SUPPLY OF NAMANGAN PROVINCE MEDICAL INSTITUTIONS WITH QUALIFIED PERSONNEL

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In the first years of independence, as in the whole country, the demand for qualified doctors was one of the urgent issues in the valley regions, including the Namangan region.

As of 1994, a total of 5,220 doctors worked in the Namangan region, with an average of 30.3 doctors per 10,000 inhabitants. In the republic, this indicator was 33.9 people, and the region was lagging behind in this regard. When analyzing this situation at the regional level, it was 30.1 in Norin district, 12.6 in Namangan, and 17.0 in Torakorgan district, almost 2 times less than the regional indicator. This situation can be explained by the fact that these districts are adjacent to the regional center. Because representatives of the population living in these districts at the same time used the institutions located in the city of Namangan. The above cases were also observed in the provision of the population with junior medical personnel [1].

In 1998, 121 qualified doctors worked in existing rural medical centers in the region, and 57 people were trained as general practitioners. 50.4% of all doctors had the category. 21.7 percent of 468 secondary medical workers were also classified [2].

By 2000, a total of 5,377 doctors of various fields worked in the system. 688 of them were holders of the higher, 1590 of the first, and 222 of the second category. The total number of category doctors was equal to 2 thousand 500 people. 16 of the working doctors have the degree of candidate of medical sciences. If we consider it by districts, it was higher than the regional indicator in Namangan City, Uychi and Uchkurgan districts. However, in Chortoq, Mingbulok, and Yangikurgan districts, insufficient attention was paid to the improvement of personnel qualifications [3].

In this period, 60 doctors and 36 doctors-pediatricians were trained in the field of “Nutrition of healthy and sick children” in 2 cycles organized by the professors and teachers of the Tashkent University of Nursing Education in the city of Namangan on “Current issues of children’s diseases”. 38 dentists, a total of 135 doctors in the field of “purulent infections of the maxillo-facial area” improved their skills in traveling training courses. The rest of the doctors have advanced their qualifications at Tashkent Medical Training Institute and the Faculty of Medical Training and Retraining of the Andijan State Medical Institute. During this period, the total number of those who received qualifications reached 438 people, which made up 8.2 percent of the total number of doctors.

Analyzing the number of those who did not upgrade their qualifications in the last 5 years, there are 1,861 doctors in the region, or 34.7 percent. This indicator was higher than the regional indicator in Chust Norin, Yangikurgan, and Uychi districts. After the meeting of the mobile regional council held in Chust district on April 22, 2000, the rate of training of doctors and paramedics changed positively, and by the end of the year, 70 doctors and 10 176 medical workers of the primary health care center have advanced their qualifications.

Regarding the training of doctors in the field of general practice, if a total of 194 doctors worked in rural medical centers of the region, then 91 of them, i.e. 46.9 percent, had advanced training in the field of general practitioner. When examining the qualification categories, 54.7% of the doctors working in the rural medical centers are qualified, and this indicator is lower than the regional indicator in Mingbulok, Chortoq and Chust districts. 51.7% of secondary medical workers serving in rural medical centers have advanced training. This indicator is higher than the regional indicator in Kosonsoy, Toraqorgon and Norin districts, while Chust, Mingbulok, Chortoq and Yangikorgon districts are among the regions with low indicators [4].

In order to provide qualified doctors for providing quality medical services to the population in rural medical centers, to train them in advance in the field of general practitioner, in addition, to taking into account the population, of obstetrician-gynecologist in rural medical centers of type 2-3, it is necessary to establish the activities of pediatricians, dentists, but in some districts, this issue is not given enough attention [5]. When analyzing the level of provision of doctors per 10,000 inhabitants in the region by city and district, the highest supply was in the Uchkurgan district (28.5), and the lowest supply was in the Namangan district (10. 3) is correct [6].

In 2008, 18 of the managers in the system passed the attestation commission under the Ministry of Health with a positive result, and 17 continued to work in their positions. 1 person was conditionally qualified. As a result of the international cooperation in the field of medicine, an agreement was reached between the leading clinics in Moscow and Kazan and the health department of the Namangan regional government on personnel training and professional development.

As a result of the measures aimed at improving the supply of personnel in treatment and prevention institutions, at the end of 2009, there were 777.5 vacancies of doctors in the region, and at the end of 2009, there was a shortage of 566 specialists. was equal, by the end of 2009 it was 312.

During this period, there are 4 thousand 627 doctors and 22 thousand 822 medical workers in the Namangan region, providing 19.1 doctors for every 10 thousand inhabitants, providing medical workers It was 94.3. 65.0% of the 4,627 doctors in the region had the qualification category. 1 thousand 998 of them were higher, 909 first and 103 second class. 41.3 percent of 22 thousand

822 secondary medical workers have a qualification category, of which 6 thousand 765 have higher, 2 thousand 423 have first, and 232 have a second category [7].

In conclusion, it is possible to say that during the studied period, the provision of healthcare institutions in the Namangan region with medical personnel was not the same. As a result of the reforms carried out in the system, many medically qualified personnel have been established in the region. Highly educated doctors and secondary medical workers were retrained in advanced training courses. Most of them have received qualification categories.

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