

## Policy Brief

# Evaluation of Postgraduate and Continuing Medical Education in the Kyrgyz Republic

### Introduction

The health care system of the Kyrgyz Republic has been actively reforming since 1996. Many aspects of the previous system were changed, including high medical education (under-graduate, post-graduate and continuing education levels). By this time, main features of the post-graduate education in the country are: one-year clinical internship was replaced by two-year internship trainings (for clinical specialties) (1998); providing the post-graduate programs on the budget- and contract-basis mainly at national level (Institutes and National Health Centers); weak regulation of number of students in each program (the actual needs of the health system are not taken into account adequately); the quality of provided educational services is decreasing due to lack of capacities of the clinical sites (study rooms, equipment, patients, etc.). In 2005-2008, the Kyrgyz Health System faced the increased outflow of health workers. The existing mechanisms of the distribution and attracting of young doctors, including the reintroducing one-year internship, were not effective. Moreover, according to the health managers' opinions across the country there is a tendency of decreasing the quality of higher medical education, including post-graduate, weakening clinical skills of young doctors, especially in areas of Noncommunicable Diseases (CVD, Diabetes, etc.).

### Goal

The research is aimed at evaluation of post-graduate and continuing medical education in the Kyrgyz Republic and exploring ways of improving the quality.

### Objectives

- Analysis of norms/regulations in the area of post-graduate and continuing medical education;
- Mapping of educational organizations/clinical sites on post-graduate education and CME in the Kyrgyz Republic;
- Assess the capacity of selected clinical sites at the regional level;
- Assess the strengths and weaknesses of the current one-year internship program;
- Assess the role of Local Self Government (LSG) and Local State Administration (LSA) in health facilities performance including those acting as clinical sites;
- Assess specific factors relevant to CME;
- Develop recommendations.

### Methodology

- ✓ Desk review (analysis of the official statistics, reports, evaluations, etc.);
- ✓ The research was conducted in 8 FMCs and 7 THs at the rayon and oblast levels from four oblasts of the KR (Batken, Osh, Issyk-Kul and Talas);
- ✓ Total number of the conducted interviews – 57: 10 experts at the national and oblast levels, 43 specialists from health facilities, and 4 representatives of LSG and LSA.

## Key findings

### Regulatory and Legal Framework

The general list of regulations governing medical education (higher, secondary, pre- and post-graduate and continuing), includes 19 documents (Laws, Government resolutions, the MOH orders).

The analysis shows:

- The activities of higher education institutions of the Kyrgyz Republic are focused to meet the needs of both domestic and foreign markets. Since the training of medical personnel in the Kyrgyz Republic has a tendency to increase annually, as of today there is a question about the lack of clinical sites and ensuring quality of education, especially in gaining practical skills;
- The current legislation on education issues formally does not contain any restrictions on further decentralization of training in practical skills in a clinical internship and residency, since the most of regional and district level health facilities are included in the approved list of clinical sites;
- There are some discrepancies between the Orders ## 297 and 54, for example, a list of clinical sites for the internship in the first Order is much broader than in the second one. In addition, some organizations have been reorganized and changed their names, the lists need to be updated;
- Indirect obstacles for decentralization may be issues such as financing and creation of conditions;
- Legal base provides for the payment for clinical supervisors and interns/medical residents, however, the provided payment mechanisms have not worked, they do not work in practice and require additional study (the status of interns/clinical residents, establishing communication between universities and health facilities, planning, budgeting);
- Legal base requires from the heads of clinical sites and LSG/LSA to create conditions for training (housing, benefits, land allocation, etc.). However, in practice these provisions are not implemented;
- Relations between higher education establishments and health facilities are regulated by contracts. Persisting for a long time disputed issues indicate the need to revise the Model Contract in order to ensure equal conditions for

all institutions and account for capacity of clinical sites;

- The leading role in the regulation of the relationship between educational institutions and clinical sites assigned to the Ministry of Health.

### Mapping of educational organizations and clinical sites

Key information is included into two MoH's Orders:

**MOH Order #297 as of 15.08.2007** contains a general list of clinical sites for the internship (251 healthcare organizations including district level health facilities in all regions of the Kyrgyz Republic), and clinical residence (139 healthcare organizations partly including district level health facilities in Osh, Jalalabad and Batken regions).

**MOH Order # 54 as of 12.08.2008** contains information on the distribution of clinical sites for educational institutions (including Medical College) (Table 1).

**Table 1. Distribution of clinical sites**

HEI	Number of clinical sites	Comments
KSMA	99	Along with republican health facilities, NC and the Research Institute, health facilities in Bishkek and Osh regions, regional health facilities, Oblast Merged Hospitals, Oblast FMCs, narrow specialized facilities, dental clinics and regional departments of SSES, also include TH and district-level FMS in Osh and Jalalabad regions
KSMIR&CE	53	Only republican health facilities, NC and the Research Institute, health facilities in Bishkek and Osh, Oblast Merged Hospitals, Oblast FMCs
KRSU	40	Only republican health facilities, NC and the Research Institute, health facilities in Bishkek and Osh, Oblast Merged Hospitals and two private* structures (dentistry and obstetrics and gynecology)
OshSU	32	Regional and town health facilities located in Osh and district TH and FMC in Osh region
IGSM	16	Republican and regional hospitals located in Bishkek city and one FMC #7
South branch of KSMIR&CE	50	Regional, town and district health facilities (hospitals, FMC, SES, dentistry and other) located in Osh, Jalalabad and Batken regions

Note: \*Private structures are allowed by the KR legislation.

