The Bioscan 19(2)S1: 80-83, 2024
AN INTERNATIONAL QUARTERLY JOURNAL OF LIFE SCIENCES
www.thebioscan.com

SOME POSSIBLE INNOVATIVE DIRECTIONS FOR FURTHER IMPROVEMENT OF LIFELONG PROFESSIONAL MEDICAL EDUCATION IN UZBEKISTAN

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: https://doi.org/10.63001/tbs.2024.v19.i02.S1.pp75-79

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DOI: https://doi.org/10.63001/tbs.2024.v19.i02.S1.pp80-83

KEYWORDS

training, retraining and continuous professional development of medical personnel, professional medical communities

Received on:
03.03.2024
Accepted on :
19.06.2024

ABSTRACT

the article analyzes the state, place and significance of training, retraining and continuous professional development of medical personnel in the effectiveness of the current stage of reforming the health care system of the Republic of Uzbekistan. Based on the nature of the ongoing reforms, taking into account the experience of countries with a developed healthcare system, partnership mechanisms and division of responsibilities in this area between the state and professional communities are proposed.

INTRODUCTION

The need for innovation has never been felt so keenly in Uzbekistan. The country is in a state of great economic leap. The country's leadership is making efforts to stimulate industrial, agricultural, scientific, educational, and social growth. International cooperation is expanding, significant investments are being attracted in all spheres of the country's life, and an active search for innovative initiatives is underway. The healthcare and medical education system is no exception [6, pp. 26-29].

The current situation

Healthcare is one of the main directions of ensuring social well-being and public health. The state of this area is assessed by objective indicators reflecting the level of public health, accessibility and quality of medical care. This, in turn, largely depends on the quality of medical education - both pre- and postgraduate. The level of professional training of a doctor, on the one hand, is both an indicator and determinants of the state of health care in general, on the other hand, it reflects the prestige of the profession.

The country's leadership has adopted a number of regulatory documents aimed at improving the structure and activities of the healthcare system, the procedure for providing medical care to the population, as well as the sphere of professional training and retraining of medical personnel [4, pp. 12-19; 5, pp. 4-5,12-13]. At the same time, despite the extensive work on training and advanced training of medical workers, there remains a shortage of personnel in healthcare, primarily in specialized and high-tech areas such as oncology, neurosurgery, cardiac surgery, transplantology, surgical orthopedics, ophthalmology, pediatric surgery and others.

Professional postgraduate training and retraining of personnel is entrusted to the Center for the Development of Professional Qualifications of Medical Workers, medical universities, Republican specialized scientific and practical medical centers, research institutes for basic medical specialties, the Republican Center for Advanced Training of Secondary Medical and Pharmaceutical Workers (and its branches in the field). It is necessary to emphasize the role of Republican specialized scientific and practical medical centers, which have sufficient scientific, pedagogical and clinical infrastructure for basic training of specialists in various medical fields, including with the involvement of foreign specialists [3, pp. 5-7; 4, pp. 15-18].

What is the problem?

Today, two adverse phenomena are observed in healthcare:

- low quality of pre- and postgraduate educational processes for the development of professional knowledge and competencies of medical personnel;
- the formal approach of specialist doctors to self-education as an unpleasant but inevitable condition for obtaining the next qualification category.

The latter is mainly induced by the lack of a systematic approach to the training and retraining of medical workers, which includes an adequate unified system for assessing knowledge and skills, the results of which

should be appropriately reflected in financial incentive payments. In addition, the existing system of assigning qualification categories does not provide objective differentiation and does not reflect the actual level of knowledge and experience, as well as the complexity, quality, intensity and volume of work performed by medical specialists in the field, especially when using high-tech equipment. This has a demotivating effect on medical workers, generates a skeptical attitude towards the professional development process, which often boils down to formal attendance at classes in an educational institution and the so-called "sitting out" of scheduled academic hours. Rare exceptions are cases of individual initiative on the part of some of the most advanced specialists.

