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University In The System Of Continuing Medical Education: Problems And Prospects.

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ABSTRACT

Article examines problems of establishing the system of continuous medical education, identifies features and role of interaction between higher education institutions and institutions of practical health care in improving its full-scale implementation in educational practice. Main difficulties associated with the transition to a new procedure for the doctors' postgraduate education organization are analyzed in the paper. Through the methods of observation, questioning, analysis and generalization in the course of continuous medical education implementation, the directions of its adaptation to the needs of practical health care are highlighted. The authors concluded that the university is the most important factor in the system of continuous medical education that ensures the correctness of its work and influences the multicomponent educational process effectiveness. It is emphasized that the solution of continuous medical education problems is possible only through the formation of tough collaboration between the university and the Ministry of Health and regional medical and preventive institutions.

Keywords: continuous medical education; University; health; educational practice; implementation.

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INTRODUCTION

Rapidly changing conditions of professional activity, the huge amount of information each specialist have to deal with, the continuous development of diagnostic and therapeutic technologies, lead to qualitatively new requirements to the doctors' professional level. While in the last quarter of the last century the concept of continuing medical education was largely a task for the future, today in such highly competitive area as healthcare, this is fully a matter of professional self-preservation [1].

In accordance with the Federal Law of 21.11.2011, No. 323-FZ "On the fundamentals of protecting the health of citizens in the Russian Federation" (as amended on 29.12.2015, No. 389-FZ), Russia introduces a new procedure for admission to a professional activities. Gradually, from 1st January 2016 to 31st December 2025, the transition from certification to accreditation of specialists is carried out. This is essentially the introduction of a new system of continuous medical education in Russian Federation, which main points were stated in Order No. 334 H of the Ministry of Health of Russia dated 02.06.2016 "On approval of the provision on the accreditation of specialists".

It should be noted that far from all the divisions of national health care, including Ministry of Health, have been fully prepared to work in new circumstances. This is applicable for medical universities, which are an important component of the new continuous medical education system. Mainly, full-scale and painless transition to a new educational system depends on their ability to adapt quickly to modern requirements.

MATERIALS AND METHODS

The new continuous medical education system provides for the integration of information about all the training cycles planned and conducted through the additional professional medical education provided by Russian HEIs on the relevant portal of the Ministry of Health of the Russian Federation <http://edu.rosminzdrav.ru>

The curriculum programs presented by universities are reviewed by the Ministry of Health experts and finalized by universities specialized departments. After approval of terms and the form training programs are posted on the portal. Each doctor registered on this portal can apply for a selected training cycle with duration of 36 or 18 hours [2, 3]. A doctor who has entered the continuous medical education system is obliged to accumulate 50 hours (credits) annually for 5 years, forming his portfolio in such a way that, according to the results of the reporting period, it turned out to be 250 hours (5 credits out of 50 hours) which the doctor is obliged to contribute to his portfolio annually [4, 5, 6, 7]. 36 credits should be hours of training on the teaching cycles for relevant specialty, and 14 should be collected through other types of educational activity: participation in scientific and practical conferences, master classes, trainings, etc.

In the process of the present work, the experience of conducting training cycles within the framework of the new continuous medical education system was examined at the Department of Instrument Diagnostic Methods of the Institute for Advanced Vocational Education of Voronezh State Medical University called after. N.N.Burdenko in the field of "Ultrasonic diagnostics", "Functional diagnostics", "Radiology" during 2016 and 1 quarter of 2017.

RESULTS AND DISCUSSION

The first experience in the system of continuous medical education indicates that the demand for training cycles offered to doctors using the Ministry of Health of the Russian Federation portal is growing significantly. If, during the implementation of the system in educational practice in 2016, for the training cycles at the Department of Instrumental Diagnostics Methods 1-4 potential listeners were pre-registered, then in the first quarter of 2017 the number of applicants for some training cycles reached 50 people. This indicates a serious attitude of the medical staff to the prospects of continuing medical education in Russia.

At the same time, while teaching doctors in the framework of the new continuous medical education system some problems were identified that need to be addressed both at the level of the Ministry of Health and at the level of the university.

The issues to be resolved by the Ministry are as follows.

