Notification No.01/PGM&D/2018

Selection Committee,
Directorate of Medical Education,
Kilpauk, Chennai – 600 010.

Dated: 26.02.2018.

Sub: Medical Education – Committee to re-define/identify Primary Health Centre/Hospitals located at remote/difficult areas for awarding incentive marks to the service candidates for the admission to Post Graduate Degree/Diploma and MDS Courses for the academic year 2018-19 – Uploading the Committee report in the website – Regarding.

Ref: Govt. Letter No.18747/MCA-1/2017-4, Health and Family Welfare Department, dated 26.02.2018.

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As per the directions of the Government in the reference cited, the Report of the Committee is herewith uploaded in the websites www.tnhealth.org and www.tnmedicalselection.org.

26/2/18

Additional Director of Medical Education/Secretary
Selection Committee.

REPORT OF THE COMMITTEE TO REDEFINE/IDENTIFY PRIMARY HEALTH CENTRE/HOSPITALS LOCATED AT REMOTE/DIFFICULT AREAS FOR AWARDING INCENTIVE MARKS TO THE SERVICE CANDIDATES FOR THE ADMISSION TO POST GRADUATE DEGREE/DIPLOMA COURSES FOR THE ACADEMIC YEAR 2018-19

Preface:

Tamil Nadu has been in the forefront in the country, not only in terms of having the best health indicators among all the States, but also in providing a substantial portion of quality health care services through Government health institutions. This achievement has come about in the last three decades by

- Continuous, massive investments in public health facilities
- Qualified manpower availability by increasing medical and Para-medical educational opportunities
- Ensuring adequate manpower by attractive service conditions
- New innovative models like TNMSC, to ensure efficient logistics

The above efforts have resulted in continuous improvement in the health status of our population, as reflected in the decline in various indicators like MMR from 145 in 2001 to 62in 2015and IMR from 49 in 2001 to 17 in 2016. The State has achieved most of the Millennium Development goals, much ahead of the prescribed timelines. More importantly, the Government health institutions in Tamil Nadu have contributed significantly to above achievements by accounting for 68% of deliveries and around 40% of high-end health care services delivered through the insurance model.

The above data would surely endorse the fact that the Government institutions in Tamil Nadu have performed better than their peers in the country.

But, the overall good performance cited above does not imply that such performance of public health care institutions is not uniformly good all across the State. In fact, various excellent statewide indicators cited above are marred by significant inter-regional, inter-district and inter-institutional disparities, prevalent amongst various districts, locations and institutions in the State.

As a sector mandated to deliver diverse essential services in varied landscapes and social settings, the health sector's ability to deliver quality and accessible health care for common people depends upon the availability of adequate, qualified and committed human resources. In this aspect, Tamil Nadu is well endowed with medical education institutions both in Government and private sector. Tamil Nadu has 22 Government Medical Colleges with 2900 MBBS and 1513 PG seats, the highest among all the States in the country.

In addition, it has 21 medical colleges with 2800 MBBS and 832 PG seats run by private sector. Along with this, educational institutions with 12225 seats of various Para-medical degree courses and 9350 seats in various Para-medical Diploma courses are also functioning in the State, thus making the State's health sector manpower availability scenario comparatively better than most States in the country. But the problem is that such good State-wide availability does not always translate into adequate availability of such health manpower in all parts of the State, more significantly, into such availability in the needy institutions located in backward and remote areas. This is more apparent when it comes to the availability of doctors in various areas of the State and this needs to be addressed to improve services in such remote, difficult and backward areas.

An analysis of the trends in various health indicators clearly demonstrates that the State is already facing last-mile progress difficulties, which primarily emanate from sub-optimal health outcomes in such inadequately served areas/institutions. While some districts enjoy indicators better than Kerala, there are districts on par with some lesser developed States. This can be addressed only by providing clear and substantial incentives for doctors to serve in the public health care system and more importantly, serve in area/institutions where their contributions matter the most. The mandate of this Committee is to devise such an appropriate incentivisation framework, which motivates doctors to work in such areas/institutions where there is a shortage, thus ensuring that such pockets of non-performance do not pull down the State's overall performance.

The Problem:

The total number of doctors including all categories and specialties working in various Government health institutions in our State is around 30,000as against approximately 1.27 Lakh Doctors being registered in Tamil Nadu Medical Council, with around 1 lakh doctors practicing in Tamil Nadu. This number compares well with other States, both quantitatively as well qualitatively. But, as stated above, the primary problem is the distribution of availability across various regions and institutions in the State. This distribution problem has two facets.

