MARKETING OF UNIVERSITY MEDICAL EDUCATION – THE FOREIGN AND BULGARIAN EXPERIENCE

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Summary. Modern planning and management of university medical education and public health should obligatorily take into consideration the principles of marketing in this specific area of social life. The idea of implementing marketing of university medical education is supported by evidence from several foreign countries such as England, Germany, Japan, etc. The educational infrastructure is an obligatory precondition for state-of-the-art university medical education in any country. In the Medical University of Varna, rich experience has been gained with teaching students from abroad. The diploma received by Bulgarian citizens is accompanied by European certificate. Proper incorporation of Bulgarian research on marketing of university medical education into the international scientific community could help meeting the rising requirements of competitive and collaborative world health markets.

Key words: *education market, university medical education, information infrastructure, Bulgaria*

Human health suggested by WHO as the paradigm of 'health for all' represents a serious challenge for modern society facing a variety of dramatic political, socio-economic, socio-cultural, and demographic changes worldwide during the recent decades. Medical education develops under the conditions of continuous scientific progress in the interdisciplinary fields of medicine, on the one hand, and of a relatively sustainable academic tradition, on the other hand, to warrant the production of medical graduates capable of effectively serving the population by satisfying its rising health needs. Globalization as one of the reasons for progressive social stratification and impoverishment creates a series of health policy dilemmas in the developing and developed countries. Contemporary planning and management of university medical education and public health in a given country or groups of countries should obligatorily take into consideration the principles of marketing in this specific area of social life. Monitoring

changes in health services demand and supply is a serious challenge for public health systems worldwide. Demand can be lowered by steering the so-called taste of the individual away from highly priced specialist care [3]. There is supply of a single producer and of all producers in the market (i.e. individual versus market supply).

Marketization of UK higher education within the context of a debate in which academic arguments favouring market relevance confront, and are confronted by, counter-arguments has been comprehensively discussed [4]. It has been shown how traditional higher education legitimates market relevance and how market relevance legitimates traditional higher education. In the process of introducing sponsored curricula into the university, a market relevance discourse is merged with traditional discourse to promote a new discursive order and thereby contribute to the reformation of university education in UK.

The economic pressures arising from the reform of the health care system are forcing hospitals and university medical centers to strengthen and expand their market positions in a framework of heightened domestic and international competition. University medical schools need to improve the quality of their health care delivery along with their research and education efforts. To meet these goals at a time of diminishing public financial support, extensive structural reorganization is required. Thus, it is necessary to create decentralized business units in the form of centers. The University Medical Center Hamburg-Eppendorf in Germany resolved to take these measures at an early stage and has already achieved remarkable success in the process [8]. In addition to relieving physicians of management and controlling tasks, the Medical Center has made significant progress in generating transparent cost and revenue structures. In terms of health care delivery, the Center has established clear areas of priority and created interdisciplinary centers of medical competence. In research and education, the university instituted a performance-based resources allocation process. Furthermore, with the help of external partners, improvements were generated in process quality, in efficiency via bench-marking and in the optimization of tertiary support services. The creation of decentralized structures has had a lasting impact on the business culture of the Center and created the foundation for permanent strategic growth [8]. It has been recognized [6] that the healthcare system in such a country like Japan would be ruined without reform of healthcare practice, and in turn it depends critically on reform of medical education. Higher learning institutions are urged to become more innovative and responsive to a globally competitive knowledge market [5]. Investments in higher learning generate major community benefits through returns from research, technology application and service provision. Collaboration, which is a mechanism of working together in a harmonious and supportive way with other agencies, is vital for sustaining innovations. The higher learning institutions need to collaborate with specific programs to enable them make best use of resources and increase efficiency. Academic hospitals face difficult circumstances in the competi-

tion among hospitals in Germany. They have to facilitate research and education activities which require additional financial and personnel resources but also provide maximum acute care treatment at all times. The examples of financial shortcomings have led to the privatization of academic research centers in Germany [7]. An alternative strategy is the change of their legal status into a capital company or into a foundation. Public private partnerships may also represent a potential alternative, as they have already produced a growing number of successful examples in the public sector in Germany. Potential economies in scale may be achieved in areas such as medical treatment, research and personnel planning [7].

In an era when major social and scientific problems demand broadly multidisciplinary and highly-integrated approaches, such horizontally integrated institutions will be better able to educate citizens and train physicians, develop new approaches to health care policy, and answer pressing biomedical research questions. Institutional cultural integration is also crucial to create new, innovative organizational structures that bridge traditional disciplinary, school, and clinical boundaries.

