

A SHORT HISTORICAL ACCOUNT OF THE COLLEGE OF HEALTH SCIENCES

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The Conceptualisation and Inauguration of the Ife Medical School

The medical school at Ile-Ife was a product of the agenda of the then Western State Government, under the premiership of Chief Obafemi Awolowo, to expand opportunities for education and foster human development through the establishment of a university. Overall, the establishment of the university was part of the overall development agenda of the government. In particular, the desire to have a medical school as part of the university was aimed at improving the health care delivery in the state. The Faculty of Health Sciences was a product of careful planning, spanning over three years, with clear goals and unique philosophy aimed at giving it a distinct identity and a competitive edge in the Nigerian educational and health sectors.

In 1967, a Planning Committee of the Senate was constituted with membership including representatives from the Federal Ministry of Health, the Ministry of Health of the Western State Government, the Faculties of Medicine of the Universities of Ibadan and Lagos, the Faculties of Sciences of the Universities of Lagos and Ife, and the Faculty of Pharmacy of the University of Ife. In the development of medical school, a major goal was to evolve educational objectives that are relevant to the health need of the state. Thus, the new medical school was developed on a principle different from the other schools then in existence: beyond the traditional tripod of teaching, research and service, the medical school at Ife aims to have “more emphasis on service than is usual among Nigerian Faculties of medicine”.

In January 1971, Professor H.A. Oluwasanmi, then the Vice-Chancellor of the University of Ife, set up an International Working Party comprising representatives of the Inter-University Council and Nigerians who served on the Planning Committee of the Senate to prepare a final report for the Senate. The Working Party was given a five-point term of reference. It was to consider the health objectives of the Western State Government vis-à-vis the objectives of the Faculty of Medicine of the University of Ife and

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the recommendations made by the Planning Committee for the Faculty. The Working Party was also mandated to submit a report on the structure and organization of the Faculty, the organization of courses, relationship of the Faculty with the Government of the Western State, its Ministry of Health and other institutions. It should make recommendations on relations with other Faculties in the University and on possible relationship with other medical faculties abroad. Additionally, it should make recommendations on staffing, financing, equipment, facilities and research objectives of the Faculty. Finally, the Committee was to make such other recommendations which in its view would enhance and facilitate the general growth and development of the Faculty. Those who served on the committee included Professor A.B. Fafunwa (convener); Professors Bishop, Fentem and Stafford from the Inter-University Council; and Nigerian experts like Professors T. Adesanya Grillo, D.F. Ojo, A.G. Heiken, Dr. A. Akinkugbe and the late E.L. Odeku.

The committee submitted its report at the end of January 1971. It recommended, among other things, that the new faculty should be known as the Faculty of Health Sciences. The objective of the faculty would be to train various cadres of health workers who will work together as a team and capable of delivering quality care anywhere in the state. The doctor produced by the medical training should be a “general practitioner with a scientific approach to medicine...”. The Senate’s acceptance of the report of the Working Party towards the end of the 1970/71 session led to the appointment of Professor T. Adesanya Ige Grillo, an eminent scientist and renowned medical scholar, as the foundation Dean in April 1972. The formal inauguration of the faculty took place on May 8, 1972.

Ife Philosophy of Medical and Health Professions Education

Clearly, the Ife Medical School was shaped by a unique vision and a medical education agenda that are distinct from that of earlier medical schools in the country; an agenda that has come to be known as the “Ife philosophy”. The Ife agenda had questioned many of the practices of the traditional medical education ideas being pursued in Ibadan, Lagos and Nsukka, which had rendered their curricula inadequate to respond effectively to the need of the Nigerian situation. The Ife founding fathers, for example, did not believe in the artificial division that had been created between preventive medicine and curative medicine. With a vision of providing total care for designated population, they had questioned the rationale for laying undue emphasis on hospital development while relegating other units like rural health services, dispensaries and maternity centres to secondary role. With its thought of strengthening the role of primary health care facilities as a mechanism for reaching the local population

with needed health services, and building strong linkages and referral between these facilities and the central “referral” hospital – the thoughts of the founding fathers were years ahead of their national counterparts as well as the global health community. It took the world over seven years since the establishment of Ife Medical School – in 1979 at the then Alma Ata – to reach the decision to strengthen primary health care as the cornerstone for health delivery, and it was only in 1987 that Nigeria espoused the idea of primary health care as the cornerstone of its health system.

