisation. This helps a charity that relies on donations [both time and money] achieve its objective. Two examples of such public confidence are an unsolicited donation of £10,000 pounds from the estate of Professor Montefiore to help IMSG achieve its objectives in early 2015 and the fact that are biennial fund-raising dinner regularly raises £7 – 12,000 pounds from about 200 alumni and well-wishes in aid of the college; many of which are returnees to each event. IMSG is proud of its ability to maintain this confidence over the past 25 years. Sometimes we have to be transiently unpopular with some of our esteemed leaders, teachers in order to preserve this confidence but are encouraged that the majority appreciate our efforts. We are confident that generations of students from our alma mater will thank us for it.

Lanre Ogunyemi
IMSG President
Consultant Occupational Physician

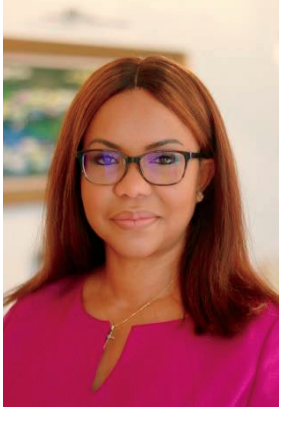
Gene therapy for sickle cell disease: An update
Dermici S, Uchida N, Tisdale JF
Cytotherapy 2018, 20(7) 899-910

Sickle cell disease (SCD) is one of the most common life-threatening monogenic diseases affecting millions of people worldwide. Allogenic hematopietic stem cell transplantation is the only known cure for the disease with high success rates, but the limited availability of matched sibling donors and the high risk of transplantation-related side effects force the scientific community to envision additional therapies. Ex vivo gene therapy through globin gene addition has been investigated extensively and is currently being tested in clinical trials that have begun reporting encouraging data. Recent improvements in our understanding of the molecular pathways controlling mammalian erythropoiesis and globin switching offer new and exciting therapeutic options. Rapid and substantial advances in genome engineering tools, particularly CRISPR/Cas9, have raised the possibility of genetic correction in induced pluripotent stem cells as well as patient-derived hematopoietic stem and progenitor cells. However, these techniques are still in their infancy, and safety/efficacy issues remain that must be addressed before translating these promising techniques into clinical practice.

IMSG Executive Members and Trustees 2015 - 2019

Lanre Ogunyemi
President

Banji Adeyoju
Vice President



Tonye Wokoma
Financial Secretary

Taiwo Adewumi
General Secretary

Bode Williams
Deputy General Secretary

Olufunso Adedeji
Education and Research Secretary

David Makanjuola
Ex-Officio

IMSG @ 25 Symposium

On 12th October 2019

Watford Hilton Hotel, Elton Way Watford. WD25 8HA

Programme

1.45-2.00pm	Guests arrive
2.00pm	Symposium commences
2.00 - 2.05pm	Welcome Address: Dr Lanre Ogunyemi, IMSG President
2.05 - 2.20pm	Introduction of Symposium Speakers and Moderator Dr Akintunde Akinkunmi (IMSG Founding Member) by Adebanji Adeyoju, IMSG Vice-President Additional panelists: Dr Lanre Ogunyemi IMSG President Dr Abib Olamitoye, President, ICOMAA Worldwide
2.20-2.40pm	**Why Alumni Relations Matters and How Does Oxford do it?** Christine Fairchild Head of Alumni Relations, University of Oxford, UK
2.40 - 3.00pm	**ICOMMA North America: Demographics and Strategic Plans** Dr Titi Britto President ICOMAA North America
3.00 - 3.20pm	**Essence and Strategic Importance of Alumni** Prince Adetokunbo Kayode CON, SAN President, Abuja Chamber of Commerce and Industry, Nigeria
3.20 - 3.40pm	**The Role of Alumni in Contemporary Medical Education in Ibadan** Professor E. Oluwabunmi Olapade-Olaopa Provost, College of Medicine, University of Ibadan, Nigeria (IMSG Founding Member)
3.40 - 4.15pm	Questions and comments
4.20pm	Close

Past IMSG Symposia at College of Medicine University of Ibadan

Group photograph – IMSG members and Officials of College of Medicine University of Ibadan (COMUI), November 2017

Lanre Ogunyemi, IMSG President, November 2018

Funso Adedeji, IMSG Education & Research Secretary, November 2018

Oluwole Akande

The Role of Alumni Associations in the Life of a Medical School

Alumni Associations are increasingly providing assistance and support for the sustenance of Institutions worldwide. This trend has led to the establishment of Alumni Associations of several medical institutions in Nigeria and elsewhere.

It is important that the Alumni Association of a Medical School should broaden its scope and mandate to make it relevant to its associated Teaching Hospital thus fostering the cohesion of the twin-institutions.

In this regard, the role and objectives of the Alumni Association of a Medical School should be to "promote the welfare and progress of the Medical School and its Teaching Hospital" whilst membership is extended to include all those who passed through residency training programmes or any other training programmes at the Teaching Hospital as well as any member of the Staff of the Medical School or Hospital with a University Degree who has spent a stipulated minimum period in the service of the Medical School or the University Teaching Hospital.

(i) To promote the welfare and progress of the Medical School, and its Teaching Hospital;
(ii) To advance and sustain the pursuit of knowledge in the science of medicine in Nigeria;

- (iii) To give recognition to past and present students of the Medical School and its Teaching Hospital for scholastic and other achievements;
- (iv) To provide a forum for free exchange of ideas for the for the progress of the Medical School and its Teaching Hospital;

(v) To promote friendship and the spirit of fellowship among members of the Association.
(vi) To initiate and support worthwhile, progressive and viable projects beneficial to the Alma Mater and to encourage other interested persons and groups to do the same.

"The alumni of an Institution can be viewed as "the reflection of its past, representation of its present and a link to its future"

Using the Ibadan College of Medicine Alumni Association as an example, the aims and objectives of the Alumni Association of a Medical School could be as follows:

Here are some ways in which alumni associations are creating a powerful positive impact:

1. **Support system:** If kept well informed and engaged, alumni are the most loyal supporters and the best ambassadors, offering invaluable marketing and promotion across their personal and professional networks.

2. **Giving back and offering expertise:** Engaged graduates are much more likely to want to "give back" to the Institution. Leveraging the alumni community can be a win-win for both the institution and the alumni. Many of them are willing to 'Give-Back' to their alma mater as a sign of their gratitude and affinity towards the institution.

3. **Assistance in employability:** By donating their valuable time to offering career support to current students thus enhancing the students' experience and giving them that competitive edge in today's tough job market. The alumni network of an Institution could be one of the biggest sources of placement opportunities to the students. Alumni can help students get

placed at their respective organizations.

4. **Mentorship and Scholarships:** Alumni can play an active role in voluntary programs like mentoring students in their areas of expertise. They can also play a significant role in contributing scholarships to deserving students.

5. **Short-term outreach medical missions:** Alumni Associations of Medical Schools can play an important role in undertaking short-term outreach medical missions. These missions will invariably lead to highly skilled medical practitioners from the diaspora collaborating with medical professionals based in the local communities where these missions occur.

Finally, the alumni of an Institution can be viewed as "the reflection of its past, representation of its present and a link to its future".

Emeritus Professor E. Oluwole Akande. OON, DPhil (Oxford), FRCOG, FMCOG, FWACS, Hon FCOG (S.A) was the Foundation Provost, College of Medicine, University of Ibadan, Pioneer Chief Medical Director, University College Hospital, Ibadan & Past President, Ibadan College of Medicine Alumni Association

Abstract

The Role of Alumni in Contemporary Medical Education in Ibadan

Oluwabunmi Olapade-Olaopa
Professor of Surgery,
Provost College of Medicine, University of Ibadan

(Lecture to be given on 12th October 2019)

Alumni play an important role in maintaining and expanding a university's development through their voluntary contributions. These contributions include: role modelling and inspiration of students, mentoring, provision of expertise and funds, networking, enhancing the university's image, and improving student recruitment. Considering that Alumni are often domiciled around the world, they present the University with an national and international network of experts and influence. In this manner, and through their efforts, Alumni can contribute significantly, not just to the development of the university, but also to nation building.

The College of Medicine, University of Ibadan has benefitted immensely from its Alumni over the years in all aspects of its statutory functions. Their support has increased in recent years and is now a major resource especially as government funding has dwindled.

This presentation will highlight some of the areas of collaboration and support received in the last three years, and make the case that Alumni Relations must now be a major component of University Administration

Olayinka Omigbodun & Akinyinka Omigbodun

Alumni in the Diaspora Collaborating with Local Faculty to Build Capacity for Research, Teaching and Service Development

Alumni are a veritable resource that educational institutions the world over have tapped into to strengthen themselves, improve their learning environment and increase the contributions they are able to make to the society in which these institutions are based. In the United States of America, alumni are a major source of financing for the flagship universities such as Harvard, Yale, Princeton and Stanford. In Nigeria too, alumni are emerging as a source of regeneration and renewal, not only for Universities, but also for secondary and primary schools which have suffered a terrible decline in the past two decades.

The University of Ibadan, the oldest in Nigeria, has been courting her alumni for several years. The Alumni Association was established shortly after the University became fully autonomous, and various subsets such as individual class sets were created to bring about greater cohesion between individual members and enhance the ability to mobilise members by reaching out through their peers. Later on still, grouping of alumni by the academic units they belonged to in the University was encouraged.

An important watershed was the establishment of the Ibadan College of Medicine Alumni Association (ICOMAA) in 1999 with Emeritus Professor Oladipo Akinkugbe as the first President. Professor Temitayo Shokunbi, as the Provost of the College of Medicine when ICOMAA was established, encouraged the organization of individual class sets as well as professional groups within the Association. One such group is the Ibadan Medical Specialists Group (IMSG) that has contributed consistently over the years towards improving the learning environment of current students of the College of Medicine.

"In Nigeria too, alumni are emerging as a source of regeneration and renewal, not only for Universities, but also for secondary and primary schools"

Alumni and alumni groups have continued to contribute towards strengthening the University by refurbishing existing buildings and putting up new ones, supplying essential equipment for teaching and research, endowing prizes for exceptional scholars, sponsoring students to attend academic events and contributing directly towards the teaching and supervision of students enrolled in degree programmes at the University.

The Case of the Centre for Child & Adolescent Mental Health (CCAMH)

In December of 2010, the John D and Catherine T. MacArthur Foundation awarded a grant to the University of Ibadan to build up capacity for child and adolescent mental health in Africa. The first set of students were admitted into an 18-month Master of Science degree programme in Child and Adolescent Mental Health on 8 January 2013. Exactly 18 months later, on 16th June 2014 (also *Day of the African Child*), that first set of students completed their training. More than 100 child and adolescent mental health (CAMH)

professionals from over 14 African countries and all geopolitical zones of Nigeria have completed the training programme since it was inaugurated.

Before this programme emerged, there was only one structured and well-coordinated programme to train for CAMH in sub-Saharan Africa located in South Africa, and capacity for CAMH was very low. Faculty within the University of Ibadan with specific skills in CAMH were very few and would certainly not have been able to meet the needs of this pioneer programme. Several alumni of the College of Medicine played a significant role in making this possible, some formally as co-investigators on the grant and as visiting faculty, others being brought in informally as they visited Nigeria. Truly, without alumni serving as formal and informal visiting faculty, this programme would never have taken off and had the multiplier effect it has had around the African continent. Alumni brought in their expertise from the various world-class centres and engaged in teaching, research, and service development as capacity was being built. We enjoyed formal expertise from a child and adolescent consultative service and a community paediatric mental health service. We also had exposure from an expert in forensic child and adolescent psychiatric. Due to formal partnerships established with alumni, students were also able to visit offshore centres for short periods of time to gain new knowledge and skills.

