

POLICY TO REGULATE TRANSFERS OF DOCTOR (HEALTH DEPARTMENT)

The issue of laying down a rational transfer policy in respect of HCMS Doctors in Haryana State has been gaining the attention of the State Government. A meeting was held under the Chairpersonship of DHS (Trg.) and the issue was considered keeping in view providing better health services to the people of Haryana especially rural and far flung remote area. As per National Rural Health Mission all CHCs are to be upgraded as FRU in phased manner, these FRUS should have one Physician, Surgeon, Pediatrician, Anesthesia and Gynae & Obst. as per IPHS norms. There are - 51 Hospitals, 83 CHCs and 420 PHCs in Health Department, Haryana where the irrational placement of doctors including specialists is a constant concern for the State. Hence there is a need to form a new transfer policy of HCMS cadre.

Under NRHM, adequate funds are available for infrastructure development and necessary equipments as per IPHS norms and a lot of infrastructure has been already developed so as to improve the availability of quality specialists and emergency health care to the people especially in the rural area. The transfer policy of the department was issued by the Govt. No. 25/4/2006-6HB-I, dated 21.09.2005. However, following suggestions are made by the committee.

The transfers of doctor in Haryana shall be regulated strictly in accordance with the following guidelines.

1. Normal tenure of a doctor/specialist at any place of posting shall be a minimum of 3 years. Further more a doctor shall not be transferred even after 3 years in case his work (measured in terms of OPD/IPD/National Programmes) has been found to be satisfactory and he wishes to continue in that health institution.
2. A doctor can be transferred at any point of time after seeking prior orders of the State Government

on administrative grounds. However, specific administrative ground on which a doctor is sought to be transferred shall be cited in the noting of the file. Usually, an administrative ground for transfer to a doctor shall be of the nature as given below:-

- (a) A complaint established through a preliminary enquiry. The specific complaint received through MPs/MLAs/Chairman M.C./Sarpanch Gram Panchayat would be enquired into by the Civil Surgeon and the report shall be sent to the Directorate within 10 days of the receipt of such complaint for further action.
 - (b) Failure to comply with the directions issued by the Directorate regarding maintenance of record relating to all health activities or other important instructions issued from time to time.
 - (c) Poor performance i.e. poor OPD, IPD, contribution in National Programmes.
 - (d) Failure to comply with the specific direction issued by the Govt./Directorate regarding Health Services, prescription & deficiency of drugs etc.
 - (e) Prima facie case of indulging in private practice of other unethical activities.
3. Request of doctors for transfer to their preferred stations shall only be entertained on following grounds:-
- (a) The request shall be made to the DGHS through CS only up to 10th April. DGHS shall make their recommendations up to 30th April to the Government. The transfer orders shall be made up to 30th May.
 - (b) The request shall be made only in the prescribed format. It would be mandatory to indicate three choices. Any application with

less than three choices will be rejected straight away.

- (c) If a doctor makes a request to the C.M./H.M. and other elected representatives, he shall also send his request on the enclosed prescribed format (Annexure "A"). The department will try to accommodate the doctor against available vacancy from amongst his options.
 - (d) In case of clash of choice of more than one doctor for a particular health facility, merit in case of new appointments and OPD/IPD data of last three years in case of old doctors would be the guiding criteria for allotment of health institution.
 - (e) If no vacancy becomes available as per the policy in the three requested health institutions, the transfer will not be done till a vacancy becomes available, for which the applicant would have the first right.
4. On first appointment and in case of promotion, the doctors shall give three choices of vacant rural health institutions and the department will try to accommodate them in order of merit/seniority. However, they will have to serve at the allocated station for at least 3 years. For this purpose, they will have to submit an undertaking alongwith the request that they will not make any request for transfer if they are accommodated in one of the three preferred stations.
5. The District Hospitals would have one doctor each with specialization in 12 disciplines e.g. Medicine, Surgery, Pediatrics, Gynae, Anesthesia, Ortho, Eye, ENT, Skin, Psychiatry, Pathology and Radiology. Biochemistry & Microbiology specialists would also be utilized in district Hospitals. Posts of additional specialists would be provided only if patient load exceeds the stipulated limit.

