



ISSN (E): 2277- 7695
ISSN (P): 2349-8242
NAAS Rating: 5.03
TPI 2018; 7(1): 454-456
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www.thepharmajournal.com
Received: 28-11-2017
Accepted: 30-12-2017

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Education of family medicine in Ukraine: Problems and perspectives

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Abstract

Family medicine is in a dynamic state of rapid development in many regions. New technologies, collaborations, changes in pedagogy, variable methods of training, and system-wide support might represent opportunities for advancement of the discipline and of population health. The new definition focuses on a unique and enduring attribute of the specialty: holistic care. This core characteristic of general practice encompasses patient-centred care and continuity across the family lifecycle. The effect of primary care is believed to be due to its local adaptability and the complex interaction of the tenets of primary care. The need to integrate Ukraine into Europe prompted radical changes in financing and searching for new methods in medical education whilst at the same time creating a new system of primary health care. Training for family physicians usually is a process that begins with medical university, continues through residency, and lasts throughout a physician's career. Training for family medicine in Ukraine includes undergraduate education, residency (internship), specialty training and re-training and continuous professional development. The main problem is to provide a substantial quantity of general practitioners to cover affordable primary care for the Ukrainian population. Other problems include the insufficient financing and equipment of primary care centers, low number of computers, paper medical records and low salary. Further steps of reforming provide reformation of the financing system, organization of hospital areas, wide implementation health insurance, state reimbursement of medications, implementation of syndrome classification, improvement of national clinical guidelines.

Keywords: primary health care, family medicine, family doctors' education

Introduction

General practice - family medicine is defined as the medical specialty that manages common and long-term illnesses in children and adults, focusing on overall health and well-being. Fortunately, family medicine is in a dynamic state of rapid development in many regions. New technologies, collaborations, changes in pedagogy, variable methods of training, and system-wide support might represent opportunities for advancement of the discipline and of population health ^[1].

The definition should be followed by local examples of diseases within the scope of primary care such as asthma, diabetes as well as end-of-life care. This definition is based on the concept of common illnesses, reflecting the reality that family physicians manage most health conditions in a community. Unlike «comprehensive care», common illnesses is a scope of practice that is familiar and credible to laypersons. The new definition focuses on a unique and enduring attribute of the specialty: holistic care. This core characteristic of general practice encompasses patient-centred care and continuity across the family lifecycle. By being sharply focused, the definition can guide the nature of clinical care in general practice as well as the content of undergraduate and postgraduate training in family medicine ^[2].

Aim of study: to evaluate the peculiarities and problems of the family doctors' education in Ukraine in the context of reforming the health care system.

Materials and methods: research, analysis and synthesis of contemporary literary scientific data that reflect the features of the formation of family doctors' medical education in the context of reforming the primary health care system.

Results and discussion

Primary health care was identified as central to achieve the goal "Health for all" launched by WHO at the Alma Ata conference in 1978 ^[3].

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Thirty years later WHO encouraged all countries to orient their health care systems towards a strengthened primary health care ^[1], with general practice-family medicine as core of primary medical care. There is increasing evidence that a strong primary health care system is more likely to provide better population health, more equity in health throughout the population, and better use of economic resources, compared to systems oriented towards specialty care ^[2, 3]. In the “WHO global strategy on integrated people-centered health services 2016–2026” building strong primary care-based systems is highlighted as a necessity. The document states that strong primary care services are essential for reaching the entire population and guaranteeing universal access to services. This includes ensuring adequate funding, appropriate training, and connections to other services and sectors ^[3].

It is well documented that health care systems based on primary care have better quality of care, better population health, greater equity, and lower cost. The effect of primary care is believed to be due to its local adaptability and the complex interaction of the tenets of primary care, which include the following ^[1, 4]:

- accessibility as the first contact with the health care system;
- accountability for addressing a vast majority of personal health care needs (comprehensiveness);
- coordination of care across settings, and integration of care for acute and (often comorbid) chronic illnesses, mental health, and prevention, guiding access to more narrowly focused care when needed;
- sustained partnership and personal relationships over time with patients known in the context of family and community.

In many developed countries, where general practice - family medicine has been developing for more than half a century, it has become the single largest specialty in medicine. Family doctors in Great Britain, Canada, France and Germany constitute half of the total number of doctors ^[5]. There is a profound difference both in the quality of life and the health care system between Western Europe and the former socialistic countries of Central Europe as well as between the countries of Eastern Europe.

