

Considerations on the paradigm of medical training in Colombia.

Consideraciones sobre el paradigma de la formación médica en Colombia.

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Dear sir:

Medical training in Colombia faces great challenges regarding the training of new professionals in the exercise of health. The starting point of this problem begins before the beginning of the medical undergraduate degree, evidencing itself in the difficulty of access to medical education, since on average about 30,000 applicants annually apply for about 5,000 available places in all the medical schools of the country, that is, with a possibility of access to become a medical student of approximately 16% (1). In addition to the above, there is a financial conflict that not only concerns the health professional in training, but also their family nucleus, since on average the training of a doctor in our country is between 40,000 and 60,000 dollars approximately for public and private medicine programs, respectively, including direct and indirect costs involved in medical training (2). It is noteworthy in relation to the above, that the number of private faculties in Colombia is greater than the public ones, 37 private institutions and only 18 public (2).

The diversification of medicine, based on all its specialties, leads to the generation of multiple medical-surgical postgraduate degrees, since only the knowledge of the general practitioner does not cover the requirements of the patients. Therefore, there is great pressure to access a postgraduate degree, not only because of the previously mentioned need, but also because of the financial, social, labor and academic interests of the professionals (3). A study by Torres et al. (3) was able to elucidate what was expressed in the previous paragraph, since of 77 professionals in training in the area of medicine, 83.1% responded that their life project was to pursue a medical-surgical specialization, and less than 3% of those surveyed, have as a life project to practice their profession in the area of general medicine (3). On the other hand, the Colombian health system, reformed by Law 100 of 1993, focuses all efforts on public health to manage the pathologies of the Colombian population, from the approach of primary health care. However, the different medical schools in the country did not carry out reforms in their curriculum to include primary health care (4).

In Colombia, the entry system for an aspiring medicine graduate to a medical-surgical postgraduate degree is done through the application of a process structured mostly in 2 parts: first, a medical knowledge exam and second, an interview. . In 2017 alone, 20,000 specialists were in active practice, and since an average of 100,000 doctors graduate annually in Colombia, it is assumed that only about 20% of general practitioners, or seen in another way, 1 in 4 doctors, achieve access a medical specialty or medical-surgical postgraduate degree.(5).

Although there are no published data, the perception of the professional practice of medicine in Colombia is not high. Thus, there is talk of little interest in the practice of general medicine, the high number of medical programs not focused on the current Colombian health system, the high costs of undergraduate training, the high expectation and little offer of medical postgraduate courses. -surgical, all of them are determinants or conditioning factors in the quality of the training of our medical professionals. All this requires a substantive intervention on the Colombian health system.

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References

1. Argüello Ospina A, Sandoval García C. El sistema de educación médica en Colombia: cien años de atraso. *Rev cienc salud*. 2006; 4(2): 73–81. <https://revistas.urosario.edu.co/index.php/revsalud/article/view/543>
2. Rosselli D, Castañeda C. ¿Cuánto cuesta formar a un médico en Colombia? *Col Med Colomb*. 2017. https://www.colegiomedicocolombiano.org/web_cmc/upload/docs/Epicrisis_4_web.pdf
3. Torres Serna C, Ramírez Quiroga MP, Ospina Cruz J, Díaz Giraldo V. Expectativas para el ejercicio profesional de la medicina en estudiantes que inician su carrera universitaria. *Investig en Educ Médica* [Internet]. 2017;6(23):190–7. <http://doi.org/10.1016/j.riem.2016.11.004>
4. Ley 100 de 1993 de la República de Colombia. <https://www.minsalud.gov.co/sites/rid/Lists/BibliotecaDigital/RIDE/DE/DIJ/ley-100-de-1993.pdf>
5. Ocampo Tellez PR, Restrepo Miranda DA, Cuéllar Ortiz DA. Estimación de Oferta De Médicos Especialistas En Colombia 1950-2030: Anexo Metodológico. *Minist Salud, Colomb* [Internet]. 2018;1–18. <https://www.minsalud.gov.co/sites/rid/Lists/BibliotecaDigital/RIDE/VS/ED/GCFI/estimacion-cantidad-especialistas-medicas-septiembre-2018.pdf>



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