

## Chapter 3 → Manpower Management

### Audit objective 2

*To see whether the assessment and recruitment of man-power were realistic and also whether the available manpower was effectively utilized.*

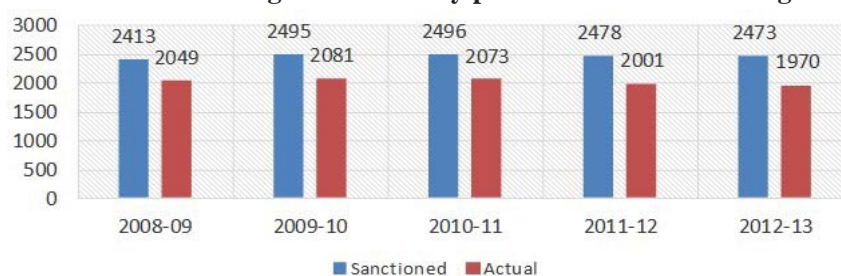
Skilled manpower is the backbone of any service oriented organization. An appropriate assessment of manpower requirements, their recruitment and rationale deployment is essential as they have direct bearing on patient care. This chapter highlights the availability of doctors/ para-medical staff and their irrational deployment, issues regarding engagement of Consultant, Contract Medical Practitioners (CMPs)/ Honorary Visiting Specialists etc.

### 3.1 Availability of Manpower

#### 3.1.1 Availability of Doctors

There were 1970 Medical Officers as on 1 April 2013 as against the sanctioned strength of 2473 resulting in shortage of 503 doctors (20.34 per cent). This implied that one doctor was available for every 3228 beneficiaries. The vacancies were manned by engagement of Contract Medical Practitioners (CMPs) on a consolidated pay. There is no separate sanctioned strength for engagement of specialists. However, they are engaged for specialised medical services. Sanctioned strength vis-a-vis vacancy position of Doctors in IR during 2008-13 is shown below:

**Figure 2: Sanctioned strength and vacancy position of Doctors during 2008-13**



Scrutiny of records relating to status of availability of doctors in selected hospitals of ZRs revealed the following:

- I. In four Central Hospitals<sup>13</sup>, shortage of doctors during 2012-13 as against the sanctioned strength ranged between 21 *per cent* and 34 *per cent*. In the remaining 13 Central Hospitals, shortage of doctors was less than 17 *per cent* as shown in **Appendix V**. In seven<sup>14</sup> out of 17 Central Hospitals, number of patients per doctor ratio ranged between 9156 and 20414. In the remaining nine hospitals, patients per doctor ratio ranged between 1876 and 8779 as shown in **Appendix VI**;
- II. Out of five hospitals of Production Units, shortage of doctors in four hospitals<sup>15</sup> during 2012-13 ranged between 22 *per cent* and 38 *per cent* except in hospital at RCF/Kapurthala where there was no shortage of doctors as shown in **Appendix V**;
- III. In 41 divisional/Sub-Divisional Hospitals test checked, there was shortage of 140 doctors during 2012-13 (23 *per cent*) as shown in **Appendix V**. Patients per doctor ratio ranged between 3628 and 54218 as shown in **Appendix VI**;
- IV. Some specific instances of vacancy of doctors in the selected hospitals/Health Units are mentioned below:
  - i. Despite provision for recruitment of Contract Medical Practitioners (CMPs) against vacancies, doctors were not available in Health Unit/VSKP (ECoR) between 2010 and 2012 and Health Unit/Mahboobnagar of SCR between January 2008 and February 2009;
  - ii. Out of five Production Units, Health Unit was available in two Production Units (DLW/Varanasi and CLW/Chittaranjan). It was observed that there was no separate sanctioned strength for

<sup>13</sup> NWR (21.05 *per cent*), WCR (23.53 *per cent*), NER (33.33 *per cent*) and CR (34.15 *per cent*)

<sup>14</sup> CH/Byculla/ CR, CH/Sealdah / ER, CH / Gorakhpur/NER, CH / Jaipur/ NWR, CH/Hubli/SWR, CH /LGD / SCR, CH/Jabalpur/WCR

