Medical education in Ukraine: Problems and perspectives

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Abstract
Some problems of medical education in Ukraine are discussed in this report. Due modern conception of Ukrainian Ministry of Public Health education system in Ukraine requires radical reform to start producing high quality doctors.
The aim of this paper was to overview some aspects of medical education in Ukraine during the last period. This paper was based on the analysis of literature.
The modern system of medical education needs some changes for become more competitive in the world.

Keywords: Medical education

Introduction
The attitude towards academic education has been complex since the early Soviet time. Many young people from different social classes strived for academic diplomas [1]. The Soviet period brought about an expansion of admission numbers to universities and medical educational institutions; however, sometimes with little regard for the quality of the academic preparation of its entering students [2]. At the same time, former medical faculties were separated from universities; and medical science was separated from the mainstream scientific thought [2]. The quality of teaching, especially of the fundamental theoretic disciplines, has deteriorated caused by this separation [1].
After receiving of independence in 1991 the domestic system of higher medical education made some positive steps in way of reforming but needs some more changes.
The aim of this paper is to overview some aspects of medical education in Ukraine during the last period.

Material and Methods
This paper is based on the analysis of literature.

Results and Discussion
Due modern position of Ukrainian Ministry of Public Health, medical education in Ukraine requires radical reform to start producing of high quality doctors. The statistics compiled by the National Testing center demonstrates the critical condition of the educational process at certain medical universities; in one of the medical universities almost 50% of graduates failed the ‘General Medicine’ board exam, in two other universities this number reached 20% [3].
Today a medical graduate can be employed as doctor in Ukraine after getting a diploma and completing an internship lasting for one or three years. In total this is 8-9 years after graduating from the medical school. To compare: it takes 16 - 17 years to become a surgeon in the United States, including 4 years of baccalaureate, 4 years at medical school, 1 year of internship and 6 years of residency, after which you might need additional 2 years of studying for a niche specialization [3].
In Ukraine, universities get an accreditation by the explain Ministry of Public Health and Ministry of Education to offer medical education, qualification and continuing education. Universities also have to request a licence, which is subject-related, not individual-related [4]. Medical education is divided into three parts: It begins with six years of study at an accredited university. A clinical part follows, which ends with specialist training and the title ‘Likar-Spetsialist’, which correlates with the ‘Approbation’ in Germany or the licence in the UK [4].
All phases of medical education are additionally complicated by the limited access to the international literature and generally insufficient quality of domestic editions [1, 5].

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Admittedly, some scientific and educational institutions have online access to certain foreign journals; but practical physicians usually have not, being as a result sometimes misled by advertising or due to their cooperation with pharmaceutical or other firms. Hopefully it will be changed in the near future with the start of the online information system for medicine. Logins for this system are planned to be distributed through the management of medical institutions, which is questionable because patients would be factored out, thus remaining easy victims of unserious advertising [1].

One of most important part of medical education is continuing medical education (CME) activities which is delivered on a country-by-country basis with very little expansion across borders. With a strong belief in the globalisation of medicine, the expansion of educational activities to other countries or regions has become of great interest for medical education providers, associations and pharmaceutical companies [6].

In the majority of European countries, CME has become mandatory (Austria, Czech Republic, France, Germany, Hungary, Italy and Switzerland) with only few countries detailing sanctions in case of non-compliance (Germany, Hungary and Switzerland). In Spain, Ukraine and the UK, CME is voluntary—with detailed sanctions in cases on non-compliance in the Ukraine (loss of licence on the basis that continuing education is an ethical obligation for physicians) [4].

The perspectives of modern system of medical education are: standardized national exams using the US system developed by the Council on Medical Education for nurses, first aid and pharmacy technicians, paramedics and other healthcare professionals; new academic programs for healthcare professions like paramedics, physical therapy, ergotherapy and other professions, which are non-existent in nowadays Ukraine but are already the norm in the international practice etc [3]. Educational opportunities have to reflect the real needs of the population and compensation levels have to meet the quality level of healthcare [3].

Conclusion
The modern system of medical education needs some changes for become more competitive in the world.

References