

Some Issues of Prospective Planning of the Activity of Secondary Medical Staff in the Dental Service in the Republic of Uzbekistan

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Abstract: The article considers strategic planning as one of the main elements of management, the use of which is fundamental in ensuring the effectiveness of any economic system, including in healthcare. Using the example of long-term planning of the main activities in the system of dental health care of the population of the Republic of Uzbekistan, the significance of the regulatory framework, statistics of public health and healthcare in improving the availability and quality of medical care is disclosed. At the present stage of health care development, it is necessary to choose the right strategy for organizing and managing a high-quality dental nursing process, using various forms of training and activating motivation for self-improvement. The introduction of strategic planning into the practice of medical institutions as an important management institution will solve many health problems.

Keywords: average medical staff, dentistry, public health, healthcare organization, management, strategic planning.

1. INTRODUCTION.

Improving the quality of health care and medical services is a priority for all health systems in the world. In order to ensure the constitutional rights of the population to receive high-quality medical care and bring the health system in line with international standards, a large-scale health reform program has been implemented in the Republic of Uzbekistan. The result of more than twenty years of development was the creation of a national, high-tech system of medical care for the population, consisting of public and private systems that ensure the availability of treatment and prevention facilities at various levels for all segments of the population. ^[13]

One of the most important activities of all dental institutions is the work on the prevention of dental diseases, including preventive examinations of the population, identification of patients with dental profile; medical examinations (oral sanitation, dynamic monitoring and treatment); organizational measures (the use of anti-cariogenic agents, recommendations of special diets, water fluoridation, improvement of sanitary and hygienic conditions, and healthy lifestyle. Management of the quality of work of secondary medical personnel in medicine in General and in dentistry in particular is possible when the activities of secondary medical personnel are studied, structured, and normalized. ^[8, 11, and 18]

Quality management is a new approach to management based on achieving long-term success of any system with maximum efficiency and minimal costs, but with stable quality of products (services). This postulate is typical for all economic systems, including healthcare. ^[1, 23, 28] Any management system in accordance with the A. Fayol cycle is based on a combination of planning, organization, stimulation and

control. In other words, planning is the initial and often decisive phase for the successful operation of the entire management structure.^[9, 17, 25] Planning is particularly important when national health systems are being reformed. Reform is a large – scale process, which is based on the development of the main strategy for the development of any system for the long term. Strategy is understood as the science-based art of long-term planning, that is, the optimal distribution of material, human and financial resources to achieve the goal. Such a strategy in healthcare can be created by joint efforts of specialists: doctors - specialists in their field, lawyers, economists, psychologists, and managers.^[2, 19, 24, 26]

According to a study by B. Jackson co-authors, out of 450 hospital managers, more than a third of respondents believed that strategic planning is the main task for the future and that more than 50% of the working time of 30% of managers is spent on long-term planning. Strategic planning of resources (main, current, financial), personnel, and the structure of funds and resources can provide long-term advantages of organizing the process of planned transformations.^[21, 22, 27]

2. MATERIALS AND METHODS OF RESEARCH.

This work is a comprehensive organizational and medical-statistical study aimed at substantiating some strategic directions for the development of the dental service system in the Republic of Uzbekistan. The choice of research objects was determined in accordance with the tasks set – the works of domestic and foreign researchers, statistical data of the Ministry of health of Uzbekistan and foreign health services, laws, regulations and other regulatory legal acts of the Republic.

3. RESULTS AND DISCUSSION.

Currently, the regulatory framework for strategic planning in healthcare in Uzbekistan includes the following documents. Decree of the President of the Republic of Uzbekistan dated 22.01.2018 "On the State program for the implementation of the strategy of actions in five priority areas of development of the Republic of Uzbekistan in 2017-2021"; Decree of the President of the Republic of Uzbekistan dated 05.09.2018 No. 309 "On measures to radically improve the health and social security system of the Republic of Uzbekistan"; Decree of the President of the Republic of Uzbekistan No. 5590 dated December 7, 2018 "On comprehensive measures to radically improve the health care system of the republic of Uzbekistan»; Decree of the President of the Republic of Uzbekistan dated May 6, 2019 No. 4310 "On measures to further develop the system of medical and pharmaceutical education and science"; Resolution of the Cabinet of Ministers of the Republic of Uzbekistan No. 319 of December 18, 2009 "On improving the system of advanced training and retraining of medical personnel".^[4, 6, 16, 20]

The main strategy in the development of the social sphere of the Republic of Uzbekistan is aimed at implementing a set of measures to further strengthen the protection and protection of citizens' health and provide all-round targeted support to socially vulnerable segments of the population. The President of the Republic of Uzbekistan in Decree No. identifies the main shortcomings in the development of public health in the country, including in dentistry, which require solutions at the strategic level. ID-309 of 05. 09. 2018. According to Sh. M. Mirziyoyev the reforms carried out in health care are not always systematic, which does not allow to achieve effective and high-quality medical care. One of the significant disadvantages of the system, noted by the President, is the gaps in the personnel policy, which do not allow predicting the prospects for providing specialists at all levels of medical care.

The dental service of the Republic of Uzbekistan, like all health care in the country, is based on a combination of public and private institutions. It should be noted that in the public sector, dental care is provided by dental offices, clinics and specialized dental departments in hospitals, where an average

medical worker plays an important role. Outpatient dentistry institutions belong to the primary health care area and are part of district or city medical associations. Hospital care is provided in General hospitals or in separate dental clinics. Most often located at medical Universities. In the development of the country's dental service over the past decades, there has been a trend aimed at reducing the number of public health facilities and developing private institutions.

