

Chapter-2
Human Resource

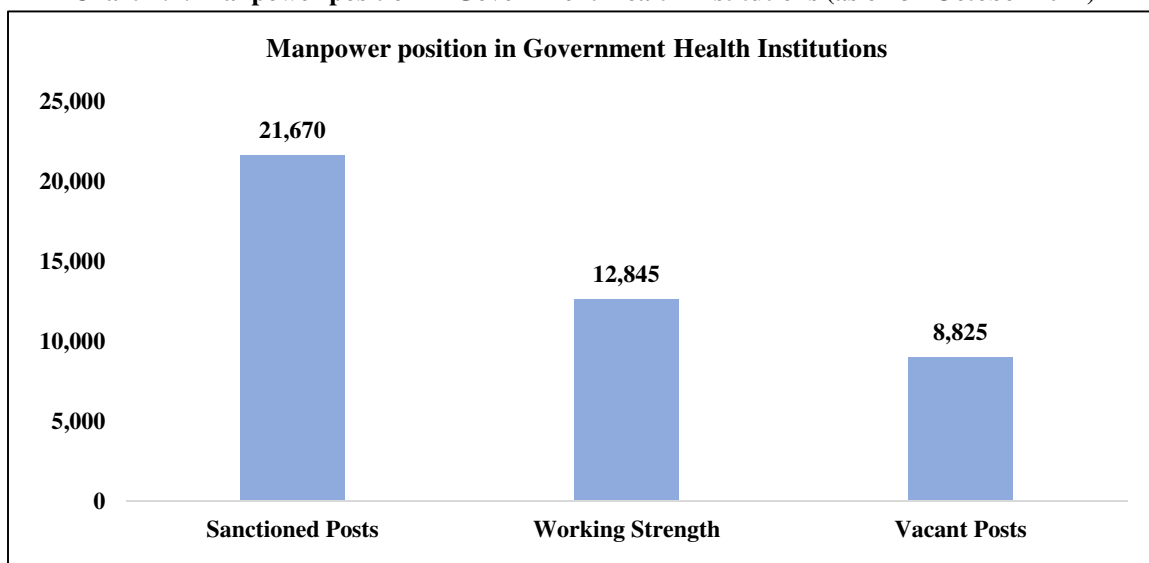
Chapter-2: Human Resource

For an effective and efficient functioning of a health institution, an adequate number of motivated, empowered, trained and skilled human resource is essential. Human resource planning is a must before investing in other components like infrastructure, equipment, drugs etc. The number and type of staff in terms of General Duty Medical Officers (GDMOs), Specialists, nurses, allied health professionals, administrative and support staff etc., has to be ascertained taking into consideration health facility requirements of the people to which the health institution caters to. Availability of manpower and related issues has been discussed in the succeeding paragraphs.

2.1 Human resource availability against sanctioned strength

We analyzed the data provided by the Medical Health & Family Welfare Department (MH&FW), Medical Education Department (ME), AYUSH Department, Food and Drugs Administration (FDA) and Employees State Insurance Healthcare (ESIH) related to human resource for all the offices related to Health Sectors¹. The position of sanctioned strength and person-in-position² in departments in the State taken together is given in the *Chart-2.1* below:

Chart-2.1: Manpower position in Government Health Institutions (as on 31 October 2022)



Source: Data provided by the MH&FW, Medical Education, AYUSH, ESIH and FDA Department.

There was 41 per cent vacancies across the departments as is evident from the graph above.

The details of manpower in different health departments/institutions is shown in the **Table-2.1** below:

¹ Directorates, Medical Colleges, District Hospitals (DHs), Community Health Centres (CHCs), Public Health Centres (PHCs), Sub Centres (SCs), Field staff, etc.

² Working strength includes Contractual staff also.

Table-2.1: Manpower Position across the different Health Departments (As on 31.10.2022)

Name of the Department/Institution	Sanctioned strength	Share in Total Workforce (in percent)	Working Strength	Vacant Posts	vacancy (in percent)
Department of MH&FW	13,543	63	7,500	6,043	45
Department of Medical Education	3,910	18	2,356	1,554	40
Department of AYUSH	3,808	17	2,745	1,063	28
Employees State Insurance Healthcare	193	01	145	48	25
Food and Drugs Administration Uttarakhand	216	01	99	117	54
Total	21,670	100	12,845	8,825	41

Source: Data provided by the MH&FW, Medical Education, AYUSH, ESIH and FDA Department.

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Department of MH&FW and Medical Education have major share in the total sanctioned strength. Altogether they contribute 81 per cent of the total sanctioned workforce of Health sector and MH&FW Department alone contributes 63 per cent of the total sanctioned workforce. In terms of percentage of vacant posts, in FDA, MH&FW and Medical Education Departments, there is shortage of 54 per cent, 45 per cent and 40 per cent respectively.

The matter was reported to the Government in September 2023 and October 2023 but no comments were provided in response.

2.2 Availability of Staff in various posts under Medical health & Family Welfare Department (MH&FW)

In the Department of MH&FW, 6,043 posts, i.e., 45 per cent of total sanctioned strength of 13,543 were vacant. Category wise vacancy position is shown in the **Table-2.2** below:

Table-2.2: Availability of Staff in various Posts under MH&FW (As on 31.10.2022)

Category	Sanctioned Post	Working Strength	Vacant Posts	Vacancy Percentage
Doctor	2,856	1,918	938	32.84
Nurse	2,652	1,072	1,580	59.58
Paramedics	2,334	1,862	472	20.22
Other	5,701	2,648	3,053	53.55
Total	13,543	7,500	6,043	44.62

Source: Data provided by the MH&FW Department.

Vacant posts under above mentioned four categories ranges from 20 per cent to 60 per cent. MH&FW Department has 135 different types of posts. Shortage in 17 posts which contribute 80 per cent workforce of total sanctioned strength of MH&FW is shown in the **Table-2.3** below:

Table-2.3: Post wise vacancy under MH&FW (As on 31.10.2022)

Sl. No.	Post Name	Sanctioned Post	Working Strength	Vacant Posts	Vacancy Percentage
1	Senior Medical Officer	426	289	137	32
2	Medical Officer Gr. I	643	178	465	72
3	Medical Officer	1,583	1,265	318	20
4	Chief Pharmacist	208	170	38	18
5	Staff Nurse	2,268	704	1,564	69
6	Additional Statistical Officer	50	06	44	88
7	Health Education Officer	85	00	85	100
8	Pharmacist	1,562	1,174	388	25
9	X-ray Technician	162	79	83	51
10	Lab Technician	333	154	179	54
11	Health Supervisor (F)	340	274	66	19
12	ANM (Health Worker Female)	2,297	1,159	1,138	50
13	Junior Assistant	210	53	157	75
14	NMA	293	03	290	99
15	Lab Attendant	79	10	69	87
16	Driver	302	163	139	46
17	Malaria Inspector	10	02	08	80
Total		10,851	5,683	5,168	48

Source: Data provided by the MH&FW Department.

Colour code: *Poor* *Very Poor*
(1-50) (51-100)



Shortage of manpower in terms of percentage for Health Education Officer, NMA, Additional Statistical Officer, Lab Attendant, Junior Assistant, Malaria Inspector, Medical Officer Gr. I, Staff Nurse, X-ray Technician, Lab Technician and ANM (Health Worker Female) and Driver is more than the average shortage of whole MH&FW Department i.e., 45 per cent.

The matter was reported to the Government in September 2023 and October 2023 but no comments were provided in response.

