



How to change medical education?

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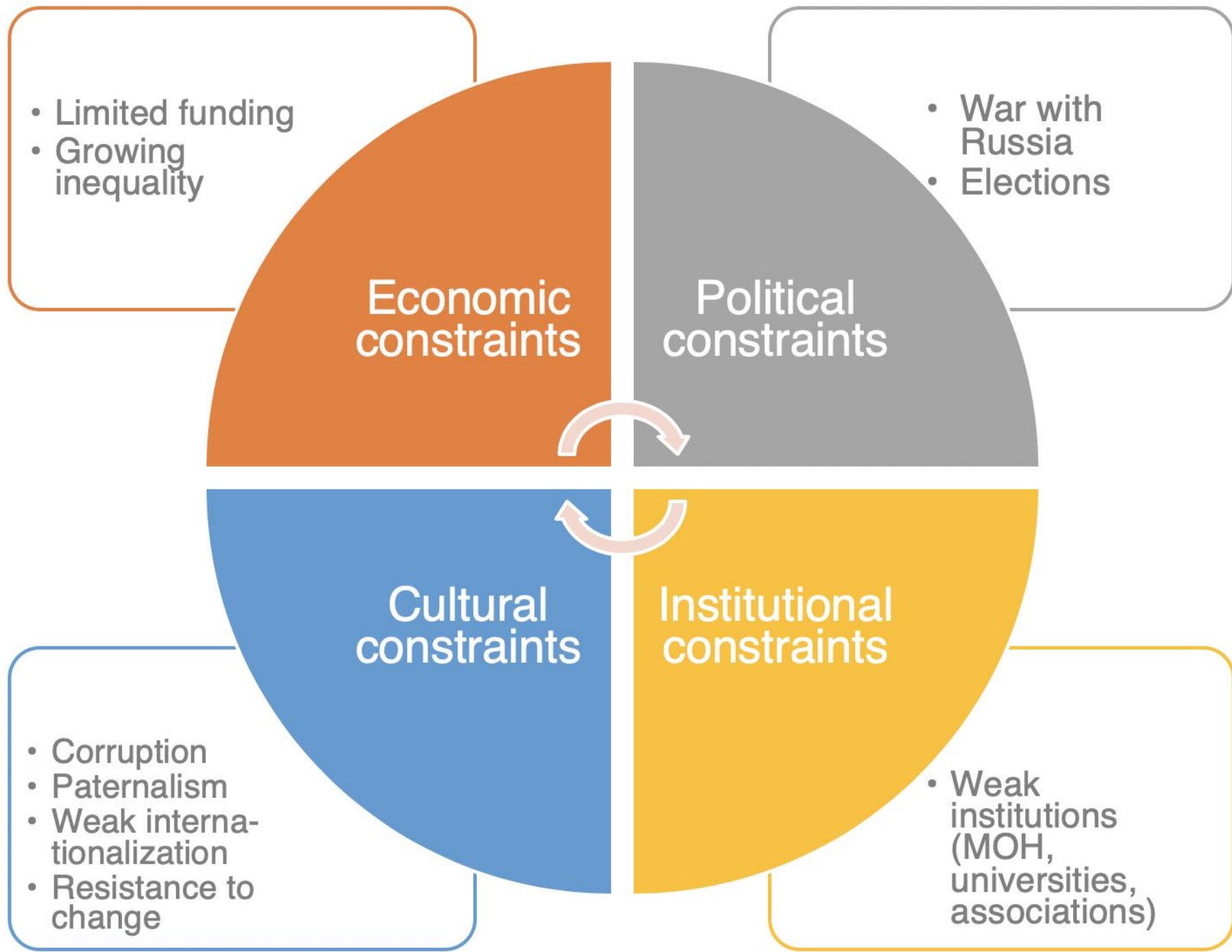
First Deputy Minister of Education and Science (2014-2016),
Vice-President of Kyiv School of Economics,
Visiting scholar at UC Berkeley

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UKRAINE



- Population: 42.4 mln
- GDP in 2017: 2,639 USD (compared to 4,029 USD in 2013)
- Life expectancy at birth, 2016: 72.4
- Infant mortality per 1,000: 7.7
- Physicians per 10,000 population: 3
- Transparency International 2017
Corruption Perception Index: 130th out of 180 countries
- Average monthly salary in healthcare: 188 USD



MEDICAL EDUCATION

- 17 universities
- 14,000 teaching staff
- 95,000 students
- 34% study for free, 66% pay tuition

Symptoms and syndromes

0 universities in the top 1000 in the world

50 h-index best researchers result in medicine (far from top 1000 in medicine in the world)

3% interns passed USMLE STEP 3 in 2017

Top-10 drugs prescribed are completely different from top-10 in the world

Wrong motivation:

- Personal
- Institutional (role of university)

