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ORGANISATIONAL AND STATISTICAL ANALYSIS OF THE PERSONNEL AND QUALIFICATION STRUCTURE OF THE OBSTETRIC AND GYNAECOLOGICAL SERVICE IN UKRAINE

The aim of the study is to assess the dynamics, structure and regional characteristics of the personnel and qualifications of the obstetric and gynaecological service in Ukraine in 2015–2024.

Materials and Methods. The study uses official statistical data on the number of obstetricians and gynaecologists in the regions of Ukraine, as well as their distribution by qualification categories (higher, I, II). Research methods: statistical, analytical, comparative, structural and organisational-management analysis. An assessment was made of the dynamics of absolute indicators, the specific weight of qualification categories and regional personnel distribution.

Results and Discussion. A steady trend towards a decrease in the total number of obstetricians-gynaecologists in most regions of Ukraine during the study period was established. At the same time, a decrease in the proportion of doctors with the highest qualification category was noted, which may indicate a degradation of human resources and the ageing of professional staff. Regional analysis revealed significant disparities between regions, creating inequality in access to specialised care for women. The results obtained underscore the need to review personnel policy and the postgraduate education system.

Conclusions. Between 2015 and 2024, the number of obstetricians and gynaecologists in Ukraine fell from 11,650 to 9,311, a decrease of 20.1 %. During this period, the number of doctors with the first qualification category decreased by 49.9 %, with the second category – by 46.4 %, while the share of specialists with the highest category increased from 35.0 to 44.0 %, reflecting the ageing of the workforce and a reduction in the influx of young specialists. The identified trends indicate a deterioration in the stability of the obstetric and gynaecological service and the need to review state personnel policy, with an emphasis on training and retaining young personnel.

Key words: obstetric and gynaecological services; staffing capacity; qualification categories; obstetricians and gynaecologists; medical statistics; staffing; regional analysis; healthcare.

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ОРГАНІЗАЦІЙНО-СТАТИСТИЧНИЙ АНАЛІЗ КАДРОВОЇ ТА КВАЛІФІКАЦІЙНОЇ СТРУКТУРИ АКУШЕРСЬКО-ГІНЕКОЛОГІЧНОЇ СЛУЖБИ УКРАЇНИ

Мета дослідження – оцінити динаміку, структуру та регіональні особливості кадрового та кваліфікаційного складу акушерсько-гінекологічної служби України у 2015–2024 рр.

Матеріали та методи. У роботі використано офіційні статистичні дані щодо чисельності лікарів акушерів-гінекологів у регіонах України, а також їх розподілу за кваліфікаційними категоріями (вища, I, II). Методи дослідження: статистичний, аналітичний, порівняльний, структурний та організаційно-менеджментний аналіз. Проводили оцінку динаміки абсолютних показників, питомої ваги кваліфікаційних категорій і регіонального кадрового розподілу.

Результати дослідження та їх обговорення. Встановлено стійку тенденцію до зменшення загальної чисельності лікарів акушерів-гінекологів у більшості регіонів України протягом досліджуваного періоду. Одночасно відзначено зниження частки лікарів із вищою кваліфікаційною категорією, що може свідчити про деградацію кадрового потенціалу та старіння професійних кадрів. Регіональний аналіз виявив суттєві диспропорції між областями, що створює нерівність у доступі до спеціалізованої допомоги для жінок. Отримані результати підкреслюють необхідність перегляду кадрової політики й системи післядипломної освіти.

Висновки. У 2015–2024 рр. чисельність лікарів акушерів-гінекологів в Україні скоротилася з 11 650 до 9 311 осіб, що відповідає зниженню на 20,1 %. Протягом цього періоду кількість лікарів із І кваліфікаційною категорією зменшилась на 49,9 %, із ІІ категорією – на 46,4 %, тоді як частка фахівців із вищою категорією зросла з 35,0 до 44,0 %, що відображає старіння кадрового складу та скорочення притоку молодих спеціалістів. Виявлені тенденції свідчать про погіршення кадрової стійкості акушерсько-гінекологічної служби та необхідність перегляду державної кадрової політики, з акцентом на підготовку та закріплення молодих кадрів.

Ключові слова: акушерсько-гінекологічна служба; кадровий потенціал; кваліфікаційні категорії; лікарі акушери-гінекологи; медична статистика; кадрове забезпечення; регіональний аналіз; охорона здоров'я.