The 1973 speech of Vice-Chancellor Oluwasanmi made it clear that in setting up the Ife Medical School, the university was blazing a new trend in medical education in the country, characterized by innovation and driven with a real need to impact the health of the people... :

“The Faculty is pioneering an innovative approach to medical education and the delivery of health care... In embarking upon this innovation, we are impelled by the highest desire to provide the type of medical education which, in our very careful assessment, is the best for the type of society for which we are training the future products of our new faculty. We have set out to train teams of medical workers in the same conditions under which they will be called upon to serve on the completion of their studies. While doing this, we shall at the same time be bringing the best facilities in health and medical care as close to the people as possible. We believe that in doing these things we are answering a fundamental need: namely, the need for universities in the developing countries of the world to adapt their curricula and their teaching programmes to the peculiar objective conditions of their respective communities”.

The Ife agenda also aimed at addressing a serious shortcoming in human resources for medical education in the country as it deliberately set out on a mission of training doctors who are also scientists, and who are prepared through the design of their training to pursue higher degrees in basic sciences and to develop relevant human resources at graduate levels for various health professional disciplines. In addition, the Faculty is to train paramedical staff. For example, the Division of Dental Care has the mandate to train Auxiliary Dental staff and Dental Hygienist; the “Auxiliary unit”, which alongside Oral Surgery, Polyclinic, and Administration units constituted the four units of the Division in 1975, had that as its primary responsibility. From its earliest days, the Ife agenda had had a clear focus on running postgraduate programmes in many areas of basic medical sciences, and designated specific staff to be in charge of such programmes. In 1975/76 session, for example, Dr. A. O. Durotoye (late) was the Coordinator for M.Sc. Human Biology, Professor Isaac-Sodeye was the Coordinator for M.Sc. Human

Pathology, and Dr. (later, Professor) Kayode Adetugbo Coordinator for the M.Sc. Immunology programme .

As the Vice Chancellor, Hezekiah Oluwasanmi, stated in one of his speeches:

“The University is not embarking on an expensive exercise of creating a medical school in order merely to be fashionable or simply to add to the pool of doctors. The overriding objective of medical education at Ife is the delivery of health and medical care to the largest number of our people wherever they may reside in this country.... The new Faculty of Health Sciences at Ife is going to attempt in the following ways to assist the nation in ensuring that our resources in the field of medicine actually reach the people for whom they are intended. In the first place, it will train health teams in the right proportion by providing a high-level common education in the medical sciences for 3 years leading to the degree of B.Sc. The B.Sc. graduates will then be able to give service in health to the nation as graduate para-medical personnel in the fields of Microbiology, Radiography, Anaesthetics, Pathology, Haematology, Nursing and Medical Laboratory Technology. The Faculty will also provide additional postgraduate training leading to the M.Sc. and Ph.D. degrees so that these B.Sc. graduates could be trained to become competent specialists in their field”.

The core of the Ife Philosophy can be summarized as follows:

1. Promoting the greatest good, in health, for the greatest numbers of people in both urban and rural communities using not only tertiary but also secondary and primary health care facilities.
2. Commitment to a sound scientific basis for health care training research and practice.
3. Emphasis on team work in health care training research and practice.

These core objectives are still as appropriate and

“Ife University Teaching Hospitals Complex is a unique experiment in health care delivery in this country. The Ife concept, as we call it, is that of an integrated health care system, starting from a base which is made up of Community Health Centres, rising in a pyramidal form to secondary care units with an apical hospital as a last resort for complicated disease conditions”

- Chief Ayo Labiyi, on behalf of the Management Board, to the Federal Commissioner of Health, Alhaji Kafaru Tinubu on his first official to the Ife University Teaching Hospitals Complex on Thursday, 5th August 1976.

relevant to the Nigerian health sector today as they were at the inception of the Faculty. The commitment to train doctors with a strong scientific foundation, for example, if it had been pursued consistently and continuously would have strengthened medical education in the country as a whole as one of the greatest challenges to the development of academic programmes in Nigerian Medical Schools continues to be inadequate human resources in the basic medical sciences and laboratory medicine which has made it become increasingly difficult to persuade medically qualified personnel to take up a career. It took over 30 years since Ife envisioned the need for the training of medical laboratory scientists at university level before the nation came to recognize that need. The National University Commission has in recent years been discussing with the universities the idea of students completing an undergraduate degree in a biological science before proceeding to clinical studies – fifty years after Ife had introduced its BSc programme to serve as an entry point into the medical and dental (MBChB and BChD) programmes. Certainly the ideas of the founding fathers were light years ahead of that of their colleagues, and certainly the Ife agenda provided the best of opportunities and thoughts for robust national development in the health arena.