<sup>15</sup> CLW/Chittaranjan, DLW/Varanasi, RWF/Yelahanka and DMW/Patiala

- doctors and paramedical staff for HUs attached to these two Production Units. At CLW/Chittaranjan, 19 doctors were available against the sanctioned strength of 25 doctors during 2013. Due to shortage of six doctors, five HUs were managed by three doctors;
- iii. At Workshop Hospital/Jagadhari (NR), there were only three doctors during 2013 against the sanctioned strength of nine doctors;
  - iv. In two ZRs, nine doctors (ER-5 and SCR-4) were on un-authorized absence for a long time. In ER, five doctors were on un-authorized absence during the period from 1999 to 2010. Though action was taken against four doctors, only one doctor rejoined in April 2012. In respect of SCR, no action was taken against the doctors on un-authorized absence;
  - v. As against the sanctioned strength of 14 doctors, the vacancies at Divisional Hospital/Lalgarh (NWR) varied between 36 *per cent* and 50 *per cent* during 2008 -13;
  - vi. At Lala Lajpat Rai Hospital/RCF (Kapurthala), no Ophthalmologist and ENT surgeon were posted during 2008-13 and 2011-13 respectively. There was also no Gynaecologist during 2011-13 and no Orthopaedic surgeon during 2013;
  - vii. In CH/Sealdah (ER), dental ward was run by house staff as no dentist was posted during the 2008-13;
  - viii. At RCF/Kapurthala, seven medical equipment was proposed for transfer to other hospitals due to non-availability of Ophthalmologist and Radiologist; and

- ix. In eight Central Hospitals and twenty Divisional/Sub Divisional Hospital over eight ZRs and two production<sup>16</sup> units hospitals, medical equipments valuing ₹4.38 crore remained idle for different spells during the review period 2008-13. Of them, in three ZRs (SECR, ECoR and NR), medical equipments remained idle for want of doctors skilled in handling those equipments. For instance, Endoscopy and Colonoscopy machines costing ₹ 0.17 crore remained idle since September 2011 at CH/Bilaspur (SECR). Phaco-Emulsification System and operating Eye Microscope costing ₹ 23 lakh procured in January 2008 and June 2011 respectively remained unutilized as no Ophthalmologist was posted at DH/KUR/ECoR, Ultrasonography Department at DH/MB and DH/JUDW of NR was closed for want of specialist doctors.

(Appendix VII)

### 3.1.2 Deployment of Doctors

In CH/Gorakhpur (NER), Surgeon, Cardiologist, Skin Specialist, ENT specialist were not available. On the other hand, specialists were posted in Health Unit (HU) where only primary care is to be provided. Some instances are mentioned below:

- I. The services of Specialist Doctors are required at Divisional and Central Hospitals where secondary/tertiary health care are provided. Audit observed that an Ortho Specialist was posted at HU at Bangarpet<sup>17</sup> and a Child Specialist at Health Unit at Arsikere<sup>18</sup> (SWR). It was also observed that Ortho-specialist posted at HU/Bangarpet attends DH/Bangalore<sup>19</sup> twice in a week. Deployment of specialist at HU instead of regular

<sup>16</sup> SECR (₹16.87 lakhs),NWR (₹18.99 lakhs), CR (₹0.09 lakhs), ER (₹1.60 lakhs),WR (₹ 3.20 crore),NEFR (₹ 5.00 lakh),NR(₹ 31.60 lakh), ECoR(₹ 12.98 lakh), CLW/Chittaranjan (₹ 13.59 Lakhs) and DLW/Varanasi(₹ 17.10lakh)

<sup>17</sup> HU/ Bangarpet has around 500 beneficiaries and treats 28 to 30 patients per day.

<sup>18</sup> HU at Arsikere has around 1000 beneficiaries and treats 35 to 40 patients per day.

<sup>19</sup> DH Bangalore has around 50000 beneficiaries and treats 375 to 445 patients per day

posting at Divisional Hospitals meant to provide secondary and specialised care was injudicious; and

- II. Out of ten Gynaecologists in SCR, five Gynaecologists were posted at Central Hospital/ Lallaguda. No Gynaecologist, was however, posted at Divisional Hospital, Nanded with 25 bed strength.

Thus, besides shortage of doctors/specialists, irrational deployment of doctors/specialists also contributed to idling of medical equipment.

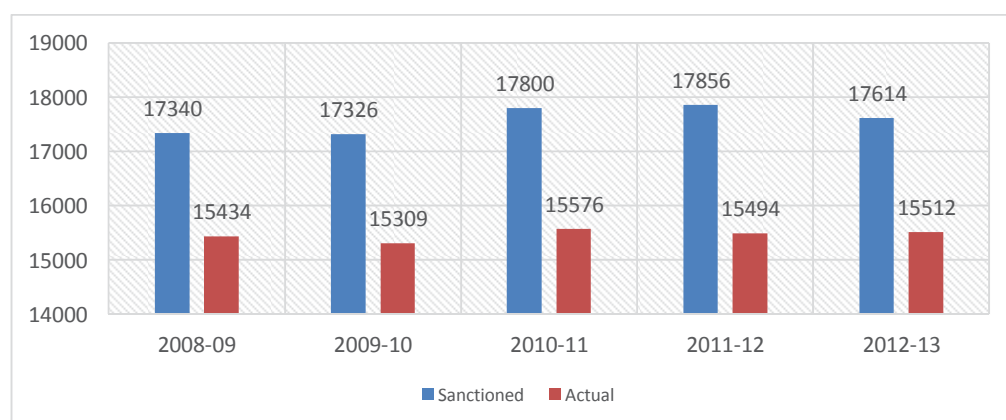
Railway Board stated (July 2014) that due to various factors which were beyond the control of Health Directorate, UPSC selected candidates did not join Indian Railways Medical Services. It was further stated that the vacancy position would improve substantially if the UPSC selected Medical Officers join Indian Railways Medical Services. However, the fact remained that the existing resources were not judiciously utilized as it was observed that in Divisional /Sub Divisional Hospitals which serves around 50,000 beneficiaries and where secondary care is being provided, specialists were not available and on the other hand, specialists were posted at Health Units with lesser population and where only primary care is to be provided.

