Розширенна анотація статті Грицко Романа Юліановича, Фуртака Івана Івановича на тему: «Державне управління вишколом лікарів загальної практики-сімейної медицини»

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An extended abstract of a paper on the subject of: “Public administration’s complex mechanism of general practitioners - family doctors’s training”

Problem setting. Today, Ukraine has about 10 thousand general practitioner - family doctor (GP-FD), and needs at least 35,000 of them, that makes the task of accelerated training of these professionals and organizations at the national level, the mechanism of their continuing professional development (CPD).

Recent research and publications analysis. In public health system (HS) where healthcare is considered as "social good", the option becomes a mechanism by means of which men can influence what happens to them in this HS. Free choice of GP-FD by patient affects the organizational ideology, the performance incentives, and also the actual process of care. Introduction lists of specific individuals is a necessary precondition for the transition to “per capita” funding and PHC’staff salaries. Very important is research and development issues promoted by the work of GP-FD, family medicine’(FM) individual institutions and solving regional problems of public administration that arise during the implementation and development of family medicine. By definition, the World Federation of Medical Education (WFME) continuing professional development (CPD) means the period of education and training of doctors, beginning after completion of basic medical education and postgraduate training at the university and continues throughout their professional life. It should be emphasized that this mechanism fully works only in a real competition among health care providers, each of whom is trying to raise the level of knowledge to ensure the appropriate level of treatment quality and patient satisfaction. Most reports of domestic workers of postgraduate medical education in Ukraine suggests that CPD is combined with a postgraduate education. MPA’s system of continuous professional development of FM’professionals in Ukraine initiated by the Order of Ministry of Education and Science (MES) of Ukraine "About approvement of amendments to the Regulation on examinations at the pre-cycle " of 07.07.2009, № 484. Regulation of the GP-FD’training of MSA generally consists the system of the economic, motivational, organizational, political and legal means of targeting government. It consists of political (for state capacity) organizing (appropriate to achieve the goals and objectives and functions of government in a particular area), institutional arrangements , etc.
**Paper objective.** Requirements for GP-FD as a specialist in 21 medical specialties tasking appropriate level of his training, which requires the training respective integrated MPA of GP-FM’training and CPD in the context of the reform of HS and Ukraine's EU’integration. Filling the contents of this mechanism is the purpose of the study.

**Paper main body.** The policy of WHO to achieve health for all in the twenty-first century is signet that people can make a significant contribution about strengthening and saving own health if will have accurate and timely information on this questions of ownselfsupport and mutual. In this situations, health professionals should act as mediators, mentors and advisers for their patients.

Teaching population about self- and mutual help, sharing of medical culture among troops who served is viewed as an extremely important function that a growing number of GP includes into its spectrum of activity. Social and economical efficiency of such patients training is scientifically approved by foreign scientists.

We prove that for every dollar spent on patient education converts into 3-4 dolars of economy. Among the states in which teaching methods of self-help leads to money savings are called asthma, diabet, respiratory disease, osteoarthritis, rheumatoid arthritis, chronic pain, minor functional disorders of pregnancy.

The primary objectives of the study patients are training in:

a) the competent decision-making regarding the need access to a doctor, based on the fact that about 75% of symptoms allows you to bypass no interference;

b) recognition of the symptoms of serious illnesses that require medical intervention and treatment to GP-FD.

To increase the capacity of the population to cope with their own medical problems PHC’workers should take over the functions of informing people about how to effectively support and in their health improving; Teacher-mentors on the use of personal capabilities to help patients themselves and loved ones; mediators and consultants for their patients in their relations with institutions POPs and social protection.

Recently features of GP-FD are expanded, usually are used next forms: day hospitals and hospitals at home. GP-FD can be arranged at your office (or a rented room) day hospital to provide professional medical care by their admission to day-hospital the absence of indications for constant medical supervision.

Reform of PHC on the basis of the FM requires significant changes in training of medical and nursing medical personnel. Previously worked programs of medical education training for GP-FD are explored, based on international experience, the conditions and traditions of domestic medical school.