Ife Philosophy: Reflections of Some Old & Distinguished Teachers

Prof.M. A. Bankole

“What is unique about it is that medical education and health care delivery should go hand-in-hand ... Ife for instance for the first time said, “take medical education into the fields”, and interacted with the community, and health care institutions at the community level, including maternity centres, health centres, and dispensaries. At its best, the philosophy talked about Ife being responsible for the health care of a prescribed community, from base line to apex. That’s Ife philosophy as I understood it.”

Prof A. O. Arigbabu

“The Ife philosophy was centred around ... training doctors within the existing health facilities where they were to adapt, not only using the tenets of professional training alone but to adapt it to the local environment. That was the basis of Ife philosophy”.

Prof W. O. Odesanmi

“The philosophy is to train doctors in an environment that is similar to the environment where they will practice after their training. The plan is to organize the training and allow the medical students to interact with patients at the primary, secondary and tertiary health care levels. The secondary healthcare centers that were used were comprehensive healthcare centers in adjacent towns – Ilesa, Imesi-ile, Ondo and Ife (Ife State Hospital and Seventh Day Adventist Hospital). The tertiary healthcare center was being planned to be built behind the present location of the College... and is meant to be like a research center.

Design and Take-off of Academic Programmes

From inception, the Faculty of Health Sciences planned to run a Bachelor of Science degree in Health Sciences, which can lead to higher degree in specific health sciences field, as well as be an entry point into the medical (MBChB) and dental degree (BChD) programmes. It also planned to start a Bachelor's degree in Nursing, which would be the first of its kind in Nigeria in that students will be admitted directly into the programme from preliminary years, without needing to have had a diploma in Nursing from a School of Nursing. The Faculty also planned to start new bachelor degree programmes in Environmental Health, Medical Rehabilitation, Medical Laboratory Technology, and, later, Nutrition and Dietetics.

The medical programme was the first to take off – through the BSc programme. In the original vision of the founding fathers, the integrated approach designed for the BSc curriculum was such that, ideally, students would have been exposed to a fair amount of clinical medicine even during the B.Sc. programme. In this wise, a considerable amount of introductory ground in physical diagnosis, medical record keeping, general pathology, medical sociology and psychology would have been covered. With that, it was projected that it will be possible to cover the core curriculum in clinical medicine in only two years. This, however, did not work as planned due to the non-availability of clinical teachers and clinical facilities in the early years of the medical school. In the circumstance, it was decided that a 3-year programme of clinical teaching be commenced, with the proviso to constantly review the situation such that as soon as the staff strength improved significantly, facilities become sufficiently available, and the degree of clinical integration achieved in the B.Sc. programme justifies it, a two-year programme will be proposed. However, with time, the structure of 3-years of preclinical studies (after the preliminary year) and three years of clinical studies became the standard.

The foundation students were admitted into the Faculty in September 1972, though a group of prospective Health Sciences students had been admitted for the University preliminary courses in the Faculty of Sciences on the 15th of September 1971. Three other students were allowed to change from Science courses to the new Health Sciences programme on the basis of excellent performance in their preliminary years. One of them was Dr. Adetokunbo Fabanwo who became the President of the Medical Student Association in the 1975/76 session and is now a Lecturer and Consultant Obstetrician and Gynaecologist with the Lagos State University. Throughout its first session, the Faculty was accommodated in the premises of the Faculty of Pharmacy. With the construction of the Human Biology

buildings starting from the 1973-74 session, some of the divisions were housed there while some others were housed at the University Health Centre.

