

How to Attract Medical Graduates in Universities to Rural Hospitals in Shaanxi Province of China

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Abstract. In 2015, the general office of Shaanxi provincial people's government already began to focus on the service situation of the rural hospitals and enacted opinions of the implementation of comprehensively promoting the construction of rural doctors. Although four years are over, we have found it less obvious to enhance the capability of medical treatment in rural hospitals. Now, rural people still go to hospital in big-scale hospitals, which does not lie in rural, but lie in cities. The paper analysis the phenomenon deeply, in order to give rural people help in time and how to attract graduates from colleges and universities to devote themselves to enhance medical lever in rural hospitals.

Introduction

With the development of urbanization, it appears that there lies in countryside that rural population has been kept the downward trend from 18.33 millions in 2013 to 16.57 millions in 2017. In the chart 1, it shows that rural residents share high medical treatment. Although the number of Village Health Room reduces from 785 to 613, on the contrary the number of beds per 10,000 inhabitants of rural health institutions has kept rising from 35.78 to 46.2. We find that rural residents have made great progress in life and health.

Chart1 Rural Population and Health Rooms in Shaanxi

Year	2013	2014	2015	2016	2017
Total Population(million)	18.33	17.91	17.48	17.03	16.57
Village Health Room	785	719	691	652	613
Number of beds per 10,000 inhabitants of rural health institutions	35.78	38.89	40.35	43.70	46.2

Analysis of the Situation of Rural Medical Treatment

Rural doctors are an important part of the medical and health service team, and an important force in developing rural medical and health services and ensuring the health of rural residents.

Analysis of the Policy of the People's Government of Shaanxi Province

In 2015, it was mentioned in 'Opinions of the General Office of Shaanxi Provincial People's Government on Comprehensively Promoting the Construction of Rural Doctors'. The government would guide and support rural doctors in participating in the basic old-age insurance for urban and rural residents, where they have permanent residence. The village doctor could acquire the same Urban employee insurance attend town worker basic endowment insurance by the regulation. Rural doctors who have reached the age of 60 shall continue to pay old-age pension subsidies in accordance with the provisions of the new rural insurance and insurance plus working-age subsidy policy, and increase the subsidies in accordance with the provisions.

The government of Shaanxi Province has a perfect plan, but the number and quality of rural doctors has not been made progress.

Reasons of Low-Lever Rural Health Service

Most of Rural Doctors Are Short of Education. In the province of Shaanxi, most of rural doctors only have technical secondary school or below now. In remote countryside, even some doctors do not know ABC, who learn medicine only by practice.

Continuing Education Is Going Slowly. Now our purpose of continuing education for rural doctors, is mainly to update the theoretical medical knowledge to improve the professional level. Let rural doctors study the academic degree so as to obtain the qualification to participate in the national examination of medical practitioners, which is of great significance to improve the quality of China's rural health team and improve medical service for farmers.

In fact, training shall be borne by the school because of a shortage of teachers location equipment such as teaching resources tend to be more theoretical comparison pay attention to the theoretical knowledge of teaching knowledge of systemic and integrity for the skill training is insufficient emphasis has, by the hospital due to a hospital in the training of the work focuses on factors such as medical and students themselves less attention so students get the chance to practice and skills training is not much.

Mere Formality Continuing Education. Continuing education is an important way for rural doctors to improve their professional level. 'The Guidelines on Further Strengthening the Construction of Rural Doctors', by the General Office of the State Council, clearly indicates that the county-level health administrative departments provide free training for rural doctors at least twice a year, and the cumulative training time is not less than two weeks. However, the importance of continuing medical education and training for rural doctors varies from place to place, and the training and assessment mechanism is not perfect.

Most of Medical Graduates Are Not Interested In Rural Life. Doctor is always a sacred and respected profession, which is one of the reasons why many students choose to major in medicine. Today young people look after higher and higher living conditions. Many college graduates expect to establish themselves in big cities. Many think, as long as they or their children are in a medical university, after graduation they can have a stable, well-paid and decent job in big cities. Rural life lags behind town. It makes many people go out to work and migrate to cities and towns. At the same time, many people are not willing to work in the countryside.

