

Tamil Nadu

Public Health Workforce-Issues & Challenges

Tamil Nadu

Main Observations

A. Overall HRH Status

The state has made a good progress in providing skilled human resources at each level of facilities. Over past seven years of NRHM, number of human resources in public facilities has increased to a large extent.

Table-17 Human Resources for Health –Tamil Nadu (2012)		
Category of Staff	Regular	Contractual
Medical Officer	3441	431
Medical Officer (ISM)	815	403
Medical Officer (Dentist)	0	129
Medical Officer (MMU)	0	339
Staff Nurse	318	6148
Pharmacist	1323	89
Radiographer	123	28
ANM	1044	83
Lab Technician	1007	66

The state has recruited limited human resources under contractual role except Staff Nurses, Dentists and AYUSH Medical Officers. Staff Nurses are initially recruited as contractual and based on the vacancy gets regularize.

For medical officers no contractual recruitment is done. Initially MMU doctors were recruited under contractual arrangement but now are given regular appointment due to high attrition. Their salary is released through treasury route with significant centre and state share.

B. Cadres

Tamil Nadu State has two separate cadres- Medical Services and Public Health. Tamil Nadu is the only State that has separate Public Health Cadre supported by Public Health Directorate having own budget and legal support.

a) Public Health Cadre:

This cadre works in admin positions and manages the primary health services in the state. Fresh Medical Graduate can join as Municipal Health Officer and is given chance to complete Diploma in Public Health (from Madras Medical College) within 4 years of joining. After completion of diploma they are regularized and with vacancy they will be promoted to the

deputy director position. Three categories of posts are available for deputy directors- first at district level to head primary health services, second as principal of training institutes and third as faculty in community medicine department of medical colleges. With MD medicine they can pursue their career in the medical colleges otherwise they have the option to come back to the field postings. Deputy Director can become Joint Director, Additional Director and Director with seniority and vacancy.

b) Medical Services Cadre:

All Medical Graduates enter this cadre at the PHC/CHC as Medical Officer and after three years of work, all MBBS doctors become eligible to join PG specialization as government candidates in all Medical colleges. After the specialization they become assistant surgeons. Assistant surgeons after five years of service completion can become civil surgeon. With two more years of service and availability of vacancies a Civil Surgeon can become Chief Civil Surgeon. They can also move to medical college as faculty if they possess right qualification. This cadre is deployed in the hospitals and provides specialist services and manages the hospitals.

c) Nursing Cadre:

- i. All ANMs (one and half year Certificate Course) join as VHN and can become Sector Health Nurse and subsequently Community Health Nurse and District Maternal & Child Health Officer based on the vacancy and the seniority.
- ii. All GNMs (three and half year Diploma Course) join as staff nurse in PHCs. From here they can become ward sister, matron, senior matron based on vacancy and seniority. NRHM nurses are contractual initially; when vacancy comes they are given regular services. However till the vacancy comes they remain in the contractual service. The amount of salary paid to the staff nurse is less as compared to the regular nurses. However in the field this has not been seen as obstacle in the performance.

C. Vacancies

Vacant positions are still there in both directorates. In DPH&PM high number of vacancies for MPW (HIs), MCH Officer, MMU MOs, Sector Health Nurse & Nursing Assistant is seen. In addition 25% posts of Deputy Directors are also vacant which impacts routine management of preventive and promotive services. In DM&RS vacancies exist in all specialty however vacancies for Obs &Gyn, Pediatrician and Anesthetists are high as compared to vacancies in other specialist positions.

The state has acute shortage of grade-IV staff. In more than 200 bedded hospitals tasks of grade IV staff is outsourced to external agencies. In less than 200 bedded hospitals it is conducted with contractual arrangements. However the monetary incentives given to cleaning staff and security personnel is Rs. 1000/m only which is very low and needs revision as per the norm