Thirty-six of the 48 foundation students graduated with BSc Health Sciences in 1975, and moved into their clinical year of study by October 1975. All of them, with the exception of Lanre Alabi – the first editor of IFEMED – who died in November 1976 during his second clinical years of study, completed their MBChB degree programme on the 26th of April 1978. The first 10 students for the Nursing Programme were admitted into the University Preliminary Courses in September 1973 and into the faculty in July 1974; seven of them graduated in the first set in 1979. The Bachelor of Dental Surgery took off in 1975, and graduated two dentists in its first set in 1982. The Bachelor of Medical Rehabilitation commenced in 1977, and produced its first set of three graduates in 1981. The Bachelor of Environmental Health Sciences took off in 1976, and produced its first set of graduates in 1981 (two professionals). The programme, which successfully trained Environmental health practitioners for most of the English-speaking sub-Saharan Africa, was however abolished in 1991 under somewhat controversial circumstances. However, both the proposed BSc programme in Medical Laboratory Technology as well as Nutrition and Dietetics never took off.

Why should students get mandatory BSc degree in Health Sciences before going onto MBChB or BChD?

Prof. Grillo was a great scientist and visionary. He had the vision of developing individuals who are scientifically minded.... doctors who would have been exposed to the basics of scientific research such that they can approach the practice of medicine differently.... and also so that some of them can later follow the path of acquiring postgraduate degrees in basic medical sciences and take up teaching and research careers in such field.

- Prof. E. Ademola Caxton-Martins

“The need to encourage students to acquire a degree in Health Sciences first was so that they can be research oriented – (a process) which will assist the students to become seasoned researchers and also there will be a small percentage of them (students) that will remain in academics and will become lecturers in different departments in the future.”

- Prof. Femi Odesanmi

By 1977, the then Faculty has succeeded in producing its first PhD graduate in the person of Vincent Chukuka Babatunde Nwuga, who later became the founding father of the Medical Rehabilitation programme and a distinguished professor in the Faculty. The Faculty graduated its first Master of Science students in 1978 in the field of Human Biology: Olumuyiwa Akinlolu Oke and Ofasowie Egbe

Okponmwan. Oke was a member of the first set of medical students: on completing his BSc in Health Sciences degree programme in 1975, he opted to undertake the Master programme in Human Biology, and moved on get his MBChB degree in 1979.

Similarly, owing to a number of factors, including shift in in educational philosophy and beliefs among staff particularly as the number of teachers from schools with traditional 6 years had grown significantly over time and the decreasing influence of the founding fathers in the affairs of the College, and “environmental pressure” to conform with other schools, decision was taken in 1983, during the tenure of Professor Femi Soyinka as the Dean, to scrap the compulsory BSc programme. In its stead, the

Changes from the old 7-year BSc-MBChB to “traditional” 6-year MBChB programme: Reflection of a founding father.

“One of the biggest challenges of Ife is that it came before its time into an environment that was not equipped to take care of premature birth either of children or of ideas. The environment into which Ife was born was very hostile. In one way, the concept of Ife was to emphasize the relationship between your education and service. The second issue was the issue of community medicine.

The work environment into which Ife graduate went did not make allowance for the philosophy of Ife. Even when you get appointed by the western region, you are sent to the hospital to work; for you to have an opportunity to practice community oriented medicine you have to go to a local government. Who wants a career with a local government? That was really the biggest challenge of Ife graduate in the first three four years that we ran the community centred, BSc-enhanced programme. They find themselves in competition with those who have done the routine thing, talked surgery, medicine paediatrics, and community health. Unfortunately the founding fathers had changed hands. It was western region government that thought about Ife and bought the philosophy of Ife.”

- Prof M. A. Bankole, 2nd Dean of former Faculty of Health Sciences

more traditional approach where students were given the option to opt for a one-year period to pursue BSc basic medical sciences years before moving onto clinical studies was commenced: the last set that undertook the compulsory BSc programme graduated in the 1984/85 with BSc Health Sciences degree.

