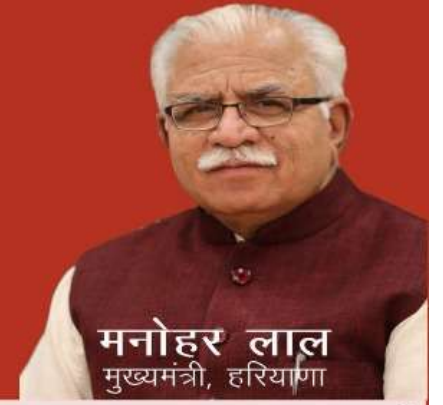




हरियाणा एक हरियाणवी एक



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Government is committed for up gradation of health care delivery system. There is need for more specialists in Haryana Civil Medical Services (HCMS). To incentives joining of new specialists and to increase retention of specialists who are already working in HCMS. To draft policies for creation of Sub Cadre of Specialists within the existing Cadre and separate Cadre for Specialist is open for public opinion

Government of Haryana has Drafted a Policy:

1. Sub Cadre a Specialists within the existing cadre :

The objective of creating a specialist cadre within existing cadre is to make available secondary care specialist services in District Hospital, Sub District Hospital, and Community Health Centre and to retain the specialists in the Haryana Civil Medial Services (HCMS). Health Department Haryana has been facing shortage of specialists due to less number of specialists joining HCMS and High number of specialists leaving Govt. Sector due to postings/duties outside their specialized field.

2. To Create a Cadre of Specialists :

The second opinion a separate cadre was also discussed at length. Whereas creation of specialists within existing Cadre seems to be more feasible option for seamless hassle free transition, the second option of separate Cadre can materialise if we iron out the following anticipated issues/bottlenecks to option of separate Cadre can materialise if we iron out the following anticipated issues/bottlenecks to avoid any ambiguity during stage of implementation.

Government of Haryana is inviting suggestions

for judicious insight into these issues which need to be ironed out, from all stake holders by posting their observations on website of Health Department Haryana and National Health Mission and then review those suggestions further preparation of final draft.

All Stake Holders are requested to visit the website : www.nrharyana.gov.in , www.haryanahealthgov.in for detailed draft policy. Suggestion can be mailed at md-nrhm-hry@nic.in



National Health Mission, Health Department Haryana



To create a separate Cadre of Specialists.

The second option to create a separate cadre was also discussed at length. Whereas creation of a subcadre of specialists within existing Cadre seems to be more feasible option for seamless hassle free transition, the second option of separate Cadre can materialise if we iron out the following anticipated issues/bottlenecks to avoid any ambiguity during stage of implementation.

1. The total **requirement** of various specialists in various Health institutions shall have to be identified for each Speciality e.g. in 300 Bedded DH- No. of General Surgeons, Physicians, Gynecologists, Pediatricians etc. & similarly for 200 Bedded DH/100 Bedded DH/SDH/CHC.
2. The total number of posts of Specialist (each speciality wise for each institution)have to be identified. The recruitment of the Specialist to be done by a designated Board for recruitment.
3. The designation shall have to be revised from present designation to Specialist, Additional Senior Specialist, Senior Specialist, Chief Specialist.
4. The process of Promotion/ Promotional avenue shall have to be identified clearly beforehand. The question to be considered is whether promotion shall be Specialitywise e.g. in Medicine, Orthopedics, Pediatrics etc. separately in each speciality or will it be collective for whole of specialist Cadre? How will gradation list be prepared and seniority decided on declaring result of interviews and on promotion?
5. Pay scale to be given to Specialists at time of joining the services should be robust enough to attract Specialists and promotional avenues have to be ensured to promote retention. All this has to be done while providing them environment where they can do their speciality related clinical work.
Separate pay scale to be considered for Specialists should be more robust than existing pay scale so as to attract and retain the specialist. Finance Department should be involved in this exercise.
6. How will seniority of MBBS Doctor of HCMS who will do Post Graduation as ' in-service' candidate be decided when he joins ranks of ' Specialist cadre' after completing his Post Graduation?
7. Posting of Specialists shall have to be done as per 'identified post of that Speciality' only. They cannot be posted in non Clinical areas like Ayushman Bharat, NHM, National Programms, O/o DGHS etc.
8. When Specialists cadre is separate, will they be under administrative Control of Civil Surgeon in District ? who shall be Incharge of DH/SDH ? will PMO be Specialist or of General Cadre ? Moreover, in an Hospital MBBS Medical Officers shall also be providing the services such as in Casualty, OPDs, Indoor for assistance to Specialists. If there are two cadres, then lot of problems in synchronization of services will be there.
- If the Incharge of the Hospital is a non- specialist (from General Cadre) then problem in administrating the Specialists who belong to different cadre is highly anticipated.

Thus creation of an atmosphere detrimental to working conditions which can afflict patient care adversely cannot be ruled out.

- If the Incharge of the hospital is a Specialist then the purpose of creation of Specialist cadre is defeated as the specialist shall be wasted in an administrative post.