Apart from the above, the break-up related to the availability of doctors, nurses and paramedics in all the 13 DHs, 79 CHCs and 578 PHCs in the state has been given in *Appendix-2.1 (i), 2.1 (ii) and 2.1 (iii)* and impact of shortage of manpower in healthcare services has been discussed in Chapter-3.

2.2.1 Absence of Recruitment Policy for Specialized Doctors in MH&FW Department

The State Government has framed its own policy in the year 2014 for recruitment of Medical Officers in the state. The said policy merely envisages the process for recruitment of only General Duty Medical Officers (GDMOs) with minimum qualification of MBBS. No rules/ recruitment policy has been made by the State Government till date to recruit specialist doctors in the state.

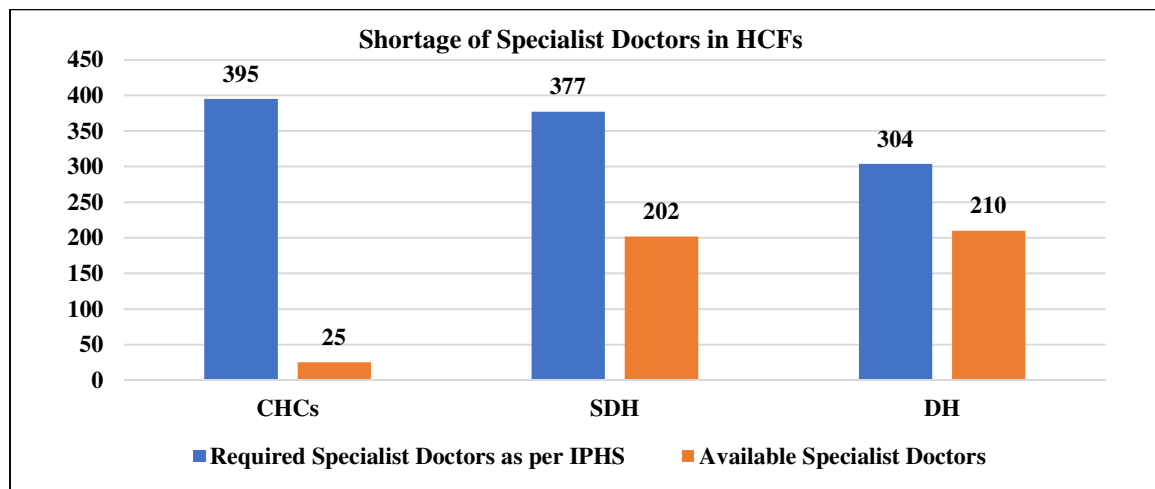
Further, a Draft Health Policy-2020 has been prepared by the State Government specifying challenges and solutions regarding upgradation of healthcare facilities but is silent regarding ensuring the availability of specialist doctors in the state for secondary level HCFs. Consequently, due to non/short availability of specialist doctors as discussed in succeeding paragraphs, population residing in the hilly region and relying mainly on the primary and secondary level HCFs remain deprived of critical care treatment and are bound to approach private HCFs.

The Government while accepting the facts intimated (November 2022) that a committee has been constituted under the chairmanship of Additional Secretary, MH and Medical Education, and DG, MH&FW and the Principal, GDMC, Dehradun to formulate the Specialist Cadre, Public Health Cadre, Public Management Cadre and teaching cadre in the state.

2.2.2 Shortage of Specialist Doctors against IPHS norms

The State Government has adopted Indian Public Health Standards (IPHS) in October 2019. The availability of Specialist doctors against IPHS norms in Secondary level HCFs is being given in the **Chart-2.2** below:

Chart-2.2: Details of specialist doctors in the healthcare facilities of the State



Source: Information provided by the MH&FW Department.

It is evident from the above table that the CHCs are having an acute shortage of 94 per cent doctors in the specialized cadre. Although, the vacancies against specialist doctors in CHCs have been filled by postings the GDMOs yet the specialized treatment could not be provided to the patients and the CHCs are merely functioning as referral centres. This leads to over burdening of SDHs/DHs. Further, during the test check it was found that not even a single caesarean delivery could be conducted during the audit period due to non-deployment of Obstetrics and Gynaecologist doctor at CHC, Doiwala, Dehradun and CHC, Kotabagh, Nainital.

Similarly, in SDHs and DHs there is shortage of specialist doctors by 45 per cent and 30 per cent respectively against IPHS norms.

The Government while accepting the facts intimated (November 2022) that a committee has been constituted under the chairmanship of Additional Secretary, MH and Medical Education, and DG, MH&FW and the Principal, GDMC, Dehradun to formulate the Specialist Cadre, Public Health Cadre, Public Management Cadre and teaching cadre in the state.

2.2.3 Skewed postings of specialist doctors

Despite an acute shortage of specialist doctors at secondary level, skewed postings of specialists doctors in plain and hilly districts of the state were noticed during performance audit. The detail related to deployment of specialist doctors in four³ plain and nine⁴ hilly districts of the state is given in **Table-2.4** below:

Table-2.4: Deployment of specialist doctors in the state

(As of March 2022)

Terrain	Plain	Hilly	Total
No. of Districts	4	9	13
No. of DHs/ SDHs/ CHCs	43	69	112
Other HCFs ⁵	15	10	25
Sanctioned Posts	549	704	1,253
Availability	274	213	487
Shortage (percent)	275 (50)	491 (70)	766 (61)

Source: Information provided by the MH&FW Department.

Note: Apart from the 487 specialist doctors posted in various HCFs of the state, 50 specialist doctors are posted for administrative/other duties.

Skewed postings are evident from the table above. In plains, shortage of 275 (50 per cent) against sanctioned posts of 549 specialist doctors was noticed in four districts. In the remaining nine districts (treated as hilly districts), there was shortage of 491 (70 per cent) against sanctioned posts of 704 specialist doctors.

The Government accepted the facts and stated (November 2022) that the efforts are being carried out to meet out the requirements of specialist doctors. A committee has also been constituted to formulate a separate specialist cadre of doctors.

Thus, due to skewed postings of specialist doctors in the state, the public residing in hilly districts could not be provided with critical care at secondary level in a desired manner.

2.2.4 Alternate options for filling the vacant posts of specialist doctors in secondary & tertiary level not adopted

In absence of recruitment policy for specialist doctors there is an acute shortage of specialist doctors at secondary level as has been discussed under **Para 2.2.1**. The 'Report of High-Level Group on Health Sector, 2019 submitted to XVth Finance Commission of India' recommended alternate measures to improve availability of specialist doctors by utilizing public health facilities including DHs by starting specialists Diplomate of National Board (DNB) courses. After completing DNB course, they can provide specialist services

³ Haridwar, Dehradun, U S Nagar, Nainital. Parts of Nainital and Dehradun districts are also hilly areas.

⁴ Almora, Bageshwar, Chamoli, Champawat, Pauri, Pithoragarh, Tehri, Uttarkashi and Rudraprayag.

⁵ T B sanitorium, State Mental Health Institute, ICU units of DHs ICU units of SDHs.

and the state can make over the shortage of specialist doctors in an alternate way. It was noticed that no such initiatives in this regard had been taken by the Department of MH&FW as well as by the Department of Medical Education during the period of audit.

The Government accepted the facts and replied (November 2022) that presently the process of starting DNB courses in two⁶ District Hospitals of the State is under progress. Further, to ensure the availability of Specialist doctors in the state in Difficult/remote area (Durgam), the process to enhance the P.G. allowance by 50 *per cent* of the pay is under consideration.

