

Study on the Policy Implementation of Free Medical Graduates under the Background of Healthy China*

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Abstract: In order to carry out the spirit of the 19th National Congress of the Communist Party of China and the National Conference on Health and Health, to implement the healthy China Strategy, and train general practitioners who can go, stay and have high skills for grassroots health institutions, In the 9th year of the implementation of the free medical student policy, the research group has conducted a follow-up survey on the status quo of the implementation of the employment policy for the free medical graduates of North Sichuan Medical College for four consecutive years. The results show that the implementation of employment policy is generally good, but the grass-roots employment intention is not strong. The choice of this major is mostly not voluntary. The school training can increase the willingness to carry out the contract. Graduates have low recognition of some employment policies, the awareness of policies needs to be improved, and the mechanism of internal adjustment and improvement of the policy needs to be produced.

1. Introduction

In order to carry out the spirit of the 19th National Congress of the Communist Party of China and the National Conference on Health and Health, to implement the requirements of the "Healthy China 2030" Program, solve the problem of the shortage of health service personnel at the grass-roots level, and try to train a group of grass-roots general practitioners who can go, stay and have high skills. It has been nine years since 2010 that the country began to implement the policy of free training for rural order oriented medical students (hereinafter referred to as "free medical students"). The research group took the free medical graduates of North Sichuan Medical College for four consecutive years as the research object, and made empirical analysis and reflection from the implementation status, effectiveness and suggestions of the employment policy. The purpose is to improve the targeted training policy for free medical students, train more qualified general practitioners who "go and stay" for primary health care units, and help implement the healthy China strategy.

2. Research design and method

2.1 Research object

The research group took the free medical graduates of North Sichuan Medical College from 2015 to 2018 as the research object, Counselors distributed questionnaires to the graduates when they returned to school. The valid questionnaires were 117, 104, 92 and 78 respectively, the effective rate is 97.5 and 90.43.

2.2 Research method

This survey refers to relevant domestic research materials and adopts self-compiled questionnaires. The content of the questionnaire includes 22 questions, including the basic situation, the motivation for entering an examination, the employment intention and career planning, the intention to perform the contract, the awareness and approval of the policy, the implementation of the policy and the employment situation. The survey data were collated and statistically analyzed by SPSS17.0.

3. Result

3.1 Basic information on free medical students in the past four years

Among 391 respondents, 49.1 % were male and 50.9 % were female. Only children accounted for 27.6 % and non-only children for 72.4 %. 19.7 % of them came from cities and 80.3 % from rural areas. 54.7 % of households have an annual per capita income of less than 2800 yuan (the national poverty line in 2015), 31.5 % have an annual per capita income of more than 2800 yuan but an annual per capita income of less than 30,000 yuan, 10.5 % have an annual per capita income of between 30,000 and 80,000 yuan, and 3.4 % have an annual per capita income of over 80,000 yuan. There are more rural students than urban students, more non-only children than only children, and more poor families with an annual per capita income of less than 2800 yuan than non-poor families with slightly better economic conditions. The difference is statistically significant. (χ^2 values are 406.179, 308.660 and 571.593 respectively, P values are all < 0.001), There was no statistical difference between male and female (χ^2 value was 0.125, P value > 0.05)

3.2 Most of the free medical students of the past four years did not choose this major voluntarily, cultivating professional interest can increase the willingness to perform the contract.

The reasons for choosing this major when reporting a wish are family financial difficulties, parents' decision, one's own wish, employment security, adjustment of college entrance examination scores and other reasons, accounting for 38.4 %, 15.3 %, 15.9 %, 2.6 %, 9.5 % and 15.3 % respectively. The proportion of students who choose this major for different reasons are 73.3 %, 53.3 %, 90.3 %, 61.3 %, 37.8 % and 60 % respectively. After studying, 74.1 % of the students are interested in this major and 81.3 % of the students are willing to perform the contract. 57.7 % were satisfied with the professional training and 83.5 % were willing to perform the contract. The percentage of willing performance of students who voluntarily choose this major is significantly higher than that of students with other reasons, the percentage of willing performance of students who are interested in the major is significantly higher than that of students who are not interested in the major, and the percentage of willing performance of students who are satisfied with the training phase is significantly higher than that of students who are not satisfied with the training phase (χ^2 values are 39.068, 52.522, 36.592, P values are 0.000 respectively).