The FM’ system in Ukraine was developed even before the medical and social experiment with the reform of primary health care based on FM. Already in 1988, based on the first in Ukraine "professiogram general practitioner", which received a medal VDNKh USSR, was first elaborated curricula and training programs for GP-FD undergraduate and postgraduate stages. To this end, in 1993 the Lviv State Medical Institute (LSMI) created the first in Ukraine Department of Ambulatory Care and Family Medicine, where year VI students of the medical faculty began the study of processed educators program "Ambulatory Care and the family doctor." In 1995, LSMI organized the first in Ukraine FM’department of Postgraduate, which began a
systematic re-GP-FD with local therapists and pediatricians. There are currently three faculties and 19 departments inches higher medical postgraduate education.

GP-FD’education is carried out mainly at the postgraduate stage three ways - through: a two-year internship, half specialization for physicians and pediatricians, as well as specially trained GP-FD for the village. The experience of training GP-FD on undergraduate and postgraduate stages reported numerous published works. However, the majority of works relate to postgraduate training GP-SD and their nurses. The question of undergraduate GP-FD’training covered by a limited number of publications, though didactic issues of basic training FM’professionals has been overlooked. Departments of Family Medicine, which operate in higher medical educational establishment of Ukraine actively pursuing their scientific and methodological research on training of family doctors in residence, retraining them with other professionals to pre-cycles and cycles of thematic advanced training of FM’physicians.

Although, more and more supporters are support the deepening of the basic training of future GP-FD in some faculties in medical universities since the early years of teaching students with career counseling students prior to such complex and demanding profession, as family medicine. Creation of departments of family medicine in all medical schools of Ukraine should promote training of family physicians both postgraduate and undergraduate in stages. However, there are no specific academic hours of FM in preparing GP-FD on undergraduate stage and no single program does not contribute to the fundamental preparing students for future work in positions GP-FD. Different schools teach FM starting with different courses for custom applications. And, although there is an urgent need for training GP-FD for Ukraine state, but the undergraduate stage of their training was not provided by state regulations. This view is confirmed by the reports of scientists Lviv National Medical University (reformed LSMI) on the need to start preparing for GP-FD’undergraduate stage back in 1989, and readiness for this coming years. The need to train students in the GP-FD’ specialty due to the fact that already in the first year at the Department of Anatomy foundations they need to give the age of Anatomy and Physiology at the Department - especially the physiological processes in people of all ages and medical foundations valeology. The department of general biology with genetics course should pay more attention to the study of the human genome and the mechanisms of inheritance of various diseases. Departments of Arts degree in their programs should highlight specific sections relating to different aspects of intrafamilial relations.

The GP-FD’ education should start even from the first year of study, giving the complexity and wide spectrum for this profession. This will not only conduct basic training of the specialist, but also professionally educate him properly to perform complex medical and social problems of the future family doctor. Concern about the lack of a common curriculum with FM for higher medical educational institutions expressed at the second GP-FD’congress of Ukraine. Some authors argue that with the Bologna process can be significantly improved the training of GP-FD on the undergraduate stage, creating a thoughtful, valuable program for multidisciplinary FM department that has an undergraduate, postgraduate training of GP-FD and CPD with the gradual approach of the system to the European standards. This department
FM could be not only the focus of training GP-FD, but the centers of research in the field of family medicine.

This research should be devoted to questions and problems that are constantly harassing GP-FD. They should be based on an integrated approach to the problems of each patient and his family. Major topics:

- Development of effective monitoring plans risk factors of common diseases and recommendations for their prevention;
- The rationality and effectiveness of screening programs to detect the most socially significant diseases, development and implementation of new technologies for diagnosing diseases in the early stages;
- Study of prognostic criteria of disease progression and the presence of exogenous and endogenous risk factors;
- Determine the effectiveness, including economic, various methods of diagnosis and treatment based on evidence-based medicine;
- Justification of the strategy for management of patients with chronic disease.