### 3.1.3 Paramedical Staff

The paramedical staff<sup>20</sup> is a health care professional who works in emergency medical situations and also in initial assessment including diagnosis and a treatment plan to manage the patient's particular health crisis. They are posted in both hospitals and Health Units. The vacancy in paramedic cadre increased by 10 *per cent* from 1906 in 2008-09 to 2102 in 2012-13. Sanctioned strength and vacancy position of Paramedical Staff in IR during 2008-13 is indicated below:

<sup>20</sup> *Include nurses, matrons, pharmacist, physiotherapist, health and malaria inspector, radiographer etc.*

**Figure 3: Sanctioned strength and vacancy position of Paramedical Staff in IR during 2008-13**



On scrutiny of records of the selected hospitals, Audit observed the following:

- I. In five<sup>21</sup> out of 17 Central Hospitals, number of patients per paramedical staff ranged between 2113 and 3326. At CH/Perambur/SR, the ratio was exceptionally as high as 1:38442. In the remaining 11 hospitals, patients per paramedic ranged between 111 and 1597 as shown in **Appendix VI**;
- II. Out of 41 divisional/Sub-Divisional Hospitals test checked, in 14 divisional/Sub-Divisional Hospitals<sup>22</sup>, patient per paramedical staff ranged between 2290 and 7352. In the remaining 27 hospitals, patients per paramedic ranged between 506 and 1928 as shown in **Appendix VI**;
- III. At CH/WR, there was a shortage of 64 of paramedical staff (35 per cent) against a sanctioned strength of 185. Similarly, at Rail Wheel Plant hospital/Bela (ECR), only two paramedical staff were posted against the sanctioned strength of 14 staff;

<sup>21</sup> CH/Byculla/ CR, CH / Gorakhpur/NER, CH / Bilaspur / SECR, CH/Hubli/ SWR and CH/ Jabalpur/WCR.

<sup>22</sup> DH/Kalyan(CR) , SDH/Samastipur(ECR), DH/Lumding (NEFR), DH/BNZ, SDH/GD(NER), DH/ Moradabad, DH, Lucknow, SDH/, Amritsar (NR), DH/SDHs, (NWR), DH/BZA, DH/ Raipur (SECR), DH/ Kota & SDH/NKJ (WCR), DH/ Pratapnagar and, Ratlam (WR).

- IV. Shortage of paramedic staff and consequent idling of machines was also observed in selected hospitals test checked as mentioned below:
- i. In eight hospitals of four ZR<sup>23</sup> and one hospital at DLW/Varanasi, 39 medical equipment such as ultra-sonography machines, phaco emulsification system for eye operation, physiotherapy equipments etc remained idle for various periods since 2008;
  - ii. In CH/WR, medical equipments valued ₹ 3.20 crore procured for Cardio Vascular Department for coronary bypass surgery remained idle;
  - iii. The Physiotherapy department of Divisional Hospital/Lalgarh (Bikaner)/NWR were closed since July 2012 due to non-availability of physiotherapist. Similarly one Operation Theatre Unit at HU/Ludhiana/NR could not be utilized due to non-availability of doctors and paramedics. Physiotherapy Department at Workshop Hospital/Kanchrapara/ER had been functioning without any physiotherapist.
  - iv. 23 medical equipment procured at a cost of ₹ 3.52 crore in four Central, three Divisional/Sub Divisional Hospitals of four ZRs<sup>24</sup> could not be utilized due to various reasons such as delay in recruitment and posting of the essential para medical staff and specialist doctors (WR), shortage of technical staff (NCR and CR) and lack of doctors (MR); (*Appendix VII*)

The shortage of paramedical staff affected the medical services as the equipments in hospitals remained idle.