2.2.5 GoI suggestions for specialist cadre recruitment & incentive schemes for hilly and remote areas not given cognizance

The GoI suggested (June-2017) several measures⁷ to all the states to ensure the availability of human resources for health, especially the availability of specialist doctors in difficult terrain/area at state level. It was also suggested that at the places where there is limited availability of specialists in public health facilities, private doctors may be empaneled for ‘on-call service’ at an appropriate per case or per day basis rate to ensure assured Emergency Obstetric Care (EmOC) and other services. The specialists/super-specialists could also be invited on a fixed day basis. It was also suggested that some of the steps or initiatives enumerated may require policy reforms, need a change in existing recruitment and promotion rules.

On review, Audit noticed that MH&FW, Department, Uttarakhand took no cognizance of the good practices advised by the GoI, during the year 2017.

The Government while accepting the facts intimated (November 2022) that the process to provide 50 *per cent* PG allowance to the specialist doctors is under consideration. Further, the scheme ‘You Propose-We pay’ for providing specialists doctors in the state (as adopted by Uttar Pradesh) was approved during 22nd meeting of NHM committee in May 2018.

While appreciating the recent initiatives of the Government, it is hoped that the Government will continue to make sustained efforts to ensure the availability of adequate human resources.

2.2.6 Vacancy position of doctors

In MH&FW Department, doctors have several designations like Medical Officer, Medical Officer Grade-1, Chief Medical Superintendent, Principal Medical Superintendent, Dental Surgeon, Senior Dental Surgeon, etc. Overall, MH&FW Department has a total of 1,918 public doctors (Allopathic) available against their total sanctioned strength of 2,856. Thus,

⁶ District Hospital, Dehradun & Soban Singh Jeena Base Hospital, Haldwani.

⁷ To provide lucrative salaries to the specialist doctors by topping up their salaries from the NHM, fixed tenure of posting for difficult areas and choice transfer on completion of the tenure, performance-based incentives, states must create specialist cadre based on identification of facilities and specialty-wise posts, and recruit PGMO on a higher salary slab, start DNB and CPS courses to supplement the pool of specialists and improve quality of services in our district hospitals and four months quality EmOC and LSAS training skills for MBBS doctors be conducted to operationalize FRUs etc.

33 per cent posts of doctors are lying vacant in the state. District wise position along with population of districts is shown in the **Table-2.5** below:

Table-2.5: District wise Vacant posts of Doctors (As on 31.10.2022)

District	Population as of 2020 (Estimated) ⁸	Sanctioned Post	Working Strength	Vacant Posts	Vacancy Percentage
Almora	7,09,657	290	198	92	32
Bageshwar	2,96,284	107	88	19	18
Champawat	2,95,999	111	83	28	25
Nainital	10,88,250	343	198	145	42
Pithoragarh	5,51,120	173	116	57	33
U S Nagar	18,79,748	232	128	104	45
Dehradun	19,34,231	347	285	62	18
Haridwar	21,55,081	231	129	102	44
Tehri	7,05,581	234	162	72	31
Pauri	7,83,489	368	221	147	40
Chamoli	4,46,430	181	119	62	34
Rudraprayag	2,76,205	105	76	29	28
Uttarkashi	3,76,298	134	115	19	14
Total	1,14,98,373	2,856	1,918	938	33

Source: Information provided by the MH&FW Department.

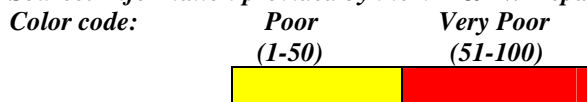
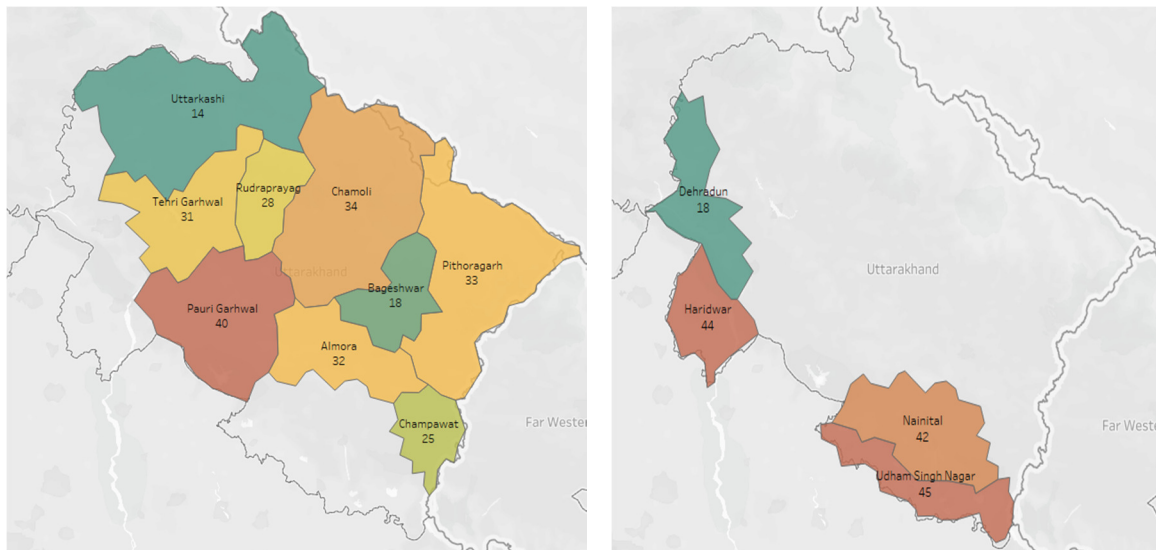


Chart-2.3: District wise Vacancy Percentage of Doctors in Hilly and Plain Districts



Source: Information provided by the MH&FW Department.



Posts of doctors are lying vacant in all the districts of the state. In term of percentage, out of nine hilly districts, 14 per cent posts of doctors are vacant in Uttarkashi while 40 per cent posts of doctors are vacant in Pauri Garhwal district. Out of the four plain

⁸ Estimated population data provided by the MH&FW Department.

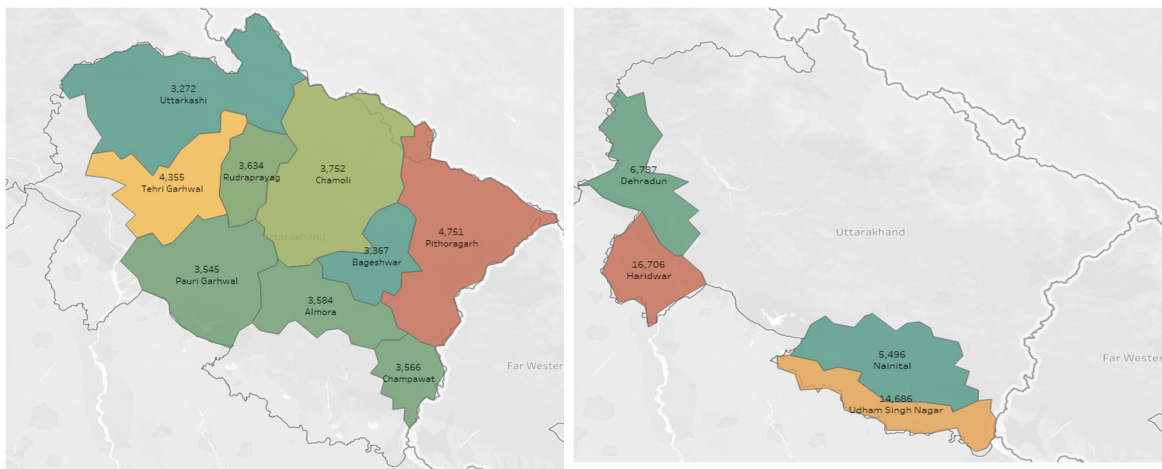
districts, 18 per cent posts are vacant in Dehradun district while 45 per cent post of doctors are vacant in Udham Singh Nagar.

