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### **STAFFING ISSUES IN THE RUSSIAN MEDICINE**

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#### **Abstract**

The article examines the staffing issue in healthcare during the transition to an innovative path of growth. The following proposals on solving the personnel shortage issue in the medical industry have been analyzed: the increase in the number of students, development of the targeted training for specialists in the industry, and the increase in its scope; and the introduction of a mechanism for the “distribution” of graduates prepared at the expense of the federal budget. A critical analysis of the existing proposals is carried out from the standpoint of the challenges facing innovative medicine. Based on the study conducted, a conclusion is drawn about the need for a significant modernization of the healthcare model or its replacement with another model based on the urgent need to solve the staffing issue in the industry. Methods: In the course of the study, the following methods have been used: system analysis, comparative analysis of the Russian and foreign practice, theoretical methods (analysis, synthesis, concretization, generalization); statistical methods (comparison using statistical data), empirical methods (study of the experience of educational medical organizations, normative literature; pedagogical observation), as well as general scientific methods of cognition. The goal of this study is to identify ways out of the systemic personnel crisis in the healthcare sector in the Russian Federation. Results of the study: The results and conclusions made within the framework of this article allow stating that the main reasons for the growing personnel shortage in the domestic healthcare include the following: a clear discrepancy between the income level and current needs as well as the complexity and responsibility in the work of a doctor; high duration of preparation for the profession, therefore, more significant direct and indirect costs of an individual or its family for training; consolidation of the “conflict model” of healthcare; devaluation of the social status of the doctor; legalization of medical care; and social and legal vulnerability of the medical worker. The socio-economic system in the system of measures to resolve the staffing issue is leading (the salary of a physician, motives and incentives, guarantees, benefits, and more aspects arise from it). Practical relevance: Materials of the article can be used to develop a government policy in the field of resolving the personnel shortage in the medical field.



### Keywords

Healthcare- Innovations – New technologies – Medical personnel – Staffing – Personnel training

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## Introduction

Currently, the influence of crisis phenomena of the economy on the social sphere is especially acute. Serious changes are taking place in this sphere due to the processes of transiting from one way to another. However, the achievement of scientific and technological progress objectively requires the development of social relations. New technologies (biological, genetic, informational and others) open up great opportunities not only for society and the individual but also for medicine, developing its innovative potential. In the foreseeable future, it will become possible to firstly introduce elements of the four Ps medicine (predictiveness, prevention, personalization, participativity), and then their implementation. The driver of the changes is innovative products (biomedical cell products, gene-therapy drugs, tissue therapy means, and others), and medical technologies. Without new modern medical technologies, innovative medical products, and medicines acting on new principles, it is impossible to solve the increasing demands of citizens. However, in the race for technology, one should not forget the fact that the conductor of innovative technologies in the industry is represented by ordinary medical workers, especially doctors working in primary care and providing specialized medical care. It is worth noting that the detectability of the disease, the prevention of diseases, including the use of the latest technology and equipment, depend on their knowledge and skills. The success of innovative medicine depends on primary care physicians. High-tech medical care is inaccessible (no more than 1 % of the population has a real opportunity to benefit from it on time and in sufficient volume), expensive, and most importantly not effective enough, with the very limited capabilities of the sick person's body to struggle with the results of those defects and errors that were made by the system before (lack of prevention, early detection of the disease, timely treatment, etc.) because its scope is outlined by a small operational space.

Consequently, the role and importance of a medical professional in the context of the transition of medicine to the innovative path of growth will significantly increase (as it is known: personnel are the key aspect).

However, a relevant question arises here. Are the country's medical personnel able to quickly and effectively switch to the innovative path of growth without substantial costs? In the authors' opinion, there are a number of problems with both the number of medical personnel and their quality.

The staffing issue in the Russian healthcare is a long-standing problem, the solution of which was postponed, or attempts were made to hush it up, or activities to resolve it were imitated. Specialists are increasingly drawing attention to the need to solve the staffing issues of the industry since any positive changes in healthcare are not possible without them<sup>1</sup>. It seems more correct to resolve the issue of maintaining the healthcare industry in the country, as the situation with personnel meeting the specified requirements is close to critical.

