NITI Aayog

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सत्यमेव जयते

IIHMR UNIVERSITY

Inadequate Availability of Qualified Medical Personnel in Rural Hinterland - Plausible Solutions

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Introduction

Availability of adequate manpower is one of the most essential requirements of efficient and effective functioning of rural health services. Despite application of a whole array of interventions, it has been found that there are substantial no. of vacancies (of doctors) in public health

Objective:

To suggest solutions that can be applied to increase retention of doctors working in public health facilities, in rural areas.

Method of Data Collection:

Data from published literature and secondary sources was collected and analyzed.

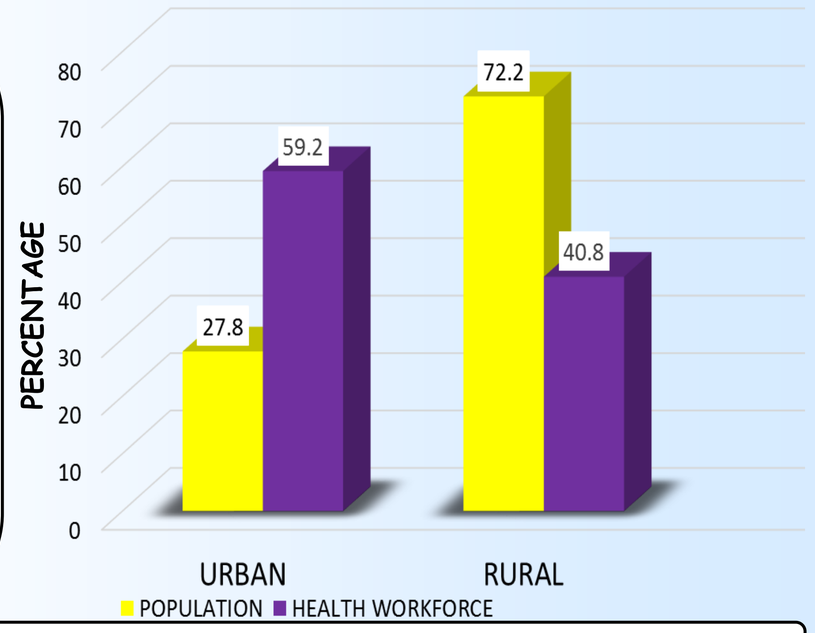
Data Compilation, Analysis and Interpretation:

Vacancy Status of Doctors as per RHS, 2016

Designation	Vacancy
Doctors at PHCs	26%
GDMOs at CHCs	11%
Surgeons at CHCs	68%
Gynecologists at CHCs	62%
Physicians at CHCs	70%
Pediatricians at CHCs	64%

On an average there are 16 doctors (MBBS + Specialists) in position in PHCs and CHCs per 1,00,000 population residing in rural areas.

There is an Urban-Rural imbalance in the distribution of doctors in India suggesting that they prefer to work in urban settings after graduation.



Urban-Rural Distribution of Health Workforce as per 2001 Census

Suggestions:

1. Human Resource Information System

a. Half-Yearly, Quarterly Updation of the database. (Gujrat, Assam)

b. Centralized Database – Vacancy, In-position, Shortfall

c. Vacancy notices can be routed to various state websites via the same

2 . Patient Care Facility

a. Mobile Medical Units
b. Tele – Medicine
c. Medical Supplies
d. Basic diagnostic services
e. Potable Water & Electricity
f. Security

3. HR Policy for Health

Administrative

i. Fixed Office Timings & Provision for incentives for overtime.
ii. Biometric Attendance (Incentivise Regularity)
iii. Leave policy & Online Leave application
iv. Performance Appraisal (Dadra and Nagar Haveli, HP, Haryana, Assam)
v. Grievance Redressal Mechanism
vi. Pay Parity (Gujrat, Andhra Pradesh, WB, Punjab)
vii. Timely Disbursal of Salary

Infrastructure

Ecosystem for Staff & Family

a. Safe & Comfortable Housing
   i. Community hostels, block level
   ii. Township Housing
b. Schooling facility (NIOS , ICT-NCERT)
c. Potable Water
d. Conveyance
e. Security
f. Electricity
g. Community Life

Recruitment / Appraisal / Transfer

(J & K, Karnataka, Jharkhand, Bihar, WB)

Policy	Details	State
1. Appointment	a. Probationary - Confirmation After Probation/ Exam	
2. Recruitment	a. Specified Time Interval	Odisha, Gujrat, HP, Rajasthan, Punjab
	b. Preferential, If Possible	Jharkhand, Haryana, TN
3. Posting	a. Specified Time Frame	
	b. Rotation Between Hard And Soft Postings	J&K, Punjab
4. Contractual Arrangements	a. Short (1 Year)/ 11 Months	
	b. Medium (2 Years)	Haryana
	c. Long Term (4 Years)	
5. Incentives	a. Credits	Haryana
	b. Monetary	Gujrat, J&K, MP, Karnataka, HP, CG, Tripura, TN, Rajasthan, Odisha, Punjab
	c. Educational	Bihar, Punjab
	d. Service Excellence Awards	

Training

GRADUATE (G)	POST GRADUATE (PG)	IN SERVICE (MP, HP, CG, Arunachal Pradesh, Bihar, Uttarakhand)
i. Post (G/PG) and / or Pre Educational (PG) Compulsory Rural Service (Gujrat, MP, Karnataka, Uttarakhand , Andhra Pradesh) ii. Induction (Bihar, Uttarakhand) and Handholding iii. Preferential training to students residing in rural hinterland (super 30, ICT) (Gujrat) iv. Critical Event Report (Inspiration , Motivation) v. Module on Ethics and Medical Law		i. Orientation Programme ii. Training Needs Assessment (Tripura, Odisha) iii. Skill Based through ICT (Odisha) iv. Managerial / Administrative / Public Health Training (Karnataka) v. Monitoring Training Outcomes