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Improving Continuous Professional Medical Education in Uzbekistan

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Abstract To provide qualified medical care to the population, it is necessary to train competent medical workers in the system of continuous medical education. Existing educational medical institutions and specialized scientific and practical centers in the Republic of Uzbekistan conduct training of medical personnel at the pre- and postgraduate level. To improve training, retraining and continuing medical education, it is necessary to study the experience of developed countries with the introduction of advanced teaching technologies and assistance from medical professional associations into the educational process.

Keywords Advanced training of medical personnel, Continuing medical education, Distance and modular training, Professional medical associations

1. Introduction

This review article analyzes the professional development of medical personnel in the continuous medical education system and proposes ways to improve the training process.

Uzbekistan is experiencing significant economic growth. The country's leadership is making tremendous efforts to stimulate industrial, agricultural, scientific, educational, and social development. International cooperation is expanding, substantial investments are being attracted, and there is an active search for the best innovations, including in the healthcare and medical education systems [1].

Healthcare is one of the primary areas that ensures the social well-being and health of society, as well as the accessibility and quality of medical care. The country's leadership has adopted a series of regulatory and legal documents aimed at improving the structure and operations of the healthcare system in providing high-quality medical care to the population. Extensive efforts are being made to train and enhance the qualifications of medical professionals [2].

Professional postgraduate training and retraining of personnel are entrusted to the Center for the Development of Professional Qualifications of Medical Workers, medical universities, Republican Specialized Scientific and Practical Medical Centers, research institutes focusing on basic medical specialties, and the Republican Center for Advanced Training of Mid-Level Medical and Pharmaceutical Workers (along with its regional branches) [3]. However, despite significant state support and material and technical provisions, there remains a problem of shortage of highly qualified specialists. This is due to the outflow of doctors from public medical institutions to private ones, the emigration of some specialists abroad, their retirement, or a complete change in their field of activity.

The knowledge and skills acquired during undergraduate medical education are clearly insufficient to maintain competence and perform medical duties effectively throughout one's professional career. As a result, a need to change priorities in the postgraduate medical education system is emerging within the professional community. It is necessary to introduce a mentorship system ("supportive mentorship") into the training and retraining program for medical professionals, which could significantly improve the quality of education and personnel development. Supportive mentorship could play a key role in transferring skills and knowledge to young medical professionals from highly qualified specialists, including those from abroad, and stimulate the development of professionalism in trainees [4, p. 68]. The current requirements for continuous medical education are due to significantly changed objective conditions in healthcare, particularly the increase in the volume of medical information and the speed of its updating, the emergence of numerous medications and high-tech diagnostic and treatment methods, the rising cost of medical care, and the increasing awareness and demands of patients themselves.

In these circumstances, to ensure modern, safe, and cost-effective patient treatment, physicians are compelled to continuously update and enhance their knowledge and practical skills in accordance with new diagnostic and treatment standards [4].

In countries with advanced healthcare systems, state healthcare management bodies and professional medical associations have been actively implementing the continuous

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medical education (CME) system in healthcare institutions over the past 15-20 years, as this is viewed as the key to achieving quality and effectiveness in medical care [7].

According to the Madrid Declaration on Professional Regulation, "physicians must actively engage 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 physicians can meet this requirement. National medical associations should promote professional and ethical conduct among physicians for the benefit of patients" [4].

The system of continuous professional education should provide doctors with a wide choice of educational opportunities in the development of professional competencies, taking into account current standards. An important condition for providing quality vocational education is the learning process, which is based on scientific achievements and professional experience, capable of forming general professional knowledge and practical skills in a specialist. The World Federation for Medical Education (WFMO) has developed international standards to improve the quality of medical education. Continuous professional development (CPD) should meet the needs of each doctor and be conducted continuously. Training should be aimed at improving medical practice, be diverse, and meet the needs of learners [6]. The effective model of postgraduate education for medical workers, in addition to assigning qualification categories, should be objective in assessing the studied material and the level of acquired professional skills [3].