The benefits of having alumni as visiting faculty was profound. There were inputs into proposal development. Funders who were keen for strategic partnerships to be an integral part of such proposals were more comfortable with partnerships made with centres with a track record of attracting grants and having a good reputation as centres of learning. Alumni working in such centres were of tremendous help in being able to forge such partnerships. Professionals could therefore stay on the continent and receive world-class training, thereby learning within the environment in which they would practice. This arrangement should also lead to increased retention of well-trained personnel on the continent. Research projects undertaken by the students were jointly supervised by local and visiting faculty, and visiting faculty supported the publication of the research projects supervised in international high-impact journals, increasing the visibility and ranking of the College of Medicine, University of Ibadan.

"Truly, without alumni serving as formal and informal visiting faculty, this programme would never have taken off and had the multiplier effect it has had around the African continent"

Learning from visiting faculty was not a one-way affair. Visiting faculty also learnt a lot from local faculty and the students. Many visiting faculty reported that it helped them gain perspective in understanding issues related to mental health in Africa. In 2004, Dogra and Omigbodun wrote in the British Medical Journal:

"The developed world has much to give and receive from working with partners from the developing world. If each child mental health service in the developed world established a partnership with a similar organization in the developing world, much would be gained on both sides from this process". This is what has been happening as visiting faculty partnered with local faculty.

One advantage alumni have is that they know the terrain, the strengths and advantages, as well as the difficulties and the pitfalls, of learning here because they had trained within the same set-up. Alumni are usually able to appreciate the difficulties involved in arranging and setting things up in an environment such as the one the University finds itself in contemporary times. Their experiences in the diaspora should also help alumni to have a perspective of how things could be done better with the appropriate application of available resources, no matter how limited. Alumni can raise funds to sponsor the execution of different infrastructural projects.

Alumni could come back to teach current students, conduct collaborative research with local faculty and students, and arrange for students and faculty to travel over to institutions in the developed world where their horizons could be widened further. There are several advantages in having alumni in the diaspora come to teach in Nigeria.

Working with Alumni Visiting Faculty to Build Enduring Partnerships and Research Collaborations

In 2018, Dr. Babafemi Taiwo, Gene Stollerman Professor of Medicine (Infectious Diseases), Northwestern University, Chicago, Illinois, USA and Ibadan College of Medicine's MBBS graduating Class of 1991, gave an instructive speech during the College Research and Innovation Management (CRIM) Board's Guest Lecture at the Annual Research Day for 2018. He said,

"As the oldest Nigerian medical school, the College has the largest network of successful alumni, which should translate into the largest endowment. With such an endowment, no College faculty would use their salary to conduct research as some do currently, and no researcher would abandon potentially high impact research due to breakdown of basic equipment."

Dr. Taiwo is doing exactly that, partnering with COMUI faculty in the areas of research and training to bring about change. When he brings change through research, what stops the COMUI from reaching out and offering him a formal Visiting Faculty position. The benefits would be much more and the effect will ripple out rapidly. To attract more alumni and their resources, the College could even offer visiting faculty a track for promotion on a competitive basis within that framework.

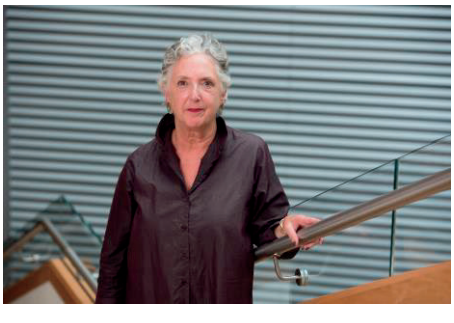
Dr. Tolulope Alugo - *née* Badejoko - (2000 graduating set), a Child and Adolescent Psychiatrist at Saint John Regional Hospital and Assistant Professor of Psychiatry at the Dalhousie University, Memorial University Mental Health Services. Canada, recently visited CCAMH and engaged in training Masters' degree students. In her words,

"I believe it is a great way for alumni to give back to an Institution that did so much for us, to share our expertise, varied experiences and training. It is also an opportunity to collaborate with our colleagues at home as well as broaden our thinking about our own clinical practice".

Conclusion

Alumni of the College of Medicine, University of Ibadan have established themselves as professionals and academic giants all over the world. Most of them still maintain ties with Nigeria and could be persuaded and encouraged to collaborate with the faculty currently working in the College in the specific disciplines in which they have expertise. Such collaboration should be of tremendous benefit to current faculty and students at Ibadan but the alumni in diaspora also stand to gain a lot from such collaboration, not the least of which is the good feeling that comes with giving back to an institution that helped to nurture them.

Professor Olayinka Olusola Omigbodun,
Professor of Psychiatry & Consultant in Child & Adolescent Psychiatry and
Professor Akinyinka O. Omigbodun,
Obstetrics and Gynaecology
Former Provost (2006-10)
College of Medicine, University of Ibadan & University College Hospital, Ibadan



Abstract

Why Alumni Relations Matters and How Does Oxford do it?

Christine Fairfield
Director of Alumni Relations
University of Oxford, UK.

(Lecture to be given on 12th October 2019)

These are challenging times for universities – government funding is under threat and universities are increasingly looking to its constituents to help fill the gap. But they often make the mistake of approaching alumni for contributions without having laid the groundwork through a strong and accessible alumni relations programme. This presentation will cover Oxford University's approach to building engagement amongst its community of 350,000 alumni around the world – our vision and mission that drives the work we do. We will look at the core activities of the alumni team, the key principles that underpin our efforts, and how that translates into success – what does it mean to be an engaged member of the Oxford Alumni community and how might this relate to the work of the Ibadan Medical Specialists group?

Fatai Adeniyi

Alumni Contributions to the Ibadan Medical School and the University College Hospital

The current Executive Committee (EXCO) of the Ibadan College of Medicine Alumni Association (ICOMAA) Worldwide ably led by the President Worldwide, Dr. Abib Olamitoye assumed duty on Monday, 8 February, 2016. ICOMAA Worldwide has been led by distinguished men and woman since it was established in 1999. They include in succession the foundation President, Emeritus Professor O.O.Akinkugbe, CON, followed by Emeritus Professor Oluwole Akande, then Dr B.G.K. Ajayi, followed by Professor Wuraola Shokunbi, FAS and currently, Dr Abib Olamitoye. Considering that ICOMAA Worldwide is 20 years old implies that the Ibadan Medical Specialist Group of United Kingdom (IMSG UK) is actually 5 years older as the IMSG UK is celebrating a landmark Silver Anniversary this year, 2019!

"the IMSG UK, is probably one of its kind serving as a great motivation and inspiration to other alumni groups"

Over the past years, the College of Medicine, University of Ibadan and the University College Hospital have both contributed to the training of several professionals who live and work all over the globe. A substantial number of the alumni (as individuals and groups) have deemed it fit to reciprocate the gesture of giving by coming back to donate generously to enhance capacity for training and research in the sister institutions. It is pertinent to mention that the contributions of our alumni over the years have been multidimensional ranging from tutorials to grand rounds, symposia, workshops, research grants, endowments, and donation of various facilities and equipment for teaching and research.

While I admit that it might be herculean to list all contributions of alumni over the past years, some of them really come to mind and I will try to capture them here. In the forefront of giving back to their alma mater is the IMSG UK. Beyond material giving, the IMSG UK, is probably one of its kind serving as a great motivation and inspiration to other alumni groups. The IMSG UK since her establishment about 25 years ago has made several donations to the sister institutions running into several millions of Naira, and I dare say that the group stands today as the most consistent of our alumni groups. The IMSG UK as a group has made several contributions in cash and kind and enumerating these contributions is particularly staggering. Some of their contributions in the past include the donation of theatre clothing and shoes, journal subscriptions, donation of giant photocopiers and air conditioners, computers, fax machine, over-head projectors, and travelling fellowship for resident doctors. The group has also been consistent with their annual IMSG Symposium, and had provided support for the Information Technology Unit in the form of staff training sponsorship. Other donations include projection microscope package for Pathology and Physiology Lecture Theatres, wireless network (Internet Access) system for the College of Medicine, and the donation of a purpose built Pre-clinical Library Complex.

It is also important to mention the contribution of some other alumni groups to the advancement of training and research in the College of Medicine and the University College Hospital. The ICOMAA North America had been involved in organising several groups of alumni together in a coherent

manner leading to great supports for both institutions. The contributions of several other groups can also be highlighted here and this includes donation of clinical skill mannequin by the 1989 MBBS/BDS Class, renovation of Famewo Common Room at the Alexander Brown Hall by the Class of 1990, beautification of Alexander Brown Hall (ABH) and perimeter fencing with a befitting modern gate by the Class of 1985, building of ABH Block F in 2009 by the Class of 1979, modern borehole facility and storage tanks by the Class of 1986, donation of modern air conditioners and chillers by the Class of 1987, construction of walkway from Paul Hendrickse to B.O. Osuntokun Auditorium by the Class of 1978, inverters to the E. Latunde Odeku Medical Library by the class of 1984, and renovation of Preclinical Lecture Theatre by the Class of 1988. The support of Class of 1995 was quite remarkable when a few years ago, the class provided boreholes with tanks and network of water within the ABH, renovated TV/Relaxation room in ABH, donated computers to the Medical library and a brand-new Hyundai bus for the UCH Ibadan Hospice.

"ICOMAA Worldwide derives its pride from the so many great alumni living across the globe"

In the current EXCO, various alumni groups have supported the College by embarking on projects that have direct impact on the quality of life of staff and student populations. Specifically, extensive rehabilitation works were executed in ABH by various class groups. The class groups include the Class of 1976, 1981, 1984, 1985, 1986, 1987, 1988, 1989 1994, 1995, 1999 and 1998. These class groups have committed heavy resources to give ABH a new face that it wears today. The Ibarapa Community Health Programme was not left out in the benevolence of the College alumni as the 1988 Class also embarked and completed a widespread renovation of the hostel at Igboora.

The ICOMAA Worldwide derives its pride from the so many great alumni living across the globe. We are delighted to have such thoughtful and selfless group of alumni who will go the extra mile to enhance the status of their alma mater beyond what they experienced as students. We are immensely grateful to all of them that have given in one form or the other while calling on other alumni to join the noble act of giving back to nourish "their source".

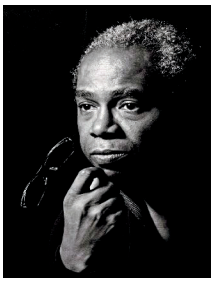
In concluding, I hereby reiterate that the alumni support captured here are the notable ones but do not in any way represent the exhaustive list. However, on behalf of the President, Dr Abib Olamitoye and the entire EXCO and members of the ICOMAA Worldwide family, I congratulate once again the IMSG UK on this landmark celebration of 25 years anniversary, and more importantly, 25 years of selfless service to their alma mater. Thank you all for the great hands of support you generously extended to your alma mater. We look forward to more support from you as we wish you the very best in your individual and collective pursuits. Congratulations!!!