In 1992, the Laws of Ukraine about health protection adopted by the Ukrainian Parliament, identified priority development of primary health care. Since then the Ukraine began to develop the regulatory framework for the widespread introduction of primary care. Departments for training of family physicians and professional associations were established ^[6].

The need to integrate Ukraine into Europe prompted radical changes in financing and searching for new methods in medical education whilst at the same time creating a new system of primary health care. The new government of Ukraine was forced to seek more cost-effective health care services that would be able to meet society's expectations ^[5, 6]. After the change in the political system, there was a need to change the system of primary health care as the state budget could not support a large number of medical specialists nor a poorly developed primary health care system.

Although there have been several significant developments in family medicine, there are still obstacles to be overcome. Among of them are opposition from majority of secondary care sector, poor financial support for training, extremely low salaries, trained family doctors leaving the service, low level

of status of professional associations, poor acceptance of family medicine by population, especially in cities ^[6, 7].

Training for family physicians is a process that begins with medical university, continues through residency, and lasts throughout a physician's career. Doctors never stop acquiring new knowledge and skills in their drive to provide the best possible care for their patients.

Educational activity in general practice – family medicine has increased considerably in the past 20 years. The integration postgraduate and undergraduate education, whereby practices support students and trainees at different stages, may enhance general practices' capacity to fulfil this role ^[5, 6, 7].

Training for family medicine in Ukraine includes undergraduate education, residency (internship), specialty training and re-training and continuous professional development.

Specialist of primary care should be able to assess the specific situation, particularly critical, to make a diagnosis fast enough, to provide a full first aid and take organizational decisions. In order to ensure skilled medical care at any stage the standardization and unified approach are required not only in the diagnosis and treatment of different diseases, but also in educational program of the training of general practitioner. It is desirable that at the stage of self-training an intern has an access to current information, guidelines, tentative plan for working with literature, electronic sources. Therefore, the general need for interns is to study modern national and international guidelines for diagnosis and treatment of diseases, made by leading experts on the results of prospective randomized controlled studies which were conducted on the evidence-based medicine ^[7, 9].

The current undergraduate medical course lasts for six years. Students in the sixth year of study have a right to choose their specialty. Usually students take the family medicine course in polyclinics by observing patients under guidance of a variety of specialists. At graduation, every student gets the diploma of a medical doctor. Residency (internship) is considered the best way to provide post-graduate family doctors training. Family doctors residency lasts for two years, during which time residents have to spend time training in different clinical specialties including internal medicine, paediatrics, otolaryngology, ophthalmology, neurology etc. Training methods include standardized patient training, follow-up exams, small group training and brain-storming techniques. Usually students take the family medicine course in general practitioner clinic. Residents complete the national qualification exam ^[8, 10].

The postgraduate training of family doctors in Ukraine includes re-training qualified physicians (internists, paediatricians and some other specialists) over a six-month long training courses.

Today Ukraine provides a system of continuous professional development for all health care specialists, the family doctors are assessed once every three-to-five years. The new education programme of continuous medical accreditation has been established for the recertification of health care professionals ^[5, 8, 10].

After more than 25 years of independence, Ukraine still struggles to complete the health reforms needed for the provision of high quality primary care to the general population. The remaining challenges include achieving academic recognition, adequate remuneration, and the political and financial support of this new discipline. Despite these challenges, we have managed to achieve many positive

changes at the local level. We have made a big step forward in the system of family doctors training (new training methods, new literature, and new family doctor training center) and trained and retrained large numbers of family doctors to work in family doctors clinics, especially in rural areas [5, 9, 10].

The new structure of primary care includes centers with administrative facilities, several ambulatory primary care clinics and emergency care departments. The main problem is to provide a substantial quantity of general practitioners to cover affordable primary care for the Ukrainian population (42 million) [10]. Other problems include the insufficient financing and equipment of primary care centers, low number of computers, paper medical records and low salary. The situation has been worsened since 2014 when the antiterroristic operation was started and funding of primary care was cut. Further steps of reformation according to the plan of the Ministry of Health of Ukraine are: reformation of the financing system, organization of hospital areas, autonomization of health establishments, creation of centers of public health, wide implementation of licensing and health insurance, state reimbursement of medications for patients, implementation of syndrome classification, improvement of national clinical guidelines and implementation of digital medical records [1, 5, 6, 10].

Conclusion

Despite many remaining problems of establishment of primary health care in Ukraine, the modern direction of the development of family doctors education oriented to world medical standards has many optimistic positive initiatives.

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