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<sup>1</sup> R. T. Abramian and V. S. Naumenko, "Problemy kadrovogo obespecheniya v meditsinskikh uchrezhdeniyakh Krasnodarskogo kraya", Modern research and development, num 2 Vol: 11 (2018): 57–59; . V. Otstavnykh, "Problemy kadrovogo obespecheniya otrasli zdravookhraneniya v sovremennykh usloviyakh", Bulletin of public health and healthcare of the Far East of Russia, num 4 (2012) y A. R. Iasakova and E. V. Shestakova, "Problemy kadrovogo obespecheniya v sisteme zdravookhraneniya", Problems of modern science and education, num 38 (2017): 26-30.

## Methods

In the course of the study, the following methods were used: system analysis, comparative analysis of the Russian and foreign practice, theoretical methods (analysis, synthesis, concretization, generalization), statistical methods (comparison using statistical data), empirical methods (study of the experience of educational medical organizations, normative literature, pedagogical observation), as well as general scientific methods of cognition.

## Results

First, the issue of the number of personnel in the industry should be considered. On average, the shortage of specialists is about 30 %, and, as to the primary healthcare, it is about half. With such indicators, it is difficult to seriously talk about the possibility of modernizing healthcare, developing innovative medicine in the country, and switching the industry to the principles of four Ps. These figures look even more alarming due to the presence of a sufficient number of physicians annually graduated in the country with both higher and secondary specialized education.

Primary medical care in the country is provided by: 35,490 district physicians, 27,593 district local pediatricians, and 11,584 general practitioners (family doctors). Annually, about 58 thousand doctors start to work, and the same number drops out for various reasons, and therefore the personnel shortage remains. About 15 thousand people (8 – 10 %) find another job, the rest either die at work or retire<sup>2</sup>. If most graduates of medical schools, which is more than 35 – 37 thousand people each year, are aimed at providing primary medical care in the next few years, then the personnel shortage in the industry will be eliminated within a few years and one will not have to address this issue in the coming years. About 2,500 doctors graduate from the I.M.Sechenov First Moscow State Medical University (Sechenov University) per year<sup>3</sup>.

However, in practice, the situation looks different: a significant part of the graduates is not going to work in the healthcare industry or they are going but soon they are changing their job and occupation. The graduates who remain to work in practical medicine seek to obtain a “narrow profession”, work in hospitals, and provide specialized rather than primary medical care, that is, there is a constant outflow of medical personnel from primary health care<sup>4</sup>. Due to the increased mobility of the population, the “overflow” of medical personnel occurs not only from one specialty to another, from polyclinics to hospitals, but also from region to region. The race for medical personnel significantly intensified this process<sup>5</sup>. The subjects of the Russian Federation, having financial

<sup>2</sup> V. Skvortsova, Ezhegodno iz rossiiskogo zdravookhraneniya ukhodyat 8 – 10 % spetsialistov, Medvestnik. 2013. Available at: [https://medvestnik.ru/content/news/veronika\\_skvorcova\\_ezhegodno\\_iz\\_rossiyskogo\\_zdravoohrane\\_niya\\_uhodyat\\_810\\_spezialistov.html](https://medvestnik.ru/content/news/veronika_skvorcova_ezhegodno_iz_rossiyskogo_zdravoohrane_niya_uhodyat_810_spezialistov.html) y Veronika Skvortsova, 15 tysyach vrachei ezhegodno menyayut professiyu. Doctorpiter. 2013. Available at: <https://doctorpiter.ru/articles/8026/>

<sup>3</sup> Rekordnoe kolichestvo medikov vypustil Sechenovskii universitet v 2017 godu. TASS. 2017. Available at: <https://tass.ru/moskva/4377703>

<sup>4</sup> I. Nevinnaia, Vrachi uleteli. Vpuskniki medvuzov ne khotyat rabotat po spetsialnosti. Russian newspaper. 2013. Available at: <https://rg.ru/2013/09/12/mediki.html>

<sup>5</sup> R. Shevchenko, Vladimir Starodubov predlagaet ustranit peretok meditsinskikh kadrov putem vertikalizatsii FOMS, Medvestnik. 2019. Available at: <https://medvestnik.ru/content/news/Vladimir-Starodubov-predlagaet-ustranit-peretok-medicinskih-kadrov-putem-vertikalizacii-FOMS.html>

capabilities to attract medical personnel to the region, more or less feel good against the background of a general shortage of medical (especially physician) personnel who do not have such opportunities – they experience all the difficulties caused by a shortage of necessary personnel in the field.