Between 2009 and 2018, the number of independent institutions in the public sector decreased from 98 to 56, respectively, or 1.75 times. Of the existing 36 clinics served adults and 20 children. In some regions, their number is reduced to a minimum, and in Navai and Sirdarya regions, according to 2018 data, there are no independent dental clinics. Therefore, dental offices in polyclinics (city, district, and family), rural medical centers, hospitals, or children's institutions more often provide public sector assistance. However, a decrease in the number of dental clinics may negatively affect the quality of dental care, since it is clinics (other than hospitals) in this health sector that are the basis for providing highly qualified and specialized care, which is determined by the regulations on the dental clinic, its structure, functions and tasks. In addition, it is the doctor and secondary medical personnel of state polyclinics who, on a legislative basis, carry out mass measures for the prevention of oral surgery diseases and the formation of a healthy lifestyle among the population.

In the private sector, on the contrary, there was a rapid increase in the number of independent dental institutions. So only for the five-year period from 2013 to 2018, their number increased by 1.83 times. In 2018, the total number of private dental institutions reached 2015.

At the same time, the distribution of dental health facilities in the regions of the Republic is very uneven in the public and private sectors. According to 2018 data, the largest number of dental institutions is concentrated in Tashkent (27.1% of the total number of dental institutions) and Bukhara (11.1 %) region. Tashkent (9.6%) and Samarkand (8.1%) regions follow this. The minimum number of institutions is observed in Syrdarya (1.9%), Jizzakh (2.0%), Surkhandarya (2.9%), Navoi (3.5%) regions and the Republic of Karakalpakstan (4.0%). Thus, the majority of dental institutions in both the public and private sectors are concentrated in large cities and surrounding regions, while the majority of the country's population is concentrated in agricultural and industrial areas.

The availability of dentists of various specialties and secondary medical staff is very diverse and depends on the socio-economic development of a particular region and the state's health policy. According to the recommendation of the Ministry of health of the Republic of Uzbekistan, the primary health care zone provides for 1 rate of a dentist per 10,000 adults and 1.5 rates in total (pediatric dentist, pediatric surgeon, dentist, and orthodontist) for the child population. According to the realities of 2018 in the whole country, there were 1.8 dentists per 10,000 of the corresponding population, including 0.91 dentists; 0.77 pediatric dentists; 0.15 dental surgeons; 0.09 orthopedic dentists. Considering the provision of the population with secondary medical personnel of this profile, it can be noted that there were 0.09 dentists and 0.32 dental technicians per 10,000 population. ^[12, 14]

For comparison, for example, in Russia, in accordance with the standards for state and municipal health care, 5.0 rates of a dentist are provided; 1.5 rates of dental surgeons per 10,000 urban population. Considering the availability of dental specialists per 10,000 population in the context of the regions of Uzbekistan in 2018, we can note a sharp disproportion of the indicator for the regions of the Republic.

Residents of Tashkent 5.4; Syrdarya 3.6; Bukhara 3.2 regions are most provided with dentists per 10,000, where the indicator is 3.0; 2.0 and 1.77 times higher than in the whole Republic. The lowest provision of dentists per 100,000 population was noted in Kashkadarya 0.8; Surkhandarya 0.9; Namangan regions and the Republic of Karakalpakstan 1.1. Which is respectively lower than the national level by 2.25; 2.0 and

1.63 times. The main part of dental care is concentrated mainly in large cities (Tashkent, Bukhara, Samarkand, etc.) and surrounding areas, and is insufficient in rural areas. However, according to some authors (N. B. Saidova 2015; A. M. Khaydarov 2017, etc.) who conducted epidemiological studies of the prevalence of caries and periodontal diseases among residents of Uzbekistan. It was noted that in rural areas, the incidence of oral surgery diseases is higher, and the hygienic state of the oral cavity is much worse than in cities. ^[6, 15]

The organizational and economic problems that are most acute for the modern period of development of the dental service are clearly insufficiently studied. The relevance of the research is confirmed by the publications of a number of authors. At the same time, the specifics of planning and providing dental care are not sufficiently covered. There is an acute issue of staffing dental institutions. Among the various issues of staffing the dental service, an important issue is the involvement of secondary medical specialists in more active participation in dental services, to perform auxiliary functions at outpatient dental appointments. ^[3, 10]

4. CONCLUSION.

Summarizing the above, we can say that in the Republic of Uzbekistan, there is an increasing shortage of dental personnel and secondary medical workers, especially in rural regions. Thus, when developing a strategy for the development of high-quality dental services in Uzbekistan in the near future, it is necessary not only to strengthen the technical and technological provision of dental institutions, but also to increase their number.

To reduce the shortage of dental personnel, it is desirable to increase the training of dentists in higher Education institutions of the country with their distribution at the end of their studies in rural regions. To secure doctors in the regions of the Republic, it is desirable to increase their motivation to work in rural areas. Improving primary and secondary prevention of dental diseases it is necessary to intensify work on the formation of healthy lifestyle among the population not only by doctors and by middle medical personnel in state hospitals, but also to introduce this duty in the practice of private hospitals.

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