2.2.7 Doctor to Population Ratio in Uttarakhand

In 2020, the estimated population of Uttarakhand state was 1.15 crore. The World Health Organization (WHO) has recommended 1 doctor for every 1,000. Accordingly, the state should have 11,498 doctors. But as per the record of Uttarakhand Medical Council the state has a total of 11,675 registered doctors (Public & private) as of March 2022. It makes availability of one doctor for 985 people which is around WHO recommendation.

Further, Uttarakhand state has a total of 1,918 public doctors (Allopathic) as discussed before. It makes availability of one public doctor for 5,995 people (As per population 2020 estimated) in the state. The district wise variation in availability of public doctors (Doctor to population ratio) is shown in chart 2.4 below:

Chart-2.4: Doctor to Population Ratio in Uttarakhand



Source: Information provided by the MH&FW Department.



The maps clearly show that doctor to population ratio in hilly/plain districts is less than the WHO norms.

The matter was reported to the Government in September 2023 and October 2023 but no comments were provided in response.

2.2.8 Availability of Staff Nurses and X-ray Technicians

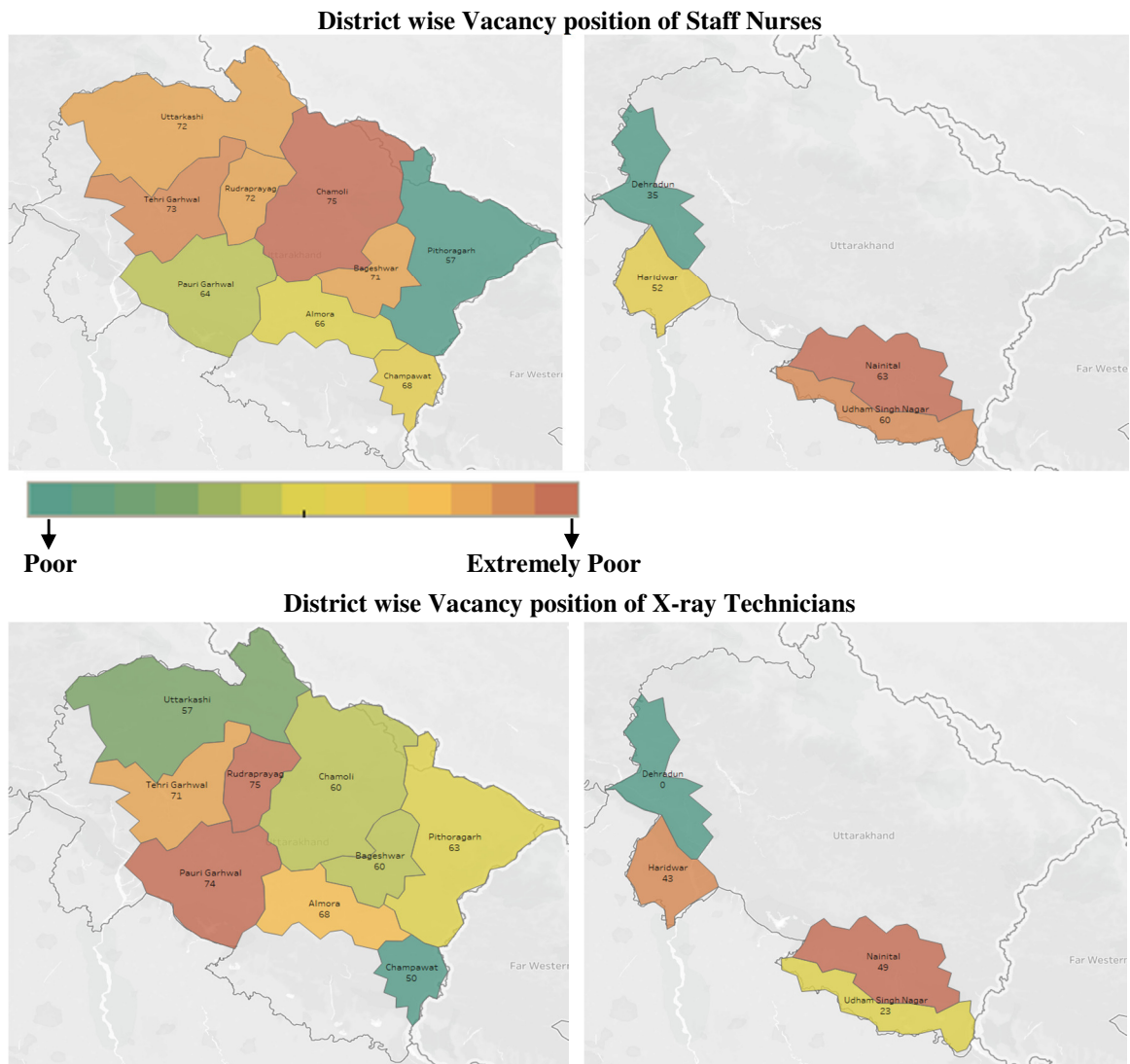
The skewness in availability of manpower becomes even more prominent when we analyze the vacancy position against particular posts. For instance,

- i. The shortage of Staff Nurses against sanctioned strength in hilly districts varied from 57 per cent in Pithoragarh district to 75 per cent in Chamoli district. In four plain districts this shortage varied from 35 per cent in Dehradun to 63 per cent in Nainital.

- ii. The shortage of X-ray Technicians against sanctioned strength in hilly districts varied from 50 per cent in Champawat district to 75 per cent in Rudraprayag district. In four plain districts this shortage varied from zero per cent in Dehradun to 49 per cent in Nainital.

The shortage in the above two posts across all the hilly/plain districts is shown in the maps below:

Chart-2.5: District wise Vacancy position of Staff Nurses and X-ray Technicians



Source: Information provided by the MH&FW Department.



Similar skewed distribution was observed in other posts and in other departments including Medical Education and AYUSH departments.

The matter was reported to the Government in September 2023 and October 2023 but no comments were provided in response.

2.2.9 Transfer policy not adhered to

According to the Transfer Policy for the officials/staff of the state (2018), The State had been classified in areas of easy excess (Sugam) and areas of tough terrain (Durgam) areas. Transfer from Sugam to Durgam had to be implemented after four years while from Durgam to Sugam transfer had to be done after three years.

During scrutiny of records related to transfer-postings of doctors it was noticed that doctors posted at district level were not transferred even after providing services from five to 20 years in the same district (*Appendix-2.2*).

The Government while accepting the facts intimated (November 2022) that in view of the geographical conditions of the state, transfer policy has been relaxed for transfer of doctors.

2.2.10 Shortage of class IV staff in primary and secondary level HCFs

Adequacy of class IV staff is also an integral component to ensure proper hygiene and infection control and cleanliness in providing health care to the patients, attendants and hospital staff. It was noticed that there were 2,511 class-IV employees (1,910 regular and 601 outsourced) against 3,023 sanctioned posts as of November 2022.

It was further noticed that after adoption of IPHS norms, the requirement of class-IV staff was reviewed at state level. During review it was observed that 2,111 additional class-IV posts were required for all the primary and secondary HCFs. Against 5,134 class-IV posts required in various HCFs of the state, only 2,511 posts (49 per cent) are filled.

The Government while accepting the facts intimated (November 2022) that the approval has been given to fill up the vacant 3,023 sanctioned posts through outsourcing.