INTRODUCTION. Obstetric and gynaecological services are one of the key components of the healthcare system, directly affecting maternal and perinatal mortality rates, reproductive health of the population, demographic processes and socio-economic development of the state [1, 10]. The effectiveness of this service directly depends on the level of staffing, the structure of the personnel, and their qualifications [2].

In recent years, Ukraine's healthcare system has undergone systemic transformations related to financing reform, changes in the management of medical institutions, optimisation of the network of medical and preventive

institutions, and the complication of the socio-political situation in the country. In these conditions, the problem of preserving and developing the human resources potential of medical specialties, in particular obstetricians-gynaecologists, has become particularly relevant [3, 11].

Medical personnel act not only as performers of therapeutic and diagnostic processes, but also as a strategic resource of the healthcare system [4]. It is the human resource potential that determines the possibilities of providing medical care, implementing modern clinical protocols, the accessibility of services to the population, and the stability of the system's functioning in crisis conditions [5].

The qualification structure of obstetricians and gynaecologists is of particular importance. Qualification categories reflect not only the professional level of a specialist, but also their accumulated clinical experience, which directly affects the quality of care provided [6, 12]. Changes in the ratio of doctors of different categories may indicate the ageing of personnel, a shortage of young specialists, or a disruption in the continuity of medical training [7].

At the same time, Ukraine still lacks systematic studies devoted to a comprehensive analysis of the personnel and qualification structure of obstetric and gynaecological services over the last decade [8]. Most of the available publications cover individual regions or short periods of time, which makes it difficult to form a complete picture [9].

In this regard, it is relevant to conduct an organisational and statistical analysis of the staffing of obstetric and gynaecological services in Ukraine for 2015–2024, taking into account regional characteristics and the qualification structure. This approach will not only describe existing trends, but also form scientifically sound recommendations for management decisions in the field of medical education, personnel policy and healthcare organisation.

THE AIM OF THE STUDY – to assess the dynamics, structure and regional characteristics of the personnel and qualifications of the obstetrics and gynaecology service in Ukraine in 2015–2024.

MATERIALS AND METHODS. The study of the personnel and qualification structure of the obstetric and gynaecological service in Ukraine was conducted on the basis of official statistical data from industry reports for 2015–2024. The source of information was the consolidated medical statistics data, which contains information on the number of obstetricians-gynaecologists in the regions of Ukraine and their distribution by qualification categories (higher, first, second).

The object of the study was the personnel system of the obstetric and gynaecological service in Ukraine, and the subject was the quantitative and structural characteristics of doctors by qualification level in dynamics.

In the course of the work, a set of modern methods of medical and social statistics was applied: analysis of dynamic series, comparative statistical analysis, structural analysis, elements of a correlation-interpretative approach, and organisational and managerial analysis.

The following indicators were assessed:

– the total number of obstetricians-gynaecologists;

– the absolute and relative number of doctors with different qualification categories;

– their structure in percentage terms;

– the dynamics of changes in human resources over the period under review.

Absolute indicators, growth and decline rates, specific weights, as well as changes in structural ratios within qualification categories were calculated. The results were processed and systematised using methods of generalisation and logical interpretation in the context of the current transformations of the Ukrainian healthcare system.

RESULTS AND DISCUSSION. An organisational and statistical analysis of the staffing and qualification structure of the obstetrics and gynaecology service in Ukraine revealed systemic negative trends that are long-term in nature and reflect complex crisis changes in the staffing of the industry. It was established that in the period 2015–2024, the total number of obstetricians-gynaecologists decreased from 11,650 to 9,311, i.e. by 2,339 specialists or 20.1 %. This indicates a gradual degradation of the human resources potential of one of the key clinical services in the healthcare system, which provides reproductive, perinatal and gynaecological health care to the female population.

The dynamics of staff reductions were not uniform. The most intense decline in the number of doctors occurred in the periods 2020–2021 and 2022–2023, coinciding with the COVID-19 pandemic, the reform of healthcare financing, and the start of full-scale war. The combined impact of these factors contributed to both a decline in motivation to work in the public health sector and an increase in external and internal migration of medical personnel. Some specialists were forced to leave their permanent jobs due to hostilities, while others reoriented themselves to the private sector or other areas of medical practice, which had a negative impact on the overall staffing balance.

