



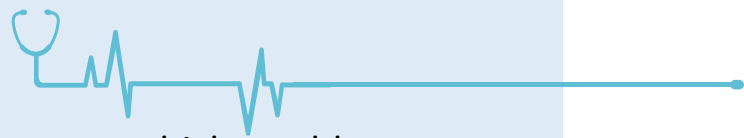
Note on Specialist Cadre



Human Resources for Health - National Health Systems Resource Centre (NHSRC)



Specialist Cadre



An institutionalized process and structure which enables separate and direct entry for post graduate doctors so that we could attract and have adequate number of specialists in secondary care public health facilities and post them appropriately.

Assessing Requirements



Assess facility-wise and speciality-wise requirement of the secondary care (in CHC, FRU, SDH, DH etc.) as per Indian Public Health Standard (IPHS). Keep in mind the future expansion as per the population/ time to care approach.

Keep additional posts as training and leave reserves (as % of the specialist posts)

Mode of Recruitment



Decide what% of specialists would be recruited from open market at entry level and what% of in-service doctors completing their post-graduate studies after joining service would be inducted into specialist cadre.

Advertisement for recruitment should be speciality wise. if a particular speciality post is not vacant, there should be no recruitment for that speciality from open market.

If a specialist wants to join government service despite there being no specialist post as a General Duty Medical Officer (GDMO) if there is vacancy in GDMO cadre, S/he may be allowed to do so and when there is a vacancy, on application they could be moved to the specialist cadre and be treated same as in-house GDMO/MBBS doctor completing PG studies.

Career Path



Specialists should only be posted in secondary or higher healthcare facilities.

Proportionate promotional avenues including leadership positions for those specialists opting for public health, should be provided.



Leadership posts at district/State levels (CMHO, RDD, Directors, Director Health Services etc.) should ideally be chosen from a pool of candidates having varied public health and program implementation experience.

However, where a particular speciality knowledge would be of advantage, state should strive to have such posts under specialist cadre.



Posting and Transfer

Optimal pairing/ teaming of specialists to be ensured: Specialists must be posted as per the required speciality. In case of low availability, teaming should be ensured among available specialists instead of spreading.

For example, Anaesthetist, Radiographers etc. should not be posted in seclusion at any facility as this makes them redundant.

Difficult postings must be followed by choice postings, on similar lines to Armed forces. This can be ensured by providing both the appointment letters of difficult posting (2-3 years) and the next choice posting at the same time.

While transferring a specialist from a health facility, state must ensure that a doctor with the same speciality is posted as a replacement.



Ensuring Optimum Performance

State must ensure good working conditions including provision of adequate infrastructure, equipment, medicines and supplies, and support team. State should ensure that specialists are not given non-specialist tasks and use their skills and time effectively.



Budgetary Provisions

Specialists must be compensated adequately for the additional years spent in completing the PG qualifications (Degree/diploma) and acquiring the specialist knowledge and skills (both recruited from market and in service).

The remuneration paid to the specialist should be adequate to attract and retain the specialists. If State budget is inadequate additional incentives could be given from NHM budget in the short to medium term.



Steps towards specialist cadre

- 01 Cadre Mapping using either IPHS (preferably) and National Health programmes or State norms: how many specialists, of which speciality (Gynae, Paed, Anaes, ENT, Eye, Ortho etc.) required at what level (DH, SDH, CHC etc.). Arrange separate recruitment for specialists.
- 02 Launch a drive for each speciality to fill up the posts. Use the flexibility under NHM especially 'You quote we pay'
- 03 Strategies to be developed to meet the shortfall if it exists, even after the drive. One of the strategies, in the medium term could be to train the doctors already in the system in PG courses run by NBE
- 04 State may also need some super-specialists in the District Hospitals depending on the kind of services they are providing and hence should plan for their inclusion in the cadre at a higher-level facility. The DH Cardiac Care Units may need DM Cardiology.
- 05 All the posting should be done against the specialist posts
- 06 There could be levels in the specialist cadres along with specialist allowance which may vary with experience.
- 07 Seniority of specialists could be 2 years for Diploma, 3 years for degree and 5 Years for DM/MCH
- 08 While leave reserve may not be possible for each facility, there should be ample numbers in the district to spare a specialist from the pool or a facility with 2 or more specialists of same speciality, in case some one who is a single specialist in a facility needs to go on leave.