The payment programmes for graduate medical education (GME) in children's teaching hospitals is comprehensively analyzed [1]. The authors propose a cost-accounting model based on perceived production capability measured in relative value units and available GME funds that would allow a clinical service to balance and obtain a fair market value for the resident education efforts of centers, physician teachers, and residents.

Integration of a public health certificate into the medical school curriculum provides basic public health skills and knowledge to all future physicians, ultimately broadening the health workforce's capacity to address community health needs [2]. A team of researchers, community leaders, stakeholders, university administrators, faculty, staff, and students address the many tasks required of such broad curricular and policy change: piloting innovations in curriculum design and implementation, working within the bureaucratic structure, fostering collaboration, nurturing leadership skills, marketing the new ideas, and designing credible evaluation strategies.

Among the many requirements to be met by the Bulgarian medical education system in order to occupy a proper place on this specific market in the countries of the European Union, several principles recently defined by Rao deserve a special attention [6]:

1) Incorporation of problem-based learning into the curriculum to foster active learning by both undergraduate and postgraduate students. It is the quickest and surest way of introducing several key concepts into medical student learning. These include critical thinking, introspective learning, clinical problem solving, and integration of knowledge across organ systems and disciplines;

2) Implementation of specific measures to promote interactive teaching among the faculty, students and young researchers. One should make commitments to changing the mindset of faculty towards teaching, i. e. 'to teach the teachers how to teach' as well as to recognize the status of teachers and the importance of teaching;

3) Recognition to teachers through new promotion policies and developing of university research parks. Research output is considered as the only criterion to judge suitability for faculty members' promotion and no value is placed on teaching as an activity worthy of recognition towards academic advancement. This situation could be improved when teaching is rewarded;

4) Formulation of solutions to the dysfunctional state of the higher medical education and health care. Rao (2007) claims that the global health market outside the shores of Japan shows no interest in the Japanese medical graduate, i. e. there is no recognition of the medical education system as a potential tool of clinical talent. On the other hand, a widespread international recognition is given to Japan as a pool of extraordinary research talent.

The number of successful full-time postgraduate PhD students in Bulgaria in 1989-2002 varies considerably and their percentage permanently decreases, e. g. from 45,39% in 1993 down to 17,23% in 2002 [10] and to even 11,11% in 2005. In a lot of topics, the interest in such a research dramatically reduces. A possible solution could be the renewal of the student's research activity finalized by participation in specialized scientific conferences for students and young scientists. A more precise and comprehensive statistical information about the parameters of the university education in Bulgaria is needed to allow better grounded decision making at local and national level keeping in mind the international trends of healthcare labour market in Europe.

An obligatory precondition for state-of-the-art university education in any country is the educational infrastructure. Here belong the following attributes: i) modern university library with electronic catalogue, full-text data-bases on electronic carriers, English-language textbooks, monographs, and journals, powerful Internet access, etc.; ii) well-equipped lecture halls and class-rooms enabling interactive education (multimedia presentations, free discussions between teachers and students, etc.); iii) well-equipped research laboratories enabling hot-topic research and active involvement of students together with young scientists in this activity. We need academic-spirit environment enabling friendly contacts between faculty and students and effective promotion of creativity during the process of education and training as well as providing opportunities for international information exchange through the regular delivery of lectures by invited scientists from the eminent universities and other research institutions in Bulgaria and abroad.

Bulgaria is a country with numerous attractive natural resources and hotel infrastructure along the Black Sea coast and in the mountains as well as with qualified medical staff enabling a more intensive development of health tourism. A narrow-profile master programme entitled 'medical tourism management' in a Bulgarian university in close collaboration with eminent specialists from our country and abroad should be elaborated and implemented in future [9]. This opportunity should be considered a promising European marketing target, indeed.

In the Medical University of Varna, similarly to the other Bulgarian medical universities, we have already gained rich experience with teaching students from abroad. The new regulations approved in our University allow full-time education of students from the member states of the European Union. The diploma received by Bulgarian citizens in our University is accompanied by European certificate. The faculty has an excellent professional, scientific, and linguistic qualification in English that enables the performance of English-language course of studies to foreign students. Of course, they are trained in Bulgarian as their practical clinical education at patient's hospital bed necessitates mastering of our language, too. During the 45-year period after the establishing of the Medical University of Varna, there are more than one thousand foreign graduates from 45 countries. In the 2006-2007 academic year, the foreign students amounted to 16,60% of all the students, to 31,69% of the students in medicine and to 28,12% of the students in dental medicine. During the academic year 2007-2008, the foreign students amounted to 22% of all the students in the Faculty of Medicine. According to a total of 38 signed international contracts, the Medical University of Varna regularly sends for educational purposes a lot of students of medicine and health management, PhD students, postgraduate students, and teaching staff to most European countries, mainly to the Netherlands, France, Belgium, Germany, Israel and Turkey. For the academic year 2008-2009, 29 medical students will perform 9-month courses of study in 9 European countries, 6 health-management students will perform 3-6-month courses in 3 countries and 40 medical students will perform their 3-month summer training in 4 countries, too. There is an outlined interest in our education opportunities in the speciality of health management among the students in the Netherlands, too. Having in mind the existing contemporary educational, and, especially, hospital infrastructure along with teaching staff's qualification, the implementation of marketing activities on the European medical university education market seems a logical and timely task to be properly solved by the governing body.

