



Dentist in Leadership Position as Chief Executive Officer of a Leading Tertiary Health Institution in Nigeria

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Introduction

This article was written with the aim of sharing the experience of the author as a dentist who served as a Chief Medical Director of Lagos University Teaching Hospital for a total of 8 years from 1998 to 2006. The authors discussed circumstances that led to his emergence as Chief Medical Director, the challenges he faced on the job, the significant achievements he made and his final exit from the job. It is hoped that every dentist that reads this article will have confidence to aspire for such positions of leadership. The author concluded that on the basis of his experience, there should be increased participation of the private sector in funding and managing tertiary health institutions in Nigeria.

Some background stories that laid the foundation to my leadership role in the Lagos University Teaching Hospital (LUTH)

Following a 3-year training in Oral Pathology at the Harvard School of Dental Medicine in Boston, Massachusetts, USA, sponsored by the University of Lagos, I was awarded a Certificate of training in Oral Pathology and a Master of Medical Sciences degree in Oral Biology. The training under Late Professor Gerald Shklar gave

me a good background training in Oral Medicine, in addition to the main thrust in Oral Pathology. I returned to Nigeria to continue my academic career as a Research Fellow 1, from which position I rose to become an Associate Professor in 1991, and later became a professor in 1996. Prior to my appointment as a professor, I was requested to get a Fellowship of one of the postgraduate colleges, a request which I considered absurd since I became an Associate Professor without having a Nigerian Fellowship. However, I stooped to conquer, as I went through necessary process to sit for and pass the Part 2 Fellowship examination of the National Postgraduate Medical College of Nigeria in May 1996.

In the first instance, this was a test of humility for me, as I had to do the examination during my tenure as Acting College Dean of the School of Dental Sciences of College of Medicine, University of Lagos. Humility is an essential tool of leadership. It is relevant to note that Fellowship of one of the postgraduate medical colleges was a requirement for appointment of a Chief Medical Director. As an honorary consultant to LUTH, I ran a weekly clinic in Oral



Medicine/Clinical Oral Pathology, in addition to my main thrust in Biopsy service. The patient services gave me an opportunity to interact with many clinicians and laboratory consultants outside the dental services, with whom I had consultations in the interest of our patients. By the time I became the Chief Medical Director of LUTH, I was not a stranger to many of the consultants.

Preliminaries to my emergence as Chief Medical Director of LUTH

In December 1997, while serving as the Acting College Dean, School of Dental Sciences of the College of Medicine, University of Lagos, Professor Debo Adeyemi, who was then the Chief Medical Director of Lagos University Teaching Hospital, invited me for discussion on how I could assist LUTH to improve its Laboratory services. He stated further during the discussion that he had a plan to create a new administrative position of Coordinator of laboratory Services, which would complement the effort of the Chairman, Medical Advisory Committee (CMAC) of LUTH, in achieving effective clinical services. I was enthusiastic to offer my services as requested, but I was worried about the logistic of serving two masters: the Vice Chancellor/Provost, being an Acting College Dean, and the Chief Medical Director, if appointed Coordinator of Laboratory Services. With the assurance from the Chief Medical Director that the LUTH part of the job would be facilitated for me, and the realization of the fact that my third term of the yearly renewable tenure

as Acting College Dean would expire by 31st July 1998, I assured Professor Adeyemi that I would be willing to serve when officially appointed. I was appointed Coordinator of Laboratory Services with effect from April 1998. Although it was tedious combining this position with that of the Acting College Dean, I was able to cope through the grace of God.

In the last week of July, 1998, while still serving both LUTH and CMUL, Professor Debo Adeyemi informed me that I would be assuming office as the Acting CMAC, LUTH, with effect from August 1998, when the term in office of Professor (Mrs.) Odutola, who was then the CMAC, would have expired. In order to strengthen the clinical services of the hospital, Dr. F.A. Durosinmi-Etti (who was then an Associate Professor, but later became a Professor), was appointed Coordinator of Clinical Services. Meanwhile, I combined the duties of Acting CMAC with that of Coordinator of Laboratory Services. I recall vividly that there was harmonious and cordial relationship between the Chief Medical Director, the acting CMAC, and the Coordinator of the Clinical Services.

