

TRAINING OF HIGHLY EDUCATED MEDICAL PERSONNEL IN THE FERGANA
VALLEY [IN THE 50-80 YEARS OF THE XX CENTURY]

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It was decided to open the third largest medical institute in order to eliminate the shortage of personnel in the Uzbek SSR. On August 25, 1955, according to the instructions of the Council of Ministers of the USSR and the order of the Ministry of Health of the USSR No. 201 of September 6, 1955, the Andijan Medical Institute was established. This institution was to be established in the place of the 4th Moscow and Dnieper Medical Institutes, which were historically moved to Fergana, and should be located in three main strategic points - Tashkent city, Samarkand and Fergana regions. However, due to the fact that the Executive Committee of Fergana region did not allocate a place and building for the establishment of the institute, this medical university was established in Andijan region.

Initially, the institute had only one faculty of treatment and prevention and had 9 departments. In 1977, the Faculty of Pediatrics was also established. The institute's departments are located in the former building of the Andijan city party committee, and the educational building is located in the dormitory of the regional pedagogical institute. One of the serious problems in the organization of educational work at the institute is the lack of specialists who teach in the Uzbek language and lack of educational literature, which is one of the problems encountered in all medical educational institutions. For example, a biology teacher from the Tashkent Medical Institute visits Andijan on a one-month business trip, but after returning to Tashkent, biology is taught to students in Russian. As a result, students cannot learn subjects well. For example, out of 272 students studying in the first academic year of the institute, i.e. in the winter session of 1955-1956, only 225 were able to pass the exam, and the remaining 47 could not master the subjects.

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

By the 1980s, there was a significant shift in the provision of doctors and paramedics to rural areas in the valley. In 1982, 186 young doctors were sent to Namangan region to work in rural areas, and 56 of them were placed in district hospitals and emergency departments. Nevertheless, insufficient attention has been paid to the staffing of treatment and prevention institutions. By the 1980s, there was a significant shift in the provision of doctors and paramedics to rural areas in the valley. In 1982, 186 young doctors were sent to

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In Namangan region, there are few specialized specialists, especially obstetrician-gynecologists, ophthalmologists (Pop, Yangikurgan, Zadaryo (now Mingbulok) and Namangan) and endocrinologists in Uchkurgan, Kosonsoy, Yangikurgan, Torakurgan and Uychi districts.

During the years 1980-1991, 110 pediatricians and 50 obstetrician-gynecologists were sent to treatment institutions of Andijan region, 80% of them started working in rural areas. By 1985, there were 31 doctors and 78.6 medical workers with secondary education for every 10,000 people in Andijan. In Andijan region, 86 hospitals, 221 polyclinics and 81 rural medical centers with 18,850 beds were operating, and 4,996 doctors and 12,555 medical workers with secondary education were employed in them.

Also, when the reports of the Tashkent Medical Institute were studied, it was stated that the subjects of Russian and Uzbek languages should be included in the curricula of these educational institutions, because Uzbek students do not know the Russian language and cannot use educational literature independently. In 1958, after the founding of the "Medicine" publishing house and the publication of 24 Uzbek literature for higher education institutions and 33 for secondary medical educational institutions during 1958-1965, it can be seen that the language issue was partially resolved. This, in turn, caused a relative increase in the number of national personnel in the field of medicine in 1958-1965, that is, 11,615 of the total 13,040 students who studied at 4 medical universities belonged to the national personnel.

In 1964, according to the order No. 642 of the Ministry of Health of the Uzbek SSR "On improving the teaching of the Russian language in higher and secondary medical educational institutions", the foreign language was removed from the science program of medical students and replaced by 240 hours, and 300 hours in institutions preparing secondary education (10 - 200 hours for those who completed the 11th grade, 100 hours for those who completed the 8th-10th-11th grade) teaching of the Russian language was included.

In 1968, out of 2284 pediatricians in the Uzbek SSR, 1883 worked in cities and 401 in villages. Now, if we evaluate the disparities in these numbers, we can see that despite the fact that childbirth or multi-childhood is mostly observed in rural areas, there are few pediatricians working in these areas. This was one of the serious mistakes and shortcomings in personnel distribution. In some rural areas, there were no highly educated doctors at all.

Personnel who graduated from pediatric faculties established in universities did not fill the positions in existing treatment facilities. There is a shortage of about 3,000 pediatricians across the country. In order to centralize the training of specialists in children's diseases, in 1972, the pediatric faculties of Tashkent, Samarkand and Andijan medical institutes were united, and the only Central Asian pediatric institute was opened, and this institution was named the Tashkent Medical Pediatric Institute in 1989. The institute has more than 40 departments, a 300-seat clinic, and since 1977, a specialized

Scientific Council for the defense of doctoral theses and candidate's theses has been operating.