1. Availability of post graduate qualified specialists, which is limited mostly to medical colleges/hospitals and some domains in district headquarters hospitals. This is mostly determined by the overall availability, since most posts are tied to such postgraduate qualification.

2. Availability of MBBS doctors and PG Diploma holders, which is across all institutions, with the probable exception of medical colleges. This is mostly determined by choice, given that the statewide availability is comfortable.

The incentivization framework to be determined by the State Government is primarily intended at the second group, since the admission to super specialty courses after post graduation for the first group has been centralized. The Government of Tamil Nadu has been taking up this issue with the Medical Council of India (MCI) and the Union Government to allow the State to make admissions considering the fact that a large number of valuable seats are remaining vacant after centralized counseling. If the admissions /portions of the admissions are reverted back to the State Government, the Committee would come up with an appropriate arrangement to incentivize postgraduate doctors to serve in needy medical colleges and district headquarters hospitals. While studying the problem of the larger second group, the following data have been analyzed to understand the extent of shortage of doctors in different areas/ institutions/ domains in the State and the reasons behind such shortage.

a) The correlation between the vacancy position district-wise and the numbers of doctors registered in Tamil Nadu, distributed district-wise.
b) The inter district variations in availability of doctors and its correlation with various health indicators like IMR, MMR in each district.
c) The correlation of the distribution of vacancies in Government health institutions within each district with the remoteness of the location of the institutions.

d) The inter-institutional variation in terms of vacancies in different types of health institutions within district in various districts.
e) The inter-functional variation within institutions and across institutions for critical specialties, which are scarce and lifesaving.

The above analysis shows three distinct trends in availability/non-availability of doctors in certain set of districts, locations, institutions and functional domains.

a) The trend of preferred and less preferred districts
b) The trend of preferred and less preferred locations
c) The trend of preferred and less preferred areas of function

1. The trend of preferred and less preferred districts

The data clearly shows that the posts in certain districts are in demand irrespective of the type/ locations of institutions and nature of the work involved in such institutions and there are certain districts where posts are persistently vacant, irrespective of the work or type of the institutions in those districts. The factor behind this trend is primarily the number of doctors registered for practice in each of the district, which in turn is primarily determined by the number of MBBS admissions which emanate from each district. This in turn determined by the availability of quality education institutions and coaching centers for gaining admission and doctors, after graduation, mostly prefer to go back closer to their origins, both for working in Government and undertaking private practice.

The next set of factors deciding the choice are well known factors like availability of housing for the family, schooling for children, opportunities for private practice like big private hospitals etc. The same factors have been discussed and recognized as being behind the difficulties in certain difficult to

work – backward districts in National Health System Resource Centre(NHSRC) norms and *the orders of Honorable Supreme Court of India, dated .15.12.2017 in SLP (C) No.11692 of 2017 titled Dr. Amit Bagra & Ors Vs. State of Rajasthan*. The same have also been considered

The above factors can be permanently addressed only by various measures to ensure that all districts get a reasonable minimum number of admissions in MBBS seats, through School Education Department improving facilities in such districts and by Health department by evolving suitable admission procedures to ensure that a minimum number of MBBS seats are being made available for the population of backward districts. Hence it would be beyond the scope of the mandate of this Committee. But, an immediate solution would be to incentivize available doctors in the State to work at least for fixed periods in such difficult districts.

2. The trend of preferred and less preferred locations

The data analysis also clearly shows that this locational trend is primarily determined by the remoteness of the location and terrain, irrespective of whether the district as a whole is preferred or less preferred. Even within a top preferred district, there are such locations where posts remain perpetually vacant and even in a less preferred district, certain locations have posts which are always fully occupied. To quote an example, in a district like Coimbatore, which is in the top position in terms of doctors registered, a very low number of vacant positions in Government institutions and better health indicators, the Government hospital in Valparai is always plagued with vacancies. On the other side, even in a district like Tiruvannamalai which has high number of vacancies as well as below average

health indicators, the urban PHC in Tiruvannamalai always remains full. The common thread operating in both is the remoteness of the location, in terms of the distance from big urban centers, which makes travel difficult as well as the terrain and altitude of the location which impose difficulties in living conditions. This factor of remoteness even makes doctors prefer a location in a neighboring district more than a remote location in their own preferred district. Hence there is a definite need to prod doctors to move to such remote locations within a district.

