Availability of Human Resources for Health, especially the availability of specialists and doctors still remains a challenge in most of our states and districts. NHM over the years has supported the States in supplementing their efforts of getting these scarce resources. However, analysis of data shows that in many of the States, the posts of specialists and Medical Officers remain vacant year after year. This is a matter of grave concern. While interacting with the functionaries at various levels on this issue, I have come across some good practices which I want to share with you:

- Salaries offered to the Specialists need to be lucrative enough to attract the candidates. NHM provides unprecedented flexibility in salaries for specialists, which the States must take advantage of. State may keep the salary flexible and depending on the remoteness, difficulty of terrain/area and availability of specialists, determine the exact amount for a particular facility. The ultimate objective should be to make services available in the remotest districts and their FRUs. One can provide different remuneration to specialists posted in different facilities and can also provide different remuneration to different specialists posted in same facility based on market reality.

- These provisions could also be extended to the specialists available in regular cadre as a top-up from the NHM and given as additional hardship allowance to specialists who are ready to work in remote/difficult facilities. It would always be better, however, if hard area allowances were also linked to some minimum performance outcome related to that speciality.

- States may identify about 10-20% of the facilities/places which are most difficult and offer a fixed tenure posting of say 2-3 years, after which the specialists / doctors are posted for at least three years in their chosen place and facility. The policy should be such that it allows the regular doctors to choose a time period in their career when they are prepared to go for such a posting. It would be good to mention the date of relieving from hard posting and the next place of their posting to their chosen facility in the initial posting /transfer order itself, thereby generating confidence to adhere to this policy and assuring doctors of the fixed tenure in hard area.

- In order to ensure good performance from the HR posted, States may also provide performance based incentives to their team for achievements over and above a defined threshold of performance.

- Though remuneration may be one of the prime motivators, many other factors such as proper working conditions, availability of team of support staff e.g. staff nurse, OT attendants, equipment and supplies to practice the speciality, living quarters, family accommodation, opportunity for professional growth etc. also need to be looked into. Some States have arranged for porta-cabins in remote areas for specialists and doctors on duty to stay while at the same time have provided free residential accommodation to their families wherever they want to stay.

Healthy Village, Healthy Nation
Doctors on remote rural posting at times may feel professionally isolated. To encourage continuous professional learning, the doctors posted in such areas could be supported to attend conferences and workshops of their choice for a week or two within the country or even in a neighbouring country with good public health systems, say every two years.

One of the biggest hurdles in regular systems specialist recruitment is the absence of specialist cadre in some states. Such states must create specialist cadre based on identification of facilities and speciality-wise posts, and recruit PGMOs on a higher salary slab. States are encouraged to do regular recruitments including campus recruitments from states having large number of medical colleges for specialists to overcome the high turnover. States may also seek help of recruitment agencies empaneled by NHSRC in attracting, screening and finding quality candidates.

We also need to strengthen our district hospitals, start DNB and CPS courses to supplement the pool of specialists and improve quality of services in our district hospitals. Age of retirement is another area which may need reconsideration.

Another key measure to encourage MBBS doctors to go for rural/remote posting is to give weightage of rural and remote posting in the post graduate degree/diploma courses, which most States have already done.

In order to operationalize FRUs, 4 months quality EmOC and LSAS training skills training for MBBS doctors also needs to be explored fully.

At places where there is limited availability of specialists in public health facilities, private doctors may be empanelled for ‘on-call service’ at an appropriate per case or per day basis rate to ensure assured EmOC and other services. The specialists/super-specialists could also be invited on a fixed day basis. This is a practice regularly resorted to by private hospitals and could be well leveraged by public hospitals too.

Some of the steps or initiatives enumerated above may require policy reforms. Some may need change in the existing recruitment and promotion rules. Some may merely require a proposal to be included in NHM PIP for budget. While HR remains one of the most difficult issues to tackle, the steps taken to resolve the issues are also an indicator of good governance and our willingness to take tough decisions and to do ‘whatever it requires’ to ensure requisite HRH in facilities to provide assured quality services to the public. Let us make 2017-18 the year when all required steps including progressive steps in changing the HR policy are taken to ensure availability of HR. I see it not as an option but as an imperative for strengthening the health system and making it future ready.

I look forward to hearing from you on the initiatives you plan to take in your state.

Regards,

Yours sincerely,

Arun K Pandey

To,
The Addl. Chief Secretary/Principal Secretary/Secretary, Health and Family Welfare – All States and UTs

Mission Director - All States and UTs