What are the main reasons?

In Uzbekistan, as a result of the long-term stagnation in the medical education system and a number of other unfavorable factors, there is a shortage of highly qualified specialists. This is due to the emigration of some of them abroad, the outflow from public medical institutions to private ones, retirement or a complete change in their field of activity.Now, in almost every area of healthcare, only a few really highly qualified specialists can be counted, the number of which often falls short of a dozen. This situation, despite significant government support and logistical support, can be qualified as a significant health crisis.

The knowledge and skills acquired in the process of pre-graduate medical education are clearly not enough to maintain competence and perform their medical duties efficiently throughout their professional activities. As a result, there is often a dissonance between the expectations of patients and the actual knowledge and skills of doctors, which leads to public distrust of the quality of knowledge of medical professionals. As a result, there is a need in the professional environment for changes in priorities in the system of postgraduate medical education.

An important defect in the current system of training and retraining of medical workers is the lack of a mentoring institution ("supportive supervision"), which could significantly improve the quality of education and training. An analysis of the current situation in the field of healthcare and medical education indicates that supportive supervision could play a key role in transferring skills and knowledge to young medical professionals by highly qualified specialists, including foreign ones, and stimulate the formation of professionalism among students.

Where is the exit?

Today's requirements for the continuity of medical education are due to significantly changed objective conditions in healthcare, in particular:

- a sharp increase in the volume of medical information and the speed of its updating (1 every 3-5 years);
- * the emergence of a variety of highly active medicines and high-tech methods of diagnosis and treatment;
- * an increase in the share of chronic non-communicable pathologies in the structure of morbidity and mortality of the population (up to 80%);
- * increasing the cost of medical care, as well as increasing awareness and requests from patients themselves.

In these conditions, in order to ensure modern, safe and economically rational treatment of patients, the doctor is forced to continuously update and improve his knowledge and practical skills, and the quality and technology of education must meet the changed conditions.

In countries with a developed healthcare system, public health authorities and professional medical societies have been actively implementing the system of continuing medical education (CME) into healthcare practice over the past 15-20 years, since this is seen as the key to achieving the quality and effectiveness of medical care.

What is continuing medical education?

The Madrid Declaration on professional regulation, adopted by the 60th General Assembly of the world medical Association (new Delhi, India, October 2009) and revised the 70th General Assembly of the world medical Association (Tbilisi, Georgia, October 2019), "doctors should actively participate in the process of continuous professional development, including reflective practice to update and maintain their clinical knowledge, skills and competence. Employers and management are responsible for ensuring that doctors can comply with this requirement. National medical associations should promote professional and ethical behavior of doctors for the benefit of patients" [9, p.1 -]

The system of continuing professional education should provide the doctor with a wide range of educational opportunities for mastering and developing professional competencies of a specific orientation, taking into account current standards and accreditation requirements.

An important condition for providing high-quality professional education is the formation of a systematized, pedagogically adapted system of knowledge, skills, and relationships in the field of professional activity. Such an educational process should be based on scientific achievements and socially significant professional experience, and be able to form universal, general professional and special (professional in specific areas) knowledge and practical skills in a specialist.

The World Federation of Medical Education (WFME) has developed international standards to improve the quality of medical education. In accordance with the standards under consideration, continuous professional development (CPD) should meet the needs of each doctor individually and be conducted on a continuous basis. The training should include integrated practical and theoretical components aimed at improving medical practice. The NPR should be diverse and flexible in content, while the trainees retain the right to choose the content of the NPR based on independent training plans corresponding to different clinical roles. These standards are approved by the World Health Organization and the World Medical Association [8, p. 1].

The WFMO standards note that NPR should be recognized as an integral part of medical practice, reflected in budgets and allocated resources.