3. The trend of preferred and less preferred difficult areas of functions

Both MBBS doctors and specialists qualified in a particular domain are required to perform different functions in different institutions as well as different functions in the same institutions depending upon the post which they occupy. For example, a MBBS doctor can work as a Medical Officer in PHC or a Team leader in RBSK program attached with PHC; a regular assistant surgeon or a causality medical officer in a Taluk /District hospital; or as a tutor in a Medical College Hospital. A Pediatrician can be a regular assistant surgeon or a regular pediatrician in a Taluk /District hospital or neonatologist in NICU in such hospitals or as a tutor/assistant professor in a medical college. The analysis of the vacancies of various posts shows that even when doctors get their preference in terms of district as well as location, such posts which involve a higher degree of stress as well as long hours of duty are more vacant even in such preferred institutions in the preferred districts when compared to low stress posts even in less preferred locations and districts. But, these high stress posts, like obstetricians, pediatricians, surgeons and anesthetists in emergency duties, are the ones which are crucial in saving the lives of the mothers, newborn and accident victims.

Hence there cannot be a second opinion on the need to recognize such high stress duties in difficult areas of function by benchmarking them above to other regular roles in the same/different institutions.

Structuring the incentivisation framework

- **Current framework**

As already stated earlier, Tamil Nadu has the highest number of Government medical colleges among all the States in the country. This has created an adequate overall supply of doctors and such doctors are further incentivized to enter into Government service by the following parameters.

a) Recruitment of doctors in timescale of pay
b) Recruitment through MRB
c) Allowing private practice by Government doctors
d) Assured career progression
e) Various allowances with regard to locations and functions
f) Earlier system of 50% of reservation of PG seats in a State quota exclusively for Tamil Nadu Government doctors

All the above parameters are still in vogue except the last, which, even after serving the State well for three decades, has been given up due to subsequent incompatibility with Post Graduate Medical Education Regulation, 2000 of Medical Council of India (MCI), except for PG Diploma seats. The Government of Tamil Nadu has been taking up this issue with MCI and the Union Government. The Committee strongly recommends that this earlier method of 50% reservation for all PG and PG diploma seats, in addition to the incentivisation framework prescribed by this Committee, would be the most apt solution to incentivize

doctors to enter into Government service and move onto needy institutions and difficult areas of function. Hence this issue may continuously be taken up with MCI and the Union Government.

- **Regulatory guidelines and legal position**

The mandate of this committee, to arrive at an appropriate framework to incentivize doctors to work in Government Institutions by awarding additional marks for getting admission in Post Graduate Medical Courses under State quota in the State of Tamil Nadu, is to be executed within the guidelines prescribed by MCI. It is also learnt by the Committee that MCI has recently suggested some amendments to such guidelines and they are yet to come through. The relevant guideline is currently as follows:-

The Clause 9 under the heading 'SELECTION OF POSTGRADUATE STUDENTS, as amended vide notification No. MCI.18 (1)/2010-Med/49070 dated 21st December 2010, following shall be added after sub-clause IV which is as under, in terms of Notification dated 15.02.2012:-

> *"Provided that in determining the merit of candidates who are in service of Government/public authority, weightage in the marks may be given by the Government/Competent Authority as an incentive at the rate of 10% of the marks obtained for each year of service in remote and/or difficult areas upto the maximum of 30% of the marks obtained in National Eligibility-cum Entrance Test. The remote and difficult areas shall be as defined by State Government / Competent authority from time to time."*

Based on the study of the above guidelines and past judicial pronouncements on this issue, it is clear that the incentivisation for working in remote areas and

difficult areas is very much accepted. The difficulty is primarily in the definition of such areas, institutions in such areas and areas of functions within institutions. Several States have come up with several incentivisation frameworks. The Committee examined all these frameworks, their compatibility with the regulatory position, legal challenges posed against them in certain instances and the corresponding judicial pronouncements settling such cases including orders of Honorable Supreme Court of India in W.P.(c). 403 of 2017, State of Haryana and Anr. Etc. vs. Dr.Narender Soni and Ors. Etc.(AIR 2017 SC 2892).After such due examination the decisions were arrived at.

- **Coordinates of the framework**

A common practice, which has been followed in the past, is the categorization of rural Primary Health Centers (PHC) and health institutions in hilly areas as remote/difficult and incentivizing those doctors working in such posts. While it is certainly acceptable that the rural PHCs are comparatively more remote than other health institutions, the data clearly shows that there are multiple districts where the vacancies in PHCs are much lower than the vacancies in district headquarters hospitals of some districts. This is primarily due to the multiplicity of factors at play as elaborately discussed earlier and the comparative distant location of one category of institutions as compared to the others being not the sole factor at play. Also, any such selective incentivisation for a certain category would, in long-term, lead to flight of manpower from one category to another, both within districts and across districts, depriving a large number of institutions of the necessary resources.

