

# SYSTEM OF MEDICAL ATTESTATION IN UKRAINE IN THE MIDDLE OF 20<sup>TH</sup> CENTURY

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## **Abstract**

Author of the article deals with the problem of formation the system of medical attestation. On the wide archival material author presented the role of postgraduate medical institutes in the working out of the main criteria for the attestation of doctors. Professors of Ukrainian postgraduate medical institute in 1960 offered the list of specialties for compulsory attestation and gave the recommendations for using the specialists of different categories.

**Keywords:** attestation, medical service, category, medical qualification, postgraduate medical institutes.

## **Introduction**

Soviet government in January, 14, 1960 adopted enactment “On Measures for Further Improvement of Health Service and Public Health” according to which the principles of medical attestation had to be introduced.

Ministry of Public Health sent an instruction letter to the local Institutes of postgraduate training (March, 5, 1960) to involve the teaching stuff into the development of criteria for attestation of physicians by May, 1, 1960. It was necessary to develop the detail ones for each category of doctors (I, II or III categories) in different specialties [1, p. 47].

We have to underline that with the aim of improvement of obstetric-gynecological and surgical aid for the population of Ukraine the attestation of surgeons had been introduced since October, 15, 1949 (Order of Ministry of Public Health No. 759), and for obstetricians and gynecologists since April, 1, 1950 (Order of Ministry of Public Health No. 127). [2, p. 48].

The attestation was compulsory for all the surgeons, obstetricians and gynecologists, who had been working in medical-prophylactic establishments, medical and scientific-research institutes and medical colleges. Doctors with scientific degree and high administration positions had to go through the attestation.

There were such members in the stuff of attestation boards:

- Regional Chief Specialist (the Head of the Board);
- Professor of the profile department;
- Experienced surgeon, obstetrician or gynecologist;
- Inspector of regional health care department.

There were two variants of attestation process: by calling doctors to the point of attestation, and another one – by going of the boards to the place of doctors’ work (it depended on the number of physicians, who needed certification) [2, p. 48].

Qualification of surgeons, obstetricians and gynecologists was realized according to five categories.

In a year, in 1951 the process of attestation occupied Chief Physicians of united urban hospitals and their deputies in medical work; midwives and medical assistants, who gave the obstetrical aid. In all republics the stuff of Ministries of Public Health went through the certification process.

In the period of 1950–1951-s attestation was very popular. At that time all the Ministries of Public Health had been working to develop the Regulation for certification (attestation). In spite of the hard work, there were not the unanimous criteria for the attestation of surgeons and obstetricians into five categories [3, p. 49].

Ukrainian republican Ministry of Public Health had been practiced certification surgeons, obstetricians, gynecologists, therapists (in 1958-1959), and there was a plan to check qualification of pediatricians. Ministry of Public Health got a lot of complaints because of bad organization of the process of attestation from individual physicians, and the whole groups of doctors [3, p. 49].

Doctors protested against certification, because there was unequal attitude to the medical workers in hospitals and polyclinics, and in spite of category, doctors did not get any material encouragement.

More than that, they were not satisfied by certification process, because it was compulsory for all of the doctors without taking into account their wish or the age. It was a real exam. The results of it did not influence on the salary of doctors. Boards could not make an objective decision about each doctor, because of a big number of participants. They just had the chance to have 10-15 minutes' interview with a doctor, and read the characteristic of a candidate for certification.

The amount of surgical care for patients was the main criterion for certification of surgeons, obstetricians, and gynecologists.

Ministry of Public Health of Ukraine sat such kind of demands for certification of therapists:

Therapist of *the first category* had to have medical and organizational experience; to have published works and reports; to know about new research methods and functional diagnostics of cardio-vascular system, stomach, liver, intestine, pancreas, and etc. using a complicated diagnostic and treatment technologies. Therapist had to give right estimation, generalization and conclusions from examinations got by such a way. Doctor had to have knowledge of clinic and treatment of radiation sickness. Each candidate applied for the first category had to have a good theoretical training in the field of medical and related disciplines (Pathological Physiology, Pathological Anatomy, Neuropathology, Physiotherapy, Radiology, and Infectious Diseases). Therapist of the first category had to know the main principles and tasks of health care and be ready to head the hospital or scientific research institute [3, p. 49].

Using such approaches, the first and the second categories, as a rule, were given to the professor-teaching stuff and scientists, who had better medical equipment for complicated operations, diagnostics, and treatment of patients and had better conditions for scientific work than physicians in hospitals, polyclinics, and local medical districts [4, p. 50].

In 1950 from 12,576 surgeons, who went through the attestation only 33,5 % got I, II or III categories, 65 % – got IV and V ones, and 2,5 % were not recognized as a surgeons. The same situation was with obstetricians and gynecologists [4, p. 50].