Every state has its own system of professional development and retraining of medical workers, but at the same time, the following general trends can be highlighted:

1. **Continuity of medical education,** that is, professional development, should be carried out annually by accumulating a certain number of credits.
2. **Improving the qualifications of medical workers should be a mandatory norm, providing for sanctions for non-compliance with it,** which is implemented through licensing doctors, concluding contracts with employers on the need for annual professional development, and, if this condition is not met, suspending a specialist from clinical practice, etc.
3. **Active use of modern technologies in education** - electronic, information, telecommunication, simulation. Problem-based learning in small groups, workplace learning, experience sharing with colleagues, independent modular learning, etc. [4].

In countries with a developed healthcare system, doctors are obliged and have good opportunities to continuously improve their qualifications in-person at educational institutions, as well as to use distance learning and independent study of special educational materials. In many countries, continuing medical education is mandatory, in some of them, professional development is regulated by law, in most of them, training is provided by professional medical organizations. Training is financed from various sources: medical workers themselves, employers (medical and preventive institutions), pharmaceutical companies, the state, insurance companies, and others [7].

In foreign countries, the following modern methods of training medical personnel are used: modular training, distance learning, virtual-training technology using simulators, models, computer programs [9]. Studying foreign experience convinces us of the expediency of including the institute of mentoring (supporting curatorage) in the system of training and retraining of medical workers. It must be implemented using the aforementioned modern methods. The Department of Public Health and Healthcare Management of the Center for the Development of Professional Qualification of Medical Workers has prepared a Guide to Supporting Curatorship [8].

Continuous professional education requires constant improvement and a systematic approach to the training and retraining of medical workers, including a unified system for assessing the knowledge and skills of specialists, the professionalism of personnel will ensure the quality of medical care. The healthcare system of Uzbekistan is rooted in the former Soviet model of state healthcare (the Semashko model), which did not imply the presence of any elements of self-regulation within itself. At the same time, in recent years, the role of professional communities in the form of medical associations has significantly increased in the global healthcare system. By self-regulating their activities, they play a unique role as a connecting link between the state, society, and healthcare [4]. Self-regulation allows medical workers to take on some of the functions previously performed by the state. At the same time, the state has delegated a number of functions to self-regulatory organizations, which allows them not only to establish norms, rules, and standards of medical care, but also to conduct training for medical workers and monitor its quality, as well as to actively participate in the postgraduate process and in the development of long-term plans for the development of the healthcare system. As a result, medical personnel receive the right and mechanisms to influence the development of the healthcare system, and the state and healthcare, the self-regulation process contributes to improving the quality of medical services, as self-regulated organizations can establish higher standards for medical care, implement new clinical recommendations for diagnosis and treatment, monitor the qualification level of specialists, and organize and conduct their training.

In economically developed countries with a highly effective healthcare system, medical associations perform significant work. Historically, medical associations were created to improve the quality of medical care, therefore their primary function is to establish medical care standards. 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 Hippocrates oath and regulated the relationship between the doctor and the patient. Currently, ethics issues are widely discussed worldwide. As a result, the code was supplemented with new characteristics, such as the provision on euthanasia, the principles of conscientious treatment of the patient, etc. [4].

One of the core areas of activity of medical associations is the development and determination of training standards. Practically all medical associations monitor the continuous training of specialists during their practical activities. Some medical associations (for example, in the USA) conduct regular audits of universities to assess their compliance with their goals and objectives. Many medical associations publish scientific journals, organize various scientific and practical forums for specialists in various fields, which increases their level of communication with colleagues. They also provide grants for training and internships to the most promising representatives of scientific and practical medicine [9].

In Uzbekistan, professional associations of doctors, nurses, valeologists, narrow specialists, and others have been established. The main goal of the Association's activities should be to promote the continuous development of professional medical education and high-quality postgraduate education of medical personnel. Consequently, it is necessary to involve associations in the process of professional development of medical personnel.

2. Conclusions

1. It is necessary to create conditions for the annual professional development of healthcare institution medical personnel within the framework of the continuous medical education system in the country.
2. To improve the educational process, it is necessary to introduce new pedagogical technologies widely used in leading centers of continuing medical education abroad.
3. The introduction of the institution of mentoring (supporting curatorage) will improve the quality of education and training of personnel, while the transfer of knowledge and skills to young medical workers by competent specialists.
   Involve medical associations in the educational process of professional development, which, along with training, will develop medical care standards and training standards.

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