Professor Fatai Adeniyi
Department of Physiotherapy,
College of Medicine, Univ of Ibadan
Secretary-General, ICOMAA Worldwide

IMSG members in Ibadan, November 2011 L to R. Akintunde Akinkunmi, Banji Adeyoju, Segun Abudu, Simeon Oyeniyi, Lanre Ogunyemi

Olufunso Adedeji

Modern Day Slavery



More than 40 million people are living in modern day slavery worldwide - 71% are women and girls

"situations of exploitation that a person cannot refuse or leave because of threats, violence, coercion, abuse of power or deception"
Global Slavery Index 2016

Modern forms of Slavery

1. **Debt bondage**
2. **Child slavery**
3. **Forced marriage**
4. **Domestic servitude**
5. **Forced labour**
6. **Forced begging**
7. **Trafficking in persons for organ removal**

Two workers had their right hand chopped off after they refused to work at a brick kiln for Rs. 14,000 (US$ 195) paid in advance
New Delhi (Asia News)

Selected Countries Estimated number of people in modern day slavery
(Global Slavery Index)

Nigeria
1,386,000 (7.65/1000)
United Kingdom
136,000 (2.08/1000)
United States of America
403,000 (1.26/1000)
India
7,989,000 (6.10/1000)
China
3,864,000(2.77/1000)
Pakistan
3,186,000 (16.82/1000)
South Sudan
243,000 (20.46/1000)
South Africa
155,000 (2.80/1000)

"**They told me I owed them $30,000 and I would pay off the debt $100 at a time by serving men**"
Shandra Woworuntu, Indonesian forced into sexual slavery in the US, 2001. Now an activist against human trafficking. One of ILO estimated 4.5 million victims of forced sexual exploitation.

BBC

People are trafficked and forced to work on fishing boats for years
Between 10,000 & 13,000 victims of slavery in the UK trafficked from places including Albania, Nigeria, Vietnam and Romania
Children across Europe, Africa, Asia and the Middle East beg on streets, as bonded labour, without payment, food or good sleep.
Man jailed in UK for two years for holding wife in domestic servitude.

Globally modern slavery is worth about $150 billion a year
International Labour Organization (ILO)

UN Universal Declaration of Human Rights – Article 4

"No one shall be held in slavery or servitude; slavery and the slave trade shall be prohibited in all their forms"
171 countries have ratified the UN protocol to combat human trafficking

About 10% of estimated 126,670/yr solid organ transplants worldwide are illegal. Revenue from illegal trade between US$840 million and US$1.7 billion. Sourced kidneys sold to clients in UK, US & Gulf States (Global Slavery Index)

"Things were so hard that when my friend told me about travelling to Germany, guy I moved! We only made it to Libya. I was sold, raped and tortured. I saw many Nigerians die including my friend Iniobong."
Gift Jonathan. Single mother of two. Now back in Benin, Nigeria and working as baker.

Edo State is focal point of human trafficking in Nigeria.
Nigeria is one of the top five countries of origin for modern slavery victims reaching Europe and the UK
UK investing £10 million in the "Stamping Out Slavery" in Nigeria (SOSIN) to strengthen slavery prevention work

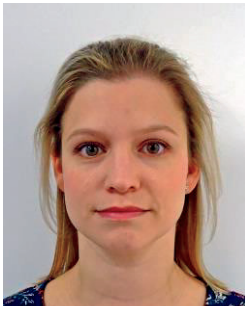
GOV.UK

"We are each responsible for doing all we can to help stop human trafficking in today's world. Don't close your eyes to modern slavery. It's what the traffickers want."
Professor Parosha Chandran
Professor in Modern Slavery Law, Kings College, London.

Olufunso Adedeji is a consultant colorectal surgeon in the UK.

Lauren Shelmerdine

Climate Change



"The signs and impacts of global warming are speeding up." Data from the World Meteorological Society (WMO) says the five-year period from 2014-2019 is the warmest on record.

"Like music and art, love of nature is a common language that can transcend political or social boundaries." Jimmy Carter

"I want you to act as if the house is on fire, because it is."
Greta Thunberg, World Economic forum, Davos, 24 Jan 2019

Greta Thunberg is the 16 year old Swedish environmental activist who started the school climate strike movement under the name 'Fridays for Future'.
She has been nominated for the Nobel Peace Prize.

BBC

Hugh Fearnley-Whittingstall found UK plastic waste abandoned in Malaysia (June 2019), outlined in his series "War on Plastic."
In the 12 months to October 2018, (BBC's) analysis of Environmental Agency figures showed that the UK exported 611,000 tonnes of recovered plastic packaging to other countries.
Hugh and Anita Rani started the campaign #ourplasticfeedback, urging shoppers to hand back their unwanted packaging to shops.

REDUCE
REUSE
RECYCLE

Blue Planet Effect
88% of people who saw Blue Planet II Have now changed their lifestyle (Waitrose research)

WWF tips to reduce your impact on climate change

1. Turn off electronics when not in use
2. Let clothes dry naturally
3. Don't use disposable products
4. Buy fruit and vegetables in season
5. Choose products with less packaging
6. Store food in containers rather than foil/plastic wrap
7. At work print on both sides of the paper (if at all)
8. Take a reusable mug/bottle
9. Sent electronic greetings rather than cards
10. Collect rainwater to water your garden

"Everyone thinks of changing the world, but no one thinks of changing himself." Leo Tolstoy

The fashion industry is the second biggest polluter. HoC Environmental Audit Committee states:
British shoppers buy far more new clothes than any nation in Europe.
People buy twice as many items of clothing as they did a decade ago.
Fish in the seas are eating synthetic fibres dislodged in the wash.

The IPCC's (Intergovernmental Panel on Climate Change) recent report states sea level rise is accelerating and rare extreme flooding events may begin to occur annually. We can achieve long term sea level stability eventually (after the year 2100!) with aggressive actions to rapidly curb climate pollution NOW.

Lauren Shelmerdine is a vascular surgery specialist trainee in Newcastle upon Tyne, UK.

Annette Akinsete

I Stayed Back

When I was asked to do this article, I thought "Surely, there must be other more compelling stories – better suited to the subject being addressed than mine"; because I was never conflicted as to whether to stay back in Nigeria after graduation or strike out and seek the proverbial golden fleece abroad. I knew from the outset that I would be working in my country and for my country. Still it may provide a different perspective.

"I knew from the outset that I would be working in my country and for my country"

I was one of those who got into medical school largely due to parental pressure. My natural inclination always tilted towards the arts and social sciences; but in the 1970's, it was usual that once you did well in WAEC Physics, Chemistry and Biology, it was a beeline to Medical School. Who can relate? So, I found myself in the prestigious University of Ibadan. By my graduation in June 1983, I was very clear in my mind that Public Health would be my area of specialization – thanks in no small measure to my teacher and my first mentor, Professor Oladele Kale of Preventive and Social Medicine Department (as it was then known), College of Medicine, University of Ibadan. Public Health was the closest I could get to the Social Sciences and it would give me the latitude to express myself, the way the clinical and laboratory specialties never could. It would also provide a veritable platform to positively influence health of populations.

My mentor, Professor Kale and I had numerous discussions about career options and, between academia and a career in the civil service, I opted for the latter, mainly because it was a better fit. In addition, Kale had emphasized that, contrary to popular belief, not only would I find the civil service very fulfilling, but importantly, with new policies in force at the time, prospects were excellent for rapid advancement of doctors in the service.

Fast-forward, one rainy morning in July 1987, armed with a letter from Professor Kale, I was ushered into the expansive and well-appointed office of the Honourable Minister of Health in the Federal Secretariat, Ikoyi, Lagos – Professor Olikoye Ransome-Kuti. Heaven smiled on me that day as the Minister immediately took me under his wing, as my extraordinary mentor, until his death in 2003 (God rest his great soul). Within a couple of weeks, I received my letter of appointment as Medical Officer in the Federal Ministry of Health. Kuti drummed it in my head that it was a privilege to work in the civil service and advised I make the most of it – including the many opportunities for training and self-development that would come my way – both at home and abroad. And indeed, in less than a year, I was off to the London School of Hygiene and Tropical Medicine for a Post Graduate Diploma on a paid study leave. I would enjoy many more paid study leaves in my nearly three decades in service.

Now, this period in London provided an insight to the lives of some of my doctor relatives and friends undergoing fellowship programmes in various specialties in the United Kingdom. I did not envy them. They appeared to grapple with so much. Complaints ranged from pressure at work and issues around discrimination, to chronic sleep deprivation, loneliness and more. Family support was missing and help for domestic chores was largely out of reach – what we, back home in Nigeria took for granted. The situation appeared worse for those who had children and I found myself in a situation where I, a mere postgraduate student, was helping out a couple of persons financially.

I returned to Nigeria more appreciative of the life we had – from work to domestic circumstances. Personally, I was making rapid progress at work, reaching the directorate cadre in my early 30s - once I obtained my Fellowship. On the home front, I was blessed with a wonderful mother-in-law who practically lived with my family and helped tremendously in ensuring the stability that afforded me the freedom to focus on my work – which included quite a bit of travel. Work took me to all the continents of the world, representing the Federal Government at various international fora - particularly during my tenure as Director for HIV and AIDS. I continued to meet with doctor colleagues and friends and relatives – mostly in the UK, in the US and in Canada. They were all very successful in their various fields, but still, for me, there was something missing. The American system it appeared, did not allow many the time to "enjoy life" as it were. Theirs were tales of long commutes to and from work, locum after locum to re-finance mortgages, fear of litigation, to mention a few of the scary stuff; this is not counting the real challenges of raising children in cultures alien to ours.

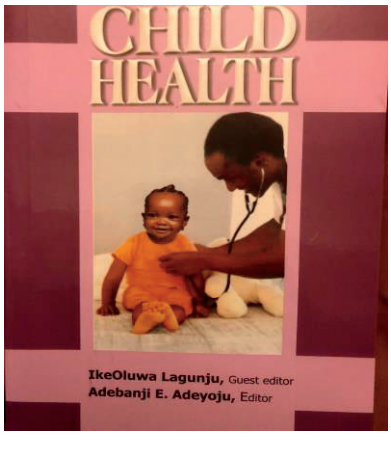
Staying back in Nigeria and working in the civil service has given me opportunities and privileges for which I feel very blessed – through in-service training, paid study leaves and secondment, I obtained a Masters in Public Health degree, a fellowship of the National College of Public Health and served as a Fellow with the World Health Organization Headquarters in Geneva.

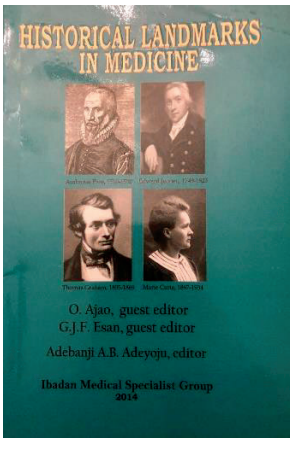
Interestingly, I have experienced a little of what it is like to live and work abroad. But it differed somewhat from the norm. For one, it was a temporary move with a certainty that I would be returning to Nigeria. This was when my husband was appointed by the United Nations in the Peace Keeping Operations and I joined him at the UN headquarters in New York City for years through a leave of absence. During this period, I volunteered with the UN Cares Programme at the UNHQ and travelled back to Nigeria at least twice a year! – for both work and paid family holidays. I do not think I could have managed without these frequent breaks and touching base with Nigeria.