Railway Board stated (July 2014) that the working of a hospital would not be affected if the vacancy rate is distributed over all categories under paramedical staff. Railway Board further asserted that if all the vacancies existed in one sub category, then it would adversely affect the working of the hospital. The reply of Railway Board did not address the issue of shortage of paramedical staff which had resulted in idling of medical equipments as commented above.

<sup>23</sup> CR, ECoR, NWR and WR.

<sup>24</sup> WR (₹3.20 crore), NCR (₹0.17 crore), CR (₹0.09 crore) and MR (₹0.06 crore)

### 3.1.4 Contract Medical Practitioners and Honorary Visiting Specialists/Consultants

Contract Medical Practitioners (CMPs) are engaged on a consolidated pay against the vacancies in the sanctioned strength of doctors with the approval of General Manager and renewed every year for a maximum period of eight years. During 2008-13, an expenditure of ₹ 72.91 crore was incurred towards engagement of CMPs. In addition, Honorary Visiting Specialists<sup>25</sup> and Visiting Consultants<sup>26</sup> are also engaged for specialized medical services to patients. During 2008-13, ₹18.68 crore was incurred for hiring of Honorary Visiting Specialists/Consultants.

Scrutiny of records in selected hospitals revealed the following:

- i. While vacancies in doctors' cadre increased from 364 to 503 during 2008-13, the engagement of CMPs increased from 367 to 541 during the same period;
- ii. In 10 ZRs<sup>27</sup>, Contract Medical Practitioners were posted with independent charge holding imprest for purchase of medicines etc. Railway Board stated (July 2014) that CMPs exercised financial powers in exigencies for which counter signature of regular IRMS doctors posted at adjacent stations was taken. Contention of the Railway Board was not acceptable as the practice was in violation of Railway Board's instructions that no administrative and financial powers were to be exercised by CMPs;
- iii. Excess operation of CMPs in two hospitals (DH/SBC and MYS) resulted in irregular and unsanctioned expenditure of ₹ 23 lakh; and
- iv. In SWR, the expenditure incurred on engagement of consultants exceeded the ceiling of ₹ 10 lakh per year and as a result, an additional expenditure of ₹ 81.20 lakh was incurred during 2008-13.

<sup>25</sup> Engaged on an average of two hours per day with a monthly honorarium ranging from ₹ 7000 to ₹21,000 depending upon the number of days of visit to hospital.

<sup>26</sup> Engaged on payment of consultancy fees on case to case basis

<sup>27</sup> ER, ECOR, NCR, NR, NER, NEFR, SWR, SCR, SR and WR



Railway Board stated (July 2014) that all the ZRs were being advised to ensure that the expenditure on this account remained within the prescribed limit. Railway Board also stated that a proposal had been initiated to increase the overall limit of each ZR. However, the fact remained that despite having incurred an expenditure of ₹ 91.59 crore during 2008-13 towards engagement of CMPs and hiring of Honorary Visiting Specialists / Consultants, ₹ 1146 crore was incurred during 2008-13 for treatment of railway patients in non-railway hospitals. Moreover, medical and health services were also affected partially as medical equipments were idle due to non-availability of skilled professionals.

### 3.1.5 Training

Indian Railways Medical Manual provides for periodical professional training to Railway Medical Officers (RMOs). Non gazetted Medical Personnel are also required to undergo certain specialised courses of study in non-railway institutions where found necessary as per the requirement of their work and to upgrade their knowledge and skill of RMOs on regular basis in order to keep pace with the technology development. All ZRs should prepare a yearly perspective plan for training of different category of staff as per modules.

Scrutiny of records of selected hospitals revealed that yearly perspective plan for training was not prepared by medical department in six Central Hospitals, 15 Divisional/Sub Divisional Hospitals, one Workshop Hospital and 28 Health Units of six ZRs<sup>28</sup> and in four Production Units hospital<sup>29</sup>. In four ZR<sup>30</sup>, 391 doctors attended various training programmes during 2008-13. Records relating to training of Doctors in remaining 13 ZRs were not available. *(Appendix VII)*

Railway Board stated (July 2014) that during 2011-13, 598 medical officers attended training at National Academy of Indian Railways. Railway Board also stated that at times it was not possible to spare doctors due to their shortage. The fact, however, remained that the need for updation of knowledge and skill of the doctors and paramedical staff cannot be ignored.

<sup>28</sup> CR, ECR, NR, SER, SCR and MR

<sup>29</sup> CLW/Chittaranjan, DLW/Varanasi, DMW/Patiala, and RCF/Kapurthala

<sup>30</sup> ER (142), WCR(195), SR(16) and NCR(38)

Imparting of training to medical professionals at National Academy of Indian Railways, Vadodara cannot serve the purpose of training needs as provided for in the manual regarding specialised courses of study in non-railway institutions as per the requirement of their work and to upgrade the knowledge and skill of RMOs.