An independent factor aggravating the staffing issue is immigration. A number of countries, if potential candidates comply with certain conditions, are willing to take Russian specialists, especially when it comes to highly qualified doctors.

Due to the mentioned above, the following ways of resolving the staffing issue in healthcare are increasingly being discussed: the increase in the volume of training of specialists having medical education; the improvement of the system of targeted training of specialists in the industry and increase in its volume<sup>6</sup>; the introduction of the mechanism of "distribution" of graduates prepared at the expense of the state budget<sup>7</sup>.

In the authors' opinion, despite their attractiveness and simplicity, the above-mentioned proposals in modern economic, social, and legal realities are dead-end, it is either impossible or difficult to implement them, but most importantly, they are not able to produce the desired results in the foreseeable future – the availability of a sufficient number of qualified personnel for the industry on the labor market, which are capable of solving the problems of the medicine of the future. The fact is that they do not have direct, sufficiently tangible, and long-term impact on the main factors, the reasons causing the personnel shortage in practical medicine. They also do not influence the training of personnel that can make a breakthrough in domestic medicine, its transition to the innovative path of growth. With regard to increasing the volume of training of specialists for the healthcare industry, one should pay attention to the following. Firstly, the official policy of the Ministry of Health of the Russian Federation to increase the number of medical personnel has been going on for the last twenty years but has not given any results. Therefore, it should be recognized as vicious and should be discontinued. The same medical universities have already increased the training of specialists for the industry 1.5 times<sup>8</sup> under the conditions when: on the one hand, key indicators in the personnel sector have not undergone significant changes (there has been no increase in normative standards, the result of which would be a significant increase in the need for personnel); on the other hand, there was a serious optimization in the industry, the result of which was the reduction of medical organizations by almost half<sup>9</sup>, which could not but affect the preparation of a significant number of specialists<sup>10</sup>.

<sup>6</sup> A. A. Mokhov, "O tselevoi podgotovke meditsinskikh kadrov v Rossiiskoi Federatsii", Medical Law, num 3 (2007): 51–54.

<sup>7</sup> T. A. Fominykh, O neobkhodimosti vozvrashcheniya gosudarstvennogo raspredeleniya vypusknikov v vysshuyu meditsinskuyu shkolu Rossii [About the need to return the state distribution of graduates to the higher medical school of Russia. Tauride Medical and Biological Bulletin, Vol: 21 num 4 (2018): 128–133.

<sup>8</sup> Meditsinskie vuzy Minzdrava RSFSR ezhegodno vypuskayut bolee 20 tys. vrachei. No ne vse oni otvechayut vysokim trebovaniyam. Arguments and Facts. 1987. Available at: <https://aif.ru/archive/1649125>

<sup>9</sup> Chislo meditsinskikh organizatsii v Rossii prodolzhalo sokrashchatsya v 2018 godu. Medvestnik. 2019. Available at: <https://medvestnik.ru/content/news/Chislo-meditsinskikh-organizatsii-v-Rossii-prodolzhilo-sokrashatsya-v-2018-godu.html>

<sup>10</sup> T. Beskaravainia, Kadry v minuse. Medvestnik. 2018. Available at: <https://medvestnik.ru/content/articles/Kadry-v-minuse.html>

Thus, the increase in the number of specialists trained for the industry, taking place against the background of a reduction in positions in practical healthcare, did not give the expected result. The personnel shortage has not gone away, a significant part of the people simply moved to other fields, spheres, and sectors of the economy. The domestic labor market is huge, it successfully “consumes” people oriented to work in the person-to-person system (managers, consultants, sellers, etc.) and at the same time offers a comparable or higher remuneration for labor in comparison with the medical labor market (especially when it comes to the salaries of young professionals). A novice physician should not receive a salary, which is the same or comparable with a worker in another field, whose labor activity does not require serious multi-year training. It should be noted that the training of physicians capable of independent work takes 8 – 10 years, and the training of the average medical personnel takes 4 – 5 years, which is 1.5 – 2 times more than in many other industries and fields of activity.