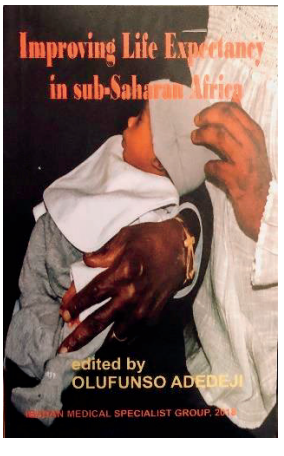
In conclusion, having excellent mentors, a clear career pathway in the Federal civil service and perhaps negative perception of lifestyle in the Diaspora all shaped my choice to stay back home in Nigeria. And in the end, it has been fulfilling. The civil service gave me the platform to influence policy – nationally, regionally and globally - particularly in the area of HIV and AIDS. And I have risen to the top of the service as Director of Public Health. And were it not for our infamous policy somersaults, I would be retiring as Permanent Secretary of the Federal Republic of Nigeria. Still, it has been a blessing and privilege to have served my country.

> I was never conflicted as to whether to stay back in Nigeria after graduation or strike out and seek the proverbial golden fleece abroad

Dr Annette Akinsete
National Director and CEO, Sickle Cell Foundation Nigeria,
National Sickle Cell Centre, Idi Araba, Lagos.







Three of the books published by IMSG, 2013, 2014 and 2018

Akinoso Olujimi Coker

From Success to Significance: Reflections on Leaving UK National Health Service for Private Practice in Lagos.

I moved back to Lagos in September 2010 to work full time as Consultant Surgeon at Lagoon Hospitals after 24 years in the NHS. Until the time of my departure I was Programme Director for Core Surgical training in the Yorkshire Deanery and Chairman, International Development Committee of the Association of Surgeons of Great Britain and Ireland.

There is never a good time for fairly successful consultants with private practice in the UK to relocate. Uppermost are financial and family considerations – particularly children's education – but family support for the move is essential.

Impulsive return to Nigeria should be avoided. This should be planned by developing relationships with local doctors in public or private institutions (your potential referrers). Utilise the opportunity of missions with diaspora associations or partnerships with secondary and tertiary institutions in Nigeria. These can be done using annual leave. If one can secure an opportunity in Nigeria, then my advice would be to take a sabbatical from the NHS that should serve as a safety net should things not work out.

"The only people who can solve Nigeria's current healthcare problems are Nigerians"

The private healthcare market in Nigeria is diverse and although the population is estimated at 200 million, the addressable population for private specialist services is no more than about 7 million, with majority in Lagos and the rest in Abuja, Port-Harcourt, Kaduna and Ibadan. Almost 70% of healthcare provision in the country is by the private sector (formal and informal) and about 90% of Nigerians pay out pocket in some form or the other because of the disappointingly poor penetration of health insurance. Only about 4% of Nigerians have either public or private health insurance that is provided through a managed care model with capitation of several services. As a consequence, the market is extremely price sensitive with the challenge of ensuring quality care that is affordable.

In spite of the limitations of specialist medical services and particularly highly skilled personnel in Nigeria, there are some averagely skilled specialists who see repatriates as competition. It is important that one has additional superior skills that would serve as differentiators in the market place.

Once the decision had been made to return to Nigeria, it is important to appreciate the "lead time" for any significant clinical workload to develop. This needs to be factored into discussions with one's potential employers, investors or partners who might be looking for an immediate return on any investment that might have been committed to facilitate such a return to Nigeria. On average, for the craft specialties, this may take between six to nine months. Social media and creative use of print and electronic media may facilitate this, but majority of Nigerians still see specialists based on personal recommendations, although this is changing. One needs to be careful not to fall foul of the Medical and Dental Council of Nigeria's strict regulations on advertising doctors, although

services and institutions can be advertised.

Building social networks of old school mates and family members is important to help maintain one's sanity as majority of repatriates usually come alone for a few months to ensure a soft landing for their immediate family members on relocation. I would advise negotiating full or part payment of salary in sterling or US dollars in the initial year at least and if necessary, longer to protect against foreign exchange risks. Eventually the salary would have to be in Naira for the arrangement to be sustainable because patients pay Naira for services. Home remittances are a lot easier now and there are reputable individuals and companies that specialize in such.

To succeed as a repatriate, a high level of emotional intelligence is required. In my experience, majority of people who neither settled permanently nor developed successful practices lacked emotional intelligence and forgot to leave their egos at Heathrow or Gatwick. They often act superior and are not humble enough to accept their own limitations (and there would be many, coming from a structured NHS). It is also important for one to be an "all-rounder" with in-depth knowledge of the ancillary services supporting one's specialty – one may need to double up as specialist nurse, biomedical engineer, dietitian etc. And also, it would be taken for granted that one must be able to treat "ordinary" malaria or hypertension!

"At a certain stage in life one needs to move from success to relevance, or even better – significance"

Any regrets in the last decade? More frustrations than regrets. Closest thing to regret was the recession of 2015/2016 with significant devaluation of the Naira as all my bills were in Sterling. The frustrations were usually about easily available (in the UK) off-the-shelf medical consumables that were seldom needed but essential to successfully complete some procedures. These may not be available anywhere in the Nigeria. These often challenged one's ability to improvise. The other frustration is the poor communication skills and lack of empathy by colleagues in the healthcare sector. Sadly, this remains a gap in the medical and nursing education and I spend time undoing some damage this causes and never miss the opportunity to use it as a learning experience for the involved healthcare practitioner.

This has been an extremely rewarding and fulfilling experience for me and I would recommend it to anyone bold enough to follow their passion for helping to improve medical care in Nigeria. The only people who can solve Nigeria's current healthcare problems are Nigerians and we have more than enough highly skilled Diasporans to achieve this. We cannot sit back and wait for the politicians to fix this, as I believe that once we have the critical mass of like-minded people with the requisite skills and work ethic, it would happen. It also has to be led by the private sector.

I have been able to contribute to policy decisions on healthcare both nationally and across the continent. I have used my leadership skills that were nurtured in the NHS to lead two national associations and have mentored numerous surgeons post qualification. At a certain stage in life one needs to move from success to relevance, or even better - significance.

Akinoso Olujimi Coker.
IMSG President 2000 – 2007.
CEO, Lagoon Hospitals, Lagos.
President, Laparoscopic Surgery Society of Nigeria.
Chairman, Technical Committee, Society for Quality Healthcare in Nigeria.
Surgical lead, African Cancer Coalition.

"I need not tell you what horror, what devastation and what extreme human suffering will attend the use of force. When it is all over and the smoke and dust have lifted, and the dead are buried, we shall find, as other people have found, that it has all been futile, entirely futile, in solving the problems we set out to solve"

Colonel Robert Adeyinka Adebayo (1928-2017)
Military Governor of Western Region, Nigeria (1966-71)
May 4, 1967 (Two months before the Nigerian Civil War (1967-70) started)

Samuel Osaghae

West African College of Surgeons, UK International Outreach: Achievements

The West African College of Surgeons (WACS) UK Forum was inaugurated on 07 October 2007 in London as the UK branch of WACS, by the 25th President-Elect of WACS, Professor Obiora Okechukwu Mbonu supported by the Secretary-General, Prof. Clement Nwawolo. The event was held within the premises of Royal College of Surgeons, RCS England. There were 27 delegates and 3 international organizations, including the Tropical Health Education Trust, THET

Inaugural Photograph

While the Forum has been in existence for twelve years, it has achieved a decade's experience of organizing outreaches under the leadership of two Coordinators. From inception until February 2012, the Forum was led by Mr. Olujimi A. Coker, Consultant General Surgeon and subsequently, Mr. Samuel O. Osaghae, Consultant Urological Surgeon.
Historically, the impetus for the formation of WACS UK Forum was first canvassed by Mr. Dennis J. Robson, Former Director of African Affairs, Johnson and Johnson in February 2007, in his speech during investiture ceremony as Honorary Fellow of WACS. At the inauguration ceremony later in the year, October 2007, he said, "The idea was conceived to explore the possibility of creating a mechanism to harness the valuable skills of the Diaspora to support and strengthen the ambitions of WACS. The idea was to form a UK WACS Forum to act as one voice to lobby national governments and international donors to raise awareness of the significance of surgical interventions as a cost-effective means of improving the quality of life in Africa."

It was with Mr. Olujimi Coker, member and former President of IMSG that flesh was given to the original idea espoused by Mr. Robson. Working with others, and organizations, Mr. Coker was the Project Leader and Convener of the inaugural event in London. At this point, I should acknowledge the fact that ISMG members have volunteered, more than any other alumni group in UK. For this, I salute the spirit of philanthropy and sacrifice apparently instilled by the College of Medicine, Ibadan, your alma mater.

Furthermore, the achievements of WACS UK Forum over the years are a testament to the vision of Mr, Robson, Coordinators, Volunteers and WACS Executives during this period. This article is a tribute to all for the numerous sacrifices.

Activities of WACS UK Forum

The flagship programme of the Forum is delivery of charitable outreach missions just prior to WACS annual conference, within first quarter of the year. Fellows of

WACS in the UK and their friends - Surgeons, Nurses and Trainees - volunteer at personal costs to travel to and work in a West African country for a week. The performance of surgery on indigent patients, with priority for those with conditions where local expertise is not available, delivery of services, education and training depending on the stated local priorities are undertaken. The first outreach was in Calabar, Nigeria in 2010. In 2011, the arrangements for the second outreach were aborted close to the event, due to civil war in the country. Since then (2012 – 2019), there have been eight other (8) successive annual outreach events in Monrovia, Liberia; Lomé, Togo; Tamale, Ghana; Dabou/Abidjan, Ivory Coast; Sangmelima, Cameroon; Ouahigouya, Burkina Faso; Banjul, The Gambia and Dakar, Senegal. Overall, nine out of ten successful outreach events occurred, with one cancellation.

"Fellows of WACS in the UK and their friends - Surgeons, Nurses and Trainees - volunteer at personal costs to travel to and work in a West African country for a week"

Achievements

The Outreach has been mutually beneficial for the host countries and volunteers. The UK volunteers freely volunteered time for services in a resource poor setting, while also making donations of surgical consumables and sometimes equipment. An average of about 20 UK volunteers and a host team usually participated. In conjunction with the hosts, about 200 – 400 operations were performed during each event in addition to education and training activities.

Hosts: The Outreach presented opportunities for close experience of specialized medical knowledge and skills. There were instances of certain kinds of modern or complex surgeries performed for the first time in the host country, for example Laparoscopic General and Gynaecological Surgeries and some major endoscopic or open procedures in ENT Surgery, Paediatric Surgery and Urology. As there was usually a shortage of Anaesthetists in the host countries, the local medical and Nurse Anaesthetists benefited from interaction with the Volunteer Anaesthetists. Furthermore, the Outreach presented opportunities to gain team-working, communication and some surgical skills. Some volunteers established links for long-term collaboration.

Volunteers: Areas mentioned include opportunities for experience or development of team-working across cultures, leadership and problem solving skills in resource poor settings. There was more awareness of limitations or scarcity of resources and costs of healthcare. Others are experience of cross-cultural sensitivity and impetus for innovation and creativity both during the Outreach and on return home. Ultimately, it has provided a pathway for some, for example the pioneer coordinator and successor respectively with few others of WACS UK to re-discover and even return back to work in West Africa temporarily or permanently. The benefits of such reverse migration can be imagined.

