Punjab Public Health Workforce Study

Issues & Challenges

April,13

Punjab Public Health Workforce Study

OVERVIEW

Punjab has a population of 27,704,236, 62.5% of which resides in rural areas. Percentage of Scheduled Caste population in the state is 28.3 %, which is highest in the country.

Table 1. Public Health infrastructure in Punjab:

S.no.	Health facilities	Number existing	Remarks
1	District Hospitals	21	
2	Sub Divisional Hospitals	39	277 (requirement if taken per lakh population)
3	Community Health Centres	143	277 (requirement ii taken per iakn population)
4	Primary Health Centres	330	923 (requirement if taken per 30000 population)
5	Sub centres	2950	5541 (requirement if taken per 5000 population)

In addition, state has 23 Urban Family Planning Centres, 64 Urban Revamping centres & 52 Post Partum Units to deliver Family Planning services in the state.

II. **HUMAN RESOURCE FOR HEALTH POLICY**

Punjab Civil Medical Services (Class I and II) has been laid out well in the state which entails rules for recruitment, promotion and conditions of service for the personnel falling under the category of PCMS Class I and II. As per the policy, 25 percent of the vacancies are to be filled through direct appointment and the rest 75 percent through the promotion/transfers of the staff.

On the other hand, State Health Society (SHS) has determined terms and conditions of employment of contractual staff as well.

III. **GENERATION OF HUMAN RESOURCES**

Punjab has 9 Government Medical Colleges with the total annual intake of 1070 seats. Apart from the government colleges, there are 9 Private Medical Colleges also offering annual intake of 995 seats.

S.No	Government Colleges						
5.110	MEDICAL COLLEGES	no of Seats					
1	Govt. Medical college, Majitha road, Amritsar (GMC Amritsar)	150					
2	Govt. Medical College, Sangrur Road, Patiala (GMC Patiala)	150					
3	Guru Gobind Singh Medical College, Sadiq Road, Faridkot (GGSMC)	50					
4	Dayanand Medical College, Civil Lines, Ludhiana (DMCH Ldh)	70					
5	Sri Guru Ram Das Institute of Medical Sciences & Research, VPO Vallah, Amritsar (SGRDIMS & R Amritsar)	100					
6	Adesh Institute of Medical Sciences & Research, Barnala Road, Bathinda (AIMS & R, Bathinda)	150					
7	Gian Sagar Medical College & Hospital, Village Ram Nagar, Banur, Distt. Patiala (GSMC & H, Banur)	100					
8	PIMS Medical & Education Charitable Society, Garha Road , Jalandhar (PIMS, Jalandhar)	150					
9	Chintapurni Medical College & Hospital, Village Bungal, Distt. Pathankot (Chintpurni, Pathankot)	150					
TOTA	L	1070					
DENT	AL COLLEGES	_					
1	Govt. Dental College, Amritsar (GDC Amritsar)	40					
2	Govt. Dental College, Sangrur Road, Patiala (GDC Patiala)	40					

3	Dasmesh Institute of research & Dental Sciences, Talwandi Road, Faridkot (DIR &DS, Faridkot)	100
4	Sri Guru Ram Das Institute of Dental Science & Research, G.T. Road Amritsar (SGRDIDS & R Amritsar)	60
5	Baba Jaswant Singh Dental College Hospital Research Institute , Sector - 40 Urban Estate, Ludhiana (BJSDCH & R Ludhiana)	100
6	Guru Nanak Dev Dental College & Research Institute, Patiala Bathinda Road, Sunam (GNDC& RI Sunam)	100
7	Desh Bhagat Dental College & Hospital , Kotkapura Road, Muktsar (DBDC&H Muktsar)	100
8	National Dental College, VPO: Gulabgarh, Dera Bassi (NDC Dera Bassi)	100
9	Luxmi Bai Institute of Dental Sciences & Hospital ,Sirhind Road, VPO Baran, Patiala	100
10	Genesis Institute of Dental Sciences & Research, Dental College & Hospital, Ferozepur-Moga Road, Ferozepur (GIDS & RDC Ferozepur)	100
11	Gian Sagar Dental College, Village Ram Nagar, Banur, Distt. Patiala (GSDC Banur)	100
12	Adesh institute of Dental Science & Research. Barnala Road, Bathinda (AIDS & R Bathinda)	100
13	Shaheed Kartar Singh Sarabha Dental College, VPO: Sarabha (Ludhinana)	50
14	Rayat Bahra Dental College, VPO Sahauran, Distt. Mohali	100
TOTA	NL .	1190