The study of changes in the qualification structure of obstetricians and gynaecologists is of particular analytical value. The results show that the reduction in the number of medical personnel is uneven across different qualification groups (Table 1). The most vulnerable group was doctors with first and second qualification categories. Thus, the number of doctors with the first category decreased from 4,050 to 2,030, i.e. almost twice (–49.9 %), and doctors with the second category – from 1,389 to 744 (–46.4 %).

This trend indicates a systematic reduction in the personnel ‘reserve’ of the specialty, i.e. the group of doctors who, in the future, should replenish the ranks of specialists of the highest qualification category. This situation poses a serious threat to the preservation of professional continuity in the field of women's reproductive health. The lack of a sufficient number of mid-level doctors makes it impossible to stably restore the structure of the service in the future and contributes to its further ageing.

At the same time, the recorded increase in the proportion of doctors with the highest qualification category – from 35.0 % in 2015 to 44.0 % in 2024 – cannot be considered an unambiguously positive phenomenon. In reality, it is caused not by an increase in the number of highly qualified specialists, but by a reduction in the number of doctors in lower categories. The absolute number of doctors with the highest category remained relatively stable (from 4,072 in 2015 to 4,096 in 2024), but their share increased precisely due to the ‘washout’ of junior staff groups.

This structure indicates a gradual ‘ageing’ of the core staff of the obstetrics and gynaecology service. Highly qualified

Table 1. **Dynamics of the number and qualification structure of obstetricians-gynaecologists in Ukraine (2015–2024)**