A new dimension came into the story when I travelled (with the permission of the Chief Medical Director) to Cape Town in South Africa in the second half of August 1998, to present a paper at the International Association of Oral Pathology conference. Before I travelled, I had recommended that the Coordinator of Clinical Services should look after the office of the



CMAC while I was away. During the ten days I was away, the Chief Medical Director, Professor Debo Adeyemi was appointed Honorable Minister of Health, and had to appoint Professor Durosinmi-Etti, as Ag. Chief Medical Director and Ag. CMAC in order to avoid a vacuum, since I was away. This was the situation I met on ground when I returned from my trip to South Africa. The circumstances further dictated that I had to revert to the position of the Coordinator of Laboratory Services. Although unpalatable, I took the whole situation in good faith, with the satisfaction that I was rendering services to my nation, Nigeria. I recall with pride that during the period, the relationship that existed among the Honorable Minister of Health, the Ag. CMD/CMAC and my humble self was quite cordial. Administration of the Hospital also ran smoothly.

A further new dimension came into the story when it was time for regularization of appointment of the CMD and the CMAC by the Federal Ministry of Health. At the conclusion of the exercise, I was appointed the Ag. CMD/CMAC with effect from 1st November, 1998, while Professor Durosinmi-Etti reverted to his initial position as the Coordinator of Clinical Services. Both of us cooperated with each other in our new positions. The good relationship that existed then, remained so, even when Professor Durosinmi-Etti was later appointed Chief Medical Director of the National Hospital, Abuja. It is with gratitude to Almighty God that I remark that the brotherly and friendly

relationship that had existed between Professor Durosinmi-Etti and I remains so till now.

It is remarkable that I served as the Ag. Chief Medical Director of LUTH from November 1998 to October 2000, when Dr. Tim Menakaya recommended me and the President of the Federal Republic of Nigeria, Chief Olusegun Obasanjo confirmed my appointment as Chief Medical Director of LUTH with effect from 1st November, 1998 for a period of 4 years. When my first term tenure as Chief Medical Director expired in October, 2002, the Honourable Minister of Health, Professor A.B.C. Nwosu, following recommendation of the Lagos University Teaching Hospital Management Board, recommended to Mr. President of the Federal Republic of Nigeria, renewal of my tenure for a second term.

Mr. President of the Federal Republic of Nigeria subsequently approved for me a second term tenure of 4 years with effect from 1st November, 2002. To the glory of the Almighty God, I became the first dentist in the history of the Lagos University Teaching Hospital to be appointed the Chief Medical Director of the Hospital. Furthermore, I became the first Chief Medical Director of LUTH to serve two terms in office.

The eight-year journey as the Chief Medical Director of LUTH

The situation of the hospital in November 1998, when I assumed duty as the CMD of LUTH, dictated that it was necessary to focus on im-

proved services in the hospital expeditiously. All efforts were therefore geared towards this objective. Most of the capital subventions received was used to procure equipment for improved patient care. The hospital benefited from critical care capital subventions which were judiciously utilized.

Emergency care responsiveness

The hospital administration, under my leadership, demonstrated ability for expeditious emergency care responsiveness by successfully handling the epidemic of kerosene explosion burns victims in October 2001, and the Idiaraba crisis of February 2002 when many of the residents of Idiaraba community migrated in their hundreds to the Lagos University Teaching Hospital premises to take refuge, following the communal clash in the locality. The security of the refugees was guaranteed.

Our Job was facilitated when the Lagos State Government and a number of other non-governmental organizations joined hand with LUTH Management to make the refugees comfortable, until the crisis was over.

Friend of the Needy Fund

The hospital administration, under my leadership, introduced, for the first time in LUTH, the Friend of the Needy Fund in year 2002, to cater for the hospital bills of truly indigent patients, who hitherto, were detained in the wards until bailed out by good Samaritans.

Roads in LUTH

For the first time in the history of LUTH, all roads in the LUTH and College premises were identified by numbers, with the hope that in future, those numbers will be replaced by names of those who had contributed significantly to growth and development of LUTH.