It is best that these medical graduates find a larger hospital in a big city, in order to realize their value of life. However, the reality is otherwise. At present, in China, employment situation is extremely severe, and first-tier and second-tier cities are faced with talent inflation. Everyone can not realize their dreams, and everyone cannot have a decent and job in a big city or hospital, and everyone cannot live an ideal life. Medical students have high expectations of their own jobs. It is a kind of surface, irrational ideas, because our country medical graduates education purpose is to serve medical units at the grass-roots level, rather than allow students to pursue the so-called decent jobs and high pay.

Improving the Attraction for Medical Graduates

Expanding the development space of rural doctors. For on-the-job rural doctors who work in village clinics with higher professional level, better reaction from the masses and have obtained the qualification of practicing assistant physicians or above, a certain number of personnel can be selected to work in township hospitals through examinations. Specific measures shall be formulated by the people's governments of the districts and municipalities.

The government select and commend outstanding rural doctors. Provincial health and family planning administrative departments organize annual activities to select and commend outstanding rural doctors, and commend outstanding rural doctors in basic medical care, public health, emergency response and other aspects in accordance with relevant regulations. All localities and relevant departments should use various media to publicize the excellent deeds of rural doctors and promote positive energy.

Guarantee the Reasonable Income of Rural Doctors

Implementing financial subsidies for rural doctors. We should adopt the way of purchasing services and establish a multi-channel compensation mechanism for rural doctors' reasonable income. All localities should strictly implement various financial subsidy policies to ensure that the financial subsidy for rural doctors is in place. The standard of general treatment fee can be raised appropriately on the premise that it is not higher than that of township hospitals, and the proportion of joint treatment fund and individual share remains unchanged. With the development of economy and society, the subsidy standard of various channels has been adjusted dynamically to further improve the treatment level of rural doctors. The financial subsidy funds for rural doctors shall be allocated in advance at the beginning of the year and settled at the end of the year.

Improving Working Conditions and Working Environment

Strengthen the construction of village clinics. Local governments and relevant departments should rely on rural public service platforms and other projects to increase support, gradually realize the construction of government or collective investment as the main, accelerate the transformation from public assistance in civil construction to public and private forms, and ensure the continuity of village-level health services. Village clinics built collectively shall not collect rent from village doctors or hospitals.

Improving the Rural Doctor's Old-age Policy

Improve the old-age policy for rural doctors. All localities and relevant departments should actively guide and support rural doctors to participate in the basic old-age insurance for urban and rural residents in the place where the household registration is located. Qualified rural doctors may participate in the basic old-age insurance for urban workers according to regulations. Rural doctors who have reached the age of 60 will continue to grant pension subsidies in accordance with the policy of processing-age allowance for the new rural social security system, and increase them by the regulations.

Summary

In accordance with the general requirements of deepening the reform of the medical and health system, we should adhere to the principle of ensuring the basic level, strengthening the grass-roots level and establishing a mechanism. Starting from the long-term construction of the basic medical and health system in our province, we should clarify the responsibilities and allocation standards of rural doctors, implement and improve policies and measures, reform the service mode of rural doctors, focus on solving the problems of compensation, pension and development of rural doctors, and comprehensively strengthen the access and persistence of rural doctors. Industry and withdrawal from management, effectively enhance the attractiveness of posts, improve the operating environment, stabilize and optimize the team of rural doctors, and comprehensively improve the level of village-level medical and health services.

Establishment of risk resolution mechanism for rural doctors' practice. Protect the lawful rights and interests of rural doctors according to law. Encourage and support local governments to purchase collective medical liability insurance for rural doctors in County units. Medical liability insurance premiums are shared by individual and county-level financial subsidies, and the specific proportion of payment is determined by local governments.

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