



## The Main Aspects of Family Physician Preparation in Ukraine

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### Introduction

Federal program “Health 2020: “Ukrainian survey”, and others ukrainian legislative documents provide reorganization and optimization of medical care with creation of operating health system, oriented on priority development of family medicine, providing preparation of experienced family doctor, oriented on European standards. In conditions of health system reorganization in Ukraine on basis of family medicine due to Ukrainian Statute «On Introduction of Changes to the Fundamentals of the Ukrainian Legislation on Health Care with regard to Improving the Provision of Medical Care» is defined that from 1<sup>st</sup> of January 2020, primary medical care will be provided only by family doctors [1].

80% of patients start and finish their treatment in ambulatory clinics. Material and technical base of most city and regional polyclinics with their high-specialized physicians will allow carrying out the most contemporary investigations and doing complicated health-improving measurements.

In present conditions, preparation of family physicians in Ukraine is carry out in two ways. Firstly is 2yr study in internship due to standard educational program, approved by Ministry of Health (MH) in 2011, which provide 1 year of diurnal study (50% of academic hours) on departments and clinics in high medical school (HMS) and 1 year of distance learning (50% of academic hours) on internship (previous educational internship programs in 1996, 2002, 2006 also were expected on two years, though the first one in 1995 lasted 3 years). Secondly-preparation of family doctors due to differentiation on 6-month learning (Standard educational programs 1995-2012 year) [2,3].

High medical schools do all their bests to approve quality of the preparation of family doctors, apply new learning programs – permanent studying, workplace, and distance studying and different training seminars. But, despite of all forces, decrease of status and popularity of profession, misunderstanding and reprobation of new profession is noticed among medical community.

Another problem is quality control of family doctors preparation on distance base of differentiation. Only high-qualified family doctors can head the internship on distance base. It will provide the best way for future family doctors to acquire necessary practical skills. But in many cases head on distance bases are doctors of others profession, who don't have opportunity to provide learning of necessary practical skills, as well as explain the whole depth of job and wake interest to it [1].

This confirms the necessity of changes in approach methods of family doctors education with emphasis not only on quantitative, but also on quality educational indicators, the increase of educational cycle in internship and differentiation courses, based on international principles, more careful approach to lecture selection, their education on distance learning. That's why educational plan and program of family doctors preparation on differentiation cycles and internship from profession “General practice-family medicine” have to be changed.

Preparation of family doctor must start pre-graduate with educational program of general medicine based on syndrome method and with creation of specific psychology, oriented on general practice-family medicine and with continue on future levels with broadness and deepening of knowledge, formation of professional skills about disease diagnostic and treatment in primary care conditions.

For teaching of students with the main aspects of family doctors work 260 h are indicated in primary health care institutions. While these students must get acquainted with general methods of work of family doctors and acquire practical experience. During practical lessons every student masters keeping main family doctor documentation

Preparation of future doctors is realized by standard educational program from profession internal medicine and pediatrics, which only on 6 course of university for both of the profession, allows learning of the subject “general practice-family medicine”. Educational program “general practice – family medicine” for students of 6 course includes 1 module ECTS, which includes 5 content. Together 90 h/3 credit (10-lectures, 40-practical lessons, 40-self-made work). In 2011 by the central methodic cabinet of Ukrainian MHC The preparation of future family physicians is based on national educational program, which must be realized on 4-6 courses of the university and while whole time of internship from “General practice-family medicine”. Due to this program preparation of students and internships is done by the following differentiations: Organization of health system, internal medicine, obstetrics, gynecology, children diseases, gynecology and family planning, surgery, traumatology and orthopedics, urology, oncology, ophthalmology, otolaryngology, stomatology, neural diseases neurosurgery, psychiatry, infection diseases, phthiology, dermatovenerology, resuscitation and intensive care on prehospital setting, physical rehabilitation. That's why control of educational program must be done almost on all clinical departments [2,3].

The main aim of internship is formation of professional competence for providing preparation of internships for independent work as doctor by profession “General practice – family medicine”. Internship takes place in a form of distance and full-time learning at departments of medical university and faculty of postgraduate education and internship in main health care institutions. Base of internship for internships of profession “General practice – family medicine” must be primary health care centres (PHCC), outpatient clinics. For today, educational plan and program is expected for two year of differentiation (internship). During first year – 6 month (936 h) - learning on appropriate departments of high medical universities, 5 month (780 h) – work in PHCC/outpatient clinics, 1 month –vacation. During second year – 4 month (624 h) – education on appropriate departments of high medical universities, 7 month (1092 h) – work in PHCC/outpatient family doctors clinic, 1 month- vacation.

Inspite of this, duration of internship should be as recommended term of international professional programs WONCA, EURACT, UEMO etc. and lasted no less than 3 years. Internship must be

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Received March 05, 2018; Accepted March 26, 2018; Published March 31, 2018

Citation: Ye SO, Bychkov MA, Kutsyk D, Ya SY (2018) The Main Aspects of Family Physician Preparation in Ukraine. Prim Health Care 8: 292. doi: [10.4172/2167-1079.1000292](https://doi.org/10.4172/2167-1079.1000292)

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accompanied with rotation and with following administration of time – 50% in university clinic (institutions of secondary level of health care) and 50% – practical skills as family doctor (internship bases). Educational program of family doctors must be provided by teachers, specialized on “General practice – family medicine” and also by specially taught family doctors-trainers on internship bases [2,4].

## Conclusion

Preparation of family doctor must be started with pre-graduated education.

Teaching of family medicine must be provided with experience application of European medicine, computer technologies, distance learning and achievements of modern science.

With the aim to prepare positive social opinion permanent popularizing of family medicine must be provide.

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