TOPICS OF SOME RESEARCH PROJECTS UNDERTAKEN BY STUDENTS OF THE BSC IN HEALTH SCIENCES PROGRAMME

- Parasitic infestation among school children in Ile-Ife: G. U. ODIACHI (1975)
- Studies on somatovisceral reflexes: Adesuyi Adeyinka AJAYI (1977)
- Studies on the effects of chloroquine (SN-768) on vascular tissue: Wale OKEDIRAN (1977)
- Some cytochemical studies on peripheral blood leukocytes in pregnancy: O. C. IFEDIORA (1977)
- Structural studies on haemoglobins: Toyin AKINBI
- Studies on febrile thermogenesis in the conscious rat: S. O. OGUNNIYI (1977)
- Studies on the effect of chloroquine on the enzyme histochemistry of the liver (including preliminary studies on the effect of chloroquine on liver glycogen level and oxygen consumption: Okay H. ODOCHA
- The role of serotonin (5-Hydroxytryptamine (5HT) in the mechanism(s) of sleep: Ayodeji A. ASIJEGIRI (1980)
- The clinical significance of asymptomatic bacteriuria in women with infertility problems and gynaecological problems in the State Hospital, Ile-Ife: Adeniyi Ajibade ADEFIOYE (1980)
- Antibacterial activities of some metabolic product(s) of a new strain of *Aspergillus Aculeatus* Ilzuka: William Akinwunmi OLAGUNJU (1980)
- Alpha-1-antitrypsin phenotypes in normal Nigerians and in those with sickle cell disease: Shamsideen Abayomi OGUN (1980)
- Epidemiological study of host-parasite relationship in house rats: Banjoko OSISAMI (1980)
- A survey on the prevalence of hepatitis B surface antigen among asymptomatic pregnant women in four antenatal clinics in Ile-Ife, Nigeria: Olawunmi Adedoyin BULURO (1984)
- Effect of chloroquine on the formation, differentiation and development of the eye in the chick embryo: Ashimu Eniola ERINOSHO (1984)
- A histological study of some of the effects of ethanol alcohol on the developing fetuses of rats and mice: Teboho MASIA (1984)
- Histopathological changes in a rat liver and pancreas after chronic ingestion of ethanol: M. M. MASITA (1984)
- The effect of *Azadirachta Indica* on *Plasmodium berghei* in vivo: Adesegun O. FATUSI (1984)
- Screening for yeast cells from various anatomical sites of the body in institutionalized female undergraduates in Ile-Ife, Nigeria: Mobolaji A. OSOBA (1984)
- The prevalence of Loa loa infection in Origbo community of Ile-Ife: Timothy Ayotunde ADESINA (1984)
- Neonatal tetanus – A review of cases at Ife State Hospital between 1978 and 1983: Munonyedi Ernest NWAIGBO (1984)

Sources: IFEMED Journal

Why the mandatory BSc Health Sciences programme was cancelled: perspectives of Prof. Femi Soyinka

“Why was the system changed?... In view of the length of time to graduate out of the Ife medical school (7 years): The students, parents and the University community started complaining. Parents were anxious to see their children graduate as doctors within a shorter period of time like other comparable medical schools in Nigeria. Our students also became restive and very eager to start being called doctors. The major reason for the change was due to the inability of some students to continue with their clinical training despite obtaining a B.Sc. Health Sciences degree. This was due to the Nigerian Medical Council’s regulation which stipulates 50% as a Pass, rather than 40% Pass mark that obtains in the University.

The dilemmas faced by this category of students were two-fold:

- (i) They could not use their B.Sc. Health Sciences degree to get a job. (Nobody was ready to offer them a job anywhere with a degree that was unknown to the prospective employers).**
- (ii) These students also could not get absorbed into any postgraduate degree course, as their degree was very general and offer a low grade. The Faculty of Health Sciences would not have them because their grade was below second class lower division.**

These problems created a crisis between the Faculty, the students, the university and the parents. The Faculty was accused of bad planning and insensitivity to parents’ feelings. These were some of the reasons why the Faculty had to re-think and re-plan the B.Sc. degree course to make it focused, relevant as well as optional.

Source: Soyinka F: Health Care System In Nigeria: Experiences as A Teacher, Researcher and Carer (2002)

Clinical Teaching Facilities

In terms of facilities for clinical training, one of the decisions taken at the inception of the medical school – during a January 15, 1971 meeting involving the Governor of the then Western State, Brigadier Adeyinka Adebayo, the Working Party and Professor H.A. Oluwasanmi – was that that its teaching hospitals would comprise a primary hospital, the nucleus of the teaching hospitals to be called Central Hospital, together with a conglomeration of other state hospitals, administered by a Management Board appointed by the state government. Health facilities used for training in the early years included the Health Centers at Ijebu-Jesha, Imesi-Ile, Enuwa, Ilesha, and Ikire (for Community Health exposure), and State Hospital, Ile-Ife; Seventh day Adventist Hospital, Ile-Ife; Wesley Guild Hospital, Ilesha; General Hospital, Ilesha, and General Hospital, Ondo. Attempt to build the “Central” Hospital has never materialized due to a number of circumstances – the details of which are beyond this brief historical account². With time, the clinical training facilities became consolidated in two main hospitals – Ife Hospital Unit (former Ife State Hospital) and Wesley Guild Hospital, while community health services and training take place at the Comprehensive Health Centre, Imesi-Ile; Urban Comprehensive Health Centre, Eleiyele, Ile-Ife, and Multipurpose Health Centre, Ilesha. The main dental hospital, however, exists within the College of Health Sciences, although dental units exist at the Ife Hospital Unit and Urban Comprehensive Health Centre, Eleiyele, Ile-Ife.