Conclusion

Overall, the Outreach has been beneficial to all parties, patients, volunteers and host countries. They were judged successful by the hosts and WACS Council respectively both in terms of the objectives set and outcomes. It has been popular such that the annual supply of prospective volunteers has progressively far exceeded demands of the host countries.

Aside the achievements mentioned, the enduring legacy of the WACS UK Outreach is the huge interest in and uptake of voluntary charitable outreach missions across West African countries by local or in-country Fellows. It is now enshrined in the strategic plan of WACS as part of the package of measures towards achievement of "global surgery" in the sub-region. During the annual meeting recently, WACS President reported that over 2000 surgeries were performed in Nigeria, mostly on internally displaced persons, during various country-wide outreaches in 2017. At the last WACS conference in Dakar earlier this year, it was revealed by the Senegalese President that approval has been given for January each year (starting from 2019) to be declared a compulsory Outreach Month throughout the country. From discussions within WACS, this appears to be a growing trend and there is wide enthusiasm by Fellows of WACS in the sub-region to volunteer.

While the new attitude to surgical volunteerism and interest in humanitarian surgery across West Africa is praiseworthy, it can be shown to be the enduring legacy of the foresight that led to the creation of WACS UK and the ensuing International Outreach activities with partnerships developed over the last decade. Obviously, those volunteering from the UK also gain skills which they find useful on return to work in NHS; or if they embark on further work in a West African country.

Finally, as was envisioned, WACS UK outreach has helped to evolve a model of sustainable partnership to strengthen global surgery in West Africa. Ultimately, the various roles played at different times by several members of WACS UK, in particular those who are also of IMSG namely, Olujimi Coker, Ayodele Oshowo, Olawale Olarinde, Tunde Gbolade, Madu Onwudike, Olufunso Adedeji, Marquis Okon, Eki Emovon, Onome Ogueha, Michael Ayeko just to mention some will be remembered.

I admire and congratulate IMSG on the occasion of Silver Jubilee celebration.

Mr Samuel O. Osaghae
Senior Lecturer, University of Benin,
Honorary Consultant Urologist, University of Benin Teaching Hospital, Benin City, Edo State, Nigeria

IMSG members with Foundation Provost, Emeritus Professor Akande (Third from right)

"There is plenty of room at the top because very few people care to travel beyond the average route. And so most of us seem satisfied to remain within the confines of mediocrity"

From My Odyssey; An Autobiography (1971).
Nnamdi Azikiwe (1904-1996)
First President of Nigeria (1963-66)

Adesegun Abudu

Visiting Clinical Practice in Nigeria for Clinicians in Diaspora

Many Nigerian clinicians living abroad are keen to make clinical contributions to the motherland. I happen to be one of them and for the last 10 years or so have combined a busy clinical practice in UK, with an extensive and busy international lecturing schedule and some form of clinical contribution in Nigeria. This article aims to share my experience with others who are contemplating the same. I will discuss the following: (1) why do it? (2) what sacrifices you can expect to make? (3) what will it entail (4) timing (5) the fulfilment you can expect and (6) other challenges that you may face. I hope that the article will be of benefit to those who may wish to consider visiting clinical practice in Nigeria.

Why do it?

The main reason will be the love of our country and our people and passion to develop medical care in a part of the world that seems to have retrogressed with regards to medical care since the exodus of medical practitioners in the late 1980s. The feeling that one's accomplishments overseas, no matter how great they may be, is not complete without the accomplishment being of value to the local population and the country where we grew up. This was what led me to start this journey. I felt guilty that I had benefitted from a brilliant highly subsidised medical education at the College of Medicine, University of Ibadan and left the country soon after the National Youth Service. I wanted to ensure that the country could benefit from the skills that I had acquired since I left Nigeria.

> **"The feeling that one's accomplishments overseas, no matter how great they may be, are not complete without the accomplishments being of value to the local population and the country where we grew up"**

What sacrifices are involved?

Combining a busy clinical practice in UK with visiting medical practice in Nigeria has several challenges. Anyone contemplating doing this will most probably need to drop some professional activities at the local hospital in UK, reduce involvement in political and professional activities in the relevant local, national and international societies and other professional bodies. I had to do this to create time and consequently reduced my presence on the international stage where I was very active; I therefore limited myself to more significant congresses.

There will be sacrifices from the entire family due to frequent travelling. It is therefore essential that your spouse and children are involved in the decision before embarking on such projects. There will be financial sacrifice as you may need to reduce your private practice in UK, reduce clinical activity sessions in your practice in UK and reduce non-sessional and extra-contractual activities that may lead to clinical excellence awards. These changes may also reduce your pension contributions. You may be fortunate to be engaged by organisations that will cover your accommodation and travelling expenses and provide some payments but not many are so lucky.

One major sacrifice is reduction in the quality of life. This is subjective depending on personal preferences but for me I have noticed a significant reduction in quality of life due to having less time to do those things that I enjoy doing that I am unable to do easily in Nigeria for reasons of security. The secured

environment in UK that allows you to roam freely without fear is different in Nigeria. This I have found particularly difficult and a cause of anxiety.

What does it entail?

There are several ways that one may get involved including: (A) making private donations of money and materials to organisations but care will need to be taken to ensure that such donations are used for the purposes they are intended. (B) Participating through alumni groups such as ICOMAA (Ibadan College of Medicine Alumni Association), IMSG (Ibadan Medical Specialist Group), Year Group etc. I have found these invaluable. Such groups can provide necessary introductions to relevant organisations, make recommendations, provide support and have the necessary network to help you achieve your wish. (C) Government hospitals and agencies. I have personally found these to be erratic and bureaucratic. The frequent strikes by various organisations in government hospitals and agencies are not conducive for efficient use of time for someone on tight travel schedules. (D) Private organisations and Non-governmental organisations (NGOs). These offer flexibility but you will need to ensure that your goals align with the organisations you wish to be involved with. However, be prepared to change and reassess because organisational strategy or goals may change with little or no notice. (E) Establishing a private facility. This is an increasingly popular option for many clinicians and several opportunities exist but it involves a lot more time, efforts and money. (F) Professional associations through participation in congresses and meetings by local and national professional associations with teaching, protocol development etc.

"I have always felt that the best people to look after the health of Nigerians are Nigerians and that the care is best provided in Nigeria"

When is the time to do it?

It is difficult to say when is the best time to start and will depend on one's energy level, how established one is in his or her post in UK, how much time you can afford, state of your marriage and needs of your spouse and children. On balance, I feel that it is best to do this when one has fully settled in their post in UK, reached a certain professional standing and the children are old enough to self care.

Fulfilment

Practicing as a visiting clinician in Nigeria is very fulfilling. It is certainly one of the most satisfying things I have done and has many positive aspects. I have always felt that the best people to look after the health of Nigerians are Nigerians and that the care is best provided in Nigeria. I feel that I have achieved part of my dreams by being a visiting clinician. Nigerian patients are most grateful and will show appreciation beyond what you get in UK. There is no doubt that the variety of clinicians participating in various visiting clinical programmes have improved the quality of care available in Nigeria, reduced outwards health tourism, improved private investments in health in Nigeria and improved local skill sets. This for me is the most satisfying. Procedures that are highly specialised are now being performed routinely in Nigeria.

One other positive aspect is that such visits offer opportunities to see one's family members particularly parents, siblings, friends and professional colleagues in addition to keeping in touch with various aspects of life in Nigeria. I have benefited enormously from these.

Other challenges:

Maintaining the high level of clinical standards that you routinely practice in UK or abroad will be tested. Nevertheless you must be prepared to defend international high standards of practice despite several limitations that you will come across such as lack of finance, poor infrastructure, poor attitude and general lack of commitment from other support workers. The level of trust in support services that you have gotten used to abroad will not be available and you therefore need to be prepared to carry out many checks and be involved in developing and policing local protocols. However, it is possible to achieve and maintain standards comparable to those in UK by being rigid on what is expected and be a model for what is an acceptable standard.

Summary:

Clinicians in the diaspora who want to provide a visiting clinical practice in Nigeria can expect several challenges and limitations but overall will find the experience extremely satisfying and fulfilling. Personally, I have thoroughly enjoyed my involvement and will recommend it as long as you have considered the issues raised above.

Professor Adesegun Abudu
Consultant Orthopaedic Surgeon, Royal Orthopaedic Hospital, Birmingham, United Kingdom

Rotimi Jaiyesimi

The Diaspora as Nigeria's Brain Gain and Initiatives to Harness this Resource

The Diaspora

The International Organization for Migration (IOM) defines diasporas as migrants or descendants of migrants, whose identity and sense of belonging have been shaped by their migration experience and background. Over 215 million people live outside their countries of birth and those who live in their host countries, while maintaining a strong sentimental and material links with their homelands are referred to diasporas.

Africa has an estimated 50 million diaspora community spread across the world. It is estimated that there are about 15 to 17 million Nigerians in the Diaspora. Brain Drain, a loss of the nations' human capital resources to other nations. These personnel have been away from home country for varying number of years and have acquired skills in their areas of expertise (health, technology, science, arts etc), using these in their country of current residence.

There is a recognition of the economically significantly benefit of financial remittance of diasporans to their home country. The Nigerian Diaspora remittance to the country is projected to reach $25.5 billion in 2019, up from $23 million last year).

"there are over 8,000 Nigerian doctors registered to work in the United Kingdom, America and Canada"

This article lays emphasis on the health sector which has been hit by the departure of healthcare professionals from Nigeria to other parts of the world, leaving in its wake a poorly serviced health system.

The reversal of Nigeria's Brain, the Brain Gain

The density of physicians, total number per 1000 population, in Nigeria is one doctor per 6,000 population as against the WHO recommended ratio of 1:1000. The health indices of Nigeria are abysmal, with one of the highest maternal mortality rate, neonatal mortality and Under-5 mortality rates. The irony is that there are over 8,000 Nigerian doctors registered to work in the United Kingdom, America and Canada. Nigerian doctors are also providing services in Australia, West Indies, Africa and other parts of the world. This is also true of other healthcare practitioners such as nurses, midwives, physiotherapists. This loss of our workforce to other nations is seen as a brain drain and unfortunately it is a continuing problem.

Nigeria has not witnessed the full benefits of the brain gain as previous efforts have been ad-hoc or through singular efforts. Individuals, charities, medical and faith-based organisations in the diaspora have conducted missions to their homelands with varying success. Difficulties encountered include non-engagement of the home-based facilities, poor work ethics, the difficult business terrain and the lack of basic infrastructure such as water and energy. The absence of a measurable outcome and the lack of a structure to these missions do not allow for the achievement of the desired objectives and impact.

Recent years have seen individual Nigerian healthcare professionals return and use their specialist skills to set up quality services. Areas where the brain gain has had an impact on healthcare include the provision of healthcare services, training and transfer of skills. However, these services have been in the private sector and only accessible by people who can pay for these services. These constitute a very small minority of the population.

New Initiatives

Recent initiatives have seen the issue of the diaspora being addressed. The **Nigeria National Policy on Diaspora Matters** has

been written and it lays down the parameters for Nigeria's engagement with its Diaspora, taking into account the internal dynamics of the country as well as the external dynamics of its far-flung Diaspora. It is a well-thought out policy geared towards economic, political, social and cultural development in Nigeria. The Nigerian National Diaspora policy provides a platform to develop strategies and implement policies that will harness the brain gain.