Secondly, Russia is already in the group of world leaders in terms of the number of medical personnel, especially physician personnel, but at the same time continues to experience a shortage of them. Therefore, it is not about the number or not only about the number of personnel in the industry, but it is about organizational miscalculations and errors, incorrect distribution of personnel, low efficiency of their use, etc. It is not an accident that experts pay attention to the imbalance in healthcare personnel (the excess is 5 – 10 or more times in some specialties), the discrepancy with the real needs of the industry of the current methods and standards<sup>11</sup>. Until recently, issues concerning the (economic, social, etc.) effectiveness of the industry have not been put on the agenda at all and have not been seriously discussed. Normative legal acts do not contain any requirements for the efficiency of the industry as a whole, its individual segments, etc. The consequence of managing under these conditions is the possibility of continuing the extensive path of growth of the industry against the background of its chronic underfunding, which certainly entails a personnel shortage. The share of GDP allocated to healthcare in Russia is only 4.7 % (for comparison, it is 14 % in the United States and 12 % in Germany)<sup>12</sup>.

Energy infrastructure, the equipment of the doctor's workplace, and the possibility of exposure to humans are constantly growing, but only in ultramodern medical centers. The absence of a sufficient amount of equipment, tools, technologies, and, most importantly, specialists in the primary care capable of applying them for the modern diagnostic process, widens the gap between the capabilities of modern medicine in general and the specific capabilities of the “ordinary” clinic and its personnel.

Thirdly, in the modern realities, education is one of the services provided to citizens. This is directly indicated in the Civil Code of the Russian Federation, the Budget Code of the Russian Federation, and the Federal Law dated 29 December 2012 under No. 273-FZ “On Education in the Russian Federation”.

One should pay attention to Article 1 of the Federal Law dated 29 December 2012 under No. 273-FZ “On Education in the Russian Federation”, according to which the subject of regulation of the law is public relations arising in the field of education due to the

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<sup>11</sup> Eksperty kritikuyut podkhod Minzdrava k preodoleniyu kadrovogo defitsita. Medvestnik. 2018. Available at: <https://medvestnik.ru/content/news/Eksperty-kritikuut-podhod-Minzdrava-k-preodoleniu-kadrovogo-deficita.html>

<sup>12</sup> Iu. A. Svirin, Aktualnye problemy grazhdanskogo prava. Justice. Chapter 7 (2019).

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implementation of the right to education, the provision of state guarantees of human rights and freedoms in education, and the creation of conditions for the realization of the right to education. The stating of the exercise by citizens of their right to education and the provision of state guarantees of rights in the field of education is the key one in this formulation. Other relations are not subject to the regulation of this law.

Article 43 of the Constitution of the Russian Federation should not go unmentioned, according to which everyone has the right to education. At the same time, the general accessibility and free-of-charge basis of secondary education in state or municipal educational institutions are directly guaranteed by the Constitution of the Russian Federation. Higher education is not publicly available and free of charge for all categories of citizens, but everyone has the right to obtain education free of charge in a state or municipal educational institution on a competitive basis.

The goal, objectives, and motives for entering medical educational organizations can be different: from “I will learn for myself” to “serving to humanity”. In this regard, the number of students and graduates of medical schools and secondary special educational organizations is not at all equal to the number of people who have expressed a desire to work in their specialty. This “gap” in recent years has been increasing at a catastrophic rate.

It should be also noted that by virtue of Article 37 of the Constitution of the Russian Federation, labor is free, and forced labor is prohibited. The Labor Code of the Russian Federation develops constitutional provisions and enshrines the principle of freedom of labor as a principle of legal regulation. According to Article 2 of the Code, everyone, in its own discretion, manages its abilities for work, chooses a profession and occupation. In Russia, unlike the Soviet Union, the obligation to work is not established in any form, and there is no legal responsibility for freeloading.