² Details can be obtained in a forthcoming book on the History of the Ife Medical School.

The Ife Hospital Unit (formerly, Ife State Hospital), which serves as the administrative headquarters of the now Obafemi Awolowo University Teaching Hospital has, however, undergone amazing structural transformation over the years, particularly in the last five years, to become a teaching hospital of note, and where groundbreaking procedures in the medical circle in Nigeria have taken place. When the ongoing developments at the Ife Hospital Units are completed, it will have a new dental hospital (which will become the main dental unit), in addition to several new facilities for most specialities including paediatrics, paediatric surgery, obstetrics and gynaecology, and ophthalmology. A direct road also links the Teaching Hospital and the University, to strengthen relationships between the university and teaching hospital communities and to facilitate the movement of staff and students in such a way that medical education and training is enhanced.

Operational Structure and Administration

The Era of “Divisions”

At the inception, the International Working Party, acting on the lines proposed by the Planning Committee, recommended that there should be no departments within the faculty, but rather to organise the faculty into various divisions. The recommendation was based on the critique of the traditional departmentalization, which often leads to rigid compartmentalization with consequent under-utilization of staff and duplication of facilities. On the other hand, the idea of divisions serves to promote integrated teaching and collaborative training of health workers as members of a team, in line with the unique philosophy of the medical school. It was also advantageous from the practical point of addressing the shortage of teachers in the early years of the medical school. Senate’s approval of these recommendations led to the division of the faculty into three divisions in 1972: Human Biology; Nursing and Community Care; and, Hospital Care. The divisions later grew into six, including Pathology and Dental Care.

However, with time, there was the clamour for breaking the division into departments to enhance faster development of the various disciplines, engender shared responsibility of leadership, and decentralization of authority. The 1974 Rotimi Williams-led Visitation Panel set up by the Western State Government, in its report, had also stated its doubt about the merit of the divisional approach over the departmental one, noting as follows:

“Although time and practical experience will provide the answer as to the wisdom or otherwise of the philosophy of having no departments in the faculty, we feel quite disturbed by the present

arrangements. We cannot help commenting that to have one Head for a large Division consisting or many disciplines may be fraught with more dangers than a situation in which the administrative and planning responsibilities are shared between many more Heads – whether they be Heads of units or indeed of Departments. Practical experience has shown that the delegation of responsibilities to Heads of Unit (be they called Departments or Units) does in fact provide both the challenge and opportunity for rapid growth and development of the different disciplines within any one Division. It is to be hoped therefore that the University and members of the Faculty will not be so rigid in their attitudes and outlook as to adhere completely to their philosophy if and when their own experience shows that old traditional ways like vintage wines are not necessarily without merit. A delegation of administrative responsibilities, planning and decision-making to departmental Heads has worked very well and provided excellent avenues for rapid development in many other universities. The great danger of the present administrative arrangements in the faculty is that too much power can easily become residual in the office of the dean.”

From “Divisions” to “Departments”

The first major step towards decentralization took place in 1977 when the Faculty was divided into 12 Departments. The heads of the 12 department at their inception were:

- Department of Medicine and Mental Health—Dr. O.O. Ogunremi
- Department of Surgery, Anaesthesia and Intensive Care Unit – Dr. O.Arighbabu
- Department of Obstetrics, Gynaecology and Perinatology – Dr. M.O. Sogbanmu
- Department of Dental and Oral Health – Dr. N.O. Hollist
- Department of Haematology and Chemical Pathology—Prof. Isaacs-Sodeye
- Department of Medical Anatomy and Medical Microbiology—Dr. A.O. Laja
- Department of Community Health and Nutrition – Prof. T. Daramola
- Department of Environmental Health and Epidemiology – Dr. O.O. Songonuga
- Department of Paediatrics and Child Health – Prof. M.O. Adebonojo
- Department of Physiological Sciences – Prof. A.O. Durotoye
- Department of Nursing and Medical Rehabilitation – Ms. O.O. Kujore
- Department of Anatomy and Cell Biology – Dr. D. Baxter-Grillo