Year		Region																													Total	
		Crimea	Vinnytsia	Volyn	Dnipropetrovsk	Donetsk	Zhytomyr	Zakarpattia	Zaporizhia	Ivano-Frankivsk	Kyiv	Kirovohrad	Luhansk	Lviv	Mykolaiv	Odesa	Poltava	Rivne	Sumy	Ternopil	Kharkiv	Kherson	Khmelnytskyi	Cherkasy	Chernivtsi	Chernihiv	Kyiv city	Sevastopol	Abs.	
		Abs. (%)																														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
2015	Number of doctors	0 (0.0)	487 (4.1)	289 (2.4)	956 (8.2)	351 (3.0)	300 (2.5)	296 (2.5)	526 (4.5)	503 (4.3)	470 (4.0)	213 (1.8)	144 (1.2)	884 (7.5)	250 (2.1)	773 (6.6)	374 (3.2)	339 (2.9)	261 (2.2)	305 (2.6)	961 (8.2)	268 (2.3)	356 (3.0)	292 (2.5)	328 (2.8)	220 (1.8)	1504 (12,9)	0 (0.0)	11650	
	Qualification category: higher	0 (0.0)	160 (3.9)	108 (2.6)	336 (8.2)	169 (4.1)	162 (3.9)	147 (3.6)	156 (3.8)	99 (2.4)	135 (3.3)	48 (1.1)	42 (1.0)	392 (9.6)	102 (2.5)	372 (9.1)	118 (2.8)	167 (4.1)	87 (2.1)	100 (2.4)	300 (7.3)	59 (1.4)	63 (1.5)	48 (1.1)	80 (1.9)	38 (0.9)	584 (14,3	0 (0.0)	4072	
	I	0 (0.0)	195 (4.8)	93 (2.2)	384 (9.4)	100 (2.4)	64 (1.5)	68 (1.6)	218 (5.3)	204 (5.0)	172 (4.2)	112 (2.7)	60 (1.4)	244 (6.0)	95 (2.3)	215 (5.3)	132 (3.2)	75 (1.8)	79 (1.9)	108 (2.6)	421 (10,3)	138 (3.4)	180 (4.4)	134 (3.3)	114 (2.8)	67 (1.6)	378 (9.3)	0 (0.0)	4050	
	II	0 (0.0)	48 (3.5)	36 (2.6)	113 (8.1)	26 (1.9)	30 (2.2)	27 (1.9)	60 (4.3)	83 (6.0)	68 (4.9)	20 (1.4)	23 (1.7)	84 (6.0)	21 (1.5)	70 (5.0)	43 (3.1)	35 (2.5)	27 (1.9)	43 (3.1)	93 (6.7)	42 (3.0)	48 (3.5)	56 (4.0)	55 (4.0)	63 (4.5)	175 (12,6)	0 (0.0)	1389	
2016	Number of doctors	0 (0.0)	464 (4.0)	284 (2.4)	943 (8.1)	365 (3.1)	294 (2.5)	286 (2.5)	539 (4.6)	503 (4.3)	482 (4.1)	215 (1.8)	134 (1.2)	887 (7.6)	250 (2.1)	763 (6.6)	367 (3.2)	339 (2.9)	256 (2.2)	299 (2.6)	951 (8.2)	269 (2.3)	344 (3.0)	288 (2.5)	323 (2.8)	209 (1.8)	1579 (13,6)	0 (0.0)	11633	
	Qualification category: higher	0 (0.0)	159 (3.7)	116 (2.7)	361 (8.4)	182 (4.2)	167 (3.9)	146 (3.4)	162 (3.8)	113 (2.6)	153 (3.6)	47 (1.1)	44 (1.0)	416 (9.7)	107 (2.5)	373 (8.7)	126 (2.9)	166 (3.9)	87 (2.0)	104 (2.4)	314 (7.3)	58 (1.3)	64 (1.5)	51 (1.2)	84 (2.0)	38 (0.9)	665 (15,5)	0 (0.0)	4303	
	I	0 (0.0)	183 (4.7)	84 (2.1)	355 (9.0)	110 (2.8)	61 (1.6)	60 (1.5)	212 (5.4)	202 (5.1)	182 (4.6)	113 (2.9)	61 (1.6)	239 (6.1)	97 (2.5)	200 (5.1)	130 (3.3)	77 (2.0)	79 (2.0)	98 (2.5)	402 (10,2)	138 (3.5)	179 (4.5)	134 (3.4)	110 (2.8)	61 (1.6)	368 (9.4)	0 (0.0)	3935	