This requirement, put forward in the FMO, is not accidental, since the process of continuous improvement of knowledge and practical skills is expensive. For example, in the United States, large companies spend from 2 to 10% of the salary fund on retraining and staff training, while others spend up to 1/3 of their budgets. According to experts, the total amount of money that American companies send to the professional training of their personnel is $50 billion per year [7, p. 75]. In Japan, vocational education is continuous in nature - each specialist spends 4 hours of work and the same amount of personal time per week on it. The cost of education in Japan, in general, is up to 5% of the institution's budget [2, p. 31].

An effective model of postgraduate education of medical workers, in addition to assigning qualification categories, should provide for a point-rating system for an objective and transparent assessment of the studied material, the level of acquired and mastered professional competencies.

The essence of foreign experience.

1. Each State has its own system of professional development and retraining of medical workers. Nevertheless, the following general trends can be identified:

2. Continuity of medical education, *that is, professional development should not be periodic, for example, once every 5 years, but annually by accumulating a certain number of credits.*

3. The transition of the NMO from the moral obligation of medical workers to a legally fixed norm providing for sanctions for non-compliance with it, *which is implemented through such mechanisms as licensing doctors, concluding contracts with employers taking into account annual professional development, conditions and procedure for removing a specialist from clinical practice, etc.*

4. Strengthening the regulatory role of the state in ensuring the quality of postgraduate education by improving state control over the level and dynamics of public health indicators.

5. Active use of modern technologies in education *- electronic, information, telecommunication, simulation. Problem-based learning in small groups, education through specially designed electronic educational "modules", exchange of experience with colleagues in special electronic "chats". Training directly during practical activities, through the introduction of clinical recommendations, electronic systems to support clinical decision-making.*

A qualitative change in the content of education is an increase in hours for rational pharmacotherapy, *training in methods of prevention, prevention of complications and rehabilitation of these diseases. Teaching health economics, teaching methods of making cost-effective decisions, teaching issues of organization and management of health care, including the organization of stages and continuity in the treatment of patients. Training in clinical epidemiology, medical informatics, skills of working in interdisciplinary teams and effective interaction with patients.*

In countries with a developed health care system, doctors are obliged and have good opportunities to continuously improve their skills, both withusing traditional educational technologies (training in an educational institution through a course of lectures and practical exercises), as well as more modern ones, for example, by independently studying special electronic educational materials (modules) or at workplaces using clinical decision support systems.

Scientific studies conducted in 18 European countries (Austria, Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Great Britain, Luxembourg, the Netherlands, Norway, Portugal, Spain, Sweden and Switzerland) have shown their experience in implementing continuing medical education. It is shown that in 17 of them continuous medical education is compulsory, in 6 it is controlled by law, in 13 it is provided by professional medical organizations [1, p. 42].

In order to motivate the commitment of specialists to the NMO, the following mechanisms are used:

• * NMO is a condition for licensing and career development;

• The NMO is taken into account when concluding a contract and paying a premium;

• The number of credits earned by each doctor is published in the register of licensed doctors, and this information becomes available to colleagues and, in some cases, patients.

The NMO is funded from a variety of sources and their combinations: by medical professionals themselves, employers (medical institutions), pharmaceutical companies, the state, insurance companies, etc.

The knowledge acquired by medical workers during retraining and advanced training programs is taken into account in the form of conditional units - credits. Credits are points or conventional units of measurement for the significance of an educational event. In most countries, 1 hour is accepted for 1 loan, that is, the duration of the educational event. For example, 10 hours of face-to-face practical training is equivalent to 10 credits. Sometimes, when assessing the significance of an event, not only its duration is taken into account, but also its quality. For example, events of equal duration may have different credits: attending a national conference on a specialty is equal to 5 credits (5 hours), and an international conference is equal to 7 credits for the same 5 hours.