3.3 The free medical students of the past four years have low recognition of some employment policies.

The research group analyzed from five dimensions: standardized training of medical practitioners, applying for postgraduate examination, compensation for breach of contract, duration of service, and integrity management. The proportion that the standardized training of medical practitioners for 3 years into the 6 - year service period is very reasonable, reasonable, unreasonable and very unreasonable is 43.4 %, 39.8 %, 13.1 % and 3.7 %, respectively, which indicates that free medical students have a high degree of approval of this policy. The proportion of free medical students who cannot enter for full-time postgraduate without permission is very reasonable, reasonable, unreasonable and unreasonable: 4.6 %, 27.4 %, 26.6 % and 41.4 %, respectively, indicating that free medical students have low approval of this policy. The proportion of free medical students who want to work in primary health care institutions for 6 years is very reasonable, reasonable, unreasonable and very unreasonable: 7.4 %, 48.3 %, 25.3 % and 18.9 %, respectively. This shows that the graduates' approval of this policy is relatively scattered and controversial. The proportion of students who think that the policy of refunding subsidy fees and paying liquidated damages is very reasonable, reasonable, unreasonable and unreasonable is 23 %, 47.3 %, 16.6 % and 13.1 % respectively, which shows that graduates have a high degree of approval of this policy. The proportion that the implementation of the contract into the doctor's good faith management policy is very reasonable, reasonable, unreasonable and unreasonable is 12.8 %, 38.9 %, 19.9 % and 28.4 %, respectively, which indicates that the degree of approval of graduates to this policy is controversial.

3.4 The policy awareness of graduates over the past four years needs to be improved and the policies need to be improved

The percentage of students who basically understand the policy is significantly higher than that of students who basically do not understand the policy (χ^2 value is 61.692, P value is 0.000). 38.9% thought the implementation of the policy was significant, 28.6% thought it was basically meaningless, and 32.5% thought it was unclear. There is a significant difference in the recognition of the significance of the implementation of the policy in the proportion of willing to perform the contract (χ^2 value is 30.494, P value is 0.000). The proportion of people who are most worried about salary, career development prospects, working and living environment and other issues are 25.1%, 62.9%, 7.4% and 4.6% respectively. The proportion of people working in grass-roots health institutions who most want the government to raise their wages, provide training and further education support, provide mobility support after the service expires, and provide preferential policies for promotion of professional titles and other support are 40.7%, 17.6%, 23.8%, 15.1% and 2.8% respectively. 78.1% wanted policies to improve access and launch mechanisms, while 21.9% thought they were unnecessary.

3.5 The actual performance of free medical students is generally good, but the grass-roots employment intention is not strong

The research group analyzed the employment situation of free medical students from five dimensions: willingness to engage in primary medical and health work, willingness to return to their places of origin, willingness to perform the contract, actual performance of the contract and intention after the service expires. First, the willingness to engage in primary health care is not high, with 52.9% willing and 47.1% unwilling. The second is the higher willingness of returning students to work, accounting for 69.6% and 30.4% respectively. Third, the willingness to perform is acceptable, with 66.8% willing and 33.2% unwilling to perform. Fourth, the actual performance was relatively good, with 88.5% actually performing the contract and 11.5% defaulting on the contract when the graduation dispatch file was issued. Fifth, the willingness to engage in primary medical and health services for a long time is very low. Most students are in the wait-and-see stage. 11.0% of them are willing to stay in the service place after the service expires, 44.5% are willing to go to large cities, and 37.9% are willing to talk about it when the time comes.

4. Discussion

4.1 Establish a mechanism for internal adjustment and improvement of policies.

As the main body of policy formulation, improvement and supervision for free medical students, the government should first focus on improving the employment environment and policies at the grass-roots level to ensure the income and treatment of free medical students. The second is to clarify the responsibilities and functions of administrative units at all levels, establish and improve the linkage mechanism of enrollment, training, employment and tracking, innovate the grass-roots employment mechanism, and establish a reasonable mechanism of mobility, appointment and promotion [1]; The third is to improve and unify the admission and withdrawal mechanisms in a timely manner, so as to make career plans in a timely manner according to their own conditions. As the executive body of the policy, the unit should provide guarantee in terms of establishment, promotion of professional titles, salary, further education, personal life and so on, so as to create conditions and platforms for the career development and future of free medical students.

4.2 Improve the degree of policy approval and professional interest.

As the main body of personnel training, colleges and universities should first strengthen the education and guidance of the value and significance of free medical students, carry out lectures on policy interpretation, general situation of primary health care, etc. [3], invite representatives of targeted units to exchange meetings, invite outstanding primary health care workers to make advanced deeds reports, etc.; Second, it is necessary to innovate the talents training mode, strengthen the cultivation of students' professional ability and comprehensive quality, and improve their professional interest; Third, schools and hospitals should cooperate deeply to provide students

with all-round services and guarantees such as internship, practice and employment; Fourth, it is necessary to carry out investigation and research on the employment policy and employment status of free medical students to provide support for scientific decision - making.

4.3 Firmly uphold ideals and beliefs and sense of responsibility.

As the direct subject of free medical student policy, students should strive for primary health care with a high sense of responsibility. First, fully understand the policy before entering the examination, and enter the examination independently according to personal interests [4]; The second is to love professional, do a good job of academic planning, improve competence; The third is to take the initiative to understand the employment situation and requirements, do a good job planning, identify with the significance of the implementation of the policy of free medical students, and contribute to the reform of the medical and health system and the realization of a healthy China strategy.

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