	II	0 (0.0)	49 (3.4)	43 (3.0)	117 (8.1)	31 (2.1)	33 (2.3)	30 (2.1)	68 (4.7)	85 (5.9)	81 (5.6)	21 (1.5)	18 (1.2)	86 (6.0)	24 (1.7)	62 (4.3)	45 (3.1)	36 (2.5)	30 (2.1)	41 (2.8)	96 (6.7)	53 (3.7)	47 (3.3)	55 (3.8)	53 (3.7)	66 (4.6)	173 (12,0)	0 (0.0)	1443	
2017	Number of doctors	0 (0.0)	455 (3.9)	278 (2.4)	947 (8.2)	358 (3.1)	287 (2.5)	282 (2.4)	513 (4.4)	497 (4.3)	455 (3.9)	213 (1.8)	130 (1.1)	878 (7.6)	251 (2.2)	768 (6.6)	365 (3.2)	336 (2.9)	260 (2.3)	310 (2.7)	927 (8.0)	269 (2.3)	346 (3.0)	277 (2.4)	324 (2.8)	206 (1.8)	1617 (14,0)	0 (0.0)	11549	
	Qualification category: higher	0 (0.0)	161 (3.6)	120 (2.7)	388 (8.7)	191 (4.3)	168 (3.8)	150 (3.4)	165 (3.7)	114 (2.6)	154 (3.5)	52 (1.2)	45 (1.0)	438 (9.9)	108 (2.4)	391 (8.8)	129 (2.9)	171 (3.8)	91 (2.0)	108 (2.4)	296 (6.7)	68 (1.5)	64 (1.4)	50 (1.1)	87 (2.0)	39 (0.9)	695 (15,6)	0 (0.0)	4443	
	I	0 (0.0)	174 (4.6)	78 (2.1)	345 (9.1)	100 (2.6)	56 (1.5)	61 (1.6)	206 (5.4)	194 (5.1)	171 (4.5)	108 (2.8)	58 (1.5)	210 (5.5)	99 (2.6)	185 (4.9)	133 (3.5)	78 (2.1)	80 (2.1)	98 (2.6)	398 (10,5)	132 (3.5)	172 (4.5)	132 (3.5)	111 (2.9)	64 (1.7)	358 (9.4)	0 (0.0)	3801	
	II	0 (0.0)	50 (3.4)	44 (3.0)	117 (8.0)	29 (2.0)	29 (2.0)	33 (2.3)	67 (4.6)	95 (6.5)	76 (5.2)	23 (1.6)	15 (1.0)	88 (6.0)	19 (1.3)	78 (5.4)	48 (3.3)	38 (2.6)	30 (2.7)	40 (6.3)	91 (3.6)	52 (3.6)	53 (4.1)	59 (3.6)	52 (4.2)	61 (11.6)	169 (0.0)	0 (0.0)	1456	
2018	Number of doctors	0 (0.0)	457 (4.0)	266 (2.3)	903 (7.9)	348 (3.1)	289 (2.5)	275 (2.4)	505 (4.4)	488 (4.3)	444 (3.9)	215 (1.9)	129 (1.1)	867 (7.6)	243 (2.1)	735 (6.4)	360 (3.2)	338 (3.0)	269 (2.4)	318 (2.8)	889 (7.8)	251 (2.2)	345 (3.0)	278 (2.4)	327 (2.9)	212 (1.9)	1647 (14,4)	0 (0.0)	11398	
	Qualification category: higher	0 (0.0)	165 (3.6)	123 (2.7)	389 (8.4)	197 (4.3)	167 (3.6)	148 (3.2)	167 (3.6)	127 (2.7)	162 (3.5)	55 (1.2)	45 (1.0)	468 (10,1)	106 (2.3)	405 (8.8)	131 (2.8)	172 (3.7)	92 (2.0)	115 (2.5)	290 (6.3)	70 (1.5)	68 (1.5)	54 (1.2)	104 (2.3)	46 (1.0)	755 (16,3)	0 (0.0)	4621	
	I	0 (0.0)	173 (4.8)	74 (2.0)	315 (8.7)	92 (2.5)	53 (1.5)	59 (1.6)	191 (5.3)	192 (5.3)	159 (4.4)	109 (3.0)	58 (1.6)	189 (5.2)	90 (2.5)	162 (4.5)	132 (3.6)	79 (2.2)	79 (2.2)	94 (2.6)	387 (10,7)	125 (3.5)	167 (4.6)	128 (3.5)	107 (3.0)	59 (1.6)	348 (9.6)	0 (0.0)	3621	
	II	0 (0.0)	57 (3.9)	48 (3.3)	102 (7.0)	25 (1.7)	33 (2.3)	32 (2.2)	71 (4.9)	90 (6.2)	62 (4.3)	25 (1.7)	15 (1.0)	88 (6.1)	22 (1.5)	73 (5.0)	44 (3.0)	42 (2.9)	32 (2.2)	42 (2.9)	90 (6.2)	45 (3.1)	55 (3.8)	59 (4.1)	51 (3.5)	66 (4.5)	184 (12,7)	0 (0.0)	1453	

