# The Vital Role of Junior Doctors in Advancing Healthcare Systems Through Active Participation in NGOs





# Situation in Georgia





# Introduction

- Young doctors play a critical role in the development of the healthcare system.
- Like many countries, Georgia faces a shortage of healthcare professionals, namely nurses. This shortage puts additional pressure on young doctors, who often have to work long hours and handle heavy workloads (the nurse–physician ratio in primary health care is 0.3 to 1).
- Young doctors in Georgia often face challenging work conditions, including long working hours, limited resources, and inadequate infrastructure.
   Improving working conditions is essential for retaining young doctors and ensuring the quality of healthcare services.





# Key aspects

- Education and Training: Georgian medical universities provide comprehensive education and training to young doctors, ensuring they are equipped with the necessary knowledge and skills to provide quality healthcare.
- Professional Development: Access to continuous professional development and specialization opportunities
  is crucial for the growth and advancement of young doctors. Providing opportunities for further training and
  specialization can help retain talent within the Georgian healthcare system.
- Advocacy and Leadership: Young doctors can be powerful advocates for healthcare reform and policy change in Georgia. By actively engaging in advocacy efforts, they can help address systemic issues within the healthcare system and improve patient outcomes.
- Emigration/brain drain: One of the significant challenges facing the Georgian healthcare system is the emigration of young doctors seeking better opportunities abroad. This brain drain exacerbates the shortage of doctors and hinders the development of the healthcare system.





# Key aspects- cont.

- Rural Healthcare: Access to healthcare services in rural areas remains a significant challenge in Georgia. Encouraging young doctors to work in rural and underserved areas through incentive programs and improved infrastructure is essential for addressing healthcare disparities.
- Technology and Innovation: Embracing technology and innovation is key to the development of the Georgian healthcare system. Young doctors can play a vital role in adopting new technologies and implementing innovative solutions to improve patient care and healthcare delivery.
- Global Health Challenges: With the rise of global health challenges such as pandemics, climate change, and non-communicable diseases, young doctors in Georgia are needed to address these complex issues and develop innovative solutions.





# The number of students 2022/2023

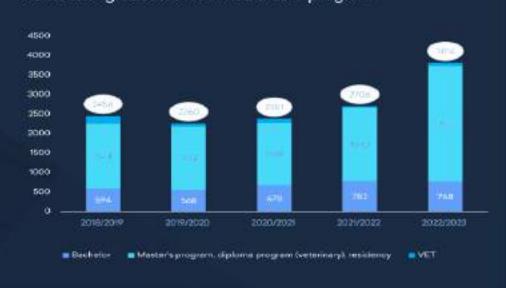
In 2022/2023, the number of students admitted to the healthcare program increased by 53% compared to the previous year, and the number of graduates also rose by 41%.

These increases are primarily driven by foreign students, who are less likely to enter the labor market in Georgia after completing their education. Therefore, the shortage of medical personnel will continue to be one of the main challenges in delivering healthcare services in the coming years.





#### Number of graduates from healthcare program





Source: Constat



# Number of beds (2013-2022)

In 2013-2021, the number of beds increased by 77.7%, from 11,600 to 20,633. The increase was driven by increased supply of the hospitals, as well as expansion of the existing healthcare service providers.







# Health workforce

Human resources is one of the most important components determining performance of HC.

There is no specialization, licensing or continuous medical education opportunities for nurses in Georgia and no degrees beyond the undergraduate level.



Richardson E, Berdzuli N. Georgia: health system review. Health Syst Transit. 2017;19(4):1–90, <a href="https://georgia.un.org/sites/default/files/2020-08/Georgia%205.pdf">https://georgia.un.org/sites/default/files/2020-08/Georgia%205.pdf</a>).





 Although the number of medical personnel increased, however the nursedoctor ratio in Georgia is 0.98, suggesting potential strain on nursing resources and potential negative effects on patient treatment and monitoring.



Source: Overview of Healthcare Sector in Georgia | TBC Capital.