Fourthly, the increase in the load on medical educational organizations of the country represented by specific workers providing the educational process cannot but affect the quality of training of graduates. A significant influx of scientific and pedagogical personnel in medical universities and secondary specialized educational organizations did not occur. Over the past few years, the following has increased: the standards for the contingent of students per research and teaching personnel (on average, they have increased two or more times); and indicators of scientific and other types of extracurricular activities of these employees. As a result, the same specialists, in the context of the ongoing intensification of their work, train personnel for the industry (“as they understand” and “as they can” based on their physical and other capabilities). In the opinion of specialists, a negative factor is the constant changes in the legislation on the admission of a doctor to work. Thus, until 2016, it had been a certification procedure, after 2016, it was an accreditation. These procedures are significantly different from each other, although they have a single goal: advanced training and assessment of knowledge of a practitioner<sup>13</sup>. Due to the mentioned above, the quality of training cannot significantly increase as it is required by modern society.

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<sup>13</sup> F. G. Myshko; S. E. Titor and I. V. Linkova, *Kadrovyy menedzhment v sfere zdravookhraneniya* (Moscow: State University of Management, 2019).

Based on the foregoing, one can conclude that the beneficiary in the extensive way of training medical personnel can be only educational organizations but not the healthcare industry, society, scientific and pedagogical workers, and doctors. In fact, medical universities train personnel for other sectors and sectors of the economy, which in general may not be bad for society but extremely costly, and most importantly, does not give the necessary effect to the country's health care.

The issue of targeted training of specialists is not a novelty – this practice has long been implemented with varying effectiveness (depending on the requirements of the customer, its location, qualifications received by the citizen, etc.)<sup>14</sup>. Currently, this legal mechanism as a whole is quite elaborated, understandable. In principle, it is able to solve a limited range of problems of the industry (to train personnel for certain territories, some medical organizations). However, in the authors' opinion, it cannot be used as the main mechanism for solving the staffing issue in the industry under the conditions of a significant shortage of specialists for the following reasons:

Firstly, the Ministry of Health of the Russian Federation distributes more than half of the federal budget allocated for training to citizens as part of the targeted admission quota. In some educational organizations, the quota is already about 80 %. Most of the remaining places (from 20 to 40 %) are paid. A further increase in the number of target students will lead to social conflict, based on the actual inability of many citizens (outside the target admission) to enter these educational organizations on a common basis, and therefore to exercise their constitutional right to receive free education on a competitive basis.

Secondly, targeted training is quite a costly affair. During the training period, as well as upon its completion, the customer must provide the person with various support measures. Otherwise, a citizen who has concluded an agreement on targeted training will have the right to demand a change in its conditions and even termination. As a result, the customer will not receive a sufficiently motivated specialist.

Thirdly, as a result of targeted training, the customer often receives the wrong specialist, not the one he was counting on<sup>15</sup>. The quality of training of the graduate-target student is often low.

The influx of applicants can provide a high competition, which is possible with low numbers of targeted admission, and most importantly, the prestige of the medical profession in the society (provided through a combination of economic and social factors, the implementation of a systematic approach).

Fourthly, the mechanism of targeted training is able to give the industry a recent graduate for a short time. By virtue of part 2 of Article 56 of the Federal Law dated 29 December 2012 under No. 273-FZ "On Education in the Russian Federation", the citizen who has concluded an agreement on targeted training is obliged to carry out labor activity for at least three years. Upon the expiration of the agreement, the recent graduate does

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<sup>14</sup> N. V. Novikova, *Organizatsionno-pravovye formy podgotovki rabotnika dlya rabotodatelya v usloviyakh rynochnoi ekonomiki*. Perm: Perm State Humanitarian and Pedagogical University, 2019.

<sup>15</sup> E. O. Volkova and E. A. Tukova, "Tselevaya podgotovka molodykh spetsialistov: dostoinstva i nedostatki", *Education and science in modern conditions*, num 1 (2017): 96–97.

not have any obligations to the customer. If during this period favorable working conditions and living conditions are not created for the graduate, then at the first opportunity he/she will change his/her place of work (either within the industry or outside).