Ministry of Public Health of Ukraine in 1958-1959 held the attestation of 9,552 therapists.

Out of this number the first category had got just 49 physicians, the second one – 397, the third one – 2,615, the fourth one – 4,460, and the fifth one – 1,973 doctors [4, p. 50].

Among the medicals, who passed attestation successfully, there were 533 representatives from professor-teaching stuff and scientists: Doctors of Medicine – 36, PhD in Medicine – 282. So, the first two categories, as a rule, got such people, as for doctors from hospitals, they got third, fourth, and fifth ones. Only 3 practical doctors got the first category, and the second one – 29 physicians [4, p. 50]. It indicated that there was just the lack of current medical knowledge, but general level of training for practical doctors was still high.

Work at the polyclinic, at the local districts in urban and rural areas was very complicated and responsible, as a work of doctors at hospitals and for this work it was necessary to have the professionals of high qualification. In polyclinics and local districts, at that time had been working physicians with an extensive experience, well-prepared, but the conditions of work at the polyclinic did not give the chance to realize the complicated treatment manipulations, which could help to get the higher category. Because of that doctors of rural hospitals and local districts practically did not have the chance for getting of higher category in spite of their activity.

In fact, the number of doctors, who provided the outpatient-polyclinic medical care was more than 2.5 times than the stationary one, it was offered to take into account peculiarities and importance of that work and develop the appropriate criteria for definition of category [5, p. 51].

Just such approach had to help with the right estimation of value of doctors' activity and find the specialists of high qualification in spite of their place of work.

It was offered to separate the groups of practical doctors and professor-teaching stuff and medical scientists, applying for the certification [5, p. 51]. In such conditions it was not necessary to subdivide the qualification into five categories. According to the government regulation adopted in June, 15, 1956, № 1123, for medical scientists, and in July, 20, 1956, № 1174 (for professor-teaching stuff) the special order of certification for these groups of medical personnel was established [5, p. 51].

Board tried to define not only the level of theoretical training of an attesting person, but also his/her skill to use it in their practical work and which kind of comparative indicators of their work were presented, taking into account the local conditions and peculiarities of fulfilled work.

Ministry of Public Health of Ukraine gave the task for attestation boards to find out not only the special theoretical and practical training of therapists, but also general medical qualification, cultural level, and the moral character of the doctor. Boards took into account to organize the work of collective, initiative, the ability to get things done, demanding of themselves and subordinates, work on improvement of professional skills, and participation of a doctor in community events [5, p.51].

Certification of doctors was carried out on a voluntary basis in accordance with the approved regulations on certification and nomenclature of medical specialties [5, p. 51].

Practical and theoretical training in a definite specialty, comparative indicators of doctor's activity, and the efficiency of their work were still the basic criteria during the certification of doctors.

Attestation had to help the health authorities to define the most prepared physicians with a professional experience and give the recommendations how to use them in a suitable place of work [6, p. 52].

Attestation boards had to subdivide the qualification of doctors into three categories.

*Doctors of the first category* got the physicians, who knew about the modern methods of patients' examination, diagnostics, prophylaxis and treatment in their profile field; who had a scientific publications, and made a reports for conferences, congresses, and scientific associations; took an active part in the training and improvement of the qualification of medical stuff; who had a good theoretical and practical knowledge and skills not only in their own specialty, but also in applied disciplines, and could effectively realize the guidance by the branch of hospital or a polyclinic or laboratory, regional or republican health care institutions [6, p. 52].

*The second category* got physicians, who had the practical experience and knew about the modern methods of patients' examination, diagnostics, prophylaxis and treatment in their profile field; who could realize the competent direction by the branch of hospital (or

laboratory) of district (or urban) health care institutions; who took an active part in the training and improvement of the qualification of medical staff and sanitary propaganda among the population [6, p. 52].

*The third category* had been given to doctors, who had the practical experience and knew about the modern methods of patients' examination, diagnostics, prophylaxis and treatment in their profile field; who could treat the patients without anyone's assistance or fulfill the definite part of work in their field; took an active part in the improvement of qualification of medicals and conduct of sanitary propaganda among the population [6, p. 52].

Less number of categories gave the chance to define the criteria for each one and to increase the real salary of doctors, who had got I and II categories.

Cabinet of Ministers in August, 12, 1956, adopted the decree № 1455, which allowed the Ministers of Public Health of the republics (and for the Ministers of Transportation) to set the rise to the salary (15-20 %) for physicians and pharmacists, who had the length of service for more than 10 years. The main condition of getting of such rises had to be the high mastery, professional experience, deep knowledge, wide use of the newest methods of diagnostics, treatment and prophylaxis of diseases [6, p. 52].

In 1950-s, Ministries of Public Health set rises for the official salary, without taking into account the category. So, it was often happened that surgeons, obstetricians and gynecologists of I and II categories did not get the rises, but physicians with the lower category got the ones. Such situation did not motivate doctors to go through the process of attestation and dissatisfaction of the doctors with high category [7, p. 53].