The enactment on the **Nigerians in Diaspora Commission** (NIDCOM) by the National Assembly for the Federal Republic of Nigeria in 2019 provides a vehicle for putting a more formal framework to the brain gain initiative. It provides for the engagement of Nigerians in Diaspora in the policies, projects and participation in the development of Nigeria and for the purpose of utilising the human capital and material resources of Nigerians in Diaspora towards the overall socio-economic, cultural and political development of Nigeria and for related matters.

"Time has come when we can leverage on our diaspora human capital pool to turn the brain drain in to brain gain"

Multi-professional healthcare practitioners from the diaspora, working with the Federal Ministry of Health, the Nigeria Diaspora Commission, the legislative arm of government, the Nigeria Medical Association, the Nursing and Midwifery Council of Nigeria, the Pharmaceutical Society of Nigeria and the Medical and Dental Council of Nigeria have set up the **Diaspora Professional Healthcare Initiative** (DPHI), a migration and development initiative. It is expected that this initiative will provide a critical mass of professionals who can provide a continuous service in the prioritised areas of healthcare need. The initiative will ensure the sharing of knowledge and the transfer of skills between the diaspora and home-based healthcare professionals. With a framework in place, this initiative, due to launch with a pilot in 2020, will allow for the mobilisation and engagement of healthcare professionals for periods as short as one week and a long as 1 year, but more importantly with no void periods.

The place of collaboration between Nigeria and overseas organisations through **global health partnerships** will also act as a vehicle to reverse the brain drain. Collaborative research to understand the complexities of healthcare in Nigeria and proffer solutions is essential. The increasing use of technology such as **telemedicine** has opened areas where the diaspora specialists do not have to be physically present to provide services in Nigeria. Such specialties include, pathology, imaging services and the consultation service.

To succeed, it is important that the Nigerians in Diaspora Commission, work with the Ministry for Foreign Affairs, Nigerian healthcare professional organisations and Nigeria Diaspora organisations such as, **Nigerians in the Diaspora Organisation** (NIDO) to deliver the objectives on the National Diaspora Policy. The Commission should facilitate the re-integration of returnees through the creation of a welcoming and an enabling environment and role, removal of the expectation to pay exorbitant huge professional registration fees among other impediments. It is also imperative that a gap analysis and prioritisation of areas of need be determined to map the direction of the brain gain. It is hoped that the application of the services of the diaspora to primary, secondary and tertiary centres in policy and operational strategies will strengthen the health system. This is likely to restore confidence in the health system and an accompanying return of patients to the health service and attracting home-based colleagues to these services and stemming the immigration of healthcare professionals.

The future

Time has come when we can leverage on our diaspora human capital pool to turn the brain drain in to brain gain. The positive effect of the brain gain initiative will not be obvious overnight but if sustained, will prove to be critical success factor to the delivery quality, universal healthcare in Nigeria. Data collection and outcome measures are important parameters that must be collected and evaluated. Lessons learnt from the initiatives will help strengthen the health system and demonstrate the importance of the brain gain. The brain gain initiative should be seen as a partnership between the diaspora and the home-based stakeholders. Nigeria has to tap into the large human capital healthcare resource it has in the Diaspora to meet the goals of improving the health of its citizens.

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Associate Medical Director for Patient Safety
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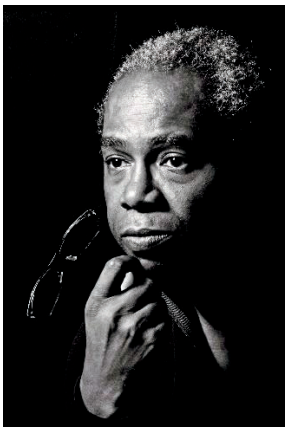
Basildon University Hospital
Basildon

Olufunso Adedeji

Brain drain: Economic Reality of Life



Brain drain, the migration of skilled human resources from developing to developed countries, is economic migration. Economic migration has been the history of humanity since the Industrial Revolution of mid-18th to early 19th century, which was marked by widespread internal migration of urbanization, and it continues to this day. In 2017, 750 million people migrated internally within their country of origin.

International mass migration followed the permanent settlements in the colonies in the 1500s to mid-19th century with the large scale of migration of people from Europe to North and South Americas, and it gained pace when migration to the New world began in 1800s-1930. In the last century, at the end of the second world war, international mass migration (1940s – 1960s) occurred to help with reconstruction effort in Europe, North America and Australia. Many of these migrants were from former colonies, some of whom were encouraged by host countries.

International migration has grown phenomenally since the 1970s, with the number of host countries increasing in numbers as countries that have historically been nations of emigration (Italy, Spain and Portugal) started being destinations for migrants. The economic boom of oil from the Gulf states led to massive immigration to these countries, and newly industrialised nations in Asia such as Thailand, Malaysia, Hong Kong and Singapore became destination for mass migration. 88% of the population of United Arab Emirates are expatriates and immigrants. UAE has the largest world net migration rate of 22%.

"In a given year, about 13% of the world population migrate, either internally or internationally, transiently or permanently, and these voluntary migrations are mostly for socio-economic reasons"

In 2017, there were 258 million international migrants world wide, and of these, refugees and asylum seekers were only 10%. In a given year, about 13% of the world population migrate, either internally or internationally, transiently or permanently, and these voluntary migrations are mostly for socio-economic reasons. International migration has grown at a faster than the world population, and was 3.4% of the world population in 2017. India had the most number of people living outside its borders ("diaspora") at 16.6 million, and only one African country, Egypt, made the top 20. Drivers of voluntary internal and international migration are mainly socio-economic, with the population growth in poorer societies outstripping those of richer societies, global wealth is not evenly distributed. Brain drain differs from other forms of economic migration because it involves highly skilled individuals.

The effects of brain drain on the country of origin are quantifiable, but the drivers of brain drain are similar to all forms of economic migrations. In 2011, 27.6% of all migrants to OECD countries had tertiary education. Brain drain occurs in developed countries as well, but it differs from that of developing world in that these countries can absorb its effects. In addition, individuals from family or communities that already experience positive migration

tend to follow. The poor have no financial means to emigrate, and usually low skilled workers who are successful in migrating, stop in neighbouring countries or within the region of their home origin.

One of the economic disparities that drives all forms of migration is best illustrated in Nigeria. In 2010, the GDP of the richest state in Nigeria, Lagos State, was US$33,679 million, 16 times that of the poorest state, Yobe at US$2,011 million. 34 of Nigeria's 36 states had GDPs less than 50% of that of Lagos State. The effect of this wealth disparity was manifested in the internal migration to Lagos State which consistently outstripped that of international migration. It was highest in 1960 with a 10.2% growth and lowest 2015 at 3.23%. This has seen the population of Lagos grow 16 fold from 762, 418 in 1960 to 12 million in 2015. If it continues to grow at the 2015 rate, it will double to 25 million in 2035. In that same period (1960-2015), the population of UK grew 1.2 fold.

One of the negative effects of brain drain is seen in Yobe State's health service. General Hospital Buni Yadi, Gujba had no doctors in 2014, down from three in 2010. Sani Abacha State Specialist Hospital, Damaturu, the State Capital, had 17 doctors in 2014, down from 24 in 2010, and General Hospital Potiskum had only one doctor in 2014, down from 11 in 2010. However, in Yobe, security, another driver of migration, was in play due to the Boko Haram insurgency.

Despite the rise of right wing populism across Europe and the United States of America, with its anti-immigration rhetorics, international migration at its current level shows no sign of declining. Most of the conspicuous actions of advanced economies are against refugees and asylum seekers, and those that come to these developed countries are less than 2% of the annual international migration, despite Germany accepting nearly one million refugees in 2015. The largest group of international migrants are low to medium skilled migrants, and most of them stay within regions of their origin. Unfortunately, this group of migrants are currently the focus of faux existential crises of "Build the Wall" and "Brexit." However, history has shown that these are pious hopes in the face of circular convulsive realism of a continually changing world.

"Brain drain is an economic rather than a moral issue, a societal rather than an individual problem"

The third group of migrants are highly skilled, most of whom fall into the brain-drain category. These are migrants that are more likely to reach developed countries from less developed ones, and they are mostly needed and welcomed. The reasons for this is population dynamics which affect old-age dependency ratio. More than half of the world population growth over the rest of this century will be in sub-Saharan Africa. Africa's population is set to rise from about 1.4 billion in 2020 to 2.5 billion in 2050, and 4.1 billion in 2100. Despite migration, Africa is the only continent that its population will continue to rise until 2050. If net migration stays as it is currently, the population of Asia and Latin America will continue to fall at similar rates until 2050. However, Northern America, Europe and Oceania need a positive net migration if they are to stop a precipitous fall in their population by 2050.

Assuming zero net migration, in 2050 the number of persons aged 65 or over per 100 persons of working age would rise to 57, compared to 53 per 100 assuming a continuation of current migration patterns. Migration however will not halt or reverse the trend in population ageing. With the current migration trend, most areas will have significantly higher old-age dependency ratio in 2050. In Europe, for every 100 person of working age, there will be 53 persons aged 65 or older in 2050 compared to 29 in 2015. Similar rises are seen in all regions, but it is only in Africa that the rise is modest, rising from 8 older persons per 100 persons of working age in 2015 to 11 in 2050. For these reasons, voluntary migration of highly skilled labour to the developed countries will continue to flourish. Drivers of migration have been constant part of the human history. They have been responsible for state sponsored slavery and indentured labour, and have been the reasons for voluntary migration that followed industrialisation, colonialism, and globalisation. Brain drain is part of the human story.

There are some positive impacts on countries of origin. On individual basis, impact on the education of non-migrating children and adolescents. On communal level, collaborative approaches to solving problems in education, health and technological advancements with peers in country of origin. Endowment funds to support education and research in alma mater. On a national level, remittances to country of origin

are reliable sources of foreign exchange earnings. In 2015, US$20.8 billion dollars was remitted by Nigerians in the diaspora. Remittances from United States to Nigeria was US$5.7 billion in 2015, 7th largest corridor from the US, and the largest remittances out of the United Kingdom were to India (US$3.8 billion) and Nigeria (US$3.7 billion). In terms of GDP, remittances form a large chunk of some countries GDP. In 2014, 41.7% of Tajikistan's GDP was from remittances, and in Africa, it was 24.6% of Liberia's GDP. Remittances resulting from migration are stable and reliable source of foreign exchange earnings, and its flow to developing countries is three times official development aid and bigger than foreign direct investment inflows, once China is excluded.

The solution to brain drain is economic. The fifty-four countries of Africa had a population of 1.3 billion people and a GDP of US$2.19 trillion in 2017, and this compared less favourably to China and India with population of 1.3 billion each, and GDPs of US$12.24 trillion and US$2.60 trillion respectively. With USA (population 325.7 million and GDP US$19.39 trillion) and UK (population 66.04 and GDP US$2.622 trillion) being the host countries to most brain drains from Nigeria, a reversal is unlikely in the short term.

Brain drain is an economic rather than a moral issue, a societal rather than an individual problem. The focus of brain-drain solutions should be directed at harnessing its human resources and economic power, on a global scale, so as to enrich and accelerate socio-economic progress in countries of origin.