The 12 departments were later re-structured into 22 departments in August 1983. For administrative convenience, the 22 departments were grouped into three schools. These were the Schools of Medicine made up of sixteen Departments; the School of Dentistry consisting of three Departments and the School of Public Health and Nursing consisting of three Departments. Each School was placed under a sub-Dean who was directly responsible to the Dean of the Faculty. The School arrangement was purely an internal administrative one as none of the schools received direct funding. Budgetary allocations to the Faculty were shared out on departmental basis. In 1991, Department of Environmental Health and Epidemiology and that of Community Health and Nutrition were merged into one as Department of Community Health. Two new departments – Departments of Medical Pharmacology and Therapeutics and the Department of Medical Biochemistry – were created in 2010/2011 session, bringing the total number of departments in the College to 24: 10 in the Faculty of Basic Medical Sciences; 10 in the Faculty of Clinical Sciences; and, 4 in the Faculty of Dentistry.

From Faculty to College

The idea of moving from a faculty to a College started in the first decade of the life of the Faculty, though it did not take place until 1992. The students were one of the early advocates of the Collegiate idea, with calls in 1976 to the university authority to transform the Faculty into a College – ostensibly to make it comparable to other existing medical schools like Ibadan and Lagos that have Colleges of Medicine. In December 1977, the then Vice-Chancellor, Prof. Ojetunji Aboyade, during his address at the 8th convocation ceremony of the University indicated the university's desire to transform the Faculty into a College as he stated that:

“In response to the new National Policy as indicated by the National Universities Commission, the faculty's development in the years ahead will be in the direction of a College of Health Sciences.”

In the same vein, Professor Grillo, as the then Dean of the Faculty, had remarked as follows in his goodwill message to the graduating class of 1981:

“After ten years the Faculty is about to become a College of Health Sciences. This means that each of the four Schools approved by the Senate for the College will have greater autonomy. The schools are – the School of Medicine, the School of Dentistry, the School of Nursing and the School of Public Health”

However, the dream of becoming a College took more than ten additional years to materialize. Not until 1992, when the entire university reorganized into a Collegiate System with five colleges that the Faculty became a College. But when the university, as a whole, decided to abandon the Collegiate System after two years due to operational challenges, the College of Health Sciences and the Postgraduate College chose to remain colleges with the approval of the university senate, when other colleges were disbanded. However, with the reversion of the university system back to the Faculty system, the Faculty of Pharmacy, which was part of the new College of Health Sciences, withdrew back from the arrangement. With that, the College of Health Sciences proposed a structure with four arms – Faculty of Basic and Allied Health Sciences, Faculty of Clinical Sciences, Faculty of Dentistry and the Institute of Public Health, and got Senate’s approval to that effect at its 248th meeting on 29th March 1995. The head of the College is the Provost, while each of the Faculties is headed by a Dean and the Institute is headed by a Director and has a self-funding status.

References³

Acknowledgements

- Teachers who participated in the interview aimed at collecting relevant materials: Prof. M. A. Bankole; Prof. O. O. Soyinka, Professor W. O. Odesanmi; Professor A. O. Arigbabu; Professor Caxton-Martins; Professor Baxter Grillo; and Baba (Dr.) Isaac O. Abayomi;
- Mrs. Bukola Asubiojo, the University Librarian, facilitated access to some library resources;
- Professors Ogunbodede and Fajewonyomi provided access to some relevant materials;
- Dr. ‘Funmi Ibikunle co-conducted some of the interviews with past teachers and prepared the draft of the extracts from the interviews used in the publication;
- Mr. Oludare Mudasiru Balogun co-conducted some of the interviews with past teachers;
- Miss. Oluwatomi Adepoju carried out some of the research for relevant materials in the Library;
- Mr. Ifedayo Ibukun, Editor of the IFEMED provided access to some past editions of the journal;
- Mr. Femi Adeyemo for secretarial assistance.

³ References have been omitted due to lack of space, but are obtainable on request from the author