IV. RECRUITMENT, SANCTIONED POSTS & VACANCIES

REGULAR STAFF

 $Human \ Resource \ availability-Sanctioned \ (S) \ \& \ Vacant \ (V) \ posts \ under \ all \ broad \ categories:$

S. n	District	MF (Ma		Sta Nur		La Te	ch.	Pharn sts		Lŀ	łV	AN	M	Hea Supe or (Ma	ervis s		iograp ner	M	0	M (Der	IO ntal)
		S	٧	S	٧	S	٧	S	٧	S	٧	S	٧	S	٧	S	٧	S	٧	S	٧
1	Amrtisar	183	0	198	59	72	1	168	15 0	58	0	269	0	42	0	36	0	162	19	21	2
2	Barnala	77	7	53	8	19	0	65	0	16	11	74	0	18	0	4	2	56	14	5	2
3	Bathinda	158	88	180	10 3	66	41	148	17	37	15	178	19	33	2	16	10	184	60	20	8
4	Faridkot	69	51	96	57	31	25	45	3	15	0	65	0	12	0	7	6	101	52	9	4
5	F.G.Sahi b	73	23	92	56	38	26	61	31	12	3	73	3	12	0	13	9	90	29	9	0
6	Ferozep ur	227	156	217	10 4	64	22	173	50	48	3	231	20	45	14	18	7	196	10 6	18	4
7	Gurdasp ur	269	6	235	24	58	0	215	78	68	0	325	12	54	0	48	2	225	43	29	3
8	Hoshiarp ur	223	80	188	11	72	11	89	0	54	0	259	23	50	5	22	1	183	25	20	3
9	Jalandha r	233	143	140	63	60	16	158	8	55	0	242	26	55	0	14	2	158	7	20	1
10	Kapurtha la	101	51	115	42	32	10	88	49	22	0	113	13	19	2	13	5	129	31	12	9
11	Ludhiana	267	158	202	14	82	38		0	66	4	349		54	1	16	0	257	56	23	1
12	Mansa	107	57	105	67	31	18	72	0	24	17	108	4	22	0	5	2	100	64	9	4
13	Moga	100	67	102	24	39	21	102	29	27	0	122	7	28	0	9	6	85	34	7	0
14	Muktsar	91	47	86		38	25	87	24	24	5	106		19	1	16	11	113	61	12	7
15	Patiala	222	149	173	10 7	57	27	157	59	35	11	217	17	34	18	21	13	184	40	20	
16	Ropar	85	28	113	54	40	25	67	30	23	0	106	11	21	0	11	7	77	35	10	1
17	SAS Nagar	77	30	123	53	33	11	89	1	20	2	92	9	15	0	15	6	104	23	11	0
18	SBS Nagar	96	77	56	11	33	13	40	8	24	0	97	10	21	1	6	0	71	8	9	3
19	Sangrur	181	62	207	10 8	64	18	84	4	44	10	204	12	40		28	17	169	69	17	1
20	Tarn Taran	147	34	143	74	59	0	52	11	41	0	187	29	40	0	23	3	131	29	12	1
	Total	298 6	131 4	282 4	10 36	98 8	34 8	1960	55 2	71 3	81	341 7	34	634	41	341	109	277 5	80 5	29 3	53

In addition to the dearth of Medical Officers, state is also facing problems of deficit manpower in other categories like Staff Nurses, Lab Technicians & Pharmacists.

MEDICAL OFFICERS & SPECIALISTS

Health Department Selection Board has been recently made to recruit Specialists through walk-in interviews. Joining of a specialist accrues within a week of his interview. Medical Officers, on the other hand, have to appear in the written test followed by an interview conducted by Punjab Public Service Commission (PPSC). This whole process takes about 6 months to get complete.

