

The crisis in specialist training in Colombia: an urgent challenge for the health system

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Dear Editor,

Specialist training in Colombia is facing a structural crisis that has been neglected for years and that not only impacts physicians' professional development but also has direct consequences on the quality and equity of healthcare in the country. Access to medical specialization goes beyond a simple issue of supply and demand and reflects systemic failures in both health and education models, where implemented policies have perpetuated the shortage of specialists and their concentration in specific urban centers, rather than responding to the epidemiological and demographic needs of the population.

One of the main factors contributing to this crisis is the shortage of training positions in specialization programs. Each year, thousands of general practitioners aspire to enter specialized training; however, the number of available positions is significantly lower than required, creating disproportionate competition in which academic excellence is not always the determining criterion. In this context, selection processes with deficiencies in transparency and equity emerge, fostering the elitization of medical education and leading many professionals to seek training opportunities abroad. Paradoxically, those who complete their specialization outside the country face multiple bureaucratic barriers when attempting to have their degrees

recognized upon returning. This not only discourages the reintegration of highly trained professionals into the national healthcare system but also perpetuates the shortage of specialists in the country (1).

This issue is further compounded by the economic burden associated with specialization in Colombia. Unlike countries with more robust healthcare systems, where medical residents receive fair compensation and job stability during their training, specialization in Colombia often represents a high cost, with limited state financial support. In many cases, private universities have tended to operate these programs under profit-driven models, prioritizing financial considerations over addressing public health needs. This reality turns access to advanced medical education into a privilege and limits the number of trained professionals available to meet the growing demand for specialized healthcare services in the country.

Furthermore, the unequal distribution of specialists exacerbates the healthcare system crisis. While major cities such as Bogotá, Medellín, and Cali concentrate the majority of medical specialists, peripheral regions lack access to specialized medical care, leaving their populations in a situation of health vulnerability. Precarious working conditions and the lack of effective incentives have discouraged specialists from practicing in these areas, perpetuating disparities in access to high-quality healthcare services. Government programs designed to promote the presence of specialists in rural areas have been insufficient and largely temporary, failing to achieve structural impact. Addressing this issue requires not only increasing the number of specialists in these regions but also ensuring adequate working conditions, quality infrastructure, and professional stability to support their long-term retention (2).

The admission system for specialization programs also presents significant challenges in terms of equity and transparency. While medical training demands high academic standards, selection processes often include subjective criteria and unclear methodologies, where merit does not always prevail. The presence of biased interviews and the lack of standardized evaluation mechanisms have contributed to an exclusionary system in which access to specialization may be influenced by factors unrelated to academic performance, thereby limiting opportunities for highly qualified professionals.

To address this crisis, it is imperative to implement structural reforms aimed at improving access and equity in specialist training. Increasing the

number of positions in specialization programs and decentralizing their availability are essential to ensure the training of physicians across different regions of the country. Likewise, a more equitable financing model is needed to eliminate economic barriers and establish paid residency programs with fair working conditions. Reforming the selection processes is another critical priority, ensuring that admission criteria are based on meritocracy and transparency, while reducing the influence of subjective or external factors that may compromise equitable access to advanced medical education (3).

The country can no longer afford to delay a comprehensive reform in specialist training. The current crisis not only undermines the quality and efficiency of the healthcare system but also condemns the population to insufficient and unequal medical care. The shortage of specialists is not a consequence of a lack of talent or vocation, but rather of inadequate policies and the absence of governmental commitment to transform a system that, in its current state, continues to perpetuate inequities and hinder the advancement of medicine in Colombia. It is imperative to recognize specialist training as a strategic investment in public health and to ensure the necessary conditions to strengthen the healthcare workforce and improve access to quality medical care for the entire population.

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