On the scale of the USSR, the indicator of providing doctors for every 10,000 inhabitants was 43 in the USSR, 33 in the Uzbek SSR, 25 in the Karakalpakstan ASSR, 28 in the Bukhara region, 29 in Khorezm. As a result, there are 2.2 pediatricians per 1,000 children, while in Khorezm and Bukhara, this figure is 1.1. Taking this situation into account, from September 1, 1990, a branch of the Tashkent Medical Pediatric Institute was opened in Nukus, and 200 students were admitted. A doctor who worked during this period testified that the death rate of children was so high that they died like flies.

During the years of Soviet rule, a number of serious problems accumulated in medical institutions. In particular, there was a lack of instruction manuals and textbooks for various subjects and courses, and the ones that were available were in Russian. Kinship and familiarity between doctors and teachers grew stronger. For example, it is possible to see the widespread development of family ties and kinship ties in the Tashkent Medical Institute. Professor I. Her daughter worked as an associate professor in the medical clinic headed by Gershenovich, and her husband worked at the same place as the head of the department, Slobodin. Also, the head of the department S. His son and two daughters worked under Terekhov.

In 1970-1980, a number of serious social problems arose in the activities of medical institutions. In the relations between professors and students, vices such as greed, bribery, localism, and nepotism grew stronger. In particular, in 1989-1990 academic year, it was found that 62% of the 1st level students admitted to the Tashkent State Medical Institute entered their studies with the help of acquaintances, 80% of the 6th level graduates paid bribes to professors and teachers to pass the exam.

In fact, the conditions for the outbreak of such conflicts in the society were reflected in the secret instructions of the regime. The monthly salaries of civil servants and managers are set at a very small amount, and these problems are clearly visible in health care, education, and other socio-cultural spheres. Another important policy of the Soviet state in the field of education is personnel allocation. However, this distribution policy was also not implemented fairly. In particular, the students who graduated from the medical universities of the Uzbek SSR were mainly sent to remote villages or, if not, to Siberia, Ural, Sakhalinsk, Vladivostok and Khabarovsk regions. However, students from other republics of the USSR were distributed to the capital Tashkent and other central cities.

There were also many problems with the acquisition of medical students. For example, when the students of the Andijan Medical Institute were tested in 1970, 80% of them and 75% of the students of the Tashkent Medical Institute were found to have average and unsatisfactory knowledge. By 1990, 28 students from the Tashkent Medical Institute alone were not transferred to the next level.

Such unsatisfactory performance of students indicates a low level of mastery. One of the main reasons for this was the involvement of students in field work, that is, forced labor. Classes were reduced by 10% due to the fact that students were engaged in vegetable harvesting from September 11 to October 3, and cotton harvesting from October 6 to December. The remaining class hours were filled by shortening study and practice by two

weeks, increasing the workload of students and teachers by 6-8 hours. Organization of research and training of scientific staff by medical institutes and scientific-research institutes was carried out at the post-graduate and doctoral stages. In 1964, 145 post-graduate students were involved in scientific activities in higher education and republican medical training institutes. Clinical residency and student scientific societies were of particular importance in the training of highly educated medical pedagogues. In particular, admission to post-graduate studies was carried out through these schools. Postgraduate studies were to be carried out for 4 years without interruption from production, and 3 years with interruption from production. Those under the age of 35 are admitted to post-graduate studies, while those under the age of 45 are not interrupted.

CONCLUSION

Although the number of medical specialists increased in the official statistical reports of the Soviet period, it was observed that there was a shortage of them in various areas due to various diseases and epidemic situations. As a result of the personnel policy of the Soviet government, the practice of solving the problem through the distribution of graduates-specialists from different regions did not have a significant result. First of all, the lack of sufficient conditions for living in the distributed areas, low monthly salary, in addition, the lack of consideration of the wishes of graduates, cases of young professionals leaving their workplaces, and the distribution caused confusion. As a result, distrust of medical services and serious dissatisfaction among the population increased.

The main goal of the Soviet educational policy was to train personnel loyal to the communist ideology, and the main emphasis was not on the professional skills of the graduates, but on educating ideologically trained loyal individuals. Such attitudes and ideological inculcations continued for 75 years and permeated the fields of medical education and health care as well as all fields. In particular, the educational process and activities of medical educational institutions were completely under the control of the center. They were given the task of training a Soviet doctor who was far from religious education, was formed on the basis of Darwinism, and did not have sufficient professional qualifications and skills. Of course, such an approach served as a serious obstacle to the development of the field.

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