ISSUE- State is finding it hard to attract & retain specialists due to the lucrative packages offered by the Private (corporate) hospitals. During the recruitments conducted in September-12, 340 specialists were offered appointments out of which none has joined so far.

NURSING & PARAMEDICAL STAFF

Punjab Staff Selection Commission (PSSC) does the recruitment of Nursing & paramedical staff. Selection procedure involves written test followed by an interview. Written test is conducted online with the help of CDAC.

CONTRACTUAL STAFF

All vacancies are notified on the website and advertised in the leading newspapers. Web based form filling facility is available on the website. Recruitment of MOs and SNs takes place at the state level. Selection procedure involves walk-in interviews for MOs and written test for SNs. Appointments are offered within a week of interview to MOs whereas it takes around 3 months time for appointment of SNs to take place. During walk-ins, 3 choices of posting station are probed from the candidates and merit based station allocation is done. Merit based selection of SNs through written test is conducted with support of CDAC.

ISSUE- Ludhiana is a district with its major population residing in urban areas. District faces dearth of ANMs in facilities at the urban areas, where the preventive services like immunization, ANC couldn't get properly done.

DEPLOYMENT OF HUMAN RESOURCES

There are a total of 118 FRUs, out of which 39 don't conduct C-sections. Shown below is the list of FRUs not conducting Csection deliveries.

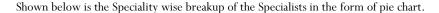
District	Total number of FRUs	FRUs not conducting C-section	No C- section deliveries conducted	Pediatrician/Gynecologist lacking (Pediatrician - P, Gynecologist - G)
Amritsar	4	Majitha	No	1 - G
Allitisar	-	Tarsika	No	1 - P
Barnala	2	Bhadaur	No	1 - P, 1 - G
Ddilidid	3	Тара	No	-

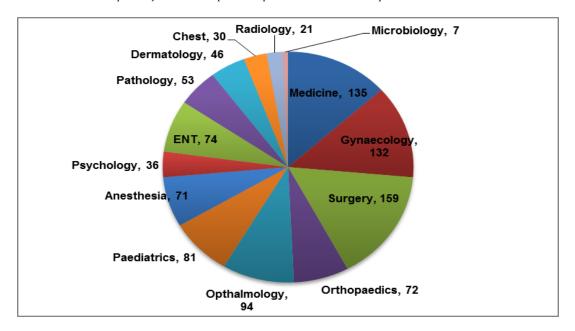
Bhathinda	8 Sangat No		1 - P	
		Mehraj	No	1 - P, 1 - G
Faridkot	3	Sadiqe	No	1 - P, 1 - G
Fatehgarh Sahib	4	CH BassiPathana	No	1 - P, 1 - G
		Ferozeshah	No	1 - P, 1 - G
		KhuhiKhera	No	1 - G
E	7	Guru HarSahai	No	1 - P, 1 - G
Ferozepur	7	Mamdot	No	1 - P, 1 - G
		Sittoguno	No	1 - P, 1 - G
		DhabwalaKalan	No	1 - P, 1 - G
		Gharota	No	1 - P, 1 - G
		NarotJaimal Singh	No	1 - P, 1 - G
Gurdaspur	15	KotSantokhRai	No	1 - P, 1 - G
1		Singowal/ Dinanagar	No	1 - P, 1 - G
		D.B. Nanak	No	1 - P, 1 - G
Hoshiarpur	8	-		
Jalandhar	9	Lohian	No	1 - P
V	4	Begowal	No	1 - P, 1 - G
Kapurthala	+	Panchhat	No	1 - P, 1 - G
Ludhiana	8	-		-
Mansa	3	Bhikhi	No	1 - P, 1 - G
Moga	5	DaroliBhai	No	1 - P
Mohali	5	Dhakoli	No	-
Monan		Lalru	No	1 - P, 1 - G
		Badal	No	1 - P, 1 - G
Muktsar	4	Chaksherewala	No	1 - P, 1 - G
Wuktsai	+	Doda	No	1 - P, 1 - G
		SarawaBhodla	No	1 - P, 1 - G
Nawanshahar	3	-		
		Patran	No	1 - G
		DudhanSadhan	No	1 - P
Patiala	9	KaloMajra	No	1 - P
		Shutrana	No	1 - P, 1 - G
		Badshapur	No	1 - P, 1 - G
Ropar	3	-		
Sangrur	6	Bhawanigarh	No	1 - G
0		Khaurain	No	1 - P, 1 - G
Tarn Taran	7	Mianwind	No	1 - P, 1 - G
		Ghariala	No	1 - P, 1 - G
Total			39	

Ferozepur district has none of the FRUs conducting C-section deliveries because of non-availability of specialists. Whereas Hoshiarpur, Ludhiana, Nawanshahar, Ropar are the districts with all their FRUs conducting C-section deliveries.