Workers forum

Although workers were often restive due to delay in payment of salaries and sometimes due to non-implementation of government circulars, WORKERS FORUM was introduced in year 2000, as a conducive atmosphere for both management and workers to exchange views and be educated on how best to resolve any crisis that was in existence and proffer solution as to how such crisis could be averted in future. The WORKERS FORUM was found to be very effective.

Capital subventions, and developmental projects

My second term tenure witnessed improved capital subventions. Out of 53 developmental projects that were planned to be carried out, 47 were completely executed, while the remaining projects were at various stages of completion by the time I left office. Details of the projects can be found in my eight years tenure report, which has been submitted to the Federal Ministry of Health. I also made sure that I gave a copy of the report to each of my successors, with whom I was privileged to interact. I believe copies should also be available in LUTH Administration.

The VAMED Project

My story on project development will be incomplete if I do not mention the VAMED Project. The Federal Government of Nigeria VAMED Engineering Project on equipment modernization of Teaching and Specialist Hospitals, valued to cost N1.08 billion, was promising to go a long way to improve health care service delivery to patients by LUTH. I recall that the first batch of beneficiaries of the project were six Teaching Hospitals, each one located in each of the six geopolitical zones in the country. At the initial concept, University College Hospital in Ibadan was favoured to be the beneficiary of the slot for south west geopolitical zone. I recall that the LUTH Administration under my leadership lobbied the then Honourable Minister of Health, Dr. Tim Menakaya to consider LUTH among the beneficiaries in the first batch.

With special thanks to the Almighty God, Dr. Tim Menakaya succeeded in convincing the Presidency to include LUTH as a beneficiary in the first batch. I should like to seize this opportunity to thank Dr. Tim Menakaya for the role he played in making us realize our dream for LUTH. I am happy to recall that before I left office, equipment list for LUTH had been concluded and order for purchase had been made. Furthermore, some consignment of the equipment had started arriving on LUTH premises before I left office in October, 2006. Among services expected to improve signi-

ficantly in LUTH as a result of the equipment modernization exercise were: operating theatre, radiotherapy, radio diagnosis, mortuary, dental and physiotherapy services.

Recurrent subventions

Under my leadership, LUTH Administration put extra effort to ensure that adequate personnel emolument subventions were received in good time. It is with gratitude to God and Mr. President of the Federal Republic of Nigeria, that I recall that shortfall in salary subvention was less experienced during my second term tenure as Chief Medical Director. For this reason, prompt and adequate payment of salaries were the order of the day, especially in the last one year of my stay in office.

Internally generated revenue and public private partnership

I recall with satisfaction that LUTH Administration, under my leadership embarked on an aggressive fund generation drive that made it possible for quite a number of its overhead expenditure to be funded from the internally generated revenue. LUTH Administration under my leadership also explored avenues for public private sector participation. Agreement was signed between LUTH Hospital Management Board and Messrs. First Foundation, whereby Messrs. First Foundation would bring in and operate Magnetic Resonance Imaging (MRI) radiological services in LUTH, and LUTH would share in the profit made by the company as well as own the equipment after Messrs.



First Foundation has recovered the cost of MRI machine. As part of the special attention paid to the public/private sector participation, three banks operated in the LUTH premises, and all helped both in revenue collection as well as rendering philanthropic services to LUTH. In an attempt to further improve revenue generation, LUTH Administration under my leadership advised the LUTH Management Board to set up LUTH Ventures, whose functions would include, among others, management of LUTH Intramural Private Practice.

THE challenges faced by the dentist in managing a big teaching hospital such as LUTH

The first major challenge, especially at the initial stage, was that of acceptability by some colleagues. Even though the dentist shares the leadership of the health care delivery team with the medical colleague, quite a number of medical colleagues find it uneasy to readily accept the leadership of the dentist. This probably explained why a classmate of mine, who happened to have read medicine, asked me jokingly, what I was doing on the 'big seat' when he paid me an unscheduled visit during my early days in office. On my own part I did not feel deficient in any way because most of my friends and close associates read medicine.

