

DEFECTS IN THE TRAINING OF MEDICAL PERSONNEL IN SOVIET UZBEKISTAN

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Annotation: Training of medical personnel to maintain the health of the population in the Uzbek SSR is considered one of the most important tasks. In this article, it is explained how the training of medical personnel and improvement of their qualifications was started in Soviet Uzbekistan. The issues of educational institutions training medical personnel and their material support are revealed on the basis of various evidences on the example of the regions of the Fergana Valley.

Key words: oncology, dentist, sanitation, Council of Ministers, obstetrician-gynecologist, therapist, pediatrics

After the independence of Uzbekistan, the further development of the health care sector and strong reforms in the field of social protection of the population have become one of the most important priority tasks today. Protecting people's health and raising human dignity is the main factor in effective and consistent implementation of our current reforms.

During the Uzbek SSR, a number of reforms were carried out in the protection of public health, and free medical services were strengthened by law. outbreaks of various infectious diseases were repeated frequently.

In particular, wrong decisions and shortcomings were made by the Soviet government in the training of medical personnel and the systematic organization of their work. Today, studying such mistakes and shortcomings and drawing conclusions from them is one of the urgent tasks.

In colonial conditions, a number of scientists conducted scientific research in the field of health care and personnel training in Uzbekistan. Among them, G. Mominova [5], A. Kadirov [6], researchers such as P. Menlikulov [13] studied comprehensively. This article presents new ideas and conclusions about this period using the scientific works of these researchers and new archival materials, materials published in periodical press publications. In it, based on methods such as data analysis and comparison, issues such as the training of medical personnel in Uzbekistan during the Soviet government and the quality of their material support are highlighted.

In the years after the Second World War, many new scientific research institutes were established in Uzbekistan. The institute of sanitation, hygiene and occupational diseases was reopened (1946), oncology and radiology (1958), pediatric scientific research institutes (1966) were among them. . For example, in Uzbekistan, there were 11.9 doctors per 10,000 inhabitants (17 in the Union), 57.2 doctors per 10,000 people (70 in the Union). 5 times, the death of children decreased by 10 times, and the average life expectancy of people increased twice. Uzbeks make up the majority of students in this medical school, but the textbooks were mostly



in Russian. The lack of textbooks in their native language for students who came to study from the regions has prevented them from getting a perfect education.

In 1974-1977, a great increase was achieved in the training of doctors and medical staff in Fergana region. In 1974, 2,173 doctors were trained, in 1975, 2,276, in 1976, 2,474, and in 1977, 2,695 doctors were trained. not counted). In 1972, 8,558, 19,579, 10,081 in 1975, 10,811 in 1976, 11,425 in 1977 were trained.

In 1978, the supply of doctors and paramedics in Namangan region increased significantly. In 1978, there were 1907 doctors and 6867 secondary medical workers in the region, 17.6 doctors and 63.4 secondary medical workers per ten thousand inhabitants. But there was a big difference between regions and cities. In addition, there are 2,871 medical positions in the region, 2,759 of which are occupied, and 7,706 secondary medical positions, of which 7,474 are employed. There are 678 medical institutions in Namangan region, including 76 hospitals, 22 outpatient clinics, 1 emergency medical station, 12 emergency medical departments, 19 single outpatient polyclinics, 94 health centers, 1 Forensic examination bureau, 2 orphanages, 12 sanitary-epidemiological stations, 6 sanatoriums.[3,6,7]

In 1982-1983, 1050 nurses from the graduates of the 8th grade were admitted to medical schools in Tashkent, Andijan, Namangan, Termiz, Yangiyol, Chirchik Margilan, Kokhan and Nukus. [4,14.30] 690 of them were trained in Namangan, 370 in Andijan, and 570 in medical schools in Kokan. In 1982, a total of 12,180 secondary medical workers were trained in 25 secondary medical institutions, 12,780 in 1983, 14,000 in 1984, and 15,000 in 1985 in day and evening education. defined.

