

MEDICAL FACULTIES AND MINISTRIES OF
EDUCATION AND HEALTH – KEY PLAYERS IN
POSTGRADUATE EDUCATION

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MINISTRIES – COLLABORATION OR CONFLICT OF INTERESTS?

- Ministry of Health
 - Keeping the health care system operational
 - Cutting costs
 - Responsibility for facilities and instruments
- Ministry of Education/Science
 - Training professionals at appropriate levels
 - Maintaining a competitive research base

CLASH OF INTERESTS AT THE LEVEL OF POSTGRADUATE MEDICAL
EDUCATION  "CRISIS IN ACADEMIC MEDICINE"

ACADEMIC MEDICAL CENTER – A BALANCING ACT FOR THE MEDICAL FACULTY

- AMC endangered regardless of ownership (state, municipalities, university, HMO, private)
- Increased cost of patient care threatens teaching and research
- Multi-channel financing creates problems
- Responsibility for content/assessment/certification of postgraduate education variable and sometimes unclear

CRISIS SYMPTOMS – HUMAN DIMENSION

- "General feeling of malaise"
- Career development uncertain
- Financial prospects poor
- Gap between academics/others
- Difficult to keep up with progress (esp. basic research)
- Triad of research/teaching/clinical work impossible to master

Interest in research career waning

(Finland 1994-2004: physicians +23.3%, researchers -6.3 %)

DURATION OF MEDICAL TRAINING (Finland)

- | | | |
|--------------------------|-----|----|
| • Basic degree | 6.5 | yr |
| • GP practice | 2 | yr |
| • Specialization (63 %) | 5.5 | yr |
| • Subspecialty | 2 | yr |
| • Doctoral degree (66 %) | 4 | yr |
| • TOTAL (minimum) | 20 | yr |
- "Interference" by MoH:
 - GP practice in health centers obligatory
 - Specialization 50 % outside university hospitals

DOCTORAL AS % OF MASTER'S LEVEL DEGREES (FINLAND 2004)

• Medicine	58.3	• Technology	10.9
• Dentistry	28.8	• Social sci.	8.3
• Veter. med.	22.0	• Humanities	6.6
• Natural sci.	21.6	• Law	5.2
• Agro-forest	13.9	• Education	5.1
• Theology	11.9	• Business	4.9