9. Upto DH level we provide Secondary Healthcare Services for which following Specialists are needed .

- I. Gynecologist
- II. Pediatrician
- III. Anesthetist
- IV. General Surgeon
- V. Orthopedic Surgeon
- VI. Medical Specialist
- VII. Radiologist
- VIII. Eye Specialist
- IX. ENT Specialist
- X. Psychiatrist
- XI. Skin Specialist
- XII. Chest & TB Specialist
- XIII. Transfusion Medicine
- XIV. Microbiologist
- XV. Pathologist
- XVI. Biochemistry in lab medicine
- XVII. Forensic Medicine
- XVIII. Community medicine
- XIX. Radiotherapy
- XX. Hospital Administration
- XXI. Medical Oncology

The following Post-Graduates shall not be considered for Specialist Cadre as we are not giving these services and these are either 'Teaching Cadre' Specialist or are Tertiary level care restricted to Medical Colleges of the State.

- Nb*
- I. Physiology
 - II. Biochemistry in basic sciences
 - III. Anatomy
 - IV. Pharmacology

Hence there will be lots of confusion about the sanctity of Specialist Cadre.

10. The issue of existing Specialists in the cadre shall have to be sorted out. They shall have to be given the option whether they wish to join specialist cadre or not. The issues related to convergence of General and Specialist cadre for smooth functioning shall have to be identified and well defined. The merging of new specialist who joins subsequently and existing specialist in cadre shall also need to be well defined.

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To create a sub cadre of Specialists within the existing cadre.

The proposal is as below:-

The objective of creating a specialist cadre within existing cadre is to make available secondary care specialist services in District Hospital, Sub District Hospital, and Community Health Centre and to retain the specialists in the Haryana Civil Medical Services (HCMS). Health Department Haryana has been facing shortage of specialists due to less number of specialists joining HCMS and High number of specialists leaving Govt. sector due to postings/duties outside their specialized field.

For Specialist Sub Cadre

- Cadre of HCMS shall remain same/one only.
- Recruitment process of specialists shall be on the existing pattern, that is, by High Powered Committee chaired by DGHS and the doctors will be recruited as Medical officers.

A doctor who has successfully done MCI or National Board of Examinations recognized Post graduate Degree or Diploma while in service or prior to join HCMS shall be given the Designation under the Specialist Sub Cadre as proposed below.

Designations of Specialists

- Specialist (on joining)
- Additional Senior Specialist- After 8 years of service in HCMS
- Senior Specialist (On promotion/ Direct recruitment) as Senior Medical Officer
- Chief Specialist-At time of becoming PMO/CS, the equivalent Designation of Specialist shall be Chief Specialist for those Specialists who wish to work as specialists For Chief Specialist , SUPER NUMERARY Post to be got approved for him/her from Finance Department to allow him/her to avail promotion but carry on working in the specialty. Such specialists who opt to become Chief Specialists instead of PMO/ Civil Surgeon, shall be asked to give option three months prior to promotion and case shall be sent to Finance Department for creation of SUPER NUMERARY Post for that Specialist.

The Chief Specialist can opt for reverting back to administrative rank and duties as Civil Surgeon/PMO with in 2 years of joining as Chief Specialist. In case after 2 years Chief Specialist still does not want to do administrative work then till Superannuation, he/she shall continue as Chief Specialist only in the pay scale of Civil Surgeon/ PMO and he/she forego any right for further promotion.

Fiscal Incentives: To ensure retention of Specialist.

At present 4 increments are given to Diploma holder Specialists and 6 Increments are given to Degree holder Specialist on joining Service in addition to the salary. To make the entry level salary of Specialists more attractive, robust and to compensate them for additional degree/ diploma done at their expenses prior to joining HCMS, financial incentive of Rs.20,000/- (Twenty Thousand per month) for Diploma holders and Rs.

25,000/- (Twenty Five Thousand per month) for Degree holders may be given. This incentive shall be over and above the salary and on promotion in upper scale/grant of ACP this incentive shall be continued in addition to the revised salary. This incentive shall not be counted as part of basic pay for calculating allowances/Pension. This incentive may be revised at time of Pay Revisions in consonance with the multiplier formula proposed. The Department may consider extending this benefit to all the Specialists already working in HCMS. The annual liability of this benefit to doctors should be roughly around 18 crores.

Better Working Environment for Specialists: In addition to financial incentive as proposed above, Specialists need to be provided ample opportunity to do clinical/surgical work related to the specialty.

For this -

1. Infrastructure (e.g. OT) machinery, equipment and support staff, (Technicians, Paramedics, OT Assistant etc.) should be provided to ensure that patients can be treated optimally by Specialists.
2. Specialists may not be given emergency or post mortem or administrative duties, which are not related to their specialty.

Wherever such non duties need to be given because of administrative exigency, the specialists of Gyneocology, Medicine , Surgery, Orthopedics, Paediatrics and Anaesthesia may be exempted and other options be explored.

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