The Committee has taken into consideration all the above facts and trends along with the details presented by the Directors of Public Health, Medical Services and Medical Education and the Secretary, Selection Committee. Based on this, the Committee concluded that it is necessary to fix the following coordinates for the incentivisation framework.

a) There should be a clear incentive for Government doctors in the State to work in the vacancies in the difficult areas of less preferred backward districts, which have low density of doctors, have a high number of vacancies and poor health indicators, irrespective of the type of institution since the data shows that vacancies in relatively bigger institutions in urban locations in such difficult districts are higher than the vacancies in smaller rural institutions in preferred districts.
b) There should be a clear incentive for Government doctors within a district/across districts to move to any institution which is located in a remote area, which needs to be primarily defined by its location, terrain and altitude and not based solely on the category of institutions or the classification of locations in terms of rural/urban.
c) There should be a clear incentive for MBBS and PG Diploma qualified doctors to make them come forward and work in highly stressful and demanding areas of function, irrespective of the location and type of institution since the workload is very high in all institutions in such domains and the vacancies are also well uniformly distributed in all such units.
d) There should a basic incentive to doctors working in area, except the most preferred and fulfilled ones, so as to make them choose Government service in smaller health institutions in non-metro locations, but this being

benchmarked a step lower than the first three, so that the relative top priority difficulties in terms of remoteness and difficult areas of function are addressed better.

e) There should be clear lack of incentive for doctors to choose any posts in in-demand institutions located in municipalities or municipal corporation areas, which are easy to access as well as less demanding in work.

- **Structure of the framework**

Based on the above, the following incentive arrangement is suggested.

- Since the actual incentivisation regulation by MCI may be subject to change, the framework recommended by this Committee is being defined only as a percentage of maximum permissible incentive marks by the current/future regulation as decided by MCI in consultation with the Union Government.
- The categorization of Government health institutions and other respective eligibility are recommended as follows by relevant categorization of posts into three.
- In case of partial services in one category for a certain period, the same may be proportionately rewarded incentives subject to completion of a minimum period of one year.
- In case of a doctor in any post being deputed to any other post for a period of more than 28 days, then such periods in that deputed post shall be considered under this arrangement based on only incentives specified for that deputed post and not for the original post.

- The certification for the entitlement of incentive has to be provided by the relevant DDHS / JDHS, with the prospectus for admission prescribing the formats and the procedure in detail.
- With reference to the reservation of 50% of the Postgraduate Diploma seats to the Government doctors, the Committee recommends to continue the same but provide such reservation based incentive only to such doctors who have put in three years of service in such posts categorized under Category A.
- The Committee, after taking note of the excellent progress being made in creating DNB seats in needy specialties in Government Hospitals, also recommends to follow the same above principle for allotting the above as well as all existing DNB seats in the State, in any probable future scenario of the National Board of Examinations allowing State Governments to fill up DNB seats in Government / private institutions.

Category (A): Posts eligible for 100% of the maximum permissible incentive marks.

1. Posts in all Government health institutions located in hilly areas, as notified earlier in the prospectus for ADMISSION TO POST GRADUATE DEGREE / DIPLOMA / 6 YEARS M.Ch. (NEURO-SURGERY) COURSES 2016-17 session (As per G.O. (D).No.1680, Health and Family Welfare (ME) Department, dated 31.12.2015) and subsequent additions for new institutions in such areas, if any.
2. All posts in all Government institutions in backward districts with difficult areas, having low density of doctors, high vacancies and poor health indicators, as per Annexure– I, except those posts excluded under Category (C).
3. Posts in all CEmONC/Trauma/Accident/Emergency care/NICU/SNCU units, irrespective of the location of such units in any type of institution, district and geography.

Category (B): Posts eligible for 40% of the maximum permissible incentive marks.

Posts in all Government institutions, except such institutions coming under Category (A) and (C).

Category (C): Posts not eligible for any incentive marks

1. Posts in all medical college hospitals, except such specific difficult areas of functions as defined in Category (A.3)
2. Posts in all Government Health Institutions located within municipal and corporation limits, except such areas defined under Category (A).

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ANNEXURE I

Districts with difficult areas under Category A.2

Sl.No.	Name of the District
01.	Ariyalur
02.	Cuddalore
03.	Dharmapuri
04.	Dindigul
05.	Nagapattinam
06.	Nilgiris
07.	Perambalur
08.	Pudukottai
09.	Ramanathapuram
10.	Sivagangai
11.	Theni
12.	Thiruvannamalai
13.	Thiruvarur
14.	Vellore
15.	Villupuram
16.	Virudhunagar

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