Continuation of Table 1

1	2		3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
2019	Number of doctors		0 (0,0)	450 (4,0)	268 (2,4)	867 (7,7)	342 (3,0)	288 (2,6)	278 (2,5)	498 (4,4)	478 (4,2)	430 (3,8)	206 (1,8)	131 (1,2)	845 (7,5)	240 (2,1)	733 (6,5)	355 (3,2)	332 (3,0)	265 (2,4)	312 (2,8)	881 (7,8)	305 (6,3)	251 (2,2)	348 (3,1)	260 (2,3)	324 (2,9)	208 (1,8)	1658 (14,7)	0 (0,0)	11248
	Qualification category:	higher	0 (0,0)	162 (3,4)	131 (2,7)	411 (8,5)	195 (4,0)	170 (3,5)	157 (3,2)	177 (3,7)	131 (2,7)	173 (3,6)	57 (1,2)	46 (1,0)	486 (10,1)	111 (2,3)	424 (8,8)	139 (2,9)	176 (3,6)	93 (1,9)	136 (2,8)	305 (6,3)	70 (1,4)	85 (1,8)	56 (1,2)	106 (2,2)	48 (1,0)	786 (16,3)	0 (0,0)	4831
		I	0 (0,0)	168 (4,9)	73 (2,1)	289 (8,4)	79 (2,3)	56 (1,6)	57 (1,7)	180 (5,2)	191 (5,5)	151 (4,4)	101 (2,9)	58 (1,7)	175 (5,1)	83 (2,4)	145 (4,2)	125 (3,6)	76 (2,2)	75 (2,2)	83 (2,4)	371 (10,8)	123 (3,6)	166 (4,8)	130 (3,8)	113 (3,3)	58 (1,7)	324 (9,4)	0 (0,0)	3450
		II	0 (0,0)	56 (4,2)	42 (3,2)	78 (5,9)	26 (2,0)	28 (2,1)	20 (1,5)	76 (5,7)	74 (5,6)	59 (4,4)	24 (1,8)	14 (1,1)	72 (5,4)	22 (1,7)	79 (6,0)	39 (2,9)	44 (3,3)	29 (2,2)	30 (2,3)	89 (6,7)	42 (3,2)	50 (3,8)	50 (3,8)	47 (3,5)	68 (5,1)	169 (12,7)	0 (0,0)	1327
2020	Number of doctors		0 (0,0)	420 (3,9)	266 (2,4)	876 (8,1)	318 (2,9)	278 (2,6)	260 (2,4)	465 (4,3)	453 (4,2)	426 (3,9)	194 (1,8)	134 (1,2)	822 (7,6)	211 (1,9)	726 (6,7)	345 (3,2)	322 (3,0)	242 (2,2)	310 (2,9)	852 (7,8)	234 (2,2)	338 (3,1)	242 (2,2)	313 (2,9)	195 (1,8)	1629 (15,0)	0 (0,0)	10871
	Qualification category:	higher	0 (0,0)	173 (3,5)	130 (2,7)	432 (8,9)	181 (3,7)	172 (3,5)	162 (3,3)	185 (3,8)	123 (2,5)	174 (3,6)	52 (1,1)	53 (1,1)	494 (10,1)	100 (2,0)	419 (8,6)	137 (2,8)	188 (3,9)	84 (1,7)	143 (2,9)	320 (6,6)	70 (1,4)	90 (1,8)	52 (1,1)	106 (2,2)	45 (0,9)	794 (16,3)	0 (0,0)	4879
		I	0 (0,0)	157 (4,9)	71 (2,2)	276 (8,7)	64 (2,0)	48 (1,5)	52 (1,6)	157 (4,9)	176 (5,5)	130 (4,1)	95 (3,0)	53 (1,7)	161 (5,1)	69 (2,2)	120 (3,8)	111 (3,5)	66 (2,1)	66 (2,1)	78 (2,5)	344 (10,8)	116 (3,7)	150 (4,7)	127 (4,0)	107 (3,4)	49 (1,5)	330 (10,4)	0 (0,0)	3173
		II	0 (0,0)	37 (3,2)	40 (3,4)	74 (6,3)	20 (1,7)	25 (2,1)	22 (1,9)	61 (5,2)	74 (6,3)	51 (4,4)	20 (1,7)	11 (0,9)	64 (5,5)	21 (1,8)	62 (5,3)	30 (2,6)	31 (2,7)	29 (2,5)	30 (2,6)	82 (7,0)	29 (2,5)	48 (4,1)	33 (2,8)	45 (3,9)	64 (5,5)	165 (14,1)	0 (0,0)	1168
2022	Number of doctors		0 (0,0)	428 (4,4)	259 (2,6)	782 (8,0)	271 (2,8)	259 (2,6)	239 (2,4)	300 (3,1)	423 (4,3)	392 (4,0)	182 (1,9)	88 (0,9)	782 (8,0)	213 (2,2)	712 (7,3)	325 (3,3)	312 (3,2)	230 (2,4)	300 (3,1)	679 (6,9)	132 (1,4)	335 (3,4)	236 (2,4)	304 (3,1)	194 (2,0)	1400 (14,3)	0 (0,0)	9777
	Qualification category:	higher	0 (0,0)	193 (4,1)	126 (2,7)	410 (8,8)	157 (3,4)	155 (3,3)	147 (3,1)	137 (2,9)	133 (2,8)	166 (3,6)	51 (1,1)	42 (0,9)	489 (10,5)	95 (2,0)	412 (8,8)	138 (3,0)	187 (4,0)	87 (1,9)	149 (5,8)	269 (1,1)	50 (2,4)	111 (1,1)	52 (2,5)	119 (1,0)	47 (16,1)	751 (0,0)	0 (0,0)	4673