2.3 Human Resource under Department of Medical Education (DME)

DME has the second highest sanctioned strength of 3,910 after Department of MH&FW, which includes sanctioned strength of three Government Medical Colleges (GMCs). There was 40 per cent vacancy in DME as detailed in the **Table-2.6** below:

Table-2.6: Manpower position under DME (As on 31.10.2022)

Government Medical College/Office Name	Sanctioned Posts	Working Strength	Vacant Posts	Vacancy percentage
GMC, Srinagar, Pauri	1,132	613	519	46
GMC, Haldwani, Nainital	1,251	1,194	57	5
GMC, Dehradun	1,311	491	820	63
Nursing Colleges	188	46	142	76
Directorate of Medical Education	28	12	16	57
Total	3,910	2,356	1,554	40

Source: Information provided by the Medical Education Department.

Color code: *Poor* (1-50) *Very Poor* (51-100)



As shown in the table above, shortage of manpower in the Medical Colleges lies between five and 63 per cent. GMC, Dehradun has the highest 63 per cent posts vacant among three GMCs, while nine Nursing Colleges and the Directorate office of DME has 76 per cent and 57 per cent vacant posts respectively. Category wise position of manpower in the three medical colleges under DME as detailed in the **Table-2.7** below:

Table-2.7: Overall Category wise position of Manpower in three GMCs under DME

Category	Sanctioned Posts	Working Strength	Vacant/Excess (-) Posts	Vacancy percentage
Doctor	1,264	459	805	64
Nurse	1,234	232	1,002	81
Paramedics	474	101	373	79
Others ⁹	722	1,506	(-) 784	(-) 108
Total	3,694	2,298		

Source: Information provided by the Medical Education Department.

Color code: ■ Poor (1-50) ■ Very Poor (51-100)



As evident, 64 per cent posts of Doctors, 81 per cent posts of Nurses and 79 per cent posts of Paramedical staff are vacant in DME while 108 per cent posts of other office staff are in excess against sanctioned strength. Shortage of Manpower for some of the specific posts in these three GMCs has been given in the **Table-2.8** below:

Table-2.8: Manpower position of some specific posts in three GMCs under DME (As on 31 October 2022)

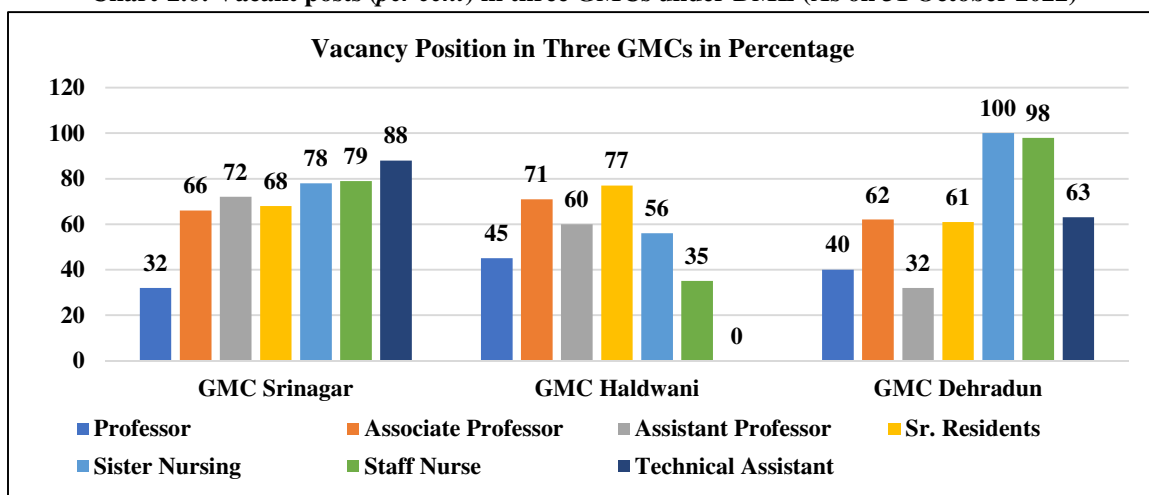
Post Name	Sanctioned Post	Working Strength	Vacant Posts	Vacancy percentage
Associate Professor	207	67	140	68
Assistant Professor	351	156	195	56
Demonstrator	188	55	133	71
Staff Nurse	923	270	653	71
Nursing Sister	137	25	112	82
Technical Assistant	48	05	43	90
Radiographic Tech.	31	28	03	10
E.C.G. Technician	03	02	01	33

Source: Information provided by the Medical Education Department.

Color code: ■ Poor (1-50) ■ Very Poor (51-100)



Post wise manpower position in GMCs is given in the chart below:

Chart-2.6: Vacant posts (per cent) in three GMCs under DME (As on 31 October 2022)

Source: Information provided by the Medical Education Department.

⁹ Posts of clerical cadre, ward boy, attendant and other group D posts are excess than the sanctioned strength.

As seen from the chart:

- i. In GMC, Srinagar, 72 per cent Assistant Professors, 78 per cent Sister Nursing, 79 per cent Staff Nurses and 88 per cent Technical Assistant posts are vacant.
- ii. In GMC, Haldwani, 56 per cent Sister Nursing, 60 per cent Assistant Professors, 71 per cent Associate Professors and 77 per cent Sr. Resident posts are vacant.
- iii. In GMC, Dehradun, 61 per cent Sr. Residents, 62 per cent Associate Professors, 63 per cent Technical Assistants, 98 per cent Staff Nurses and 100 per cent Sister Nursing posts are vacant.

Further, the post of Principal in GMC, Dehradun and GMC, Haldwani was vacant. Besides, no regular Medical Superintendents were appointed in any of the Medical Colleges under DME. These categories have a major role in providing public health infrastructure and management of health services in the state.

The matter was reported to the Government in September 2023 and October 2023 but no comments were provided in response.

2.3.1 Shortage of Doctors against the increased annual intake of MBBS seats

The Government of Uttarakhand has increased¹⁰ (August 2021) the posts for teaching faculty of the three GMCs of the state, to enable greater intake of MBBS students. The detail of available doctors against increased sanctioned strength is being given in the **Table-2.9** below:

Table-2.9: Details of available manpower against increased MBBS seats

(As of March 2022)

Name of Medical College	Doctors (Teaching Faculty)	Sanctioned		Available		Increase in no. of posts	Shortage of Doctors/ (per cent)
		As on 31.03.21	As on 31.03.22	As on 31.03.21	As on 31.03.22		
(a)	(b)	(c)	(d)	(e)	(f)	(d)-(c)	(d)-(f)
GMC, Dehradun	Clinical	170	357	147	163	187	194 (54)
	Non-Clinical	78	141	63	76	63	65 (46)
GMC, Haldwani	Clinical	271	367	115	106	96	261(74)
	Non-Clinical	71	111	49	46	40	65 (59)
GMC, Srinagar	Clinical	113	193	32	37	80	156 (81)
	Non-Clinical	40	95	31	31	55	64 (67)
Total		743 (554+189)	1,264 (917+347)	437 (294+143)	459 (306+153)		805 (64) (611+194)

It can be seen from the above table that:

- There was shortage of 54 per cent, 71 per cent, and 81 per cent clinical doctors against increased sanctioned strength due to increased annual intake in GMCs of Dehradun, Haldwani and Srinagar respectively.

¹⁰ GMC Haldwani- GO No. 646 dated 09 August 2021, GMC Dehradun- GO No. 647 dated 09 August 2021 and GMC Srinagar- GO No 644 dated 12 August 2021.

