Analysis on Current Situation and Improvement Path of Grass-roots Health Personnel Team Construction in Zhejiang Province

Daili Wu[1], Hengyun Shen[1] and Zhiyuan Lv[2*]

[1]School & Hospital of Stomatology, Wenzhou Medical University, Zhejiang, 325000, China

[2]Wenzhou Polytechnic, Zhejiang, 325000, China

E-mail: zhiyuanlv2020@126.com

*corresponding author

Keywords: Grassroots Medical Personnel; Career Development Path; Team Building

Abstract: It is found that through investigation the quantity and quality of primary medical talents are far from meeting the needs of primary medical and health services. Their career development path is narrow, the wastage rate of talents is high, and the construction of primary medical talents is facing bottlenecks. In order to promote the level of primary health care, it is necessary to improve the policies of professional title evaluation, performance reform, continuing education, etc. with the regional medical community as the starting point, make good use of targeted training and medical and educational cooperation policies, and encourage graduates to take root at the primary level.

In recent years, with the deepening of the new medical reform and the further implementation of the "healthy China" strategy, the importance of the construction of grassroots medical personnel has been further highlighted. The stability and development of grass-roots medical personnel is related to whether the focus of medical and health work can be shifted downward, and also affects the equalization of basic public services in urban and rural areas and the improvement of the quality of public health services. While the state's investment in primary health care environment and health institutions is increasing, primary health care professionals are facing many career development bottlenecks. Many primary areas have the problem of "unable to recruit, unable to stay and difficult to develop" medical professionals. The research group conducted a questionnaire survey on the career development of staff in primary health care institutions in Zhejiang Province. A total of 500 questionnaires were distributed, 481 were recovered and 470 were valid. The scope covers grassroots health organizations in Wenzhou, Zhoushan, Lishui, Taizhou, Quzhou and other regions of Zhejiang province. The survey found that there are still many weak links in the construction of grassroots medical personnel in Zhejiang Province.

I Problems Existing In the Construction of Grassroots Health Personnel Team

1. The quantity and quality of primary medical personnel are far from meeting the needs of primary medical and health services. According to the data from the 2018 China Health and Family Planning Statistics Yearbook, there are 209,000 registered general practitioners nationwide, accounting for 6.6% of practicing (assistant) physicians, which is far lower than the international average of 30-60% and nearly 100,000 short of the target number of 300,000 general practitioners by 2020. The shortage is even greater in rural areas, where more than 60% of township hospitals do not have a general practitioner. According to the requirement of 2-3 general practitioners per 10,000 populations in the country, there is still a big gap. The survey found that 153 out of 470 interviewees had a college degree or below, accounting for 32.5%. In addition, in the current statistics of general practitioners, most of them are general practitioners who have obtained qualification certificates through job transfer training or on-the-job training, and their service ability and technical level are relatively limited.

2. The wastage rate of primary medical personnel is high. The loss of grassroots medical talents has become a reality that cannot be ignored. According to the comparison between "2010 China

Health Statistics Yearbook" and "2016 China Health and Family Planning Statistics Yearbook", in 2009, the proportion of primary medical practitioners was 33.7%, and in 2016, the proportion became 29.2%. More than 73% of the medical staff in the survey said they were "dissatisfied" or "less satisfied" with their income level. Only 39.14% of the interviewees said they would "take root in grass-roots work for a long time". Low income and low social recognition have led to the current reluctance of most grassroots health professionals to stay in villages and towns or mountain areas to engage in medical services, and even many people have chosen to change careers. Even if some graduates go to the grass-roots level according to the agreement and contract, they will do everything possible to return to major hospitals once they have the opportunity, the fact that there is still a shortage of qualified medical personnel in the rural grass-roots level is still grim.