# eHealth

- In 2020, the Ministry developed a concept paper on telemedicine in health care as part of the strategic vision for health care sector development.
- Digital solutions are crucial to both managing and delivering services under the phased primary health care roadmap, including expanding remote services and introducing the empanelment process (patient enrolment registration, a system to maintain and update the individual enrolment database after each enrolment registration period etc.), data exchange between primary health care providers and the Ministry and its subordinate agencies responsible for population empanelment, performance monitoring and payment – the strategic purchaser, the National Health Agency, and the Agency for Informational Technologies.
- Primary health care providers should have the ability to electronically report on enlisted patients in the target groups and to follow up on patients not receiving care according to the guidelines.
- Role of young doctors is important, as they have good skills to promote eHealth in Georgia.







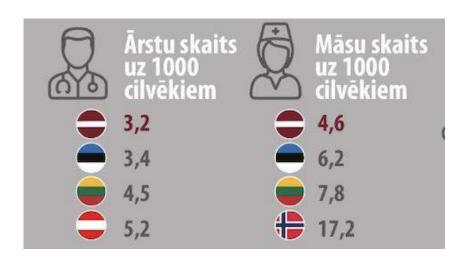


STATISTICS	PUBLICATIONS	METHODOLOGY	METADATA	CALENDAR		
Home / Healthcare and Social Protection / Healthcare						

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Healthcare

	2016	2017	2018	2019	2020	2021	2022	2023
Number of hospital beds, thousands	13.8	15.1	16.0	18.0	19.0	21.0	18.0	15.0
Number of physicians, thousands	26.6	27.4	31.0	32.0	25.0	23.0	24.0	24.0
of which dentists	2.4	2.2	2.6	2.4	2.5	2.5	2.9	2.9
Number of nurses, thousands	17.6	18.0	18.0	20.0	22.0	22.0	22.0	21.0
Out-patient visits, thousands	13 079.0	11 493.4	12 260.7	13 349.6	13 686.4	15 003.4	15 202.8	15 372.2



- WHO recommends 2.5 medical professionals/1000 (nurses, doctors, midwives)
- OECD recommends:
  - 3 4 doctors / 1000
  - 8 10 nurses / 1000





# Challenges:

- Lack of places at the residency program and reimbursement/income;
- Burn-out;
- Shortage of nurses.







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მთავარი - საქართველო - "გისაც რეზიდენტურა ადარდებს!

#### "ვისაც რეზიდენტურა ადარდებს"

1 მარტი, 2024, 10:36





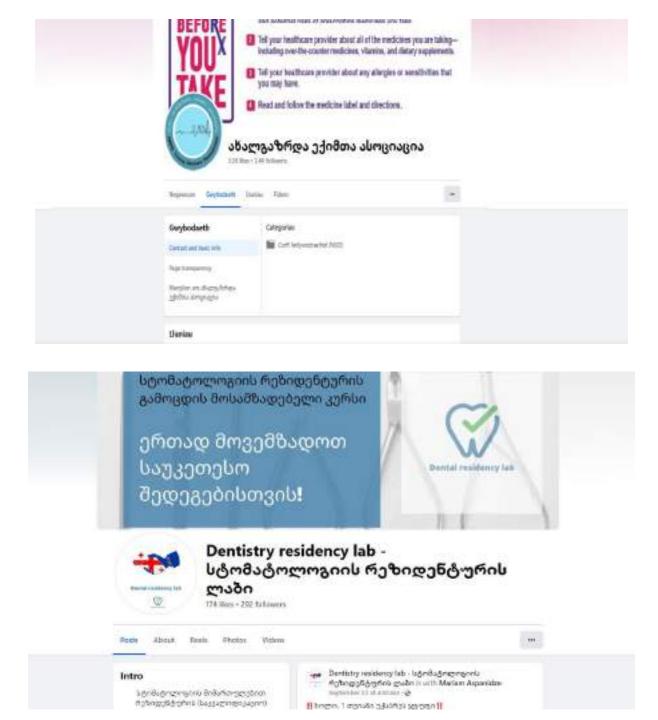


# Associations









# Example of Georgia Healthcare Group PLC

#### Investing in people development

- Offers various training programmes for employees to help them contribute to better business performance through personal and professional development.
- A key objective of the Group is to invest in the next generation of doctors.
- In 2018 they spent a total of GEL 3 million on talent development ("GHG leadership rogramme").
- Over 200 talented person are currently involved in their medical residency programme, which improves the quality of postgraduate preparation and facilitates an increase in the number of qualified doctors in the country.
- Successful participants from the programme have already started employment as junior doctors within their healthcare facilities.