On February 8, 1964, on the basis of the decision No. 74 of the Council of Ministers of the Uzbek SSR "On measures for the further development of secondary medical education of the Republic" on improving the study and living conditions of students of medical institutions in the regions a number of works were carried out.[5,208] According to the decision, new buildings and dormitories for students were built for medical educational institutions in the regions, the material and technical base was improved for the production of high-quality nurses and paramedics.

In 1967, the healthcare budget of the Republic amounted to 247.6 million soums, that is, more than 23 soums per capita. In 1962, 168.6 million soums were spent from the budget, which was 19 soums per person. In 1967, there were a total of 16,843 doctors in Uzbekistan, of which 15,476 were in the Ministry of Health of the UzSSR. worked Also, 54,668 secondary medical workers worked in the republic. In addition, there are 3,376 pharmacists and 879 dentists in the republic, and more than 60 percent of them are representatives of the local nationality. During this period, 105 doctors of science and 787 candidates of science work in 5 higher educational institutions, 12 research institutes.[6,28.31]

Order of the Ministry of Higher Education of the USSR dated January 6, 1975 No. 5 "On the further improvement of teaching social sciences and political-educational work in secondary special educational institutions" and Hay In order to fulfill the decision of the Ministry of Higher Education of the UZSSR No. 3 of March 16, 1979 "On further improving the quality of teaching social sciences in technical schools in the city of Tashkent", certain works were carried out to improve the teaching of social sciences at the Namangan Medical University named after E.I. Atakhanova. increased. The following social sciences are studied at the medical institute: 1) Fundamentals of philosophical knowledge 2) Fundamentals of scientific atheism. 3) Fundamentals of political economy 4) Social sciences 5) History. The teaching



loads of social science teachers have been completed. The indicators of students in social sciences were 99.6 percent in the 1980-1981 academic year, and 99.7 percent in the 1981-1982 academic year. At the school, 4 students received an unsatisfactory grade at the end of the exam session.[7,17]

Citizens of the USSR under the age of 30 - young men and women - are admitted to secondary specialized medical schools. People who have completed the eighth grade or high school education and successfully passed the entrance exams are accepted for evening and part-time studies, regardless of their age. The state has established privileges for entering these secondary special educational institutions. [8,4]

More than half of the students studying in medical schools are Uzbeks, and the personnel who graduated here have been sent to work in the regions of the republic. Government benefits for specialists sent to rural regions - free accommodation and other communal facilities are provided. Additional remuneration is paid to medical workers who have worked for many years.

In 1968-1969, 98 medical workers worked in dispensaries of tuberculosis hospitals in Fergana region, while 183 doctors were supposed to work. There is also a shortage of radiologists. Despite the fact that 98 people were appointed by the state, 70 x-ray doctors worked. 38 of them worked in the main staff, and 20 worked on a substitute basis.

In the 1970s, the personnel problem was the most important problem in the Namangan region. In 1970, the staffing of treatment facilities in Namangan Region was 91.1 percent.[9,14] In 1977, the difference between the number of doctors per capita in the districts of the region is clearly visible. For example, this year there were 40.0 doctors per 10,000 inhabitants in the city of Namangan, 9 in Torakorgan, Namangan and Uchkorgon districts, and 5.5 in Chust district. It was right. [10,3.4]

Namangan region (1983) had 1,267,157 inhabitants, of which 728,001 were adults. There were 539,156 children under 14 years of age. Medical care is provided by a wide network of treatment and prevention institutions: 147 outpatient clinics, 6 city hospitals, 4 medical departments, 34 rural district hospitals, 11 central district hospitals, 50 rural medical centers; 2626 doctors worked in the region, 416 of them were therapists.[11,1]

By 1980, a total of 37 medical educational institutions were operating in the republic. In 1988, 45,532 students, and 45,958 students in 1989 studied in medical educational institutions in Uzbekistan. Every year, 20,000 secondary medical workers were trained in republican medical educational institutions. Only 28-30 percent of them worked in their specialty.[12,209]

In the republic, there was no management and coordination work on the training of secondary medical workers, their allocation to work. In addition, there were no firm plans for improving the qualifications of secondary medical workers and their attestation. For example, in the 1990s, only 7.1 percent of secondary medical workers in Uzbekistan had a category.[13,68.69]