		I	0 (0,0)	116 (4,8)	69 (2,9)	209 (8,7)	43 (1,8)	40 (1,7)	44 (1,8)	79 (3,3)	166 (6,9)	102 (4,3)	73 (3,0)	23 (1,0)	126 (5,3)	56 (2,3)	114 (4,8)	91 (3,8)	54 (2,3)	57 (2,4)	57 (2,4)	231 (9,6)	52 (2,2)	128 (5,3)	116 (4,8)	85 (3,5)	51 (2,1)	213 (8,9)	0 (0,0)	2395
		II	0 (0,0)	35 (4,1)	26 (3,0)	54 (6,3)	16 (1,9)	26 (3,0)	14 (1,6)	29 (3,4)	55 (6,4)	26 (3,0)	24 (2,8)	10 (1,2)	52 (6,0)	17 (2,0)	36 (4,2)	28 (3,2)	26 (3,0)	26 (3,0)	35 (4,1)	56 (6,5)	19 (2,2)	38 (4,4)	26 (3,0)	40 (4,6)	50 (5,8)	100 (11,6)	0 (0,0)	864
2023	Number of doctors		0 (0,0)	426 (4,5)	256 (2,7)	761 (8,0)	245 (2,6)	258 (2,7)	227 (2,4)	285 (3,0)	444 (4,6)	402 (4,2)	194 (2,0)	87 (0,9)	776 (8,1)	205 (2,1)	684 (7,2)	321 (3,4)	308 (3,2)	211 (2,2)	295 (3,1)	662 (6,9)	118 (1,2)	334 (3,5)	228 (2,4)	312 (3,3)	192 (2,0)	1334 (13,9)	0 (0,0)	9565
	Qualification category:	higher	0 (0,0)	186 (4,2)	115 (2,6)	406 (9,3)	127 (2,9)	149 (3,4)	116 (2,6)	137 (3,1)	143 (3,3)	172 (3,9)	54 (1,2)	41 (0,9)	478 (10,9)	90 (2,1)	374 (8,5)	131 (3,0)	173 (3,9)	76 (1,7)	139 (3,2)	268 (6,1)	38 (0,9)	110 (2,5)	48 (1,1)	113 (2,6)	44 (1,0)	656 (15,0)	0 (0,0)	4384
		I	0 (0,0)	111 (4,9)	60 (2,7)	189 (8,4)	40 (1,8)	38 (1,7)	37 (1,6)	64 (2,8)	166 (7,3)	89 (3,9)	76 (3,4)	24 (1,1)	125 (5,5)	59 (2,6)	108 (4,8)	79 (3,5)	59 (2,6)	52 (2,3)	59 (2,6)	214 (9,5)	38 (1,7)	121 (5,3)	115 (5,1)	91 (4,0)	51 (2,3)	198 (8,7)	0 (0,0)	2263
		II	0 (0,0)	35 (4,4)	24 (3,0)	48 (6,0)	14 (1,8)	24 (3,0)	12 (1,5)	25 (3,1)	58 (7,3)	29 (3,6)	26 (3,3)	7 (0,9)	46 (5,8)	9 (1,1)	34 (4,3)	26 (3,3)	27 (3,4)	22 (2,8)	33 (4,1)	54 (6,8)	11 (1,4)	37 (4,6)	23 (2,9)	36 (4,5)	41 (5,1)	98 (12,3)	0 (0,0)	799
2024	Number of doctors		0 (0,0)	424 (4,6)	252 (2,7)	743 (8,0)	157 (1,7)	255 (2,7)	232 (2,5)	268 (2,9)	439 (4,7)	390 (4,2)	183 (2,0)	51 (0,5)	774 (8,3)	208 (2,2)	662 (7,1)	316 (3,4)	318 (3,4)	200 (2,1)	282 (3,0)	586 (6,3)	100 (1,1)	327 (3,5)	221 (2,4)	300 (3,2)	190 (2,0)	1433 (15,4)	0 (0,0)	9311
	Qualification category:	higher	0 (0,0)	166 (4,1)	117 (2,9)	352 (8,6)	67 (1,6)	146 (3,6)	94 (2,3)	122 (3,0)	130 (3,2)	166 (4,1)	56 (1,4)	19 (0,5)	462 (11,3)	92 (2,2)	372 (9,1)	128 (3,1)	171 (4,2)	66 (1,6)	127 (3,1)	216 (5,3)	33 (0,8)	108 (2,6)	43 (1,0)	99 (2,4)	46 (1,1)	698 (17,0)	0 (0,0)	4096
		I	0 (0,0)	97 (4,8)	62 (3,1)	178 (8,8)	15 (0,7)	32 (1,6)	23 (1,1)	58 (2,9)	161 (7,9)	87 (4,3)	65 (3,2)	16 (0,8)	116 (5,7)	57 (2,8)	94 (4,6)	75 (3,7)	59 (2,9)	44 (2,2)	46 (2,3)	176 (8,7)	23 (1,1)	116 (5,7)	109 (5,4)	82 (4,0)	49 (2,4)	190 (9,4)	0 (0,0)	2030
		II	0 (0,0)	32 (4,3)	21 (2,8)	47 (6,3)	10 (1,3)	26 (3,5)	13 (1,7)	21 (2,8)	54 (7,3)	29 (3,9)	20 (2,7)	3 (0,4)	46 (6,2)	12 (1,6)	31 (4,2)	27 (3,6)	24 (3,2)	20 (2,7)	26 (3,5)	48 (6,5)	9 (1,2)	35 (4,7)	21 (2,8)	33 (4,4)	42 (5,6)	94 (12,6)	0 (0,0)	744

