**Department of Health and Family Welfare**

**Placement Policy**

1. High quality human resources (HR) are perhaps the most important aspect of healthcare systems. If there is a shortage of qualified doctors and other staff in health institutions, and timely measures are not taken to retain or replenish precious human resources, the whole process of service delivery hits a dead-end.

2. The Government devotes a fair share of its budget to the Health Department. The share of budgetary allocations is expected to be enhanced substantially in the coming years as health is a high priority sector for both the Centre and the State Governments. Even if pro-poor spending is increased, service delivery personnel need to be present at their jobs and be efficient and effective in their performance. It is a well-recognized administrative principle that the proper placement of HR with some degree of certainty in deployment gives optimum results as far as the performance is concerned. Keeping in view the needs of the state, experience of the doctors and their skills, several states have come out with an HR policy.

3. Some of the HR challenges today in the Health Department Punjab are staff shortages, unequal and inequitable distribution of the workforce, difficulty in retaining the specialized health care providers in the system, low motivation, poor staff performance and accountability. In the Government sector, there are limited avenues for promotion and growth which further exacerbate the situation. This highlights the need to better manage the available human resources and hence, the need for a comprehensive human resources policy and more specifically, a placement policy. The creation of a database of doctors and a better placement policy will help in restructuring the workforce and better implementation of health policies and programmes.

4. Currently there is no specific placement policy in the Health Department. The transfers and postings of Medical Officers are effected under the General Transfer Policy. This policy generally comes into effect in June and applies to transfers of all employees of the Government of Punjab. Based on the experiences gained from the implementation of the transfer policy, a review of the present system of transfers and posting has been attempted. Accordingly, a new Placement Policy of the Department of Health and Family Welfare has been formulated.
5. The comprehensive Placement Policy will achieve the objectives of:
   i. Equitable distribution of doctors
   ii. Optimum utilization of HR
   iii. Availability of a pool of senior doctors
   iv. Improve morale and motivation and better career opportunities
   v. Better coverage of underserved areas particularly difficult areas
   vi. Reduce absenteeism and improved service delivery
   vii. Complete transparency in placement
   viii. Better management of doctors
   ix. Predictability of transfer of doctors
   x. Reducing uncertainties/vagaries/errors/mismatches in postings
   xi. Matching of doctors’ skill and experience with the medical facilities
   xii. Help in formulation of policies on recruitment, training and higher education of doctors
   xiii. Taking into account couple case and family issues
   xiv. Improving retention of doctors
   xv. Organizational development of Health Department
   xvi. Meeting the challenges arising out of unforeseen circumstances

6. The Medical officers are posted at State headquarters, and institutions under the Department of Health & Family Welfare including the following:
   i. Civil Hospitals at District HQ/Sub-divisional HQ and important Towns: 57
   ii. Community Health Centres (CHCs - Tehsil/ Block HQ and important towns): 129
   iii. Primary Health Centres (Block HQ, Rural Areas and some in Urban Areas): 446
   iv. Urban Slum Dispensaries and Revamping Centres: 127
   v. Police and Jail Hospitals (District HQ/ Tehsil HQ/Towns): 16
   vi. ESI Hospitals and Dispensaries: 79
   vii. Mental Hospitals: 1
   viii. Training Institutions
   ix. Punjab Bhawan, New Delhi
   x. In addition, Medical officers are deputed to UT Administration, Chandigarh, BBMB, Jails and Police Lines.

About 65% posts are in urban area and 35% in rural areas.
7. A correct and complete database is a sine qua non to operationalize the placement policy. Therefore, the Department shall ensure that a database containing the profile of all its doctors is created and updated regularly.

8. For the purpose of this policy, the stations have been classified into 4 categories (Annexure 1) namely,
   1) Major Cities (Category-A)
   2) Semi Urban and Urban Areas, other than Semi Urban areas mentioned in Category C (Category-B)
   3) Difficult Areas (Category-C)
   4) Very Difficult Areas (Category-D)

9. General Features of the Placement Policy:
   a. The policy shall come into effect from the date of its notification and the provisions of the policy shall apply to transfers of Medical officers in the Department of Health and Family Welfare.
   b. This policy shall operate in addition to the General Transfer Policy of the Government, save that in case of any conflict between the two, this policy shall prevail.
   c. The length of stay shall be counted from the date of joining in a particular station. The difference of “From” date and “To” date shall be rounded off in years. If the remainder is 9 months or more, it shall be considered as one year.

10. Medical officers (Specialists): The transfer of the specialist Medical Officers shall be guided by the principle of seniority as a specialist i.e., length of service after post graduation. The length of service will include service while working in PCMS or any Government Medical Institutions under Central or State Government.

