

Of VCs, CMDs, dying Patients, and Physician Conspiracy

– By Okoruwa



Not many people may have heard of Miriam Olusanya. But Ms. Olusanya is currently Managing Director of GT Bank, a company with a market capitalization in excess of a trillion Naira and well over three thousand permanent employees. GT Bank generated a profit slightly in excess of a trillion Naira in the first half of 2024. Ms. Olusanya originally trained as a pharmacist. Were she to have pursued a career in pharmacy and chosen to work in a hospital, she would never have been privileged to lead any public hospital whatsoever. Indeed, she would never have risen above the role of Director of Pharmaceutical Services, which is where pharmacists tend to be capped in the hospital environment. This is the paradox of Nigeria's health institutions: Chief Medical Directors, as managing directors of hospitals are known, must be medical doctors, according to a decree that was engineered by Prof. Ransome-Kuti, health minister in the Babangida years. Even though it is irrational and illegal, being discriminatory against other health practitioners, that decree has since become entrenched in our statute books. Managing an enterprise, as the world has long come to realize, is not necessarily a function of professional training. You do not necessarily need to have trained as a banker to run a bank successfully, as Olusanya and many others have proven. Nor do you need to be a trained

physician to successfully run a hospital. In fact, in the United States, less than 5 percent of hospitals are led by medical doctors. Managing a thriving hospital as the US has long realized, is a function of how skillfully a leader synergistically aligns all the critical elements such as planning, organizing, staffing, controlling and leading.

While a medical doctor may indeed possess all of these qualities in addition to his skills as a physician, those traits are not exclusive to medical doctors and may also dwell in the sundry other professionals who provide service in the hospital environment: pharmacists, nurses, medical laboratory scientists, accountants, physiotherapists, psychologists, health economists, administrators, and many more. Unfortunately, doctors, aided by Ransome-Kuti's decree have continued to feed Nigerians with the wrong impression that only doctors can run hospitals. In the process, the dragnet for the selection of Chief Medical Directors of hospitals in Nigeria, is deliberately constricted, being restricted to doctors. These critical public institutions are therefore denied the potential leadership that may have been provided by hordes of talented professionals in disciplines other than medicine. The situation is not different in Nigeria's medical or health universities. While Nigeria's first specialized university is the Tai Solarin University of Education in Ijebu-Ode, medical universities have over the years, gradually sprung up across the country. These universities train doctors and in addition, pharmacists, nurses and other medical specialties. They are staffed by medical doctors as well as teachers from other disciplines including the medical sciences. It doesn't take rocket science to know that medical or health universities are not fundamentally different from other universities. They are only different in that they are limited to teaching courses in the medical and health fields. Managing these universities, therefore is no different from managing any other university in Nigeria. Curiously, however, only medical doctors can aspire to become Vice Chancellors of Nigeria's medical and health universities as any advert for that position will confirm. The current VC of Lagos State University is a physiologist – Physiology is one of the medical sciences.