The load in this regard would be defined by the Department unambiguously.

6. A doctor with Postgraduate qualifications would not be posted in PHC, CHCs declared as FRUs would get specialties in the 1st phase. In case of transfer of a specialist, doctor with the same specialty would be posted as a replacement. Those who have received EMOC/CMOC training would also be posted in a CHC designated as First Referral Unit.
7. In PHCs, CHCs and sub divisional Hospital, Specialists and MBBS doctors would be posted strictly in accordance with staffing norms only. A single doctor in each sanctioned specialiaty would be provided. Similarly in district hospitals, specialist and MBBS doctors would be provided as per staffing norms. Doctor would not be posted in excess of sanctioned posts.
8. Vacancies created due to promotion/retirement/death etc. would firstly be filled from amongst doctors, who have given the choice of that particular institution in the prescribed performa at the time when they are asked to submit their requests. If no such regular doctor is available then the post may filled up on contract for one year.
9. Those who are retiring in next one year will not be transferred except on their own request, subject to vacancy/mutual consent.
10. If the husband and wife both are in the service of the Haryana State Government, efforts will be made to adjust them as near as possible. Preference would be given to those both of whom are serving in the Health Department.
11. Specialists would not be posted on non-Clinical posts upto district level.
12. Doctors whose performance is found to be poor in respect of OPD, IPD, National Programmes or who are prima-facie guilty of malpractices such as charging of personal fee from patients, private

practice, pilferage of sale of Govt. medicines, prescriptions to favour certain specific brands, indiscriminate prescription of diagnostics test which are not available in Govt. Health facility would be transferred on administrative grounds.

13. Against vacancies as on 1st June, contractual appointments of doctors would be made as per policy of the State Govt. Any transfer orders approved by the State Govt. after 1st June would be implemented only in April next year so that contractual arrangements are not discontinued midyear and health care to patients is not disrupted.
14. Vacancies created due to promotion/retirement/death etc. would first be filled from amongst doctors who have given choice of that particular health facility in the prescribe performa at a time when they were supposed to submit their requested i.e. 10th April.
15. No TA/DA will be given if the transfer is done at the request of the doctor himself or if he is being given the posting of his own choice.
16. Transfer orders would be implemented within one week of issue. DDOs would ensure relieving/joining of respective doctors within stipulated time. No salary can be drawn in case noncompliance of transfer orders after stipulated period of one week. DDO will be personally held responsible for any neglect in this regard.
17. Civil surgeon shall submit consolidated report of relieving/joining of doctors and engagement of contractual specialist to update the computer data within a fortnight.*
18. Transfer of Civil Surgeon will not be covered under this policy.

From :

The Financial Commissioner & Principal Secretary to Govt.,
Haryana, Health Department.

To

The Director General Health Services, Haryana,
Sector-6, Panchkula.

Memo No. 25/8/08-6HB-I

Dated, Chandigarh, the 17-11-2008

Sub:

Transfer Policy of HCMS Doctors-I & II.

Reference on the subject noted above.

2. Government has observed that Health Department does not have a rational transfer policy in place. As a result, it is difficult to follow any kind of defined principle for effecting transfer of doctors. Further, transfers are taking place throughout the year. After considering Government has framed a transfer policy of HCMS Doctors- I&II (copy enclosed). You are requested to comply the policy and ensure that transfers of HCMS Doctors- I&II may be effected accordingly. You are requested to put this policy on website also.

Dals Ram
Superintendent Health-I

o/c For Financial Commissioner & Principal Secretary to Govt.,
Haryana, Health Department

P Singh
17-11-08

Endst.No.25/8/08-6HBI

Dated 17-11-08

A copy is forwarded to All Civil Surgeon in Haryana for compliance.

Dals Ram
Superintendent Health-I

o/c For Financial Commissioner & Principal Secretary to Govt.,
Haryana, Health Department