Furthermore, in the course of my clinical practice and research activities I had worked closely with medical colleagues. I wish to use this opportunity to thank my close friends and

especially some senior colleagues such as late Dr. Beko Ransome Kuti and late Dr. Ore Falomo, who were enthusiastic about my appointment and openly demonstrated support for me.

Another big challenge I faced was human management. Lagos University Teaching Hospital appears to be the melting point of all cultures in Nigeria. Therefore, I had to put up a posture that was acceptable to these various cultures. Furthermore, Lagos University Teaching Hospital was the heartbeat of the nation as far as health care delivery was concerned. LUTH workers seemed to be very much aware of this fact and therefore used to be the first to precipitate any crisis in the health sector, with the hope that Government's attention would be promptly received.

Therefore, it should not surprise anyone that there were frequent industrial actions in LUTH, both during my tenure and those of my predecessors, despite series of dialogue with workers, in an attempt to abort such crisis.

Also quite enormous was the attitude of some ambitious colleagues, who never saw anything good in every good thing done by the management, but rather fanned ember of discord, promoted spread of rumour and precipitated crisis behind the scene.

Also considered a big challenge was the role of circulars by Government, promising juicy remunerations for workers, and at the stage of implementation, the workers did not get the

full benefits of contents of such circulars. Workers became frustrated and restive, and turned the heat on the Chief Executive of the Hospital. The Chief Executive then turned to the supervising ministry for help and guidance, but more often than not, the Chief Executive became properly roasted by the crisis before help came, where it came. Sometimes the Chief Executive was blamed for allowing the crisis to occur. If the crisis succeeded in spreading to other hospitals in the nation, the supervising ministry would then move with all its might to address the main issue that originally precipitated the crisis. Also seen as an important challenge was the Nigerian factor in addressing issues of indiscipline by workers. The culprit was often connected to one influential person or the other. When it was time to administer disciplinary action, the Chief Executive sometimes found himself under pressure not to carry out the action so as not to displease some of the big wigs who may be interested in the culprit. So, we seemed to pay lip service to enforcing discipline but the truth was that indiscipline thrived in our society. Given my eight years' experience in office as CMD, I am convinced that many of the theories of management taught in the class room did not work in managing LUTH. In fact, the more some of these theories were applied, the more one got into trouble.

My exit from the office of the Chief Medical Director

The various challenges enumerated above required an unusual administrative and management skill to survive more than one term as the Chief Medical Director of LUTH. Through consistent prayers and determination to succeed, to the Glory of God, I survived two terms. I believe I will not be fair to the public and myself, and that I would not be doing enough justice to this section, if I do not make a few comments about my last three months in office. It was during this period that the Honourable Minister of Health, Professor Eytayo Lambo, announced during a press conference that I should proceed on my terminal leave and that an interim Administrator was to assume duty with immediate effect. The letter that subsequently conveyed the directive further informed me that the Honourable Minister had received the report of the panel set up to investigate the circumstances that led to baby Eniola getting infected with the Human Immunodeficiency Virus, and that the White Paper on the report had been received. My friends, associates and well-wishers, both from Nigeria and abroad, expressed solidarity with me, assuring me that there was no way I should have been personally implicated in circumstances that led to the infection of the child. Up till this moment, I have neither seen any report so far that implicated me nor any report where LUTH accepted blame for the circumstances of the child. However, I was pleased with the report I heard that the Federal

Government would facilitate, through LUTH, establishment of an Endowment Fund for the child, and furthermore that all the support for successful rehabilitation of the child, which LUTH had been giving to the child from the time I was in office would continue.

Conclusion

Every dental surgeon has the potential to take up leadership position as Chief Medical Director of a teaching hospital in Nigeria. An aspiring candidate must possess the prescribed qualification for the job. The task of Chief executive of a tertiary hospital in Nigeria is enormous and challenging but is surmountable for a dentist that is prepared for the job.

My experience on the job as a Chief Medical Director of LUTH suggests that a dentist can undertake the job and surmount the challenges. Furthermore, on the basis of my experience, there should be gradual increase in private sector participation of private investors in funding of our tertiary health institution with subsequent decrease in participation by government. The ultimate goal is for private sector investors to have a major share in tertiary institution.

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