Very important is research and development issues promoted by the work of GP-FD, FM'individual institutions and solving regional problems of public administration that arise during the implementation and development of family medicine. By definition, the World Federation of Medical Education (WFME) continuing professional development (CPD) means the period of education and training of doctors, beginning after completion of basic medical education and postgraduate training at the university and continues throughout their professional life. By the standards of the World Federation of Medical Education (VFMO) continuing professional development (CPD) is fundamentally different from the previous two phases of formal medical training - basic medical education at undergraduate stage and systematic postgraduate medical training. If the last two are conducted according to certain rules, programs, curricula specific number of semester hours, the CPD mainly implemented as a self-study and practice, rather than in training under someone's supervision. Responsibility for the CPD relies only on the professional community and the physician. The maximum liability for CPD has professional medical community involving into this important deal the medical associations and other professional organizations. Information technology and distance learning are increasingly being used in the CPD. Professional medical organizations or certification authorities provide a control mechanism, according to which there is determined the number of accredited courses or activities of the CPD for what each individual physician receives a certain number of credit units (KU) with CPD. For effective implementation of continuing professional development, physicians should have a reserve of time and opportunity to reflect on practice and in-depth study of access to adequate professional literature and the possibility of developing skills. Most reports of domestic workers of postgraduate medical education in Ukraine suggests that CPD is combined with a postgraduate education. MPA's system of continuous professional development of FM'professionals in Ukraine initiated by the Order of Ministry of Education and Science (MES) of Ukraine "About approvement of amendments to the Regulation on examinations at the pre-cycle " of 07.07.2009, № 484.
The training centers at the different departments of postgraduate education are being created, each of which provides improvement of knowledge and practical skills of GP-FD on that speciality that does not comply with the principles of CPD.

It forms CPD and responsibility for their level of professional competence – it’s a professional duty of doctor and he should have the right to decide where to study why and how. The importance and significance in the structure of PHC’s medical services said that the international community gives it priority in the process of provision of public health (The European policy to achieve health for all in the twenty-first century, 1998) and leading role in the reform of health care systems (Ljubljana conference on healthcare Reform, 1996). Efficiency, effectiveness and fairness of POPs (for terminology These tubes WHO) depends primarily on the presenceness clear policy of primary health care, primarily because only within PHC is possible to realize such an important principle for the population as accessibility of care. Regulation of the GP-FD’t raining of MSA generally consists the system of the economic, motivational, organizational, political and legal means of targeting government. It consists of political (for state capacity) organizing (appropriate to achieve the goals and objectives and functions of government in a particular area), institutional arrangements, etc.

Conclusions of the research. So, we can talk about political, economic, legal, organizational, institutional, informational components of the training complex MPA of GP-FD’ education in the context of European integration of Ukraine. In this new conceptual approach to the components of the MPA of Health Care foreign researchers believe the widespread use of the principles of the regulated market of medical services, providing effective reforms in Spain, UK, Italy, Finland, Sweden and the new EU’ member-states. The main strategies are: focus on the system of providing personal care; improve the health of the population based on achieving a balance between investments in the sector to provide individual medical services and the sector which is associated with the formation of a healthy lifestyle; investment management industry to improve public health, which requires cooperation between different levels of government and the partnership of the private and public sectors to support its public policy to support health and a healthy lifestyle. The implementation of each of these strategies, of course, requires first of all a proper level of information and analytical support for the adoption and implementation of appropriate support of appropriate management decisions in healthcare. The main objective of the training complex MPA of GP-FD’ education - ensuring quality of care , that is a set of characteristics that confirm the compliance of health care needs of the patient's in current level of development of medical science and practice. The defining characteristics of quality GP-FD’ health services in this case is the adequacy, availability, continuity, safety, effectiveness, efficiency, effectiveness, timeliness, meeting the expectations and requirements, the stability of the process and results, continuous improvement. Under the prerequisites to achieve high quality health care, which include proper financial support , economic aspects of POPs is essential.

Analysis of mechanisms of state control of HS of EU’ countries gives reason to believe that they acquire rapid development. This is accompanied by the elaboration of their own criteria and principles, making the contextually - determining basis for
creative use in Ukraine, which is extremely important in the process of EU’s integration and makes recommendations for further research.