- Similarly, there was shortage of 46 *per cent*, 59 *per cent*, and 67 *per cent* non-clinical doctors against increased sanctioned strength due to increased annual intake in GMCs of Dehradun, Haldwani and Srinagar respectively. Consequently, hampering of quality education to medical students cannot be ruled out.

The Government while accepting the facts intimated (November 2022) that a committee under the chairmanship of Vice Chancellor of HNB Uttarakhand medical education university (HNBUMU) has been constituted for contractual appointment. The State also mentioned that the recruitment process for 339 Assistant Professors will be carried out in the near future.

While the Government has taken some initiative to fill the vacant posts in Medical Colleges, The Governments needs to make sustained efforts to ensure availability of staff in Medical Colleges.

2.3.2 Unavailability of Doctors, Nurses and Paramedical staff in Superspeciality wing

The Government of Uttarakhand had created super specialist post for doctors in GMCs of Dehradun, Haldwani, and Srinagar in February 2019, January 2021, and August 2021 respectively. The detail of availability of Doctors, Nurses, and Paramedical staff in Superspeciality¹¹ wing against sanctioned strength is being given in the **Table-2.10** below:

Table-2.10: Details of Doctors, Nurses and Paramedical Staff in Super Specialty Wing

(As of March 22)

Name of Medical College	Name of Post	Sanctioned Posts	Working Strength	Vacant Posts / (per cent)
GMC, Dehradun	Doctors	23	02	21 (92)
	Nurses	15	00	15 (100)
	Paramedical	6	00	06 (100)
Total		44	02	42 (95)
GMC, Haldwani	Doctors	24	05	19 (79)
	Nurses	15	00	15 (100)
	Paramedical	7	00	7 (100)
Total		46	05	41 (89)
GMC, Srinagar	Doctors	23	0	23 (100)
	Nurses	15	0	15 (100)
	Paramedical	6	0	06 (100)
Total		44	00	44 (100)

- It is clearly evident from the above table that there is a shortage of 79 *per cent* to 100 *per cent* of Superspecialist Doctors in the three GMCs of the state. No Nurses and Paramedical staff for Superspeciality wing is available in any of the GMCs of the state, which clearly indicates that the people are being deprived of the Superspecialist healthcare services from the tertiary level Government healthcare institutions.

¹¹ Superspeciality wings- Neurosurgery, Nephrology, Urology, Plastic Surgery.

The Government accepted the facts and stated (November 2022) that service rules are being prepared.

2.3.3 Failure to Appoint /Retain Radiologists in GMCs

Radiology provides benefits to patients through advanced tools, techniques, and multiple options to detect and treat the diseases. On review, Audit noticed that all the three GMC¹²s are facing the problem of unavailability of regular Radiologists. There has not even been a single full-time regular Radiologist against sanctioned posts in any of the GMCs in the state for the last six years. Only temporary contractual arrangements have been made to comply with the NMC norms.

Besides, due to lack of proper planning to appoint/retain the regular doctors especially Radiologists at state level, NMC has cancelled two seats of MD Radiology course (year 2019) in GMC Haldwani.

The State Government while accepting the facts intimated (November 2022) that a committee under chairmanship of Vice Chancellor Hemwati Nandan Bahuguna Uttarakhand Medical Education University (HNBUMU) has been constituted for contractual appointment.

2.3.4 Government Paramedical Colleges running without manpower and infrastructure

As per the Paramedical Council Act, 2009 a Paramedical College should have a building with a minimum area of 11000 sqft. In which Laboratories, Lecture rooms, Library, staff room and office should be provided. Besides this, for Graduate and PG Paramedical courses the required faculties as per the approved courses by the University should also be provided. In addition to this a separate hostel building should also be provided in Paramedical College. However, during Performance Audit it was found that three Government Paramedical Colleges¹³ (GPMC) were established in the state (March 2018) without having its own building and teaching faculties. It was further noticed that the teaching schedules of the GPMCs are being conducted by the teaching faculties of GMCs in their campus.

The Secretary-In-Charge Medical Education accepted the facts in exit conference (3rd November 2022) and stated that the proposals for the same is under progress.

2.3.5 Preference of Private Tertiary level HCFs over Government Tertiary level HCFs

Tertiary level Government hospitals are supposed to provide multispecialty/ super specialist/critical care at low cost as majority of the population of the state is dependent on these Government Tertiary level HCFs. A comparison between two Government Tertiary level HCFs and two Private Tertiary level HCFs for treating the various patients under PM - JAY has been given in the **Table-2.11** given below:

¹² Sanctioned posts in GMCs-22 (GMC Haldwani-07, GMC, Dehradun-09 and GMC, Srinagar-06).

¹³ Government Paramedical College Haldwani, Dehradun, Srinagar.

Table-2.11: Details of patients treated under Ayushman Bharat Yojana

Name of Medical Colleges	Type of MCs	No. of services provided	Patient treated under Ayushman Bharat Scheme during the year				Total Treated
			2019	2020	2021	2022 (up to April 2021)	
Sri Mahant Indresh Hospital, Dehradun	Charitable	25	2,059	15,700	20,535	1,218	39,512
Swami Ram, Himalayan University, Dehradun	Private	28	4,034	23,945	31,098	1,472	60,549
Total			6,093	39,645	51,633	2,690	1,00,061
AIIMS, Rishikesh	Govt.	28	2,104	19,089	10,850	653	32,696
GDMC, Dehradun	Govt.	12	594	5,562	702	124	6,982
Total			2,698	24,651	11,552	777	39,678

Source: PMJAY Data.

It is evident from the above table that number of services available in Private tertiary level healthcare institutes ranged between 25 and 28 while in the two Government Tertiary Level Healthcare Institutes of Dehradun district, services available ranged between 12 and 28. Consequently, two Private tertiary level healthcare institutes were able to treat almost two and a half times more patients under Ayushman Bharat (PM – JAY) scheme as compared to two Government Tertiary level healthcare institutes.

It was further noticed that under seven common services¹⁴ both the Private Tertiary level healthcare institutes treated more than three and a half times patients as compared to two Government Tertiary level healthcare institutes in Dehradun district.

Thus, due to not providing required specialised services by Government Tertiary level healthcare institutes majority of the population relied upon private tertiary level HCFs during the period of audit.

The matter was reported to the Government in September 2023 and October 2023, but no comments were provided in response.

2.4 Human Resource under AYUSH

Sanctioned strength for AYUSH Department is 3,808 which is 17 *per cent* of the total sanctioned strength of Health Institutions under Government of Uttarakhand. It has been observed that 1,063 (28 *per cent*) posts were vacant in this department. Category wise position of manpower is shown below:

¹⁴ 1. General Medicine 2. General Surgery 3. Obstetrics & Gynaecology 4. Orthopedics 5. Paediatrics 6. Cardiology 7. Ophthalmology.

Table-2.12: Manpower position under AYUSH (As of February 2023)

Category	Sanctioned Posts	Working Strength	Vacant Posts	Percentage of vacant posts
Doctor	994	628	366	37
Nurse	61	49	12	20
Paramedics	1,086	899	187	17
Other	1,667	1,169	498	30
Total	3,808	2,745	1,063	28

Source: Information provided by the AYUSH Department.

Table-2.13: Details of Men-in position of Ayurveda & Homoeopathy Departments (As of February 2023)

Designation	Ayurveda				Homoeopathy			
	SS	MIP	Vacancy	Vacancy (in per cent)	SS	MIP	Vacancy	Vacancy (in per cent)
Doctor	825	523	302	37	124	100	24	19
Nurse	19	19	0	00	00	00	00	00
Paramedics	876	767	109	12	112	108	04	04
Other	1,031	913	118	11	197	52	145	74
Total	2,751	2,222	529	19	433	260	173	40

Source: Information provided by the department.