Olufunso Adedeji is consultant colorectal and laparoscopic surgeon in the UK.

Launching IMSG book in 2015

While we do our good works, let us not forget that the real solution lies in a world in which charity will become unnecessary

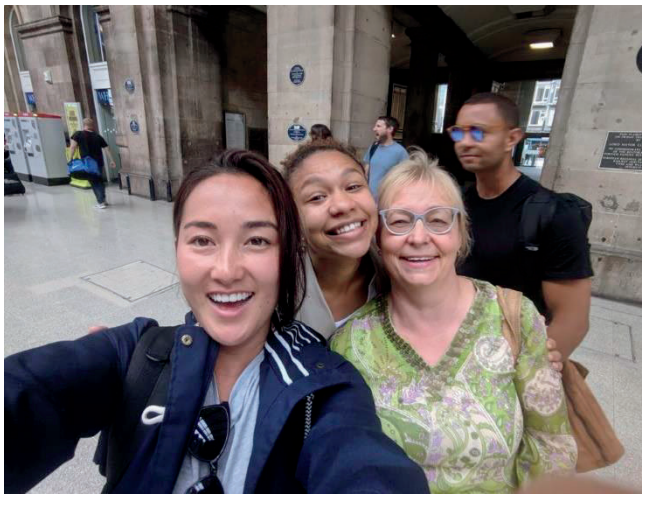
Anthills of Savanah
Chinua Achebe (1930 -2013)
Nigerian Author

Caroline Afolabi

What is it like to be married to a Nigerian?

I was asked by my cousin-in-law to write about this and I could hardly refuse him, because he is such a dear in-law of mine. However, the request immediately sounded as if it was asking for all the savoury positive and negative titbits of the Nigerian culture, in particular the Nigerian male culture. I felt some resentment at having to delve into stereotypes, which frankly speaking to me, are just prejudices.

The first thing I discovered, when I got married to the man I fell in love with, was 'What it is like to be married'. Getting used to the mundane non-romantic day-to-day chores took some time. It was quite cosy when it was just the two of us, but when the children came along, my-oh-my, those day-to-day chores became all there seemed to be! Little did I know then, that we were building a home, building a legacy, working hard to give our children the very best that we could give.



Caroline, in green, and from L to R, daughter-in-law, daughter and son.

The next thing I discovered of married life was 'What is it like to be married to each other's families'. Families have their own histories, their own way of working that goes beyond that of the cultural element. I quickly found out that 'Mummy' was the central figure in my husband's family and that nothing, absolutely nothing, escaped her. With certain things, she made sure I learnt to conform, but she surprisingly dealt with the unexpected very understandingly, teaching me that loving and protecting your own family are the most important things in the world. In my family, it was my dad, 'Opa Carlos', who was the central figure and my husband had to learn how to play cards, because it was during those family card games that we had our laughter, our banter but also our serious and difficult conversations.

"they are discovering that beyond all this 'multiculturalism', the basic respect that one human shows to another is what truly prevails"

And yes, spending the first four years of married life living in Lagos, I had no choice but to find out 'What Nigerian Culture is like'. I had never been beyond the confines of Europe and I had only flown once. I arrived in Nigeria in 1984, during the good times, when one Naira was still one Pound. The Nigerian culture opened up for me through three doors: food, fashion and language. The first day I arrived, after adjusting to the heat that had hit me in the face as soon as I had stepped out of Murtala Muhammed Airport, I asked my husband if I could taste the staple food of the ordinary man. So, eba with stew was the first thing I ate that day. Since then, I have tasted almost every dish there is and I luuvvve Nigerian food. It is wholesome, unprocessed, locally grown (organic) food that is nutritionally well-balanced. There is no need to look beyond borders. Nigeria's soil is so rich. I have tried my hand at excelling in the Nigerian cuisine, however my stew will never be as tasty as Mummy's.

My first job in Nigeria was working for Trinity House of Fashion. I made a lot of friends there, learnt a few words of Yoruba in order to bargain for textiles in Balogun Market and was introduced, by the owner, to a great organisation that helped me enormously to integrate, i.e. the Nigerwives.

Trying to learn the language opened up a whole new level of the culture. I experienced that even speaking very little created that instant warm connection with the Nigerian people. Yoruba is such a beautiful language and there are a hundred ways of saying something in the most poetic way. However, it is not a direct language, with which you can speak in a direct

way, except for some insults of course! I found it a hard language to learn, because my native language, Flemish/Dutch, is a very direct language.

Yes, marrying into different cultures of course adds a layer of complication, yet it gives you and your children such richness and such ability to navigate and participate in different cultures. If you are interested in 'What is it like to be married to a Belgian?', you would have to ask my husband.

So, what is it like to be married to a Nigerian? Well, in conclusion, no more or no less different than to be married to the person you fell in love with and have committed your life to. The trials and tribulations will be there, though they may be slightly different in variety and shape. However, these same trials and tribulations become your success stories of survival.

I am happy to see the younger generation being exposed to the beauty and richness of so many cultures. Most importantly, they are discovering that beyond all this 'multiculturalism', the basic respect that one human shows to another is what truly prevails. This gives me hope for the future

Caroline Afolabi
Founding Director,
Success4All,
Newcaste upon Tyne, UK.

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Meritocracy

Our system is structured
Meant to ensure
Those that sparkle
Deserving
Float…
Through class layered strata
Past mites in soft amber
Net motion all zeros
No purchase to climb.

Selected, the chosen
Rise up the lean column
Justly…
Swelling
With power
Full praise, keen emotion
They bob
On the plateau
They jig on the top.

But

Filth and used matter
Devoid of firm substance
Rises…
Unburdened
By virtue
Borne by greased
Bubbles
Soaked with illusion
Not wrapped in the truth

To soar
Over
All.

By Ayodele Olufemi Sasegbon

Ayodele Sasegbon is a gastroenterology specialist trainee in Manchester, UK.

Helen Sasegbon

My time at Yaba Psychiatric Hospital

I did my psychiatric residency training at Psychiatric Hospital Yaba for ten years. In that time, I received an excellent clinical training, which has informed my subsequent clinical practice. I worked with some first rate people and I will always be grateful for the mentoring I received. This is a light hearted account of some of my experiences there, not necessarily in a chronological order.

I started at Yaba during my National Youth Corp Service (NYSC). I chose Yaba over working in the school clinic at Queens College Lagos, as I was not keen on treating girls with malaria or period pains for an entire year. In addition, Caroline, a friend and classmate, had started working at Yaba a year earlier, and with the inducement of free staff accommodation and an additional paid allowance, it was an attractive proposition.

Christmas at Yaba (last century). From L to R, Helen, the Late Caroline Mba and Chinyere Ojiegbe.

My mentors included the late Dr Bertha Johnson, medical director, a formidable woman not to be trifled with. I admired her and she was always kind and patient with me. I remember after one consultation with a patient, and his relatives offered me an envelope of money. I was shocked and outraged, and I rushed off and reported the matter to Dr Johnson. I blurted out that some relatives had attempted to bribe me. She calmed me down and explained that the relatives were simply trying to show their appreciation even though it was not appropriate to accept gifts.

After my NYSC year, I got married and had two children in quick succession. I continued to work full time, including taking part in the on-call rota. It was difficult combining full time work with childcare especially when I did not have a house help. Often, I would arrive at work exhausted, but after seeing two or three patients, each with their mental health issues and multiple social problems, I would thank God because my problems seemed minor in comparison. After I had my second son, I found it difficult leaving both children at home, and whenever I was on-call, I would get my husband to drop the house help, my toddler and my new born baby, with me in my on-call room after working hours. I had installed a wicker cot and mosquito net for the baby, and I would go to feed them between calls.

The safety of female doctors can be an issue. I lived in a shared flat at the Oshodi Annexe during my NYSC year with two other youth corpers from Edo and Kano states. The staff quarters were in the same compound as the patient's wards, and my friend Caroline was our neighbour. I remember one particular male patient who became infatuated with Caroline, so much so that he changed his surname to hers! One day he decided to pay her a visit in her flat. When he appeared at her front door, she was so scared that she ran out of her back door in a state of abject terror to seek refuge in my flat. Tragically, Caroline was to die about 25 years later at the hands of one her patients in the United States.

Most of my working week was spent at Yaba, but I worked occasionally at the Oshodi Annexe. It was a large compound with lots of greenery and a semi-rural feel. The patient group mostly had chronic psychotic illnesses like schizophrenia and many had been abandoned by their families. I enjoyed working at Oshodi and I often conducted my clinics in open air under the shade of a large tree due to irregular

electricity supply. Nurses would arrange a table and chairs and bring out the case files and we would send across for soft drinks from the adjacent military compound.

"I remember one particular male patient who became infatuated with Caroline, so much so that he changed his surname to hers!"

One of the chronic schizophrenic patients spent his days running after any cars that entered the compound and begging for money from visitors to the annex. The first time my brother Paul came to visit, the patient chased his car from the main gate to my apartment. Paul wound the car windows up and would not come out until I rescued him. Eventually they became good friends and the patient would run after him anytime he visited shouting

"*b'ra Paul, b'ra Paul, e funmi lowo*" (brother Paul, brother Paul, give me money).

On another occasion, my poor brother, whilst driving my car, was stopped by another of my ex-patients who had taken to directing traffic in downtown Lagos. He demanded to know why Paul was driving "doctor's car." Whenever I went to do my shopping in central Lagos I was regularly hailed by the ex-heroin addicts whom I had treated at Yaba. I always felt safe and protected.

We experienced great difficulties ensuring that another schizophrenic patient remained dressed in hospital regulation pyjamas. Whenever he was given a clean pair of pyjamas, he would appear in the evening with all the seams split and his trousers in tatters, flapping around his ankles. Much of the time he would go around dressed in a loincloth fashioned from the remnants of his pyjamas. He spent very little time on the ward and when the nurses were doing their checks, he was usually nowhere to be found. Whenever he managed to give the nurses the slip, he could be found in the staff farms at the end of the compound. He thrived on this lifestyle and he would harvest the yams, much to the annoyance of staff, and roast them to eat. However, it was not only patients who could not keep their clothes on! One night in the Emergency Unit at Yaba, a fed up husband drove his wife, who had relapsed, to the hospital. Unusually, both of them were completely naked! There was a simple explanation. The husband was fed up and at the end of his tether because he had had enough of his wife stripping off anytime she relapsed. Exasperated, he had shouted at her

"*is it only you that can be mad, I will show you, you are not the only one*!"

and he stripped off and accompanied his wife to the hospital *au naturel*.

Sometimes my patients startle me with their words. I asked a patient about his occupation, and he responded, "*hired assassin*". Now, I don't know if this response was due to his mental illness or not, however I was later told that when robbers go out on an "operation", they recruit people who were either drug addicts or mentally unstable to make up their numbers, and these were the ones who were dangerous because they were so unpredictable.

Some mentally ill patients ended up in Kirikiri Maximum prison, and resident doctors from Yaba ran clinics there to cater for them. I found visits to Kirikiri a very frightening experience as the walls were so high. On my first visit I had to sign in at reception and then a prison warder came to escort me to the hospital wing. I remember the huge wooden doors closing behind me and realising that if anything were to happen and I had to run, there was just no way to make it over the walls. The hospital wing held mentally ill prisoners as well as some privileged prisoners. The privileged prisoners wore neatly tailored prison uniforms and expensive watches, and were rumoured to receive daily foreign newspapers to read.