Outdated curricula

Non-English speaking faculty

Corruption

STATE STRATEGY TO IMPROVE MEDICAL EDUCATION



Raising Undergraduate Education Quality

Post-Graduate Education Reform

Effective Funding and Management

Changing Academic Culture

Development of Scientific Research

First steps

- **Selection:** establishing admission requirements for medical universities;
- **Updating curriculum:** external revision of educational standards/guidelines;
- **Quality control:** new Unified State Qualification exam (3d year, 6th year);
- **Motivation + fairness for students:** fair matching mechanism for access to the internship;
- **Motivation + fairness for doctors:** new model of continuous medical education

Minimal entrance requirements

Since 2018 minimal score to apply for medicine: **150** on independent external exam (ZNO) (scores from 100 to 200)

Admission 2018 (comparing to 2017)

Overall

Medicine: - 28%

Dentistry: - 45%

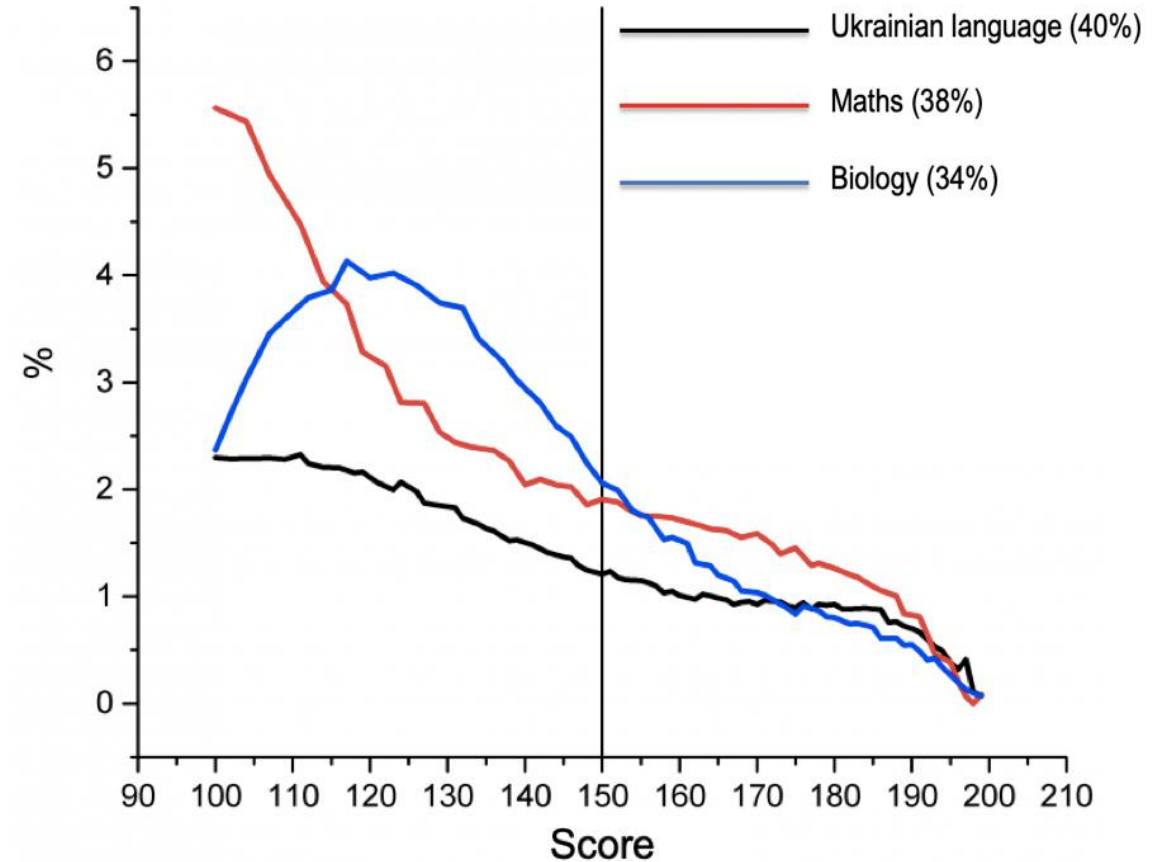
Pediatrics: - 37%

Tuition-paying students

Medicine: - 70%

Dentistry: - 47%

Pediatrics: - 88%



Unified State Qualification Exam

1. Test exams
2. OSCE
3. English language proficiency test
4. IFOM



IFOM expectations

- IFOM could be used on the scale of a whole country;
- IFOM as an independent external tool for assessment of medical education;
- IFOM as anticorruption tool (IFOM can substitute national exam of poor quality);
- IFOM as an incentive to update the curricula.

Continual Professional Development

Less bureaucracy – less corruption

Realistic requirements, no imitation

International training is recognised – encouragement for the most motivated doctors

Doctors choose courses/trainings

Short courses every year (instead of 1 large course in 5 years)

Special multiplier for CME credits from EU, US

How to change medical education? Find your way!

Ukrainian context - Ukrainian approach:

- Government's initiative
- External standards recognized by the state
- Importance of communication

Local context defines the way to the global standards