11. Medical Officers (MBBS or BDS)
   1) This policy is not applicable to the Medical Officers who have completed 5 years of service as on 1/1/2012.
   2) The doctors appointed prior to 01/01/2012, who have not completed 5 years of service as on 1/1/2012 and have not served for at least 2 years in category D stations shall have to complete minimum 2 years in category D stations. Those who have completed 2 years in category D shall have to serve at least 3 years in category C before being posted to category B stations.
   3) For other Medical Officers, in order to ensure proper health services in all parts of the state, the minimum period of working in each category shall be fixed as follows:
(i) Very Difficult Areas (Category-D): 4 years
(ii) Difficult Areas (Category-C): 5 years
(iii) Semi Urban and Urban Areas other than Semi Urban areas mentioned in Category C (Category-B): 7 years
(iv) Major Cities (Category-A): Remainder (Provided that in case any Medical Officer wants to continue beyond the minimum period prescribed in Category B, C or D stations, he/she shall be allowed to do the same.)

4) After completion of the requisite years in a particular category, the doctor shall be posted to the next category in sequence as mentioned above. In case a Medical Officer after the completion of prescribed requisite years’ service for category D, wants to stay further in Category D, then each year’s service in category D shall count for 2 years in category C.

5) A period beyond 6 months on account of Study leave/ Earned leave/ EOL, deputation, foreign training, in service training, foreign study leave or under suspension will not be counted as stay in that category.

12. Criteria regarding Transfer Applications and decision thereon:
   a. The department shall invite applications in the prescribed format for transfers from eligible doctors in the first week of April every year.
   b. The Medical Officers who complete the fixed tenure in a particular category shall have the option to give choice for 3 stations in the next category in order of preference as per the conditions mentioned above, through proper channel.
   c. Efforts would be made to adjust Medical Officers as per their seniority and preference.
   d. On first appointment, every Medical Officer will be posted in the D category.
   e. If any Medical Officer does not join at a new posting after the expiry of joining time, the doctor shall be treated as being willfully absent from duty and will be liable to disciplinary action.

13. Criteria regarding Postings on Compassionate grounds:
   i. While considering the proposal for transfer of Medical Officers, the following grounds shall be considered in order of preference:
      a) Handicapped (80% & above)
      b) Serious ailments like cancer, Thalassemia, etc.
      c) Single female (including unmarried, widow and legal divorcee)
(ii) In case both husband and wife are Government Medical Officers and serving in very difficult area (category D), the minimum period in that category shall be 3 years instead of 4 years. However, the eligibility for PG will remain unchanged. If one of the spouses is posted in category D, other may give option for serving in any other category which shall be considered subject to the availability.

(iii) Doctors having less than 2 years of service before superannuation may be considered for posting at a place of their choice subject to availability.

(iv) In case a doctor requests for retention at a particular station on the ground that his/ her child is studying in class X to class XII, the request may be considered to allow the retention of the doctor till the final examination of the child.

14. Transfer on administrative grounds or in public interest:

Notwithstanding anything contained in this policy, the Government may, if necessary in public interest, transfer or post any doctor to any station by passing speaking orders thereof at any time. The level of approval in all such cases shall be the Chief Minister.

15. Representation against transfer: All genuine grievances arising out of the implementation of this Placement Policy shall be redressed by the Department in accordance with this policy, only after medical officer has joined his/ her new assignment.

16. Deputations to the Union Territory Administration of Chandigarh or to other places will be permitted only after completion of 9 years of service.

17. (A) The State Government sponsors in-service doctors for post-graduation courses in the State Medical Colleges against 60% quota reserved for them. These Medical Officers are required to appear in the post-graduation entrance examination and their sponsorship depends upon the length of service in the rural/ difficult areas. As per the policy dated 02/02/2011 the Medical officers who had served in the difficult and most difficult areas of the State for 3 years and 2 years respectively were eligible for sponsorship. This period has been changed to 6 years and 4 years respectively by modifying the existing policy vide instructions laid down in letter No. 26/12/94-5C2/4457-59 dated 17-7-12. The words “difficult” and “most difficult” as mentioned in policy dated 2-2-11 stand replaced by “category C” and “category D” respectively.

(B) For eligibility to seek PG sponsorship in State Medical Colleges or outside, the doctor should have completed at least 4 years of service in category D, or 6
years in category C, or an appropriate combination of both. With the introduction of the new policy, the Medical Officers who had worked in the difficult and most difficult areas for the required duration shall be considered as follows:

(i) Medical Officers who have worked in the difficult and most difficult areas would be considered to have worked in the category C & D respectively for the same length of time.

(ii) Medical officers who are willing to get posting in the category C & D institutions may apply for postings in these institutions and would be given preference for the same. However, in case no vacancy is available, and they continue to be posted in institutions which were earlier in difficult and most difficult categories, they would get the benefit of category C & D respectively.