In stark contrast, some of the prisoners were skeletally thin and looked as if they had just come out of a concentration camp. I found it frustrating working at Kirikiri because there was a very limited choice of medications available with which to treat the mentally ill under my care. I do hope conditions have improved for the mentally ill since my time there.

Dr Helen Sasegbon is a psychiatrist working in Northampton, UK

To change radically does not mean to do something drastic, it means to do something rooted in logic, and there is nothing more rooted in logic than a mind replacing misconceptions with truths.

Minna Salami (b 1978 -)
Nigerian Author/Journalist. TEDxBrixton November 2014

Akintunde Akinkunmi

Twenty-Nine Point Four Years of Undetected Crime: My Life in the British Army

Lest it be thought by some that the title of this piece represents the literal truth, and that the author should be put in front of the International Criminal Court at The Hague, let me reassure you from the off that the title is firmly tongue in cheek.

This is not to say that the rules were never occasionally stretched or bended. Lesson One from either your recruit course or from the Royal Military Academy, Sandhurst (RMAS): you need one pair of boots for spit and polish in barracks, and another, more comfortable, pair for exercises in the field or on operations. Since, when I first joined the Army you were issued one pair of boots, another had to be procured somehow – therefore, the Regimental Quartermaster Sergeant must ALWAYS be your friend.

But, I digress. I came to the British Army in 1990, the year after I arrived in the UK from Nigeria. Having previously served with the Brigade of Guards of the Nigerian Army, I was chafing to get back into the military way of life. I'm sure that there ought to be a category in the International Classification of Diseases for this particular malady. I sought out my nearest unit, which happened to be the Dunstable Platoon of No1 Company, the 5th Battalion of the Royal Anglian Regiment, and signed up. After interviews at Battalion, Brigade and Divisional level, I walked through the gates of RMAS on my commissioning course in early 1990. Lesson Two: the most important man at RMAS is not the Commandant or even the Academy Sergeant Major; it is the drummer who sets the pace at all parades, and who can therefore make the life of the young Cadet a complete misery. The Drummer, therefore must ALWAYS be your friend. My previous service in Nigeria meant that I knew what was coming, and was therefore better prepared than many of my fellow Cadets, quite a few of whom dropped out.

My previous service in Nigeria meant that I knew what was coming, and was therefore better prepared than many of my fellow Cadets

A newly minted Captain (on account of my medical degree), my first posting was to No 2 Company, 5 Royal Anglian in Hertford, during which time I mastered (well, okay, became passable at) the arts of a variety of small arms, ranging from the 9mm pistol to my all-time favorite, the .50 calibre machine gun. That puppy will chew through 2 feet of brick and mortar, as we took every opportunity to demonstrate in such diverse places as Thetford in Norfolk, Suffolk in Canada, Basra in Iraq and Musa Qala in Afghanistan. Subsequent postings to Logistics and Military Intelligence (shh!) meant the acquisition of other skills, but, regretfully, if I told you I'd have to kill you, which would be tiresome, because I have no idea who will read this, and I still intend to learn how to play the bass guitar before I shuffle off this mortal coil….

Anyway, I got through both the Junior and Advanced Command and Staff College courses, and then started a succession of Staff, Regimental and Training postings, which included the Army Medical Services Training Centre, 2nd Medical Brigade, Army Headquarters and the Ministry of Defence, culminating in my last posting as Chief Medical Officer for the Army Reserves. I retired with a fair bit of red tabbing on my

collar and gold braid on my epaulettes in April 2019.
Did I enjoy it? Yes, mostly, apart from arctic warfare training in Norway. Would I change anything? Not really, with the possible exception of perhaps being a bit ruder to the Royal Air Force when I had the opportunity – they're never on time, and almost always drop their bombs in the wrong place! And my greatest achievement? Well, that's easy – spending almost 2 decades in uniform before setting foot in a medical unit, despite (at least until I became a Colonel and discarded Regimental and Corps capbadges for the General Staff capbadge) wearing a Royal Army Medical Corps badge on my beret. That's a record that I think will take some beating…..

Akintunde Akinkunmi is a consultant psychiatrist working in the UK.

Ishmael Chasi

Alumni WhatsApp groups: My Personal Experience of the Good, the Bad and the Ugly

I left the University of Zimbabwe medical school in 1996 with a handful of close friends with whom I expected to maintain regular contact. Three years on, I would also leave my country to pursue a career in Radiology in the United Kingdom, fully intending to return and practise in the country that had invested heavily in my training. Up till then I had never owned a mobile phone and had to make do with public call boxes, landlines and letters. I did well to maintain the close links that I had established with friends but inevitably lost contact with a lot of my former colleagues from medical school.

That all changed 4 years ago when I was added to a fledgling alumni WhatsApp group. A lot had transpired in my country since I had left. A volatile political environment and rapid economic decline had laid waste my dreams of living and working in Zimbabwe. Like me, the vast majority of my colleagues had found themselves seeking economic fortunes in the diaspora, largely disconnected from former colleagues and old friends.

"My overall experience has been positive. Over time the group has learnt to moderate itself."

The WhatsApp group brought us together despite vast geographic separation. The class of 1996 had collectively blossomed into mature doctors of all specialties plying their trade all over the globe. This became an immediate resource of invaluable news and information. With colleagues living in virtually all time zones the group has often taken on the taken on the semblance of a 24-hour news channel. This was most evident when the army tanks rumbled into Harare, deposing Robert Mugabe from power. Raw unedited news was available at one's finger tips before being broadcasted on mainstream news channels. The group has given people a platform to proclaim their achievements, which has given us a sense of pride

especially for those colleagues who have remained in Zimbabwe, innovating and working under difficult conditions. Some people clearly feel a greater need for adulation than others, but the group has been gracious enough to allow this and applaud without undue critiquing. It has been refreshing to see the group respond collectively and individually to causes back in Zimbabwe, giving back to the communities where we came from. This has been in the form of money, fund-raising, time and skills. Instant connectivity and mobility has made it easier to arrange social events including reunions that have served to cement the group's cohesion. We have shared old experiences, old anecdotes and even obituaries for old lecturers.

Like a lot of WhatsApp groups the conversations are largely driven by a few characters, unsurprisingly the same people that would have been the loudest at medical school 20 years ago. That can be a good thing but often has created a forum for self advertisement and musings whilst contributions from the more reserved introvert members may be more scarce.

My country's political journey in the recent past has been reflected heavily in the group. Despite initial calls to refrain from controversial religious, political and social content it has been unavoidable to ignore the fast evolving changes in my country. The violence, intolerance and aggression that has been witnessed on the streets of Harare has often been mirrored by the personal abuse that colleagues have been subjected to for holding opposing views in the group. It has been clear that even high levels of education and personal achievement have not been enough to help people conduct debate in a cordial manner. Group members have clearly established themselves into opposing camps, the vast majority living abroad and therefore typically not sympathetic to the government.

"It has been refreshing to see the group respond collectively and individually to causes back in Zimbabwe, giving back to the communities where we came from."

A lot of the disagreements have had to do with the bearer of the message not the message itself making political debate often predictable and fractious. Our failure to rise above these differences has been damning and illuminating. Despite years of high level education and training it is apparent that the separation between civility and chaos may be as fragile amongst us as in the general population at home.

The instantaneous appeal of social media and WhatsApp groups has been the source of the ugliest experiences. Unfiltered content broadcast into the group without regulation or warning messages has at times been the most disturbing. Admittedly my colleagues were themselves not the perpetrators of these acts but sharing scenes of brutality did not serve any meaningful purpose to the group. I could very well have done without witnessing the vivid gruesome video content of xenophobic attacks in South Africa. Whilst admittedly there is a point to capturing this content, the sense of horror, shame and disbelief I felt at the callousness on show was matched by my anger at having these images foisted upon me.

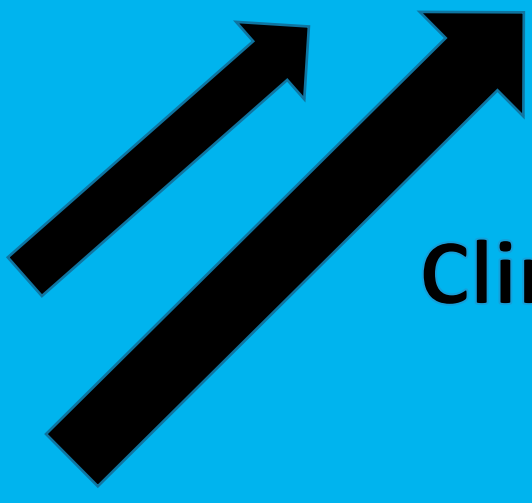
My overall experience has been positive. Over time the group has learnt to moderate itself. We have lost members along the way, usually offended by ill-advised content or personal slights. I fully intend to maintain my links with the group. I have gained life-long connections with a shared history, ideas and sense of purpose. Disagreements are inevitable given different life experiences, but the ability to do so without fracturing into splinter groups will ultimately be the major test for the longevity of the group.

Dr Ishmael Chasi
Consultant Radiologist
University Hospital North Durham, UK

The single story creates stereotype, and the problem with stereotypes is not that they are untrue, but they are incomplete. They make one story become the only story.

Chimamanda Ngozi Adichie (b 1977 -)
Nigerian Author.

Ibadan Medical Specialists Group (IMSG)



Symposium: The Role of Alumni in Clinical and Academic Life Of a Medical School

Wednesday 6th November 2019 at 11am

Paul Hendrickse Lecture Theatre
College of Medicine, University of Ibadan, Nigeria

My Experience as a Foreign Based Surgeon Delivering Clinical and Educational Activities in My Alma Mater.
Mr Banji Adeyoju – Consultant Surgeon, UK

Visiting Foreign Surgeons: a Welcome Mission or Not
Dr David Irabor – Consultant Surgeon, UCH Ibadan.

Are Surgical Outreach and Skills Transfer Programs Fit for Purpose?
Mr Olufunso Adedeji. Consultant Surgeon, UK

Expectations of Resident Doctors and Students from External Faculty and Alumni
Dr Adedayo Williams. Resident**,** PARD, UCH, Ibadan.

My Experience Running Departmental Symposia for Over a Decade as an Alumnus.
Dr Akintunde Akinkunmi, Consultant Psychiatrist, UK.

Partnering with Alumni for Rapid Advancement of Academic Programmes
Professor Olayinka Omigbodun. Professor of Psychiatry, UCH, Ibadan.

Chairman

Professor Oluwole Akande
Emeritus Professor & Foundation Provost,
College of Medicine University of Ibadan

Special Guest of Honour

Professor Abiodun Otegbayo
Chief Medical Director,
UCH, Ibadan

Chief Host

Professor Oluwabunmi Olapade-Olaopa
Provost, College of Medicine,
University of Ibadan

Ibadan Medical Specialist Group

Mr Olufunso Adedeji
Education & Research Secretary

Thank you

Some of Our Teachers

From L to R. Professor Ayodele Desalu, Anatomy, Professor Lagundoye, Radiology, and first right, Professor Oluwole Akande, Foundation Provost, and Obstetrics and Gynaecology at the opening ceremony of the IMSG pre-clinical library in November 2015.

"What all good teachers have in common, however, is that they set high standards for their students and do not settle for anything less"

Marva Collins (1936-2015)
African-American Educator