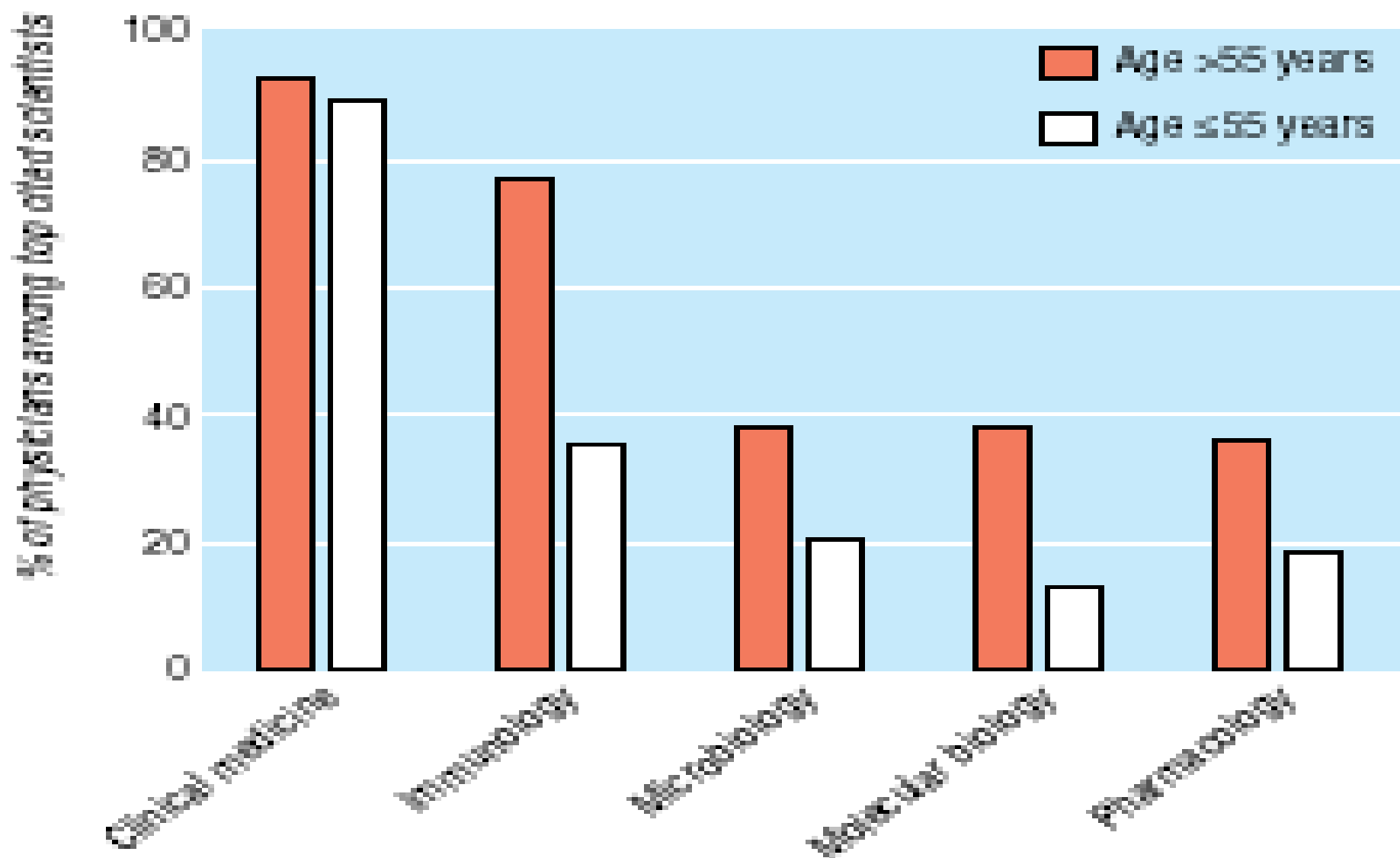


Fig 2 Proportion with medical degree among the 250 most cited scientists in clinical medicine, immunology, microbiology, molecular biology, and pharmacology, 1981-2000¹⁶

CAREER ADVANCEMENT

- Academic:
 - Research: decisive
 - Teaching: taken into account
 - Clinical skills: no importance
- Hospital:
 - Research: little importance
 - Clinical skills: taken into account
 - Administrative competence: important

DEDICATED CLINICIAN – A TREASURE

- Genuine interest in the patient
- "Diagnostic eye"
 - Rapid diagnosis
 - Fewer laboratory tests
 - Less imaging
- Timely treatment
 - Shorter hospital stay
 - Shorter sick leave
 - Fewer complications
- Rational (and cheaper) drug treatment
- Adequate emphasis on prevention

BUT: no methods to assess and reward clinical skills!

CRISIS SYMPTOMS - SYSTEM

- Recruitment of young physicians difficult
- Practice not evidence-based
- Obstacles to clinical trials (bureaucracy, costs)
- Translational research – cliché
- Industry-sponsored research !?
- Relevance of research ?
 - Global (10:90)
 - Basic vs. clinical/systems

”SERVING TWO MASTERS” (HUCH FACULTY & STAFF)

- Leadership clashes 88 %
- Complicated organization 85 %
- Clinical work impedes R&T 84 %
- Too many bosses 84 %
- Cannot influence own work 49 %
- University subsidizes hospital 44 %
- Hospital subsidizes university 33 %