http://ghg.com.ge/uploads/files/GHG%20PLC%204Q%20and%20FY%202018%20Results.pdf





# Long-range health workforce strategy

- The WHO Regional Office for Europe is supporting the Ministry to conduct the first comprehensive health workforce assessment to inform such a strategy.
- The assessment is encompassing competencies, training needs, skill-mix balance, retention, attractiveness, geographical distribution etc.
- short- and long-term capacity building interventions, including mandatory continuing medical education and professional development for doctors and nurses, are planned to be introduced and aligned with the revised protocols, competencies and payment incentives.
- Achieving the objectives outlined in the primary health care roadmap will also require the increased role, autonomy and competencies of the family nurse (at least one full-time nurse per doctor).
- Finally, performance measures and accountability mechanisms are planned to be established for all primary health care providers.





# Situation in Latvia







# **Latvian Young Doctors Association (LJDA):**

• A public organization that unites representatives of various professional groups of young doctors.

Founded in 2003.

Number of members: ~500







# Main objectives

- 1. Ensure the protection and enforcement of young doctors' rights.
- 2. Represent the interests of young doctors in national, international, and other organizations.
- 3. Promote the professional development of young doctors' knowledge.
- 4. Provide comprehensive assistance in solving the problems of young doctors.







## **Constructiveness**

## With an independent opinion

## **Democracy**



**Fair / Transparent** 

A calm and balanced opinion based on clear understanding







## My involvement in LJDA

- 2017 GPs' strike
- Resident opinion, defending rights :
  - Active involvement of PSCUH Resident Council
  - New board of LJDA



#### Rezidenti atsakās aizstāt ģimenes ārstus streika laikā (207)



VM sagaida rezidentu novirzīšanu uz slimnīcu uzņemšanas nodaļām ģimenes ārstu streika laikā









## **PSCUH Resident Council**

- Established in 22th June 2016
- Established by Karlis Racenis, Anna Salina, Signe Setlere





#### Paula Stradiņa klīniskās universitātes slimnīcas rezidentu padomes nolikums

#### I Vispārīgie jautājumi

- Paula Stradiņa klīniskās universitātes slimnīcas (turpmāk PSKUS) Rezidentu padome (turpmāk - Padome) ir neatkarīga un vēlēta PSKUS visu specialitāšu rezidentu tiesību un interešu pārstāvības organizācija.
- 2. Padomes mērķis ir apvienot PSKUS visu specialitāšu rezidentus vienotā organizācijā, lai pārstāvētu viņu tiesības un intereses ar rezidentūras procesu saistītos un citos jautājumos, piedalītos šo jautājumu un aktualitāšu izskatīšanā, kā arī veicinātu sadarbību un informācijas apmaiņu starp PSKUS dažādām struktūrvienībām un PSKUS rezidentiem, aktualizējot un risinot PSKUS rezidentu problēmas apmācības un ārstniecības procesā.
- Padome darbojas saskanā ar šo nolikumu.

#### II Padomes funkcijas, uzdevumi un tiesības

- 4. Padomes funkcijas ir:
  - apvienot dažādu specialitāšu rezidentus vienotā organizācijā;
  - veicināt vienlīdzīgu un godīgu rezidentūras apmācības procesu visās PSKUS realizētajās programmās;
  - piedalīties PSKUS rezidentu apmācības un ārstniecības procesu problēmjautājumu aktualizēšanā, izskatīšanā un risināšanā;
  - 4.4. veicināt rezidentūras apmācības procesa uzlabošanu;
  - 4.5. aizstāvēt rezidentu tiesības PSKUS;
  - veicināt informācijas apmaiņu starp rezidentiem un PSKUS.







## **PSCUH Resident Council**

\*Council members are representatives of all PSUH residency specialties.

Council members (regardless of university affiliation or whether they are paying or studying on a state-funded basis).

- For specialties with up to 10 residents 1 representative.
- For specialties with more than <u>10 residents 2 representatives</u>.
- Representatives of specialties are elected every year until the beginning of November of the new academic year.
- The residents of the respective specialty elect them.
- All residents can attend the Council meetings.