Placement of lady AYUSH MOs in facilities without the Lady Medical Officers has proved effective in the state. For instance, in a 24*7 PHC at Rampur, an AYUSH MO was posted was efficiently handling OPD of 60 -90 per day. She is also managing delivery cases with only one contractual SN. On an average, 8-10 deliveries get conducted in the facility with only 1 contractual Staff Nurse.

ISSUE - There still lies the scope for rational deployment in the state. Upon visit to 2 facilities (i.e 24*7 PHC Rampur and CHC Malaud), it was realised that availability of Human resources wasn't cohering with the workload. In 24*7 PHC Rampur, one contractual SN alone was handling more than 9 deliveries per month on an average whereas 6 regular SNs were placed at CHC Malaud where average monthly delivery load was 7-8.





ISSUE – There is no system for rational deployment of staff post training. Many LSAS trained doctors are posted at PHCs where no Csection is being conducted. This is despite the fact that dearth of Anesthetists is being addressed through hiring them on on-call basis in the state.

School Health Programme (SHP) was earlier deploying regular doctors from Rural Hospitals but now the state is hiring new doctors to be deployed exclusively in SHP.

VI. TRAINING & CAPACITY BUILDIN

Table: Cumulative training achievement upto Jan'13.

S.no.	District	Cumulative achievement till Jan'13
1	MTP Training (Batch of 3 MOs)	18
2	Laparoscopic Sterilisation Training (Batch of 1MO+1SN+1OTA)	17
3	Minilap Training (Batch of 1MO+1SN+1OTA)	13
4	IUD Insertion Training (Batch of 10 LHV/ ANMs)	593
5	NSV Training (Batch of 5 Mos)	0
6	SBA Training (Batch of 3 SN)	259
7	SBA Training (Batch of 3 LHV/ANM)	227
8	ARSH Training of Medical Officers (Batch of 30)	40
9	ARSH Training of Paramedicals (Batch of 30)	328
10	NSSK (MO) (Batch of 40)	185
11	NSSK SN (Batch of 40)	413
12	IMNCI ICDS Sup/ LHVs (Batch of 24)	279
13	IMNCI ANMs (Batch of 24)	458
14	IMNCI AWWs (Batch of 24) NOT approved	72
15	F-IMNCI (MO) 11 days (Batch of 16 Mos)	177
16	F-IMNCI (SN) 11 Days (Batch of 16 SN)	244
17	RTI/ STI MO (Batch of 20)	332
18	RTI/ STI SN (Batch of 25)	262
19	RTI/ STI ANM+LHV (Batch of 30)	507
20	RTI/ STI LAB TECHNICIAN (Batch of 20)	172
21	Contraceptive update Training (Batch of 20 Mos)	172
22	Contraceptive update Training (LHV/ANM/HA/(M)/MPHW (M)) (Batch of 20)	320
23	Post Partum Family Planning (PPFP) Counselling Training of Staff Nurses (Batch of 20)	20
24	Cu IUCD	90
25	Laboratory Training (ANMs) (Batch of 5)	4

Category	No. of institutes (2005-06)	Number	of Nursing	tus as on	Number of seats (as on Dec, 12)			
	Total	Govt	Pvt	Others	Total	Govt	Others	
ANM	33	7	126	20	173	270	4930	
GNM	80	9	127	63	262	400	9308	
B.Sc. Nursing	14	3	64	22	111	200	4110	
Post Basic B.Sc. Nursing	5	1	65	15	96	30	2470	
M.Sc. Nursing Colleges	0	1	28	2	31	25	1019	

Over the last five years, number of Nursing institutes have burgeoned heavily but the government seats still remain very low.

REMUNERATION VII.