doctors usually have significant professional experience and are in the older age groups, which in the long term will inevitably lead to the mass retirement of some of them. In the absence of adequate replenishment and professional growth of younger staff, this creates the risk of a sharp staffing crisis in the medium term.

To summarise the dynamic changes in the personnel structure, see the integrated table 1.

Analysis of the table shows a clear trend towards a progressive decline in the proportion of doctors with first and second qualification categories, while the proportion of doctors with higher categories remains consistently high. This indicates a distortion of the normal pyramid of qualification distribution among personnel. While in a balanced healthcare system, doctors with the first category should constitute the majority, forming the 'operational core' of the service, in Ukraine there is an inverted structure with a predominance of the senior qualification segment.

In addition to the qualification imbalance, there is a marked territorial unevenness in the distribution of medical personnel. In large metropolitan areas and regional centres, the concentration of obstetricians-gynaecologists remains relatively stable, while in peripheral areas and small communities there is a critical shortage. This leads to unequal access to specialised medical care for the female population, especially in the field of prevention and early diagnosis of gynaecological pathology.

From the perspective of healthcare organisations, these trends are extremely alarming, as staff shortages directly affect the availability of medical services, the timeliness of diagnosis, the quality of treatment, and the level of maternal and reproductive safety. In regions with a low density of obstetricians and gynaecologists, the workload per specialist is increasing, leading to professional burnout, a decline in the quality of counselling and, consequently, poorer medical outcomes.

It is worth noting that in the context of the demographic crisis and increasing reproductive losses in Ukraine, it is the obstetric and gynaecological service that plays a strategic role in ensuring national security. Therefore, the degradation of human resources has not only medical but also socio-demographic and economic consequences.

The results of the study indicate a deep structural crisis in the staffing of obstetric and gynaecological services in Ukraine, which requires the implementation of targeted state programmes for staff incentives, improvement of the postgraduate education system, enhancement of the prestige of the profession, and the creation of effective mechanisms for attracting and retaining young doctors in the public health sector.

CONCLUSIONS. 1. As a result of the organisational and statistical study, it was established that the human resources potential of the obstetrics and gynaecology service in Ukraine in 2015–2024 underwent a significant decline, which manifested itself in a 20.1 % reduction in the total number of doctors. At the same time, a pronounced deformation of the qualification structure was revealed: the number of doctors with first and second qualification categories decreased by almost half, while the relative share of doctors with the highest category increased to 44.0 %.

2. The identified trends characterise the ageing of the professional core of the service against the backdrop of a decline in the influx of young personnel, which creates risks of disruption to continuity, personnel stability and the availability of obstetric and gynaecological care in the future. The current situation requires strengthening of state personnel policy in the sector, modernisation of the system of training and certification of doctors, and the development of long-term programmes to retain specialists in the healthcare system.

PROSPECTS FOR FURTHER RESEARCH. Further research should focus on an in-depth analysis of the age structure of obstetricians and gynaecologists, an assessment of their work experience, the integration of staff turnover indicators, and a study of the relationship between the service's human resources potential and the availability of specialised medical care for women in the regions of Ukraine. A promising direction is the development of models for forecasting staffing levels, taking into account demographic changes, migration processes, and the workload per doctor.

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