Table -18 Vacancies in Tamil Nadu 2012			
Directorate of Public Health & Preventive Medicine (DPH&PM)		Directorate of Medical & Rural Services (DM&RS)	
Designation	Vacancy (%)	Designation	Vacancy (%)
Deputy Director of PH&PM	25	Medical Specialist -GM	10.7
Maternal & Child Health Officer	50.0	Surgery Specialists - GS	8.7
Medical Officer	16.9	O&G Specialist	18.5
Medical Officer (ISM)	7.5	Dermatologist/Venereologist	12.7
Medical Officer (Dentist)	3.7	Pediatrician	10.9
Medical Officer (MMU)	35.1	Anesthetist (Regular/ trained)	21.7
Sector Health Nurse	31.2	ENT Surgeon	16.2
Staff Nurse	12.4	Ophthalmologist	2.9
Nursing Assistant (M+F)	48.3	Orthopedician	10.8
ANMs	7.0	Radiologist	3.0
Block Health Supervisor	26.8	Casualty Doctors/ General Duty Doctors	12.3
Health Inspector Gr I	43.1	Dental Surgeon	17.2
Hospital Worker	26.0	AYUSH Physician	14.4
Pharmacist	10.2		
Radiographer	20.6		
Lab Technician	28.6		

D. HRH Production

TN has adequate number of medical colleges, AYUSH colleges and nursing schools as per the current requirement. However the state is lacking Male health Workers Training Institutes. The overall HRH production in the state is given below-

Table -19 Medical AYUSH and Nursing institutes in Tamil Nadu -2012				
	Public	Private	Total	Annual Intake
Medical Colleges	18	30	48	5385
AYUSH Institutions				
Siddha	3	5	8	380
Homeopathy	1	9	10	550
Unani	1	0	1	26
Ayurveda	0	7	7	290
Naturopathy	1	4	5	220
Yoga	1	0	1	

Nursing Institutions				
ANM	5*	17	17	437
GNM (including post basic)	24	184	208	5821
Health Visitors	1	1	2	90
BSc Nursing (including post basic)	6	155	161	8620
MSc Nursing	2	40	42	780

*Admissions withheld in these five training centers.

E. AYUSH

The GoTN has adopted the policy of co-location of ISM wings at all levels starting from the PHCs in rural areas to Medical College Hospitals in urban areas. Under NRHM the state has taken initiatives to recruit AYUSH practitioners on contractual basis. Contractual AYUSH MOs work three days per week and are paid Rs. 3000 per week. In addition to the providing of AYUSH services, AYUSH MOs take part in School Health Program, MMU activities and are also members of RKS committees. However there is no plan carved for their regularization and career development. In Tiruppur District AYUSH OPDs were functional for all five days a week and AYUSH MOs were involved in the other NRHM activities. However in Cuddalore District AYUSH MOs were working for three days week only and were not involved in any of the NRHM activities.

Table-20 TAMILNADU - ISM - Doctors Position - 2012							
SN	Specialty	Regular - Sanctioned	Regular - In Position	Vacancy- Regular	NRHM - Sanctioned	NRHM- In Position	Vacancy- NRHM
1	SIDDHA	824	730	94	275	245	30
2	AYURVEDHA	51	46	5	52	42	10
3	UNANI	28	5	23	40	23	17
4	YOGA & NAT	2	2	0	51	41	10
5	HOMEIO	49	32	17	57	52	5
	TOTAL	954	815	139	475	403	72



F. HR Management

a) Rational Deployment

State has made it mandatory to rationally deploy HR in all facilities.

- i. A policy decision has been taken at state level to provide 2-3 MOs in all PHCs (6 to 10 bed) and 5 MOs in all CHCs (30 beds).
- ii. State has not intended to place specialist in these facilities. There will be one Level II MCH centers in each health unit district where Gynecologist, Anesthetist and pediatrician will be placed. In rest places MOs will be trained in LSAS and EMOC.
- iii. **Dentists:** In all PHCs and higher centers contractual recruitment of dentists is done to provide dental services in these facilities. They work for half a day on 6 days a week and are paid Rs. 3000 per week. Plan has been developed for their utilization in dental screening and school health program for which they will be paid additionally.
- iv. **Second ANM:** All HSCs have only one ANM and no second ANM is provided in any HSC currently. This is the policy decision the state has taken. As only in few HSCs deliveries are taking place, these HSCs with some additional HSCs in difficult areas will be provided with second ANM. A total of 237 HSCs will be provided second ANMs through ongoing recruitment process.
- v. In Tamil Nadu State the Diploma in Public Health staff at state level is posted in the ICDS Department for better convergence.

b) Retention & promotion

- i. There are fixed number of posts in each cadre and when vacancy is notified, senior person is given preference for the promotion.
- ii. There is more promotion opportunities exist in the DM&RS than DPH&PM.

