R&I
Pl. issue (36) letters I/3240209, I/3240266 SPEED POST

9/7/19.

प्रीति सूदन
सचिव
PREETI SUDAN
Secretary

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण विभाग
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Government of India
Department of Health and Family Welfare
Ministry of Health & Family Welfare

D.O. No.Z-18015/23/2018-NHM-II-Part(1)
Dated: 4th July, 2019

स्वास्थ्य एवं परिवार कल्याण मंत्रालय जारी किया
09 JUL 2019
ISSUED MINISTRY OF HEALTH & FW

Dear Chief Secretary,

The availability of Human Resources for Health – especially specialists and doctors, still remains a challenge in most of our States despite support extended under National Health Mission over the years. However, many good and innovative practices have been observed in the States/UTs towards improving the HR availability and improving the service delivery at public health facilities. I would again like to draw your attention towards some of these solutions/practices to attract and retain HR in health sector.

1. There is provision of providing attractive monetary benefits to doctors by way of
    a. Flexible/negotiable remuneration for doctors and specialists as per the market reality for that area/ facility and for that specialty
    b. Hard area allowance to doctors, especially specialists, for serving in remote/difficult areas subject to achievement of minimum number of performance outcomes identified and agreed upon. This can also be provided to doctors in regular cadre as a top up from NHM.
    c. Performance Based Incentives, preferably as Team based incentives with a definite proportion to be paid to individual HR (for performance beyond a minimum threshold), so that individual HR performing well can take home higher amounts and service delivery at these facilities improves.
2. Provision of non-monetary benefits including:
    a. Construction of residential facilities within the campus of hospitals or residential facilities or Transit Hostels with pantry support, especially in areas where doctors may not be interested in staying with their family
    b. Provision of professional advancement opportunities such as attending conferences and workshops for skill and knowledge upgradation, which will help in addressing concerns related with professional isolation of serving in remote and difficult areas.
3. Policy level interventions such as
    a. Creation of PGMO Cadre wherein doctors with PG Degree/Diploma are recruited at higher pay scale vis-à-vis MBBS doctors.
    b. Formulation/adoption of transparent HR Policies for transfer, posting, promotion, etc.
    c. Fixed tenure clubbed with choice posting thereafter, wherein doctors are posted for a pre-defined fixed tenure (of say 2-3 years) with posting at a place of choice thereafter.
    d. Fixed tenure posting in hard areas clubbed with another order wherein the posting order itself contains relieving order after the fixed tenure so that the health personnel do not have to wait for the next incumbent to join before getting relieved from such areas.

Tele : (O) 011-23061863, Fax : 011-23061252, E-mail : secyhfw@nic.in
Room No. 156, A-Wing, Nirman Bhavan, New Delhi-110011

e. Augmenting the recruitment practices with campus recruitment, walk- in interviews, innovative advertisements, 'You bid, we pay' wherein doctors are requested to quote the desired remuneration, etc

4. Measures related with professional education in healthcare including
   a. Initiation of DNB and CPS courses through the District/ Sub-district Hospitals in the State to increase the pool of specialists
   b. Stipends to students from remote areas for pursuing nursing education with the condition to serve in such areas for a minimum time period.
5. Other interventions including
   a. Skill –upgradation of GDMOs to undertake identified specialist functions (Eg: 4 month long LSAS, EmoC trainings)
   b. Utilizing the services of external agencies to assist in recruitment processes, so that the recruitment is completed smoothly and timely.
   c. Setting up web-enabled HRMIS with provision for salary bill generation so that the HR data is available and updated on real-time basis.

I would also like to emphasize that while each measure listed itself has potential to improve the human resource availability in the State/UT, it is always advisable to comprehensively address the issue by undertaking recruitment on a regular basis of all the vacant posts in public health sector. I am sure you will like to consider the above strategies for ensuring availability of qualified and committed HR in public health sector in your State/UT and utilize the flexibility and support available under NHM to implement them effectively.

With warm regards,

Yours sincerely,

(Preeti Sudan)

Chief Secretaries of all States/UTs

O/C