Table-2.14: Details of Men-in position of Ayurveda University (Ayurvedic Colleges) (As of February 2023)

Designation	Ayurvedic University			
	SS	MIP	Vacancy	Vacancy (in per cent)
Doctor	45	5	40	88.88
Nurse	42	30	12	28.57
Paramedics	98	24	74	75.51
Other	439	204	235	53.53
Total	624	263	361	57.85

Source: Information provided by the department.

Shortage of manpower in AYUSH department ranges from 17 per cent to 37 per cent under four categories as shown in table 2.12 above. The department has shortage of 37 per cent Doctors, 20 per cent Nurses, 17 per cent Paramedical staff and 30 per cent other office related staff.

Shortage of manpower for some of the specific posts in AYUSH department is as follows.

Table-2.15: Shortage of manpower in some specific posts under AYUSH Department (As of February 2023)

Post Name	Sanctioned Posts	Working strength	Vacant Posts	Vacancy Percentage
Pharmacist Ayurvedic	784	693	91	12
Ayurvedic Medical Officer	825	523	302	37
Principal	02	01	01	50
Professor	43	16	27	63
Associate Professor	66	46	20	30
Assistant Professor	90	35	55	61
Homeopathic Medical Officer	124	100	24	19
Pharmacist Homoeopathic	112	108	04	04
Yoga & Naturopathy assistant	13	0	13	100

Source: Information provided by the department.

As shown in the table above, four *per cent* to 100 *per cent* posts are vacant under different categories.

Table-2.16: Distribution of posts in Ayurveda Department at District Level:

District Name	Population as of 2020 (estimated)	Total posts			Ayurvedic Medical Officer		
		Sanctioned Post	Working Strength	Vacant	Sanctioned Post	Working Strength	Vacant
Dehradun	19,34,231	255	240	15	72	70	02
Nainital	10,88,250	176	163	13	51	51	00
Pauri	7,83,489	281	237	44	89	61	28
Pithoragarh	5,51,120	259	195	64	83	44	39
Champawat	2,95,999	90	64	26	25	22	03
Bageshwar	2,96,284	111	86	25	30	10	20
Chamoli	4,46,430	260	186	74	82	24	58
Udham Singh Nagar	18,79,748	81	72	09	21	21	00
Tehri	7,05,581	333	280	53	92	62	30
Rudraprayag	2,76,205	167	120	47	46	14	32
Almora	7,09,657	241	200	41	70	55	15
Haridwar	21,55,081	121	107	14	32	29	03
Uttarkashi	3,76,298	256	204	52	70	34	36
Total District level		2,631	2,154	477	763	497	266
Directorate, State Pharmacy & SDTL		120	68	52	62 ¹⁵	26	36
Total		2,751	2,222	529	825	523	302

Source: Information provided by the department.

The table above shows that the distribution of doctors posted in hilly/plain or semi hilly districts was uneven. Audit observed that vacancies in Ayurveda doctor cadre were not equitably shared by hilly and plain regions of the district. Accordingly, Audit found that 98 *per cent* of 266 vacant posts were in nine ¹⁶hilly districts.

The Government replied (November 2022) that the recruitment of Medical Officers is referred to the Medical Selection Commission, process of appointment to the post of vacant pharmacists has been carried out in Ayurveda Department and is being done in Homoeopathy Department, the process of appointment of Class-IV employees from outsourcing is in process. Walk in interview for the vacant post is to be initiated in Ayurveda University.

2.5 Human Resource under Food and Drugs Administration Department (FDA)

Total sanctioned strength of FDA, Uttarakhand is 216. It has been observed that 54 *per cent* posts, i.e., 117 posts are lying vacant in FDA (Refer **Table-2.1**).

Shortage of manpower for some specific posts in FDA are as follows:

¹⁵ Additional Director, Joint Directors, District Ayurvedic & Unani Officers, Additional District Ayurvedic & Unani Officers & Superintendent Pharmacy.

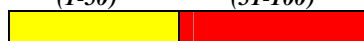
¹⁶ Pauri, Pithoragarh, Champawat, Bageshwar, Chamoli, Tehri, Rudraprayag, Almora & Uttarkashi.

Table 2.17: Manpower position under FDA (As on 31 October 2022)

Post Name	Sanctioned Posts	Working Strength	Vacant Posts	Percentage of vacant posts
Joint Food Safety Commissioner	01	00	01	100
Drug Controller	01	00	01	100
Deputy Commissioner Food Safety	06	00	06	100
Government Analyst	01	00	01	100
Senior Analyst (Food)	03	01	02	67
Senior Analyst (Drug)	04	01	03	75
Microbiologist	01	00	01	100
Drug Inspector (Gr.-I)	11	00	11	100
Drug Inspector (Gr.-II)	22	03	19	86
Food Safety Officer	36	09	27	75

Source: Information provided by the FDA Department.

Color code: **Poor (1-50)** **Very Poor (51-100)**



The percentage of shortage for the above-mentioned posts ranges from 67 per cent to 100 per cent.

The matter was reported to the Government on September 2023 and October 2023 but no comments were provided in lieu of that.

2.6 Shortage of staff and its impact on delivery of health services in test-checked districts

The number of sanctioned/ filled posts of Medical Officers/ Nursing Sister/Officers/ Paramedical Staff in the test-checked districts is given in the **Table-2.18** below:

Table-2.18: Impact of shortage of Staff on delivery of health services in test checked Districts

Name of District	Name of Institution	Medical Officers			Nursing Sister/ Officers			Paramedical Staff		
		Sanctioned	Filled	Shortfall (per cent)	Sanctioned	Filled	Shortfall (per cent)	Sanctioned	Filled	Shortfall (per cent)
Dehradun	DH	61	54	18	91	39	57	20	18	10
	SDH	59	42	29	49	34	31	17	15	12
	CHCs	45	35	22	21	17	19	24	21	13
	PHCs ¹⁷	04	06	(-)50	02	00	100	04	04	0
Nainital	DH	40	31	23	62	16	74	20	13	35
	SDH	86	38	56	79	36	54	33	29	12
	CHCs	36	32	11	18	11	39	19	16	16
	PHCs	04	03	25	02	00	100	04	02	50

Source: Information furnished by test checked districts.

Colour code: **Poor (1-50)** **Very Poor (51-100)**



¹⁷ Prior to adoption of IPHS in 2019, out of the 8 selected PHCs, 6 PHCs were functioning as a state allopathic dispensary, and no restructuring of nursing and paramedical cadre has been carried out till Nov 2022. Hence no posts of nursing staff were sanctioned in these 6 test checked PHCs.

It is evident from the above table that:

- The shortage of Medical Officers was more in district Nainital as compared to district Dehradun.
- The shortage of Nursing staff was alarming in test checked DH and PHCs of district Dehradun while the same was alarming in test checked DH, SDH and PHCs in district Nainital.
- The shortage of Paramedical staff was more in test checked PHCs and DH of district Nainital as compared to district Dehradun.