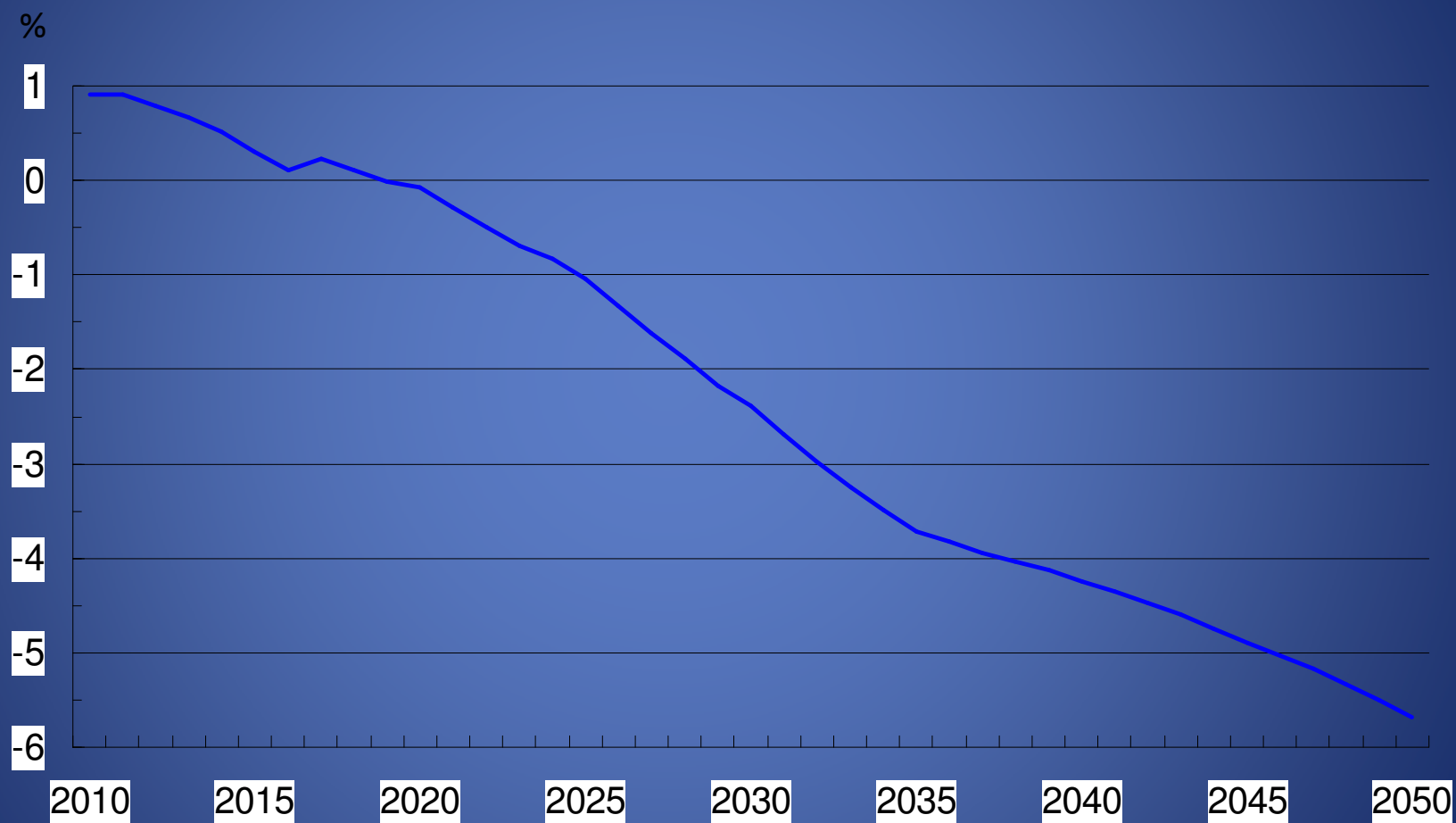
EVALUATION OF CLINICAL RESEARCH IN SWEDEN AND FINLAND 2009 - CONCLUSIONS

- Clinical research output declining relative to other countries
- Clinical research career not attractive any longer
 - Total training period far too long
 - Predictable career development pathway lacking
 - Mobility impeded by promotion regulations
 - Research merits not required for clinical leadership positions
- Financial incentives for quality research missing
 - Overall funding too low
 - State compensation for teaching and research channeled to hospital, not university
 - Scientific competence not rewarded in salary

HEALTH CARE AND EDUCATION - COMPETITION FOR PUBLIC FUNDING

- Unsustainable public finances (EU-countries)
 - Demographic change
 - Increasing health care costs
 - Tax competition – cuts
- Structural changes necessary in most countries
- Expansion of private health care
- Crisis in university funding – solutions?

Balance of public finances in Finland (excluding pension funds), % of GDP 2010-2050



Source: EU Committee on Economic Policy, Working group on aging.

EVA Analysis No. 1, kuvio 3

BUT – EXCITING PROSPECTS FOR ACADEMIC MEDICINE

- Megatrends with health implications
 - Demographic change (Golden age of geriatrics!)
 - Digital/ICT revolution
 - Global warming
- New conquests in sight
 - Evidence-based medicine
 - Genomic/personalized medicine
 - Regenerative medicine (stem cell therapy)
 - Health economics
- Clinical researchers essential for progress

CHANGE IN ATTITUDES

- Patients
 - “Clients” conscious of their rights
 - Respect for doctors will remain
 - Less blind faith in authority
 - Access to information but incapacity to interpret
- Physicians
 - A job, not a calling
 - Pursuit of a “good life”

WAY FORWARD

- Postgraduate (and continuing) medical education – defining responsibilities for content and funding
- Combined and abbreviated educational programs
- Clear career development pathways (tenure track, clinical?)
- Increased funding for clinical research on a competitive basis
- Incentives and rewards for academic and clinical excellence
- Revised governance structures for AMCs

DEFENDING ACADEMIC MEDICINE

- Quality argument
- Progress argument
- Economic argument
- Educational argument

WHY RESEARCH?

- *“We need science, more and better science, not for its technology, not for leisure, not even for health and longevity, but for the hope of wisdom which our kind of culture must acquire for its survival”*
 - *Lewis Thomas: The Medusa and the Snail*