3. The construction of grass-roots medical personnel faces bottlenecks. First of all, in the evaluation of professional titles, there are fewer senior professional titles in primary medical institutions and it is more difficult to promote the professional titles of medical personnel in township hospitals. Statistics show that the professional titles of primary health professionals in China are mainly primary professional titles. The proportions of social health service centers (stations) and township health centers reach 59.9% and 73.3% respectively. The proportion of senior professional titles is too low. The number of senior professional titles in township health centers only accounts for 0.9% of the total number. Moreover, there are some problems in the post setting proportion of primary medical institutions. The proportion of senior professional titles is too low, resulting in the phenomenon of difficult evaluation and employment of senior professional titles and serious brain drain. Secondly, the treatment is low. With the deepening of medical reform and the implementation of essential drugs, the basic health personnel have low income, poor treatment and overall low income and satisfaction. Finally, it is difficult to recruit medical talents, and the recruitment advantage of primary medical talents is not great. At present, when examining recruitment plans, the departments of human resources and social services in various regions generally set the ratio of 3:1 for talents and 2:1 for primary township hospitals. However, this ratio is still too high. The actual number of applicants needs to reach 3 times or more than 2 times of the number of positions to recruit to the planned number, which generally increases the recruitment difficulty of primary health organizations.

4. Lack of career development path for primary health professionals. More than 71.7% of the respondents said they were "not satisfied", "less satisfied" or "very dissatisfied" with their career development. First of all, the status quo of basic health personnel status management is very complicated. The management departments include health administrative departments, financial departments, staffing offices, etc. The personnel status also includes categories such as national, collective, within-staffing, temporary employment, retirement and re-employment. The career development of medical personnel is affected by the status and policies of various departments, which makes it difficult to systematically plan their own career development. Secondly, the basic medical organizations are restricted by funds and manpower, which makes it difficult to systematically organize the basic medical talents to continue their re-education. The opportunity for general practitioners to rotate to high-level hospitals is even rarer, and it is difficult to contact with the latest medical technical knowledge. In this survey, 18% of the respondents said that they had participated in 0.31% of the training in the past three years, and 31% said that they had participated in only 1 training. Finally, the scale of primary medical institutions is small, and the proportion of professional titles is mainly junior high school-level professional titles. Due to the relative lack of academic resources, the evaluation of professional titles has encountered many difficulties. The promotion channel for administrative positions in primary medical institutions is also relatively narrow, and the career development path is not smooth. In the survey, only 15.3% of the interviewees said that they were taken care of when they answered "is there any care in the region for the evaluation of professional titles of primary doctors?" the others said that there was no inclination.

II the Optimization Path of Grass-Roots Health Personnel Team Building Analysis

1. Take regional medical community as the starting point to improve the management and allocation of primary health personnel resources. The overall development of primary health care can innovate the allocation of health personnel resources through new management forms such as county-level medical communities. Full implementation of unified recruitment, training and use of county-level medical community personnel. We will optimize the post management of medical personnel in the medical community and implement the following measures: setting posts according to needs, competing for posts, employing according to posts, and matching personnel with posts. To establish a salary assessment system suitable for the post management of the medical community, to set the post salary and change the post salary, to strengthen the performance assessment, and to reflect the more work, the better performance.

2. Focus on general practitioners to promote the construction of grassroots health personnel. Strengthen cooperation between medical and educational departments, coordinate education and other departments, accelerate the improvement of the medical personnel training system in colleges and universities in the province, and increase the number of medical personnel training oriented to the employment of general practitioners at the grassroots level. We will continue to improve the quality of standardized training for general practitioners, strengthen the construction of training bases, expand the scale of training, and strengthen the proportion of general practitioners in primary medical institutions.

3. The use of directional training and other forms to do a good job in the long-term training of grassroots health personnel planning. According to the vacancy of talents at the grass-roots level, medical talents will be trained in a planned orientation. After graduating on schedule, the students will return to work in the area where they registered before entering the school. The employing unit and the targeted trainees sign employment contracts for personnel of public institutions. During his employment, he participated in the province-wide unified standardized training for post-graduation doctors. At the same time, we should innovate the way of regular training and rotation within the targeted primary medical personnel area, and step by step improve the technical level of primary medical personnel. In the recruitment process of primary medical institutions, the recruitment conditions and methods are continuously optimized, and policies such as tuition compensation are improved to attract more graduates to the primary level.