Due to shortage of staff, the delivery of health services in the test-checked health institutions was hampered as several such cases have been highlighted in this report as detailed in the **Table-2.19** below:

Table-2.19: Details of services hampered due to shortage of Staff

Sl. No.	Impacted Service	Para reference
1.	Non-availability of specialist OPD services in test-checked health institutions due non-availability of specialists	2.2.1, 2.2.2 & 2.2.3
2	Non-availability of Major/Minor surgeries in test-checked health institutions due to shortage of surgeons	3.2.4
3	Number of OPD cases per doctor were uneven in selected health institutions	3.1.6
4	All Emergency Services were not available in some of the test-checked health institutions	3.3.1, 3.3.2
5	Ventilators supplied in health institutions were not put to use due to shortage of skilled manpower	3.3.3
6	Imaging (Radiology) services were not available in some of the test checked HCFs.	3.5.1 & 3.5.3
7	Infrastructure not put to use appropriately in test checked health institutes	5.6
8	Proper management of AYUSH healthcare facility was not being done due to shortage of doctors.	2.4

2.7 Availability of manpower in upgraded AYUSH Health and Wellness Centres

As per the AYUSH HWCs operational guidelines, there should be an appropriately trained primary health care team, comprising of multi-purpose workers, ASHAs, auxiliary nurse midwife (ANM) led by a community health officer (a qualified AYUSH physician). A qualified/certified Yoga instructor would be deployed at all HWCs on a part time basis to provide continuous and customized Yoga training to the community at HWC and various other identified public places.

The availability of manpower against requirement in 70 upgraded AYUSH HWCs in the State is as depicted in the **Table-2.20** below:

Table-2.20: Availability of manpower against requirement in upgraded AHWCs in the State (As on February 2023)

Name of the Department	No. of HWCs upgraded March 2022	No. of HWCs having Yoga Instructor	No of ASHAs to be deployed @5 per HWCs	No of ASHAs deployed in actual in HWCs
Ayurveda & Unani Services	60	0	300	254
Homoeopathy Services	10	0	50	45
Total	70	00	350	299

Source: Information furnished by the department.

As can be seen from the above table, out of 70 AHWCs upgraded, no yoga instructors were posted in any of the upgraded HWCs. The above table also shows shortage of ASHAs in the upgraded AHWCs, against the sanctioned posts of 350 ASHAs, 299 posts (85 per cent) were filled. Further, out of these upgraded AHWCs, in 13 HWCs of Dehradun and Nainital districts, 50 ASHAs were deployed against 65.

The Government replied (November 2022) that the proposal to appoint Yoga instructors have been received through a district - level committee which is under consideration.

2.8 Recruitment of manpower

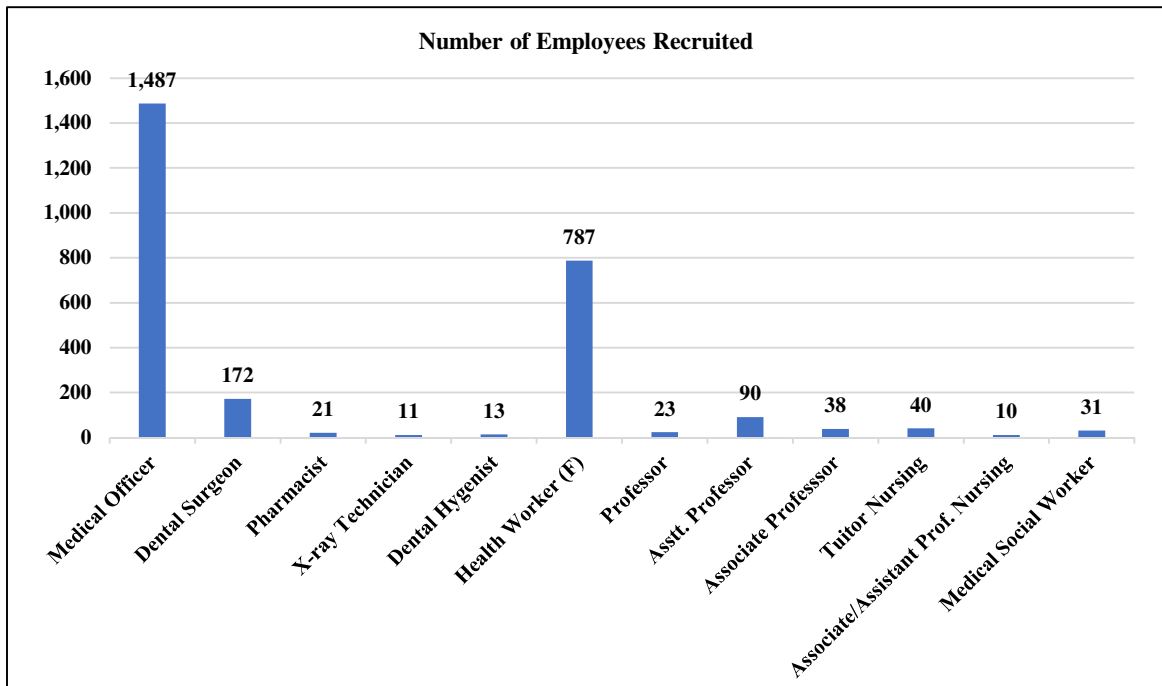
As per data provided by the Uttarakhand Medical Service Selection Board¹⁸ (UKMSSB) a total number of 2,723 employees have been recruited during the period April 2016 to December 2022. Detail of year wise recruitment has been given in the **Table-2.21** below:

Table-2.21: Manpower Recruited during the period 2016-23

Financial year	Number of Employees recruited
2016-17	00
2017-18	654
2018-19	126
2019-20	227
2020-21	742
2021-22	187
2022-23	787
Grand Total	2,723

Source: Information provided by the UKMSSB.

Chart-2.7: Category wise number of Employees Recruited



Source: Information provided by the UKMSSB.

¹⁸ The Uttarakhand Medical Service Selection Board was established at Dehradun, by an Act enacted by the Uttarakhand Legislative Assembly and assented by the Governor on 06 April 2015.

This constitutes almost 27 per cent of the present available manpower which means 27 per cent of the current workforce has been recruited during the last six years. It shows the proactive approach of the Government in recruiting new workforce thereby filling vacancies in the sector.

2.9 Conclusion

There is shortage in available manpower against the sanctioned strength which is adversely affecting health services. This shortage is quite high in several key posts such as doctors, staff nurses, paramedical staff, which play a very important role in delivering comprehensive healthcare to the beneficiaries. Further, due to the absence of existence of recruitment policy for specialist doctors and non-cognizance of GoI suggestions at department level there was significant shortage of specialist doctors. Consequently, improper critical care at secondary level cannot be denied.

Moreover, available manpower has not been distributed uniformly across the districts and this trend has been witnessed across all the departments and in most of the crucial posts as well.

Further, unavailability of human resource in Superspeciality wing, failure to appoint/retain Radiologists in GMCs was also noticed which can put adverse impact on better specialist services at tertiary level and quality education to the medical students.

The impact of shortage of manpower in delivery of health services has been discussed in other chapters of the Report.

2.10 Recommendations

The State Government may consider the following recommendations on priority to ensure required human resources for the health sector.

- 1. The Government may focus on expediting recruitment process in order to fill vacancies in the health sector;**
- 2. The Government may formulate a new recruitment policy for the fulfilment of the posts of specialist doctors by taking proper cognizance and adoption of good practices suggested by the Ministry of Health & Family Welfare, GoI in June 2016. Besides this, policy/rules should also be framed at State level for recruitment of super speciality cadre in Medical Education Department;**
- 3. The Government may consider to rationalised the existing staff across districts and health institutions for short term. While rationalising, it should be ensured that the postings are done in such a way that complementary healthcare professionals i.e., doctors, nurses, paramedical staff are posted in each health institution;**
- 4. The Government needs to take urgent action to equip existing Government Medical Colleges and Government Paramedical Colleges with required infrastructure and human resources.**