Now let us look critically at the mechanism of “distribution” of the graduates prepared at the expense of the state budget.

Basically, it is close to the already working mechanism of targeted training, but it is less costly, implemented on public, rather than private (contractual) principles. Therefore, the above disadvantages will be applicable to it (significant costs, average or low quality of the received graduate, temporary solution to the staffing issue).

The following serious problems that impede its implementation cannot be also ignored.

Firstly, such a mechanism is absent in the domestic legislation due to its incompatibility with a number of basic principles, provisions on human and civil rights (on freedom of work, equality of rights and opportunities for workers, nondiscrimination in the sphere of work, freedom of movement of citizens, choice of place of stay and residence<sup>16</sup>, and more).

Secondly, trying in this way to solve the issue of personnel shortage, the fading attractiveness of the profession of a medical professional, especially a doctor, can be finally put out. While at present there is a relatively stable competition in medical universities, by introducing compulsory distribution for a particular field of activity, it will be also destroyed. There are not many who wish to play “distribution roulette” with the state. First of all, this may affect leading universities located in megacities. The consequence of such a political decision will be a further deterioration in the quality of applicants as well as graduates, which cannot be allowed under the conditions of the challenges facing the industry.

Thirdly, it can spur corruption and other manifestations of the distribution system (at the levels of public health authorities, as well as in educational organizations). Already in the late USSR, the distribution mechanism worked poorly, giving constant failures. Future graduates knew how to stay in their hometown, who could solve the issue of distribution to a more or less decent place for future work, and how much it would cost.

Now, the quality of health personnel will be analyzed. The low quality of training of Russian doctors<sup>17</sup> is today one of the serious problems hindering the development of the industry. Thus, according to the polls, more than 45 % of the graduates believe that they are not ready for independent work, and 77 % lack practical skills for independent work<sup>18</sup>.

<sup>16</sup> Zakon RF ot 25 iyunya 1993 g. No. 5242-I “O prave grazhdan Rossiiskoi Federatsii na svobodu peredvizheniya, vybor mesta prebyvaniya i zhitelstva v predelakh Rossiiskoi Federatsii”, Law of the Russian Federation dated June 25, 1993 under No. 5242-I “On the Right of Citizens of the Russian Federation to Freedom of Movement, Choice of a Place of Stay and Residence within the Russian Federation”.

<sup>17</sup> V. I. Akopov, “Problemy spetsializatsii vrachei: pravovye osnovy, sostoyanie i nedostatki nepreryvnoi professionalnoi podgotovki meditsinskikh i farmatsevticheskikh rabotnikov”, Forensic Medicine, Vol: 4 num 1 (2018): 43–47.

<sup>18</sup> L. P. Peshev and N. A. Lialichkina, “Realnye vektory povysheniya kachestva podgotovki vrachei v vuzakh Rossii”, Modern problems of science and education, num 6 (2015): 140.

In Russia, the structural component of personnel and educational policies is clearly weakened. The existing methods of planning and regulating the training of medical personnel largely reproduce the previously created imbalances; measures to improve the quality of students do not work well; there is no forward planning; postgraduate training is not sufficiently focused on scarce specialties, as a result of which, with a rather high number of medical specialists in the industry as a whole, the most in-demand specialists are constantly lacking<sup>19</sup>

It should also be noted that due to the changes made in the legislation, the possibilities of real practical training of specialists have narrowed (the availability of real patients for students, the possibility of consolidation of certain skills involving real people and even cadaveric material have decreased). Basically, they use simulators and are trained in "greenhouse", "artificial" conditions, which are far from everyday medical life.

## Discussion

Various solutions to improve the quality of training of specialists are proposed in the scientific literature. However, under the conditions of the personnel shortage in practical healthcare, it is extremely difficult to make increased demands on graduates. This situation will continue until any young personnel, not only those that meet the modern requirements, are in demand. There is a vicious circle, which can be broken only by undertaking complex, systemic, and energetic measures. However, unfortunately, the healthcare management system in Russia, and first of all, the Ministry of Health of the Russian Federation, are not able to solve the tasks since the personnel policy in Russia during the presidency of V.V. Putin is based not on the principle of professionalism, but on the principle of group surety, when nobody gives anyone up.

