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# The 'Doctor' Title Debate and the Future of Nigerian Healthcare Collaboration

**Dumle Jane Alerechi-Ogbugo***

New Atata Memorial Clinic Elele, Ngeria. ORCID: 0009-0006-3787-0247.

**Corresponding author: Dumle Jane Alerechi-Ogbugo*

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**ABSTRACT** *Original research paper*

*The approval of the "Doctor" title for certain allied health graduates by Nigeria's National Universities Commission (NUC) has reignited longstanding tensions among healthcare professionals. Beyond titles, the debate reflects deeper challenges of recognition, equity, and collaboration in Nigeria's health sector. This editorial examines the historical roots of interprofessional conflicts, highlights key concerns raised by medical professionals, and proposes reforms such as clarifying scopes of practice and promoting joint professional development. By shifting the focus from rivalry to cooperation, Nigeria's healthcare workforce can foster stronger teams and improve public trust in the health system.*

## Introduction

Nigeria's healthcare system is evolving, not only in service delivery but also in how professional identities are defined and recognised. The National Universities Commission (NUC) recently approved the use of the title "Doctor" for selected allied health graduates, such as physiotherapists, pharmacists and optometrists, reigniting long-standing tensions among healthcare professionals in Nigeria.[1] While the debate over titles is important, it reflects deeper systemic challenges concerning recognition, equity, and interdisciplinary collaboration within the healthcare sector.

## Historical Roots of Interprofessional Tensions

Conflicts between medical doctors and allied health professionals have historical roots in Nigeria.[2] The rivalry between the Nigerian Medical Association (NMA) and the Joint Health Sector Unions (JOHESU) exemplifies professional protectionism, which can undermine collaborative practice and patient-centred care. In this context, some allied health professionals adopted unofficial titles like "Pharm", "Sct", and "Rad" to assert professional identity and legitimacy.

Understanding this background helps to explain why the recent NUC directive provoked strong responses and entrenched professional positions.

## The Current Title Debate: More Than a Name

The NUC directive to allow certain allied health graduates to use the title "Doctor" represents a broader push for professional recognition, equitable remuneration, and respect. In reaction, the National Association of Resident Doctors (NARD) issued a circular expressing concern about potential public confusion over clinical roles.[3] While the intention may have been to safeguard patient understanding and the integrity of medical practice, the tone—as reported—appeared exclusionary and reinforced perceptions of medical elitism, deepening divisions in the health sector.[3]

This reaction suggests that the core issue is not the title itself, but rather perceptions of value, fairness, and identity within the professional hierarchy.

## Toward Constructive and Collaborative Reform

Rather than resisting these changes, medical professionals in Nigeria should lead inclusive discussions to clarify scopes of practice and role boundaries.[4] These conversations should be driven by evidence-based policy and include all relevant regulatory bodies—the Medical and Dental Council of Nigeria (MDCN),Nigerian Medical Association (NMA), the Allied Health Professions Council, and the Federal Ministry of Health.

Other countries offer models for interprofessional collaboration. Canada, the United Kingdom, and South Africa have frameworks that promote cooperation without undermining distinct licensure or professional autonomy. Canada's National Interprofessional Competency Framework, for instance, encourages shared education and practice competencies across health professions.[5] In South Africa, regulatory bodies have developed structured approaches that define roles while enabling collaborative team-based care.[6]

## Reforms to Strengthen Medical Professionalism

Doctors in Nigeria can strengthen their professional identity and leadership by adopting reforms that broaden expertise and acknowledge diverse career pathways. Suggested strategies include:

- **Dual-degree programmes (e.g., MBBS-MPH, MBBS-MSc):** Countries such as the United States (e.g., Johns Hopkins, Harvard) and India (e.g., AIIMS, Manipal University) offer integrated dual-degree options. These programmes allow doctors to combine clinical training with public health or research expertise, equipping them for complex, multi-sectoral health challenges.

- **Formal recognition of Part I postgraduate examinations:** In countries like Ghana and Pakistan, intermediate postgraduate examinations are accepted for academic credit or partial fulfilment of requirements for advanced degrees. While the West African College of Physicians (WACP) recognises its Part I as a distinct milestone, the National Postgraduate Medical College of Nigeria (NPMCN) currently does not offer similar recognition. Granting formal academic value to Part I—such as credits toward a master's degree—could promote early-career advancement, stimulate research productivity, and align medical training with global academic standards.

- **Clearly defined scopes of practice:** Joint efforts by regulatory councils—such as the MDCN, the Allied Health Professions Council, and the Ministry of Health—are needed to create legally binding definitions of practice scopes for all healthcare professionals.

- **Joint continuing professional development (CPD):** Interprofessional workshops and CPD sessions can promote mutual respect, clarify roles, and build functional healthcare teams.

## Enhancing Public Awareness and Patient Trust

Ongoing professional conflict can fragment patient care and reduce public confidence.[6] When patients are unsure of who is qualified to provide care, this can negatively affect health-seeking behaviours and adherence to treatment.

To address this, coordinated public education initiatives are essential. These could include targeted radio discussions, television features, hospital-based information sessions, and active use of social media platforms. Such efforts must aim to clarify provider roles and reassure the public that all licensed professionals are competent within their designated practice areas.

Ultimately, fostering a culture of cooperation and respect among all healthcare professionals will improve workforce morale, reduce brain drain, and enhance the resilience of Nigeria's health system.

## Conclusion

The "Doctor" title debate reflects broader issues of professional identity, equity, and collaboration in Nigerian healthcare. Rather than deepening divisions, this moment presents an opportunity for inclusive reform. Medical doctors and allied health professionals alike must engage in transparent dialogue, mutual respect, and shared leadership. Titles should reflect qualifications and commitment to collaborative, patient-centred care. A united and cooperative health workforce is essential for building a resilient Nigerian health system.

## Conflict of Interest

The author declares no commercial or financial relationships that could be construed as a potential conflict of interest.

## Generative AI Statement

This article was prepared with the assistance of generative AI tools (e.g., ChatGPT) for content drafting and editing. Grammarly was used solely for grammatical corrections. The final manuscript is the original intellectual work of the author.

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