4. Strengthen the orientation of professional title evaluation and employment of primary health personnel focusing on performance, and unblock the career development path of primary health personnel. The overall educational background of the grass-roots medical staff is low, the chance of contracting with clinical difficult and complicated diseases is less, it is difficult to publish high-level papers, and the staff of grass-roots medical and health institutions are at obvious disadvantage in the existing evaluation system. Professional titles directly affect the salary and personal development of grass-roots personnel. Therefore, the establishment of a talent evaluation mechanism oriented by the quantity, quality and performance of medical services is of great value to effectively improve the level of grass-roots health services and speed up the establishment of a graded diagnosis and treatment system. Provincial health authorities need to establish and improve the grassroots growth tracking mechanism for medical graduates, explore flexible internal employment mechanisms within the medical community, support grassroots doctors to create personal brands or timely open general practice clinics to broaden their career development space.

5. Strengthen the skill training of primary health personnel, and use new technical means to promote joint diagnosis and treatment by superior specialists and primary general practitioners. County and city health departments can uniformly allocate medical resources within the medical association, give full play to the maximum use efficiency of existing medical resources, improve the regional remote diagnosis and treatment system, disinfection supply center, etc., and implement resource sharing and sharing. According to the demand for disease diagnosis and treatment in grass-roots units, the medical association lead unit regularly or irregularly sends professional technical and management personnel to grass-roots medical and health institutions to promote the

subsidence of high-quality medical resources and further improve the medical service capabilities of grass-roots chronic disease diagnosis and treatment, emergency treatment, pediatrics, traditional Chinese medicine, nursing and other medical services through various means such as joint construction of specialties, teaching lectures, clinical teaching, business guidance, teaching ward rounds, scientific research and project collaboration. To organize specific disease diagnosis and treatment training for medical technicians of primary medical institutions, and to realize mutual recognition of inspection results among medical institutions at the same level in the region on the basis of improving the medical quality of primary medical institutions.

Acknowledgements

Sponsored by Wenzhou Social Science Association Project Fund（19wsk138）“Research on Ideological and Political Education Path of Religious College Students under the Background of Big Data-Taking Wenzhou as an Example”

References:

[1]Zhang Pengcheng; Zhang Xiaodong. Study on Occupational Plateau Response of Rural Basic Health Professionals [J]. China's Rural Health Administration, 2017.02: 130-132.

[2] Zhu Ying. Exploration on Strengthening the Construction of Health Personnel Team in Primary Medical Institutions [J]. Chinese Health Personnel, 2015.09:72-76.

[3] Li Guoliang, Peng Yahui. Strengthening the Construction of Talent Team to Solve the Difficulties in the Development of Primary Health Care [J]. Administrative Science Forum, 2016(1):47-48.

[4] Zhang Xueli, Pan Jingping, Zhang Ziwu, et al. Ethnic and non-ethnic areas in Sichuan Province Analysis on the Difference of Health Human Resources in Primary Health Care Institutions [J]. Medicine and Society2017, 30(10):25-28.

[5] Shen Ji. Based on the needs of medical reform, do three articles, medical education and cooperation to promote health and family planning Talent Cultivation [J]. Degree and Postgraduate Education, 2015(1)20-21

[6] Shen Ji. Sichuan Province to strengthen the construction of grassroots health personnel exploration [J]. China Health To produce talented people, 2018(4)25-27.

[7] He Sichang, Zhao Daren, Sun Boxing, et al. Sichuan Doctors Based on Heterogeneity of Resources Research on Resource Equity [J]. Hospital Management in China, 2016(31)65-67.

[8] Bai Tongyu, Yang Yupo. Shandong: Strengthening the Construction of Grassroots Talents to Boost Healthy Poverty Alleviation As [J]. Chinese health professionals, 2019(1)20-21.

[9] Mao Haiyang. Poverty Alleviation Priority Talents [J]. Chinese Health Talents, 2019(1).

[10] Wang Fang, Zhu Xiaoli, Ding Xue. Current Situation of Allocation of Human Resources for Primary Health Care in China and Public Security Equality Analysis [J]. chinese health service management,2012,29(2):108-110.

[11] Zhang Mingyan, Ding Xiaoyan, Gao Yunsheng. Service Ability of Community Health Service Institutions in China The current situation, problems and countermeasures [J]. China Health Administration, 2016, 33 (9):654-656.