Analyzing modern methods of the educational process of medical personnel in foreign countries, it is necessary to point out, first of all, those that have received a positive assessment from students:

*1. **Modular training**, when the educational material is presented in the program of the studied course in separate blocks, which contributes to the reformatting of the attention of the trained contingent.*

*2. **Distance learning is characterized** by the separation of the teacher and the student in time or space, using educational and methodological materials developed using modern high-tech simulators.*

*3. **Virtual training technology** - modeling of elements of educational material using simulators.*

*4. **The moderation method** is an intensive exchange of information, opinions and assessments, where the moderator acts not as a moderator, but as a methodologist who provides students with methods and techniques to achieve their goals.*

The study of foreign experience convinces us of the expediency of including the Institute of mentoring (supporting supervision) in the system of training and retraining of medical workers. It should be implemented using the modern methods described above. At the same time, in order to obtain a higher level of efficiency, it is necessary to take into account the current needs for special and narrowly focused knowledge and skills of trained specialists, and in addition, take into account the real capabilities of highly qualified specialists who have completed training (internship or internship) abroad.

Where can I start?

The Department of Public Health and Health Management of the Center for the Development of Professional Qualifications of Medical Workers, based on the analysis and adaptation of international experience to the health system of the Republic, with the support of the Ministry of Health of the Republic of Uzbekistan, the World Health Organization (WHO), the United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA), has prepared a Guide on supportive supervision.

Supportive supervision is an approach that helps strengthen relationships and connections within the system, aimed at improving the quality of medical care in each link of the system by identifying and solving problems, effectively allocating resources, applying quality standards, teamwork and improving two-way effective communication.

As can be seen, the principles of supportive supervision can be fully adapted into the system of training and retraining of medical personnel.

Participation in the supportive curation program should be voluntary. A specialist who has expressed a desire to carry out his practical activities in combination with teaching work must provide appropriate grounds (certificates) and methodological materials to confirm his professional competence, skills and modern knowledge. Methodological support and assistance to the learning process within the framework of mentoring should be provided by relevant universities, training and retraining centers for medical workers, as well as centers for specialized types of medical care, the clinical base of which is this medical institution. In turn, a single certificate of completion of a special course or training module should entitle those who have completed training and successfully passed exams to receive the appropriate number of credits-points.

For each set period of time, a medical professional must collect a certain number of credits-points, of which at least half are for practical training modules. Medical workers who have accumulated a sufficient number of credit points should be entitled to additional incentive payments accrued from the funds of the institution of their permanent employment, before the expiration of the next qualification period (certification). If, after the next certification period, a medical worker does not collect the required number of credit points, he is deprived of the right to receive additional cash payments.

In the future, the essence of the changes may be the system of preserving or assigning the next category (certification), depending on the composition (content), the level of completed educational programs and the number of credits scored for the corresponding period of time.

Thus, the analysis of the state of continuous professional development indicates that this issue is extremely relevant in all countries of the world and, at the same time, requires improvement.

It should be noted that Uzbekistan has not yet developed a systematic approach to the training and retraining of medical workers, which includes a unified system for assessing the knowledge and skills of specialists, although this is the main issue determining the quality of medical care.

Who can I work with for continuing medical education?

In countries with an effective developed healthcare system, monitoring the state of the educational process is the prerogative of self-regulated professional communities, which they do efficiently and professionally.

The healthcare system of Uzbekistan is rooted in the former Soviet model of the state form of healthcare (the Semashko model), which did not assume the presence of any elements of self-regulation within itself. At the same time, in recent years, the role of professional communities in the face of medical associations has significantly increased in the global health system. By self-regulating their activities, they play a unique role as a link between the state, society and healthcare.

What can self-regulating professional communities do?

Considering the relationship between healthcare and the state, it can be seen that this area represents a potential field of activity for civil society institutions, one of which is self-regulating professional communities. Self-regulation provides an opportunity for medical professionals to take over some of the functions that the state previously performed. At the same time, the state has delegated a number of functions to self-regulating organizations, which allows them not only to establish norms, rules and standards of medical care, but also to train medical workers and monitor its quality, as well as actively participate in the educational, in particular, postgraduate process and in the development of long-term plans for the development of the healthcare sector. As a result, medical personnel receive the right and mechanisms to influence the development of the healthcare system, and the state gets rid of some of the responsibility and costs.