Nr.	Rezidentūras specialitāte	Rezidentu skaits	Pārstāvju skaits
1.	Alergoloģija	1	1
2.	Anestezioloģija,	35	2
	reanimatoloģija		
3.	Algoloģija	1	1
4.	Arodslimības	4	1
5.	Asinsvadu ķirurģija	3	1
7.	Dermatoloģija	1	1
8.	Dzemdniecība,	16	2
	ginekoloģija		
9.	Endokrinoloģija	5	1
10.	Gastroenteroloģija	3	1
11	Ģimenes medicīna	40	2
12.	Internā medicīna	32	2
13.	Kardioloģija	21	2
14.	Ķirurģija	21	2
15.	Mutes, sejas un žokļu ķirurģija	2	1
16.	Neatliekamās medicīnas	23	2
17	ārsts	4	1
17.	Nefroloģija	3	1
18.	Neiroķirurģija	15	
19.	Neiroloģija		2 2
20.	Oftalmoloģija	16	
21.	Onkoloģija, ķīmijterapija	6	1
22.	Otolaringoloģija	17	2
23.	Patoloģija	8	1
24.	Pulmonoloģija	4	1
25.	Radioloģija	26	2
26.	Reimatoloģija	3	1
27.	Sirds ķirurģija	6	1
28.	Torakālā ķirurģija	3	1
29.	Uroloģija	8	1
	KOPĀ		39







## LJDA 2017 - 2020

## Board – the active part of organization



Kārlis Rācenis Valdes Pilekšsēdētājs Internā medicīna, PSKUS



Artūrs Balodis Valdes Loceklis Radiologija, PSKUS



Maija Radziņa Valdes Loceldis Radiologija, PSKUS



Luize Bidiņa Valdes Loceklis Pediatrija, BKUS



Signe Šetlere Valdes Loceklis Bėmu neirologija, BKUS



leva Glázere Váldes Loceklis Neirologia, PSKUS



Anna Saliņa Valdes Loceklis Pneimonologija, PSKUS



Juris Jansons Valdes Locekis Urologija, RAKUS







## LJDA main activities

- Unified Residency Selection Committee
- Development of the **physician profession standard**
- Expressing residents' opinions during the family doctors' strike
- Residency funding issues residents' salaries
- Training and work in regional hospitals
- Representation in EJD (European Junior Doctors) and LMA (Latvian Medical Association)
- Addressing residency quality issues
- Residency repayment procedure
- E-health and e-prescriptions
- Issue of medical interns should there be interns in Latvia or not?
- Children's and maternal health working group
- Residency abroad