- A new system of continuous medical education determines that a doctor is required to receive 50 hours of training (credits) annually so that, based on the results of a five-year training cycle, 250 hours (credits) are in his portfolio. At the same time, the possibility of obtaining the required number of study hours (credits) for a shorter period is excluded. That is, hours should be evenly distributed during the five-year period. And all the hours received by a doctor beyond the prescribed 50 cannot be transferred to the next or previous years, but simply disappear. Therefore, if the expert for a good reason (for example, a long illness) was not able to gain the necessary 50 hours of training per year, in the subsequent years of the five-year cycle, he will not be able to catch up again. And by the end of the five years will be deprived of the right to engage in medical activities in the specialty. The authors of the article addressed this issue to the Ministry of Health of the Russian Federation. However, it has not been settled yet.
- Of the 50 school hours (credits) that a doctor should receive during the year, only 36 can be recruited through participation in the training cycle at the relevant university department. The remaining 14 can be obtained through participation in other educational events (scientific and practical conferences, seminars, etc.) approved by the Ministry of Health and placed on the portal of continuous medical education. However, in some specialties the number of the above-mentioned activities is clearly not enough now on this portal and for a number of specialties such activities are not available at all. And the doctor regardless how hard he or she is trying will not be able to gain an additional 14 hours through these types of educational activity, participating in events only of his specialty. Can a doctor participate in educational activities in other related fields so that these hours (credits) are credited to his portfolio? Clarification on this issue has not yet been received.
- There is no clear understanding of who can initiate educational activities within the continuous medical education system, and whether there are any general requirements for their conduction and the procedure for their accreditation. The need for these types of educational activity will increase. Therefore, it is especially important to work out an effective algorithm for their planning and implementation.

The problems that need to be addressed at the university level are as follows:

- Currently, the role of simulation training in the specialist's education is great. But simulations are far from covering all necessary specialties. These higher education units require additional equipment and priority attention of the administration to their development.
- When there is just a number of potential listeners (2-3 people), it is economically inefficient to conduct the training for a university. Since the majority of attendees are trained on a contractual basis, and tutors' remuneration in the vast majority of cases is carried out on an off-budget line. Due to this fact there were refusals to hold cycles which provoked conflict situations. Obviously, universities need to take more responsibility in planning the quantity of students at specific training cycles [8].
- A certain part of the audience comes to training cycles from other regions. And they expect to get some help from the university in solving their social and domestic issues (first of all, in the provision of a hostel). However, the university does not always have an ability to provide any help in such cases. This reduces the attractiveness of a particular university, as a component of the continuous medical education system. And the listener in the next year will check the possibility of learning on a similar cycle in another university. The leadership of universities should make rapid efforts to ensure that this component of the educational process does not complicate its implementation.

There are questions that require solutions at the level of specific departments.

- Lately there are situations when an excessive number of potential listeners (more than 50 people) are registered in the training cycle, which makes it difficult to conduct and reduces the quality of training. Unfortunately, the departments cannot directly regulate the number of listeners on each training cycle. However, departments, as a rule, have the opportunity to establish contact with the main specialists of regional health departments with the purpose to conduct an "stocktake" of specialists at the chosen area in regions and obtain help with optimization trainings schedule.

- Departments should emphasize the practical orientation of education. In this regard, the introduction of problem-based learning technologies, in particular so-called case-study [9], which develops skills of orientation and actions in various clinical situations, acquires special importance. It should be noted that the case-studies developed by departments can be approved by the Ministry of Health as one of the types of educational activity for which doctors can be accrued up to 14 hours (credits) annually.
- To this day, the main drawback of many departments is insufficient use of the possibilities providing by distance learning technology. It should be emphasized that not all material without sacrificing the quality of teaching can be offered to listeners in the distance mode. Many practical skills require working out in direct contact with the patient. But ignoring the advantages of using distance learning in the curriculums of most cycles, restrain increase of professional knowledge level of doctors. And tutors involved in the continuous medical education system must meet modern requirements [10].

In connection with the foregoing, it is submitted that the university working in the system of continuous medical education needs:

- To make every effort to clarify and rationally settle issues of legal support in the implementation of continuous medical education in Russia;
- To carry out large-scale work on optimization of the organization of the educational process within the framework of the continuous medical education system;
- To significantly expand the implementation of modern educational technologies for training doctors in accordance with current requirements.

CONCLUSION

Thus, it is crucial that working in conditions of transition to of continuous medical education system requires universities to adapt to new algorithms for organizing the educational process. Being a leading component of the system of continuous medical education, HEIs determine the effectiveness of its functioning. Specificity of work in the new reactions is the following.

Firstly, a qualitatively new level of coordination and integration of medical university activities and the Ministry of Health of the Russian Federation is achieved, which will promptly and effectively resolve practical issues that inevitably arise during continuous medical education system implementation.

Secondly, the establishment of close working contacts with regional medical institutions, which can rationally plan and correctly correlate with the changing needs of practical health care.

Third, special emphasis on the development of university educational resources, development and implementation of new studying technologies, usage of distance modules, which will ensure the educational process conduction in accordance with modern requirements and will promote sustainable interactive cooperation with specialists entered the continuous medical education system.

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