## **Experience in Providing Postgraduate Education in Regional Clinical Sites**

The capacity of clinical sites varies. Better prepared in terms of staffing and equipment are regional health facilities. But both regional and selectively district health facilities are in need of training and capacity building of teaching staff.

The study of the current situation on the provision of postgraduate education in regional clinical sites revealed the presence of organizational problems: lack of planning and control of the educational process, the weak link of the educational institutions with clinical sites, break of discipline and low interest from the part of students' side, the unresolved issue on adequate payment for clinical governance, etc.

According to interviewed specialists one year is not enough for high quality training of young doctors (possible exception can be some theoretical subjects). Introduction of the internship did not have much effect on increasing of young doctors' employment in the regions, including the PHC.

Possible extension of decentralization of the practical part of the of postgraduate education was supported by most of the respondents. There is need for targeted initiatives and discussions with LSG and LSA for the joint development and approval of different mechanisms to create an environment for young professionals to undergo specialization and assignment, since there are still unused opportunities locally.

In addition, it should be noted that at the national level, *there is no official statistical reporting forms* that require universities, NC and the Research Institute to provide information on *the internship and clinical residency* on the annual basis (number, qualification, contract/budget, citizens of the Kyrgyz Republic/foreign citizens, locations and employment). This data is usually available as necessary and upon request of the MOH only.

### **Assessment of the one-year internship program**

The internship or one year specialization was introduced in 2007 as one of the measure to improve provision of the regional health facilities by young doctors, especially in rural areas including the PHC. It was assumed that reducing the overall period of the training and passing it at the regional

clinical sites will contribute to retention of young professionals in the regions.

It should be noted that since introduction of the internship the main part of interns of KSMA and KSMIR&CE have received the training based on clinical sites in Bishkek. For example, in 2013 in the regional clinical sites there were enrolled only 15,2% of interns of the KSMA and 100% of interns of the KSMIR&CE.

A similar situation remains with employment. For example, only 24,6% of graduates of internship in the KSMIR&CE continued their career in regions. When taking into account only the interns and clinical residents who had trainings on a budget base, the employment situation in regions look more favorable.

In addition, the results of the conducted interviews showed that

- the majority of respondents were not aware of the purpose of the introduction of the internship, they perceived interns as "future practitioners" and clinical residents - as "future scientists", also there was expressed an opinion that " ... in the internship there is a possibility to save money for training ... »;
- general opinion was that one year is not enough to train a doctor who will be able to work independently in the future. It was noted that after the end of the internship the part of the graduates have to go back and go through the primary specialization;
- a proposal was made to strengthen the control over the quality of teaching at the undergraduate level.

### **Assessment of Local Self Government's and Local State Administration's Roles**

A survey among representatives of LSG and LSA (regional and district levels) showed that overall capacity of the local authorities is little due to the limited budget (for example, many districts in Osh region are subsidized). But, everywhere there are concerns about staffing and quality of services. Today the assistance of local authorities includes assistance to local health facilities in solving the problems of economic nature (current repairs, etc.).

There are different opportunities in different regions, for example:

- In Kara-Suu district of Osh region they noted that housing is a problem, monthly rent is expensive (up to 5,000 soms, about 100 USD) due to the proximity of large commercial market. There is no experience to provide help for health care workers, but there are instances when they supported young teachers (10,000 soms (about 200 USD) as a one-off aid, land allocation);
- In Kyzyl-Kiya town, they noted that they cannot solve the housing problem.

In general, the current common practice is when for internship/clinical residency in regions mainly those come who have families and living conditions there.

## Recommendations

**Review of the Regulatory and Legal Base** in order to:

- Define more clearly the goals and differences of internship and clinical residency;
- Develop training load standards for interns and medical residents (students: the number of patients);
- Develop and approve effective mechanisms for remuneration of clinical managers and interns/medical residents;
- Develop mechanisms for additional funding of health facilities that are clinical sites;
- Improve the Model Agreement concluded between the host university and a health facility, and resolve the issue on redistribution of clinical sites between universities according to their capacity;
- Solve other contradictions impeding the provision of high quality continuing education for physicians and nurses.

## Postgraduate education

- Arranging the process of selection, distribution and evaluation of the internship and clinical residency;
- Further strengthening of the capacity of selected clinical sites for the internship and clinical residency, especially at the regional level

(training of teaching staff, facilities, training materials);

- Resolving the issue in seeking opportunities to build housing for the post-graduate education period;
- Finalization of the Concept on Postgraduate Education Development in the Kyrgyz Republic;
- Taking into account the importance of planning, distribution and employment of graduates of internship and clinical residency it is recommended to establish an annual collection of official statistical information from medical universities, national centers and research institutes that are involved in the educational process.