

# The emigration of doctors from Nigeria is not today's problem, it is tomorrow's

*LSE's Adura Banke-Thomas argues that Nigeria needs to urgently rethink its policies towards the training and retention of doctors.*

In a [speech](#) delivered by the Nigerian Minister of Health, [Professor Isaac Folorunso Adewole](#) at the 38th Annual General Meeting and Scientific Conference of the National Association of Resident Doctors of Nigeria, he argued that the number of doctors in Nigeria was sufficient and that the real problem with the health workforce was the uneven distribution of doctors. He went on to say that the ratio of one doctor to the over 5,000 population in Nigeria is better when compared to other African countries. In an [interview](#) afterwards, when asked how the government was addressing the issue of doctors not having sufficient residency placements for training and having to move abroad, he said, "it might sound selfish, but we can't all be specialists... Some will be farmers, others politicians. The man who sews my gown is a doctor. He makes the best gowns...." His comments require some unpacking.



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As regards the uneven distribution problem raised by the Minister. Well that is a reflection of the [lack of policy guiding mobility of the available health workers](#). This is in the purview of the government to develop relevant policies that address it.

The critical point, however, is the sufficiency of doctors in Nigeria. He is right! According to the [World Health Organization](#) (WHO), Nigeria has one of the highest doctor to population ratio in Africa. The question though is by whose standards should one benchmark sufficiency of doctors in a country? Your neighbours who are in the same boat with you or by global standards? The current global recommendation is one doctor to 600 population. A [poll](#) citing the Medical and Dental Council of Nigeria (MDCN), reported that there are about 72,000 nationally-registered Nigerian doctors, with only 35,000 practising in-country. Factoring this figure with national population estimates, there is a deficit of over 260,000 doctors in Nigeria and a minimum of 10,605 new doctors need to be recruited annually to meet global targets! This gap is particularly critical for a country like Nigeria which has some of the poorest health outcome indices in the world, including the [fourth highest maternal mortality ratio](#) and the eight highest infant mortality ratio. So, to be clear, there are not enough doctors in Nigeria!

Equally important is which doctors are moving abroad? For senior-level doctors (consultants), it is not the norm nor the easiest of choices for them to leave the country at such an established point in their career. Although, these days, young medical graduates are not particularly surprised to meet their consultant senior colleagues in examination halls writing the same examinations required for doctors to practice abroad. On the flip side, newly qualified junior doctors do not have a choice to move just yet – they have to stay at least for a year, as they are required to complete a mandatory year of housemanship and another of national service. Well, some do not see the latter service year as mandatory! That's a different conversation. As per the MDCN database, there are [over 3,000 provisional and 2,000 full licenses to practice issued](#) annually, representing a proxy-number of newly registered-to-practice doctors. Still a far cry from the more than 10,000 doctors required annually!

The doctors who are free to move abroad are those in the middle – those who should be receiving specialist training to fill the gap when the current crop of specialists retire or grow weary, but who at the moment cannot find such training opportunities in-country. Those are the ones who are leaving. According to the [NOI survey](#), 89 per cent of these mid-level doctors are considering work opportunities abroad and/or have taken examinations that allow them to “port” or “cut out” as they say. Of the junior doctors coming behind them, 91 per cent are already considering their options abroad. Anecdotal evidence also suggests that the numbers of those registering to take national residency training qualifying examinations are dwindling, with routine postponements of application deadlines by the examining bodies to accommodate more applications.

So, if this trend continues, a few years from now, the number of doctors remaining in Nigeria will be so limited, it will be a huge problem for the country. According to the [UK General Medical Council database](#), the numbers of Nigerian doctors settling in the UK doubled in 2016 compared to 2006, with over 5,000 Nigerian doctors registered to practice in the UK. The other African countries with relatively higher doctor to population ratios like South Africa have numbers of nationals registered in the UK going down and Mauritius has had only 20 doctors emigrating to the UK over the past decade. As the old adage says, a stitch in time saves nine. Some sincere demonstration by the government that these highly skilled workers, who have benefitted from national resources to be trained as doctors, are valued and needed in their country will be a great start.

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**Dr Aduragbemi Banke-Thomas** ([@abankethomas](#)) is a Fellow in the LSE Department of Health Policy.

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