In the interaction of society and healthcare, the process of self-regulation contributes to improving the quality of medical services, since self-regulating organizations can set higher standards of medical care, introduce new clinical recommendations for diagnosis and treatment, monitor the level of qualification of specialists, organize and conduct their training. Since these important measures take place with the active assistance of society and the healthcare system, this increases the level of public confidence in medical professionals and the healthcare sector as a whole.

In economically developed countries with a highly efficient healthcare system, medical associations are an integral part of it. They actively perform the functions delegated to them by the state, have a legally formalized regulatory framework, structure and independent financing.

Historically, medical associations were created with the aim of improving the quality of medical care, so their primary function is to establish standards of medical care. The next function of medical associations is to establish moral standards through a code of ethics. Initially, the code of medical ethics was based on the Hippocratic oath and

regulated the relationship between a doctor and a patient. Currently, ethics issues are widely discussed all over the world. As a result, the code was supplemented with new characteristics, such as the provision on euthanasia, principles of fair treatment of the patient, etc.

One of the core activities of medical associations is the development and definition of training standards. Almost all medical associations monitor the continuous training of specialists in the course of their practical activities. Some medical associations (for example, in the USA) conduct regular audits of universities to assess how well they meet their goals and objectives. Many medical associations publish scientific journals, organize various scientific and practical forums for specialists in various fields, which increases the level of their communication with colleagues. They also provide grants for training and internships to the most promising representatives of scientific and practical medicine.

Established and successfully functioning foreign medical associations can serve as a good example of partnership and division of responsibilities between the state and professional communities. There is no universal mechanism for the functioning of these organizations, each country has its own characteristics, which are reflected in self-regulation.

There are associations of doctors, nurses, valeologists, private medical structures, etc. in Uzbekistan. The problem is that they are organized without serious study of the experience of foreign associations, their goals and functions, rights and obligations are too vague and their presence in the healthcare system is practically not felt.

CONCLUSION

Apparently, the basic associations should be organized according to the main medical professions and they should deal with purely professional issues. It is advisable that professional medical associations carry out their activities under the auspices of a coordinating body, which may be the Council of Medical Associations.

The main functions of professional medical associations should be:

• development of professional standards;

• Development of medical education standards;

• Certification of postgraduate education programs;

• approval of ethical rules for the activities of medical professionals and monitoring their compliance;

*• * organization and conduct of training for members of the association - publication of scientific journals, organization of medical educational forums, training courses, etc.;*

*• * participation in the development of state policy in the field of healthcare - development of regulations, approval of tariffs for paid medical care, etc.;*

*• * financial support for young promising specialists - allocation of educational grants;*

• organization and conduct of licensing of medical workers and accreditation of medical institutions.

This basic list can be supplemented or changed, but whatever it is, the red thread in it should be the promotion of the continuous development of professional medical education.

The issue of high-quality postgraduate education of medical personnel is particularly important.

No matter how tempting the option of transferring systemic postgraduate education of medical personnel to professional associations may be, this issue needs to be addressed in a balanced manner.

Why?

Firstly, fully functioning medical associations should first be created, despite the fact that the current professional development process cannot be interrupted.

Secondly, the current system of postgraduate medical education in Uzbekistan has a huge 90-year history and relevant experience. Many experts from various countries, including developed ones, consider our postgraduate educational system to be effective.

One of the options for a rational solution to this problem could be the initial creation of several large associations in the main areas and assign the functions listed above to them, including postgraduate medical education. It is advisable to bring this direction as a separate administrative and professional unit under the coordination of the Center for the Development of Professional Qualifications of Medical Workers. This will provide an opportunity to effectively use the accumulated experience, as well as the professionalism of the associations.

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