Currently, Medical Officers & Specialists get monthly remuneration of Rs 35,000 and Rs 45,000 respectively. To address the ever prevailing vacancies, it has been proposed to hike the salaries of Medical Officers & specialists to Rs 45,000 and Rs 55,000 respectively.

For all contractual staff, 6% increase in contractual amount is given to employees upon renewal of contract. There is also a provision of Contributory Provident Fund scheme for employees in the state. TA/DA and other allowances to the contractual staff are at par with their regular counterparts.

VIII. RETENTION STRATEGY

Educational incentives

- State government sponsors in-service doctors for PG courses in the State Medical Colleges against 60% quota reserved for them. As per the policy, MOs who had served in Category D and C for 4 and 6 years respectively stand eligible for sponsorship.
- For MOs other than the in-service ones, 40% quota in seats has been reserved. In return, they have to sign a bond of 10 years service with the government. State government is now looking forward to increase the bond amount to Rs 15 lakhs from Rs 10 lakhs.

Monetary Incentives

- Performance based incentives are provided to Specialists Female Medical Officers and Staff Nurses recruited on Contract Basis.
- Difficult area allowances to specialists (Obstetricians, Pediatricians and Surgeons) to improve services in difficult & most difficult areas have been made. Rs 5000/p.m. for difficult areas and Rs 10,000 p.m. for most difficult areas.

 $ISSUE-Since\ the\ lucrative\ opportunities\ in\ private\ Health\ Sector\ are\ burgeoning,\ an\ MD\ passed\ out\ from\ the\ Govt\ Medical\ College\ easily\ pays$ off the bond amount and gets relieved. There are instances when the Corporate hospitals per se had paid the bond amount for the Specialists so as to take them up.

HEALTH HUMAN RESOURCE INFORMATION SYSTEM IX.

State has developed in house a software namely, Doctor OPD Management system which is used to track the performance of key service providers. Block Statistical Assistants and Information Assistants at the block level feed the data on deliverables like IPD, OPD, deliveries, etc for all service providers. This information on deliverables is then reviewed by Punjab Health Systems Corporation (PHSC) for CHCs, SDH and DHs and Directorate of Health Services (DHS) for PHCs only and used for appraising the performance of the staff and tracking the underperforming facilities. Various performance based incentives are also linked to this system.

Apart from this, state has also formulated Human Resource Information System (HRiS) but not brought it in use as yet.

ISSUE- Block Statistical Assistants (BSA) & Computer Operators are, however, placed at the block to feed data but sometimes due to the workload they are unable to do data feeding which further leads to data lapse. In a way, fate of the data hinges on the timeliness shown by the BSAs.

X. **WORKFORCE MANAGEMENT**

REGULAR STAFF

As per the posting policy, the stations have been classified into four categories, namely:

- Major cities (Category A)
- b) Semi Urban and Urban areas (Category B)
- c) Difficult areas (Category C)
- d) Very Difficult areas (category- D)

MEDICAL OFFICERS & SPECIALISTS

The health department invites applications in the prescribed format for transfers from eligible MOs in the first week of April every year. While considering the proposal for transfer requests, preference is given to the handicapped, person with serious ailments like cancer, Thallassemia, Single female (unmarried, widow & legal divorce).

On first appointment, every Medical Officer gets posted in the D category. The Medical Officers who complete the fixed tenure in a particular category get the option to give choice of 3 work stations in the next category in order of preference as aforementioned, through proper channel. If any MO wishes to stay further in Category - D, after the completion of prescribed requisite years' service, then each year's service in category D counts for 2 years in Category - C. Or if any MO wishes to get transferred to category C & D stations, he will get preference for the same.

This policy is not applicable to the Medical Officers who have completed five years of service as on 1/01/12. The Medical Officers appointed prior to 01/01/12 who have not completed 5 years of service as a whole and at least 2 years in Category D stations have to complete minimum 2 years in category D stations. Those who have completed 2 years in category D stations have to serve for at least 3 years in category C then.

