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निर्माण भवन, नई दिल्ली - 110011

GOVERNMENT OF INDIA

MINISTRY OF HEALTH & FAMILY WELFARE

NIRMAN BHAVAN, NEW DELHI - 110011

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C.K. Mishra

Additional Secretary &
Mission Director, NHM

Telefax : 23061066, 23063809

E-mail : asmd-mohfw@nic.in

There is a significant shortage of Specialists in CHCs, Sub District Hospitals or Area Hospitals and District Hospitals in many States. There is also need to expand range of specialist services beyond RCH services. It is noticed that despite flexibilities afforded under the Framework for Implementation of NHM and RKS guidelines, many States/secondary care facilities have been unable to engage specialists. To facilitate the States to obtain Specialists services where specialist staff is inadequate, the Ministry has prepared a guidance note on 'strengthening specialist support in public health facilities (DH/SDHs/CHCs that are FRUs)' which is enclosed.

I hope that the States find the note useful and leverage the flexibilities provided under the NHM to ensure availability of specialist services. The States may seek lumpsum funds to hire 'specialist services on part time basis' under the head A.8.1.3.

I would appreciate a feedback on your experience in this regard.

Yours sincerely,

Sd/-

(C.K. Mishra)

Encl. : **As above**.

Principal Secretary/Secretary (Health & FW)
All States/Union Territories.

Copy to:

Mission Director, NHM (All States/UTs)



C.K. Mishra
(C.K. Mishra) 3/2

Mechanisms for Strengthening Specialist Support in Public Health Facilities (DHs/ SDHs/ CHCs that are FRUs)

The revised '*IPHS Guidelines for Public Health Facilities 2012*' make recommendations for the number and type of specialists required for District Hospitals, Sub Divisional/District Hospitals and Community Health Centers. However, states have generally found it increasingly difficult to recruit Specialists and in most of these facilities there is a significant shortage in their numbers. Alarming, only 18% of required Specialists are in position at the Community Health Centers.¹

Measures such as offering competitive and negotiable compensations - in tune with market forces - to attract specialists to the government sector under the National Health Mission (NHM) have not been able to address this shortage in any significant way. It is noticed that many States have failed to utilize the flexibility provided under the NHM and in the provisions of the Rogi Kalyan Samiti to address the problem of non-availability of certain specialist services.

Hence, this briefing note suggests various mechanisms that are admissible, through which specialist services can be obtained in the Public Health Facilities. It also further outlines suggestions to improve the efficiency of the specialist work force already in service/proposed to be engaged.

1. Sourcing Specialists to Work in DH/SDH/CHCs that are FRUs

Experience shows that the number and mix of specialists available at DHs/SDHs/CHCs are insufficient to meet the requirements for even providing the essential services as per IPHS. The suggested pool from which the Specialists could be drawn from include:

- (i) Specialists retired from Government Service but continue to be physically & mentally active/ fit for service;
- (ii) Specialists employed in Government Medical Colleges/Teaching Hospitals in the local area but who could come on fixed days of the week/ fortnight/ month
- (iii) Specialists from Charitable Trusts and NGO run Hospitals.
- (iv) Specialists from the Private Sector/ Private Medical Colleges in the surrounding area

¹ RHS 2015

From the options mentioned above, a pool of specialists for each DH/SDH/FRU will need to be identified to support existing medical workforce already employed at the Public Health Facilities. These additional 'contracted-in' specialists should be for specialties for which there are no specialists at the facility or where the number of available specialists is insufficient to meet current caseloads and HR augmentation is required or where periodic shortages occur.

Specialists' Requirement at Different Levels of Health Facilities (IPHS):

| No. | Specialty | DH | SDH | CHC |
|-----|------------------------|----|-----|-----|
| 1 | Medicine | ✓ | ✓ | |
| 2 | Surgery | ✓ | ✓ | ✓ |
| 3 | Obstetric & Gynecology | ✓ | ✓ | ✓ |
| 4 | Pediatrics | ✓ | ✓ | ✓ |
| 5 | Anesthesia | ✓ | ✓ | ✓ |
| 6 | Ophthalmology | ✓ | ✓ | |
| 7 | Orthopedics | ✓ | ✓ | |
| 8 | Radiology | ✓ | ✓ | |
| 9 | Pathology | ✓ | | |
| 10 | ENT | ✓ | | |
| 11 | Psychiatry | ✓ | | |
| 12 | Dermatology | ✓ | | |
| 13 | Microbiology | ✓* | | |
| 14 | Forensic Specialist | ✓* | | |

However apart from these specialists, others such as Endocrinologists, Cardiologists, Neurologists etc. can be engaged, especially for fixed-day/date clinics.

Currently, the practice is to attempt recruitment of full-time Specialists, even for contractual services under the NHM and this has not proved to be adequately effective. Therefore, other arrangements to obtain the services of Clinical Specialists are called for.

The services to be provided are likely to include elements of (a) elective or routine work and also (b) emergency/on-call service provision. While determining the payment structure for