The project of attestation offered to cancel such kind of injustice. The first category doctors after attestation could receive the rise of 20 % for the official salary, and for the second one – 15 %. It ordered the process of setting the salary and motivated medicals for the improvement of their qualification (in special courses or self-independent revising). In such conditions it was not necessary to force the physicians to improve their qualification or to go through the process of attestation. Doctors would have the interested motives for such activities [7, p. 53].

Attestation was just an instrument and the mean for improvement of medical qualification. It was allowed to go through the attestation process for candidates with the length of service more than 5 years, after courses of medical improvement, post-graduate study or attending physicians, and had good indices at their place of work [7, p. 53]. The repeated attestation for higher category was allowed after three years [8, p. 54].

This order gave the chance for more objective estimation of medical knowledge and practical skills of physicians.

Process of attestation had to realize Institutes of Post-graduate Medical training, medical and scientific-research institutes according to regional sub-division.

The permanent boards were created with this aim at the basis of such institutions. The Head of department, branch or laboratory of a definite medical field were in the stuff of such boards. More than that in the stuff of such commissions there was a Chief Specialist of regional department of health care and the representative of applied departments. Such board worked once a year [8, p. 54].

The transference of attestation process on the basis of special Institutes gave the chance for completing the stuff of boards by Professors and the most qualified Associate Professors and Assistants. Moreover, it helped Institutions to acquire to treatment and prophylactic work of the neighbouring or attached regions, and helped to understand of own failings in the training of medical specialists and correct them.

Candidates, who wanted to pass the attestation, gave the application and characteristics with the full description of their activity indices to the republican Ministry of Public Health or

the Regional Department of Health. These structures directed the applicant to the attached Institute of Post-graduate Medical Training, medical or scientific-research institute [8, p. 54].

There were two variants of the Attestation Boards' work. The first one was realized at the place of location of many doctors-candidates (depended on the number of applicants) out of the Institute, and by calling of applied physicians to the Institute [8, p. 54].

Doctors, who passed the attestation successfully, got the certificate and recommendations to the Regional Health Care Department at which place of work it would be better to use such specialist.

In the case of disagreement of attested person with the conclusions of the board, it was allowed to appeal the decision in the Ministry of Public Health [9, p. 55].

Qualification categories, usually, were sat for their main work (at the polyclinic, the local district, the consultation office or the hospital). In the case of changing the place of work the rise could be sat again by the Ministry of Public Health according to the representation of the Regional Department of Health Care or the Ministry of Public Health of Autonomy Republic [9, p. 55].

Ukrainian Institute of Post-graduate Medical Training in Kharkiv after the discussion of the Statement of Attestation for Doctors at the Scientific Council, offered to add such points:

- It was necessary to have the 11-year length of work for the first category, 8 years for the second one, and 3-5 years for the third one;
- Big experience of work in a specialty, which gave the chance for the doctor of the first category to head the specialized branch of regional hospital, for the doctor of the second category – by specialized department of urban or inter-district hospital; for the doctor of the third category to head the branch of district hospital, to be an attending physician of clinics and specialized branches of regional hospitals [10, p. 64].

In 1960 Ministry of Public Health approved the list of doctors and specialists, who had to be attested, among them there were such ones: health care organizers, therapists, physiotherapists, doctors for medical control, endocrinologists, surgeons, orthopedists and traumatic surgeons, urologists, oncologists, neurosurgeons, pediatricians, obstetricians and gynecologists, ophthalmologists, otolaryngologists, psychiatrists, neuropathologists, radiologists and rontgenologists, phthisiatricians, dermatologists and venereologists, dentists, laboratory physicians, anatomical-pathologists, forensic experts, epidemiologists, doctors in infectious diseases, bacteriologists and virologists, general sanitary doctors, communal hygiene physicians, industrial-sanitary doctors, doctors food hygiene, school doctors, doctors of sanitary education. Moreover, there was a list of medical specialties for which took into account the conditions of work. Among them there were district therapists, surgeons of polyclinics, obstetricians and gynecologists of female consultations, otolaryngologists of polyclinics, ophthalmologists of polyclinics, pediatricians of child's consultations [11, p.59].

## Conclusion

Creators of this system were sure that it motivated doctors to work at the same place, helped them to study sickness rate at their own district, raise the level of knowledge in a certain medical field, and improved the quality of medical service. Nowadays the leading professionals of Ministry of Public Health of Ukraine are sure that former soviet system of certification of medical specialists was created just for the differentiation of physicians according to the salary. This system very soon became formal and not very effective, and in fact, it did not encourage physicians to raise their professional level of competence [12, p.104]. It mostly, subdivided specialists according to their length of work in medicine.

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