For rest of the Medical Officers, minimum period of working at each category has been affixed as shown below:

- a) Very Difficult areas (category- D): 4 years
- b) Difficult areas (Category-C): 5 years
- c) Semi Urban and Urban areas (Category-B): 7 years
- d) Major cities (Category A): Remainder (If in case any MO wishes to continue beyond his minimum tenure affixed for categories D, C and B, he is allowed to do so)

Exceptions have been made, however, like on certain grounds like Doctors nearing superannuation, Doctors with their wards in Class X or XII can get their transfers waived off. Also in case of husband and wife working as Government Medical Officers in Category D (very difficult area), the minimum period to serve in that category gets reduced to 3 from 4 years.

Establishment issues for all categories of staff, except Medical Officers and Specialists are looked after by Director Health Services. For transfers/posting of Medical Officers/Specialists only, final nod from Principal Secretary is taken.

CONTRACTUAL STAFF

State Health Society (SHS) being the governing body has determined the terms and conditions of employment of contractual staff. In the state, there is also a provision of transfer of employees on administrative grounds within the state or to & fro State Headquarters in the interest of Department of Mission Director. Transfer requests are entertained once in tenure and in the months of April, May. Transfer requests are considered generally on mutual basis and rarely in case of any urgency.

Terms and Conditions also include the grounds for taking leaves, viz. Maternity/Abortion, Medical/Sick leave, Casual and Extra Ordinary leaves.

XI. MANAGEMENT CADRE

REGULAR STAFF

Separate divisions are headed by different directors like Director - Health Services, Director - Family Welfare, Mission Director - NRHM, Director - PHSC, Commissioner - AYUSH. These are further headed by the Principal Secretary.

CONTRACTUAL STAFF

At the state level, State Programme Management Unit comprises State Programme Manager, M & E Manager, HRD Manager, Procurement Manager supported by State NGO Coordinator, ARSH Coordinator, BCC Coordinator.

ISSUE - There is no HR to provide technical Consultancy at the state level. Positions for technical staff such as Specialist MH, Specialist CH and Specialist FP are lying vacant in SPMU.

At the district level, District Program Management Unit (DPMU) comprises District Programme Manager, District Accounts Manager and District M & E Officer.

XII. **PARASTALAS**

SIHFW (State Institute of Health & family Welfare) – It is the apex Public health training institute of state through which it coordinates & monitors all RCH training in the state. Located at Mohali, it is headed by the Principal supported by the team of consultants.

SHSRC (State Health Systems Resource Centre) – A Strategic Planning Cell has been proposed to be set up at SHSRC for providing assistance to state in planning, monitoring & evaluation of health facilities.

ISSUE - Positions of Consultants on Public Health Planning (Consultant PHP), Quality Improvement (Consultant QI) and Human Resource (Consultant HR) are lying vacant in SHSRC Punjab.

PHSC (Punjab Health Systems Corporation) – Enacted through a special act of legislation, PHSC aims to provide for the constitution of a corporation for establishing, expanding, improving and administering medical care in the state of Punjab. It is headed by a Managing Director and excercises control & supervision over the hospitals under PHSC. There are 176 Health institutions under PHSC, which comprise 21 District Hospitals, 2 special hospitals, 34 Sub - Divisional Hospitals & 119 Community Health Centres.

ACTION POINTS

IMMEDIATE

- State needs to fill all its vacancies at the SPMU on an urgent basis.
- IPHS shouldn't be the sole criterion to determine number of posts at a particular facility. Caseload and service requirements at the facility should also be looked at for the purpose.
- Redeployment of trained staff should be done at centres where relevant cases & requisite facilities are available.

MEDIUM TERM

- Periodic progress reviews on key indicators of the FRUs & 24x7 PHCs should be done by the respective supervising authorities. This would give a sense of being noticed to the handling authorities.
- Human Resource Management Information System should be brought into use to track real time information on posting of trained and untrained HR.
- AYUSH FMOs may be deployed at the facilities lacking MBBS FMOs.
- Grievance redressal mechanism to address grievances of the staff, contractual in particular.
- As under consideration, bond amount may be increased from Rs 10 lakhs to Rs 15 lakhs for passing out MDs.
- To motivate the trained staff to do desired activities, deliverables may be linked with incentives.

LONG TERM

- Increase generation of the human resources for health so as to catch up with the rising requirements.
- Adequate number of posts at all levels of facilities.