- iii. For Medical Officers, ANM & Staff Nurses career path is defined and based on the vacancy and seniority they are promoted time to time.
- iv. There is no clear policy in place for retention of contractual AYUSH, MMU doctors.

c) Postings and transfers

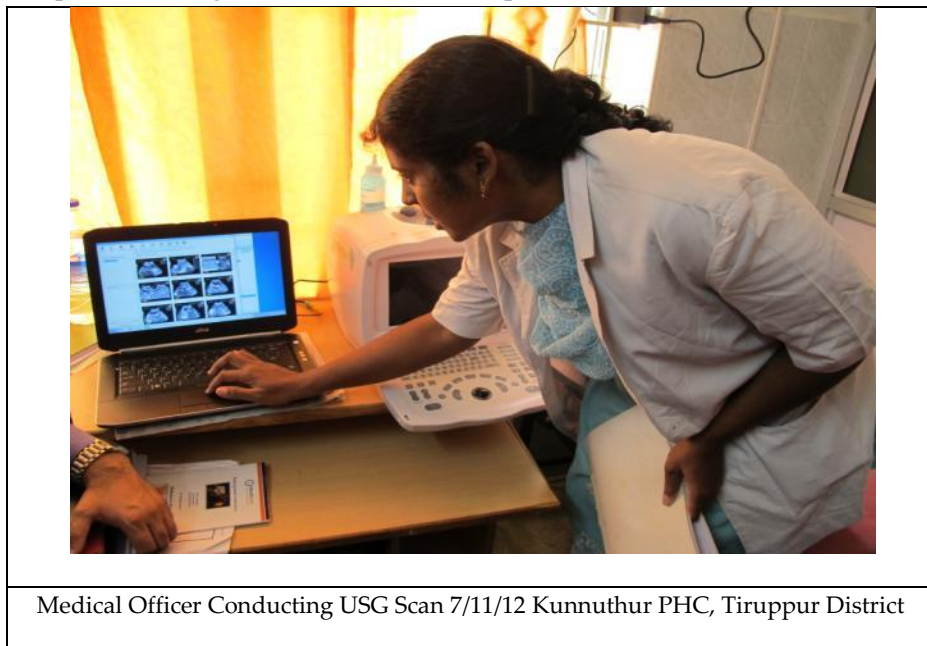
All postings are done by the respective Directorates, however fresh candidates are given choice of posting. Transfers and postings are not done by districts and based on the requirement they can only attach staff from one place to other.

d) Incentives and allowances (for Medical Officers)

- i. Allowance to work in rural areas- Rs. 1000/m
- ii. PG preference to 50% seats if work for minimum two years in rural areas. For each year of service one additional mark is also awarded.
- iii. Non-practicing allowance is given to some cadres only- administrators, Public Health Cadre. Allowance varies from cadre to cadre and is ranges from (1000-1800 Rs/m)
- iv. In most of the facilities residential accommodation is given to MOs.

e) Residential Facilities

In most of the facilities residential accommodation is available for the staff. However the Medical Officers don't stay in government quarters and they mostly stay in nearby urban area. State is not interested in constructing more quarters for doctors due to under utilization. However all staff nurses are provided residence in the facility premise on priority basis. The other available quarters are given to the rest of hospital staff.



Recommendations

- I. All vacancies need to be filled-up immediately. It would be advisable to delegate recruitment responsibility to recruit contractual MOs, specialist at the District level.
- II. Male Health Workers should be made available and some of the training institutes should be strengthened for MPW training.
- III. Payment of Grade IV staff should be raised up to the daily wage norms.
- IV. There are limited promotions opportunities exist for the doctors and nurses working in the Directorate of Public Health & Preventive Medicine and whenever vacancy comes in the Directorate of Medical & Rural Services they move for better career progression. It is advisable that more career progression opportunities should be carved for the doctors and nurses working in the primary care institutions under the Directorate of Public Health & Preventive Medicine.
- V. Absorption and career progression plan for the AYUSH contractual staff should be carved in the State. It is also advisable that they should be given opportunity for multi-skilling and work for other NRHM programs such as school health, screening, outreach camps, MMUs and can also work for program management with additional training on public health management.
- VI. State needs to assess utilization of residential accommodation by PHC/CHC staff and it should be ensured that at least staff nurse should stay in the PHC premise if MO is staying outside.