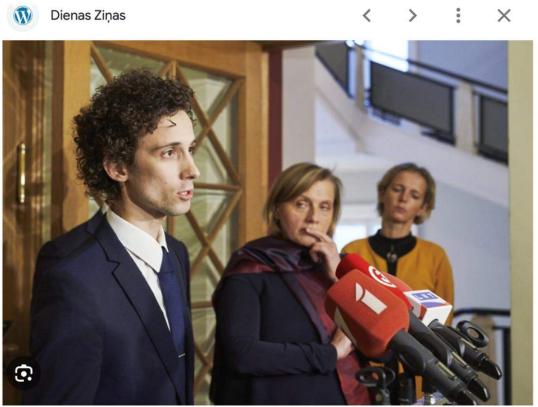






## Residency salary issues – medical professional salaries – STRIKE 2019



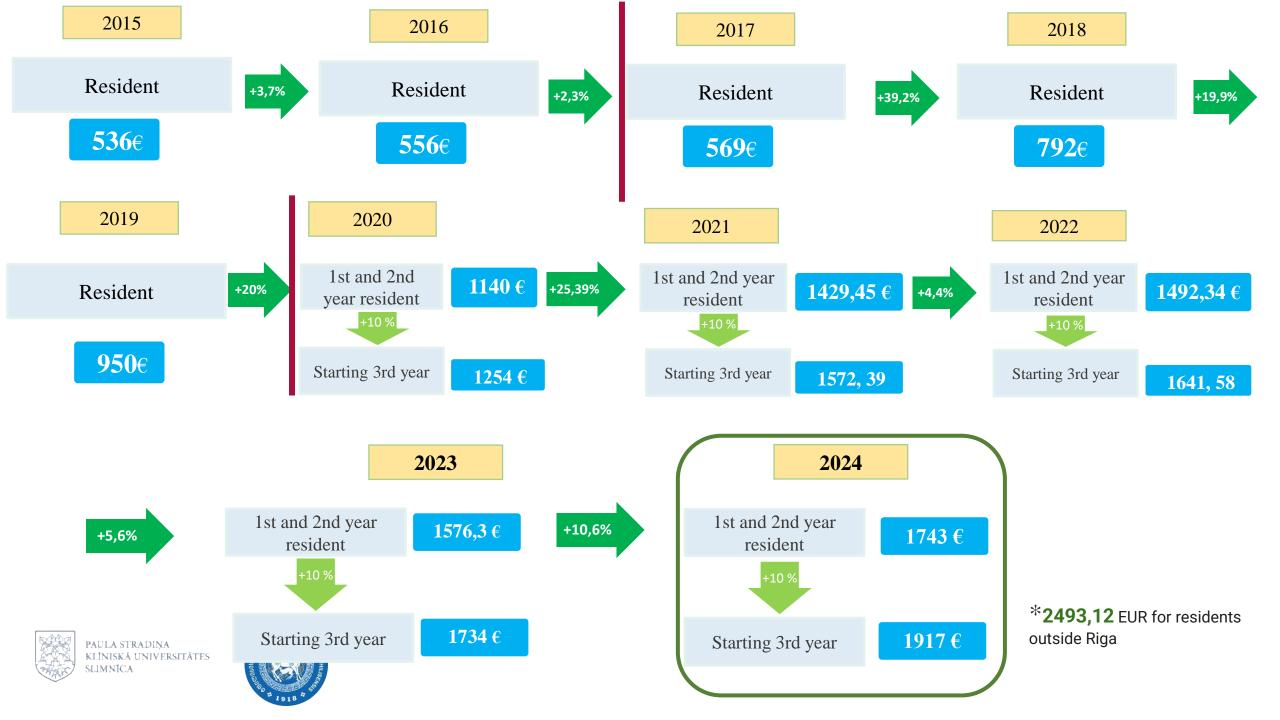














Luize
In Weiterbildung zum
Fadlatzt für Kinderkardiologie
Redlatric cardiology resident)

Deutsches Herzzentrum der Charité on X: "If I would have to pick a symbol for my work, it woul... Apriettet 3



RSU

Rezidenti dalās pie...





Gada notikums medicīnā – jaunie ārsti kļūst par līderiem / Raksts





Mediķu un pacientu organizācijas ar partijām paraksta veselības nozares sadarbības memoran...





Šilovs: Mēs joprojām uzturam spēkā demisijas pieprasījumu Pavjutam









































# Permanent Working Group

**European Junior Doctors** 



## The main tasks of the Junior Doctor Association involve

- To ensure that the rights of the members of the Association are respected and defended, and that their interests are represented in national, international, and other organisations and bodies.
- To promote the development of the professional knowledge of young doctors.
- To create the widest possible **opportunities for realizing the ideas and proposals** of initiative-minded **young doctors**.
- To seek opportunities to increase the salaries of young doctors and the scholarships of residents.
- Establishing transnational contacts and cooperation with foreign public organizations of an identical nature.







### Structure of the the Junior Doctor Association

- The Association is **governed by its Executive Board**, elected by the general meeting of its members.
- The widest possible representation of young doctors, with representative networks covering as many medical specialties as possible.
- The association needs to **be formally established as a legal entity** as a group rather than one person.
- The organisation must operate as a non-profit organisation, it must be supported by contributions from its members.
- There should be only one association of young doctors in country. Networks could be formed with the young doctors' (residents') councils in the major medical institutions.
- The association's board must be re-elected regularly. It is important to respect the conditions that the same people do not lead the association for a long period of time, e.g. a 2-term re-election of the board can be set.
- Close cooperation with other related non-governmental organisations, universities, university hospitals, the Ministry of Health, and others.
- Regular surveys, and general meetings are needed to gauge members' views. A network of people working on specific (topical) issues can be built within the Association.







დიდი მადლობა! Paldies par uzmanību! Thank you!