Bulgaria undergoes a public health reform designed to dramatically ameliorate the health status of the population under the conditions of market economy and within the European Union. A significant role in the process of permanent improvement of the healthcare as a whole is assigned to the medical education of

bachelors and masters in medicine, dentistry, pharmacy, public health, health care management, and nursing as well. The present situation of university medical education in Bulgaria is to a certain extent better than that in the early years of transition to market-oriented economy. Nowadays, our universities and hospitals look more attractive, indeed, however, much remains to be improved in almost any area of true social significance. Bulgarian medical universities have always exported their graduates abroad. Bulgarian medical staff is currently working in foreign countries since years onwards, however, the tension towards emigration not only of physicians, but also of highly qualified nurses stresses, indeed, especially after joining the European Union. We are proud to be Bulgarians with most of these specialists who substantially contribute to the better image of our country under the conditions of strenuous competition on the world market of both research and clinical practice. Now, however, it is time to attract foreign medical students from Europe to graduate in our country, too. Step by step, globalization of healthcare market becomes a reality in our country, too. That is why a timely elaboration of a future-oriented marketing policy in the field of medical university education is needed. The rich experience of European, American, and Asian health policy makers and managers should be critically analyzed and implemented taking into consideration both successful national and foreign traditions and contemporary challenges of medical science and education.

Proper incorporation of Bulgarian research on marketing of university education in medicine, dental medicine, pharmacy, health management, public health and allied disciplines into the international scientific community could help meeting the rising requirements of highly competitive, although often collaborative, globalizing public health markets [11]. Such a fair competition would be of mutual interest for all of us, and, first of all, for our interdisciplinarily-minded students who will undoubtedly live and implement their knowledge and skills under the conditions of collaboration and competition not only in a united Europe but also in the whole world.

REFERENCES

1. C u l l e n, E. J. et al. A model of determining a fair market value for teaching residents: Who profits? – Pediatrics, **112**, 2003, № 1, 40-48.
2. D o w V e l a r d e, L. et al. A public health certificate for all medical students: concepts and strategies. – Educ. Health (Abingdon), **20**, 2007, № 1, 14.
3. H a n d b o o k of health care management. Duncan, W.J., Ginter, P.M. & Swayne, L.E., eds. Malden, MA, Blackwell Publishers, 1998.
4. L o w r i e, A. et H. Willmott. Marketing higher education: the promotion of relevance and the relevance of promotion. – Soc. Epistemiol., **20**, 2006, № 3-4, 221-240.

5. P e m b a, S. K. et S. Kangethe. Innovative medical education: sustainability through partnership with health programs. – Educ. Health (Abingdon), **20**, 2007, № 1, 18.
6. R a o, R. H. Perspectives in medical education. 4. A “global” dimension to reform at Keio University. – Keio J. Med., **56**, 2007, № 1, 1-13.
7. S c h m i d t, C. E. et al. Universitätskliniken im Spannungsfeld des Krankenhausmarktes. – Anaesthesist, **54**, 2005, № 7, 694-702.
8. S c h m i t z, C., S. Quante et J. F. Debatin. Moderne Klinikorganisation, warum Zentrenbildung? – das Beispiel Universitätsklinikum Hamburg-Eppendorf. – Chirurg. Gastroenterol., **22**, 2006, № 4, 230-235.
9. T o m o v, D. et T. Kostadinova. Scientometric approach to health-related tourism. – In: Tourist Science and the Challenges of XXI Century. International Conference of the University of Economics of Varna. Varna, 3-4.XI.2005. Proceedings, 312-320.
10. T o m o v, D., L. Koeva-Dimitrova et T. Kostadinova. [Macroeconomic parameters of the development of university education and science in Bulgaria.- In: Economic Theory in the Beginning of the XXI Century - Achievements, Problems, Perspectives. Scientific Conference with International Participation. Proceedings. Varna, Economic University of Varna,] 2005, 419-429 (in Bulgarian).
11. T o m o v, D. et al. International economics integration and competition in public health. – In: World Economy and Globalization. International Conference of the University of Economics of Varna. Varna, Steno, 2005, Pt. 2, 62-69.

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