At the same time, researchers believe that it is not possible to use the historical experience of individual countries or their healthcare models, since it is a reflection of a certain historical time, of a separate era. Over the past 50 – 70 years, major changes have occurred in the economy, society, and culture, which cannot but be taken into account by politicians and the legislator. Even greater changes are coming in the near future due to a change in technological structure, the transition of developed countries from economics to bioeconomics, from medicine to biomedicine.

According to experts from the World Health Organization (WHO), the negative trend with the provision of personnel for national health systems will continue in the near future. The global personnel shortage may amount to about 13 million people. Moreover, the most acute problem is the lack of specialists in primary care. Even in the USA, there is a shortage of doctors in rural districts<sup>20</sup>.

WHO experts distinguish the following main reasons leading to the medical personnel shortage: the inability of a number of low-income countries (investments in the industry) to provide the necessary training for modern medicine; the difficulties of ensuring

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<sup>19</sup> V. V. Rogachikov and I. V. Bogorad, "Sostoyanie i problemy sistemy podgotovki kadrov dlya khirurgicheskikh spetsialnostei", *Experimental and Clinical Urology*, num 2 (2019): 14–19 y . M. Sheiman and S. V. Sazhina, "Kadrovaya politika v zdravookhraneni: kak preodolet kadrovyy defitsit?", *World of Russia. Sociology. Ethnology*, Vol: 27 num 3 (2018): 130–153.

<sup>20</sup> M. J. Thompson, "Do international medical graduates fill the gap in rural primary care in the United States? A national study", *The Journal of Rural Health*, Vol: 25 num 2 (2009): 124–134.

personnel balance within the industry; high loads, the development of "burnout syndrome"<sup>21</sup>. For a number of countries, the problem of immigration is acute<sup>22</sup>.

The staffing issue is a key issue of the current national healthcare model as a whole. The basic doctor-patient relationship, depending on the national model of healthcare chosen and enshrined in law, can have significant differences in various countries, be balanced or not, high- or low-conflict. This relationship is one of the systems (subsystems) of the model, the elements of which either work efficiently or fail. They are provided by organizational, financial, legal, and other mechanisms of the system that ensure the working state of the health sector.

Some of them are within the industry, some are not. Some problems lie in the plane of socio-economic relations in general, the national specifics of the redistribution of goods, key development guidelines, traditions, etc.

For example, in the USA, the country with one of the highest levels of income for doctors in the world, the issue of remuneration for labor is not a determining factor that causes the shortage of certain groups of specialists. However, the excessive risks of doctors of certain specialties (surgeons, gynecologists, etc.), frequent litigation with patients, and the high cost of insurance have made in recent years highly paid medical specialties less attractive than ten to twenty years ago. Differences in income between doctors in small towns and rural areas in comparison with megacities cause a shortage of doctors in certain areas. In addition, in small towns, there is a risk of losing one's qualifications<sup>23</sup>.

The socio-economic system is leading in the system of measures to resolve the staffing issue (the salary of a physician, motives and incentives, guarantees, benefits, and more arise from it). Attention is constantly paid to it, but serious changes have not yet occurred. The success of medical education is directly related to the success of the graduate, and, in turn, it is determined by the results of the healthcare industry, its relevance, and contribution to solving the problems facing society and the state. In the meantime, despite ongoing attempts to increase the salary of medical workers, its level as a whole is 1.2 times lower than in the economy as a whole, due to which experts have repeatedly pointed out the need to change the current system of remuneration for health workers<sup>24</sup>. The Ministry of Health of the Russian Federation partially recognizes the problem, planning to raise the share of rate in the salaries of doctors<sup>25</sup>. However, whether this actually happens is not clear. The fact is that the current model of health care is

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<sup>21</sup> J. M. Zulu, "Developing the national community health assistant strategy in Zambia: a policy analysis", *Health Research Policy and Systems*, num 11 (2013) y T. Heponiemi, "Psychosocial factors in general practitioner work: the effects of taking a general practitioner position or leaving general practitioner work", *EJPH*, Vol: 23 num 3 (2013): 361–366.