According to the statistics of 1958, there are 17 in the RSFSR, 16 in Ukraine, 12 in Uzbekistan, 11 in Belarus, and 11 in Tajikistan per 10 thousand inhabitants. and it can be seen that there are 10 people. [14,16] In the general distribution, on average, 3 therapists, 1 surgeon, 0.7 - obstetrician-gynecologist, 2 pediatricians, 1 - epidemiologist, 0, 3 people - ophthalmologist, 0.1 - psychiatrist were correct.[15,17]

These indicators show that there are major shortcomings in the training of personnel and the planning of their activities in the health care of the population in Uzbekistan. Compared



to the developed countries of Western Europe, these numbers are 4-5 times lower in this period. possible

Of course, the work of training medical personnel in Uzbekistan increased year by year, but most of the medical personnel with higher education worked in treatment institutions of large cities. 80 percent of highly educated medical workers worked in city and district centers.[16,2]

During the years of Soviet rule, the appeals of the heads of health departments in Uzbekistan to the Ministry of Health of the republic asking them to provide staff to vacant states were left unanswered. Because there was a shortage of personnel. The Ministry of Health sending representatives of the indigenous population to study at higher medical institutions was not sufficiently put on the agenda at that time. Therefore, a very small part of the personnel working in the regions were representatives of the local population. Doctors from other cities and villages and those who returned to their places as soon as the specified period ended. In this way, young personnel were sent instead of qualified personnel. This had a serious effect on the quality of public health protection and treatment. One of the reasons for leaving their place was the lack of accommodation.

On November 20, 1950, the decision of the Council of Ministers of the Uzbek SSR No. 2029 "On the provision of free apartments, electricity and heat to medical service workers in working settlements in rural areas", on July 5, 1968, the Central Committee of the CPSU and the Council of Ministers of the USSR Even though the decision No. 517 "On providing communal benefits to doctors, secondary medical service workers, and pharmacists working in rural areas" was adopted, its implementation was not fully ensured. Until the 1960s, not a single residential building for medical service workers was built in the rural areas of the regions of Uzbekistan.[17,213,214]

In 1950, the number of doctors in the USSR was 247,346, and in 1959, their number reached 379,501. For example, in 1953, there were 537 doctors working in Andijan region, and in 1959, their number reached 859. in 1958, their number was 33, radiologists decreased from 16 to 13 in 1958, and dermatologists decreased from 19 to 18. there was a lack of therapists and pediatricians. In Andijan region, there were ophthalmologists only in 3 districts, and there were no neuropathologists in any district. In addition, obstetrician-gynecologists did not work in 10 districts, surgeons in 6 districts, and phthisisists in 12 districts.[21,19]

In 1957, not a single therapist-doctor worked in the treatment facilities of Kuva, Buvai, Baghdad districts of Fergana region. In 7 out of 26 rural district hospitals in the region, there was no medical worker with higher education at all.[22,5]

During this period, the provision of medical personnel in rural treatment facilities became a serious problem. It was very difficult to organize special assistance in the field of surgery, gynecology, children's diseases, nervous, eye and other diseases. did not give

CONCLUSION: In conclusion, it should be said that during the period of the Soviet government, there were several shortcomings in the training of medical personnel for the protection of public health. There was a constant shortage of personnel serving in various areas of public health care.

In addition, a compact system for their quality training was not created. There were serious differences in the training of doctors and paramedics in the cities and villages of Uzbekistan. That is, there are more employees per 10 thousand urban residents. came, there



were 2-3 times less employees in the villages. There was a shortage of employees in narrow specialties in all regions. The salaries of doctors were low. Doctors were sent to remote areas to work. They were officially provided with housing and other privileges, but in practice these were not fulfilled.

The mistakes and shortcomings made during this period were drawing conclusions and higher and secondary specialized medicine. It is necessary to create a compact and systematic form of personnel training. It is necessary to consider issues such as targeted training of medical personnel based on regions and application of privileges to certain medical specialties.

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