<sup>22</sup> D. Klein, "Push, pull, and plant: the personal side of physician immigration to Alberta Canada", *Fam Med*, Vol: 41 num 3 (2009): 197–201.

<sup>23</sup> A. V. Riffel, "Rol vracha v sovremennom obshchestve", *Medical Law*, num 3 (2007): 23–24 y A. Deutsch, "Why are fewer medical students in Florida choosing obstetrics and gynecology", *The Southern Medical Journal* num 11 (2007): 1095–1098.

<sup>24</sup> R. M. Sadykov and Iu. V. Migunova, "Rol kadrovogo obespecheniya meditsinskikh organizatsii v kontekste problem rossiiskogo zdravookhraneniya", *Bulletin of the Ufa Scientific Center of the Russian Academy of Sciences*, num 3 (2019): 77.

<sup>25</sup> *Minzdrav, RF gotovitsya podnyat do 55 % dolyu oklada v zarplatakh vrachei*. Regnum. 2019. Available at: <https://regnum.ru/news/2736766.html>2019



scarce (the budget scarcity is two or more times; tariffs for compulsory medical insurance are obviously unprofitable<sup>26</sup>), that is why it is actually distributive rather than market-oriented. In the distribution system, as a rule, there are no high earnings (chronic lack of funds, constant “band-aid approach”).

Issues concerning clarifying or changing the legal status of a medical worker and its legal protection are also becoming more acute. In the USSR, medical workers had a number of guarantees and benefits, due to which, with the same income comparable to other mass professions, they worked in the industry for many years (the possibility of obtaining housing, early (preferential) pension, reduced day length, and others). In the post-Soviet Russia, most guarantees and benefits were canceled, and wages did not undergo major changes as already indicated.

Annually, more than two thousand criminal cases are instituted in the country against medical workers, primarily doctors of high-risk specialties (obstetrician-gynecologists, surgeons, etc.). Increasingly, dissatisfied patients blame doctors in troubles of healthcare, managerial miscalculations, etc., trying to hold them responsible for poor-quality medical care, mistakes, etc. At the same time, there are essentially no special legal forms and ways to protect the rights of physicians in Russia. Foreign colleagues have societies, associations, chambers, and other structures protecting the rights of physicians. In Russia, until now, the institute of insurance of civil or professional liability of doctors has not appeared.

As a result of the study conducted, the authors have revealed that:

1) the modern methods of planning and regulation of the training of medical personnel are not effective and are not able to improve the quality of students;

2) there is no forward planning;

3) postgraduate training is not sufficiently focused on scarce specialties;

4) targeted training, in addition to being costly, is not effective; and

5) the reasons for the poor preparation of target graduates are the following:

– lower requirements for applicants (on average, the competition for targeted education is two people per place, which is much lower than the general competition, and as it is known, “one can’t bake good pies from a bad paste”);

– lower requirements for graduates;

– lack of motivation; and

– corruption.

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<sup>26</sup> V. Grishin and A. Ragozin, Funktsionalnoe rasstroistvo sistemy OMS. Pochemu v Rossii za tri desyatiletia tak i ne poyavilas effektivnaya model meditsinskogo strakhovaniya. Profile. 2019. Available at: <https://profile.ru/society/funktsionalnoe-rasstrojstvo-sistemy-oms-134334/>  
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## Conclusion

As a result of the study, the following conclusions have been made:

1. The personnel shortage in the domestic health is determined by the following circumstances: income mismatch and existing needs; complexity and responsibility in the work of the doctor; high duration of preparation for the profession, and therefore, more significant direct and indirect costs of an individual or its family for training; consolidation of the “conflict model” of healthcare; devaluation of the social status of the doctor; legalization of medical care; and social and legal vulnerability of the medical worker.

2. Significant expenses for training target specialists do not justify themselves, and there are more and more specialists in the industry who are not able to solve the new tasks that the modern healthcare faces in the context of the transition to innovative medicine.

3. Substantial modernization of the current model of healthcare or its replacement with another is necessary based on the urgent need to solve the staffing issue in the industry.

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