# CHAPTER 2

## Human Resources

# 2 Chapter Human Resources

***Audit Objective: Whether the health sector had adequate human resources as per prescribed norms and whether these resources were utilised efficiently and effectively.***

***The Department of Health & Family Welfare (Department) did not have the comprehensive position of cadre-wise sanctioned strength for different cadres of healthcare staff. Further, the Department failed to substantiate the data furnished relating to cadre-wise sanctioned strength by making available the relevant Government Orders. There were shortages of Medical Officer, Specialist Medical Officer, Nursing Staff, Pharmacist, Health Worker (Female)/ Health Assistant (Male) and Laboratory Technician (LT). Shortage was particularly acute in respect of Specialist doctors. Lopsided posting patter further worsened the availability scenario across all cadres in the health facilities of the State.***

## *2.1 Sanctioned strength for different cadres of healthcare staff*

In respect of the Performance Audit, the Department of Health & Family Welfare furnished the cadre-wise position of sanctioned strength for Human Resources to be deployed in healthcare facilities, from time to time. The Department, though, could not make available at any stage the Government Orders specifying the sanctioned strength for different cadres of healthcare staff. The basis of the furnished sanctioned strength, as stated, was a general guiding Order issued in 1991, which laid down a standard guiding scale for staffing pattern in different cadres based on bed-strength of the State hospitals. However, no supporting documentation based on the prescribed scale, showing derivation of the furnished position of sanctioned strength, could be shown to Audit. Further, the rationale that the sanctioned strength for different cadres was based on the Order issued in 1991, did not hold ground, as the Order *ibid* did not include the standard guiding scale for the sanctioned strength of the Teaching Hospitals & that of the Medical Colleges & Hospitals.

## *2.2 Acute vacancy in the posts of Specialist Medical Officers and General Duty Medical Officers*

In the process of delivery of healthcare services, the cadre of Medical Officers {Specialist Medical Officers (Specialists)/ General Duty Medical Officers (GDMOs)} enact a very crucial role. So, it was essential that the position of sanctioned strength of this cadre was comprehensively available with the Department and that the sanctioned posts were duly filled up. Audit analysis in this regard disclosed the following:

- The data relating to sanctioned strength (SS) and Men-in-Position (MIP), as furnished by the Department from time to time, is as follows:
  - At the time of commencement of audit, no information (except for Professors/ Assistant Professors[9] *etc.*) of Specialists/ GDMOs could be

[9] *In respect of Medical Colleges & Hospitals, data of Professors/ Associate Professors, etc. have been compiled with Specialists and GDMOs*

provided by the Department about the Medical Colleges & Hospitals (MCHs).

- Further persuasion elicited a reply (26 June 2023) from the Department which showed the following status against the 18 MCHs in the State:

**Table 2.1: SS *vis-à-vis* MIP: Specialists/ GDMOs**

| Specialists | | GDMOs | |
|---|---|---|---|
| **SS** | **MIP** | **SS** | **MIP** |
| **2,360** | 1,732 | **1,871** | 548 |

*Source: Data furnished by the H& FW Department*

The above data was also not in complete shape as, of the 18 MCHs, data was absent in respect of seven MCHs[10] for Specialists/ three MCHs[11] in respect of GDMOs.

- In a further reply (05 September 2023), it was stated that the Department did not have the figures of sanctioned strength in respect of Specialists/ GDMOs in MCHs and the men-in-position was only 806 (which excluded figures of Kalyani JNM MCH). The reply also stated that the bifurcation of Specialists and/or GDMOs was not available with the Department. It was not clarified though, as to how transfer posting of staff were being affected by the Department/ Directorate, without being aware of the sanctioned strength.

- In respect of other test-checked hospitals, the sanctioned strength (as per the data furnished by the Department) when verified against sanctioned strength (furnished by some of the test-checked units) and with Health Management Information System (HMIS), showed material variation in figures:

**Table 2.2: Variation in sanctioned strength of Specialists & GDMOs**

| Name of test-checked units | Specialists | | | GDMOs | | |
|---|---|---|---|---|---|---|
| | Departmental SS | SS as per the respective hospital | HMIS | Departmental SS | SS as per the respective hospital | HMIS |
| **Bashirhat DH** | 48 | 52 | 60 | 19 | 24 | 23 |
| **Sulkapara RH (Nagrakata)** | 3 | NA | 0 | 2 | 5 | 8 |
| **Odlabari BPHC (Mal)** | 3 | NA | 1 | 2 | NA | 7 |
| **Itahar RH** | 3 | 0 | 0 | 2 | 10 | 0 |
| **Kunor BPHC (Kaliaganj)** | 3 | 5 | 0 | 2 | 8 | 0 |
| **Rudrapur RH (Baduria)** | 3 | 5 | 11 | 3 | 12 | 10 |
| **Sandelerbil RH (Hingalganj)** | 3 | 0 | 2 | 2 | 4 | 7 |
| **Salboni RH** | 3 | 16 | 3 | 3 | 10 | 0 |
| **Sabang RH** | 3 | 7 | 3 | 3 | 6 | 7 |
| **Kushtor RH (Purulia II)** | 3 | 0 | 0 | 2 | NA | 0 |
| **Muradih RH (Santuri)** | 3 | NA | 0 | 2 | 4 | 0 |
| **Total:** | **78** | **85** | **80** | **42** | **83** | **62** |

*Source: Data furnished by the H& FW Department/ Respective hospital and HMIS data*
** Departmental SS was as of August 2021, while SS (as per test-checked units) and HMIS was as of March 2022*

It would emerge from above that the data furnished by the Department regarding sanctioned strength was not comprehensive and even the data of Health

[10] *i) Bankura Sammilani MCH; ii) Kolkata National MCH; iii) SSKM, Kolkata; iv) Medinipur MCH; v) Kalyani JNM MCH, vi) College of Medicine and Sagar Dutta Hospital and vii) MJN MCH, Coochbehar*
[11] *i) Kolkata National MCH; ii) SSKM, Kolkata and iii) MJN MCH Coochbehar*

Management Information System (HMIS), as available up to the category of District Hospitals (from the lowest category of healthcare facilities), also had plenty of blank fields.

So, to assess the vacancy position, the following considerations were adopted, to ensure that the vacancy position was assessed in a conservative manner:

- The blank fields of HMIS were supplemented with data of respective health facilities as furnished by the Department to arrive at a HR status. This apart, where the aggregated essential strength of HR as prescribed by the IPHS was more than departmental sanctioned strength, IPHS figures were considered[12] for analysis in respect of the District Hospitals.
- In respect of Medical College & Hospital, figures of the teaching cadres (Professors/ Associate Professors/ Assistant Professors) have been compiled with Specialists and GDMOs as provided by the department for the analysis.

In cognizance of the considerations referred *ibid*, it was observed that there existed an overall shortage of 36.33 *per cent* in respect of Specialists and 49.19 *per cent* in respect of GDMOs in the State, as tabled below:

**Table 2.3: Position of vacancies against Specialists and GDMOs**

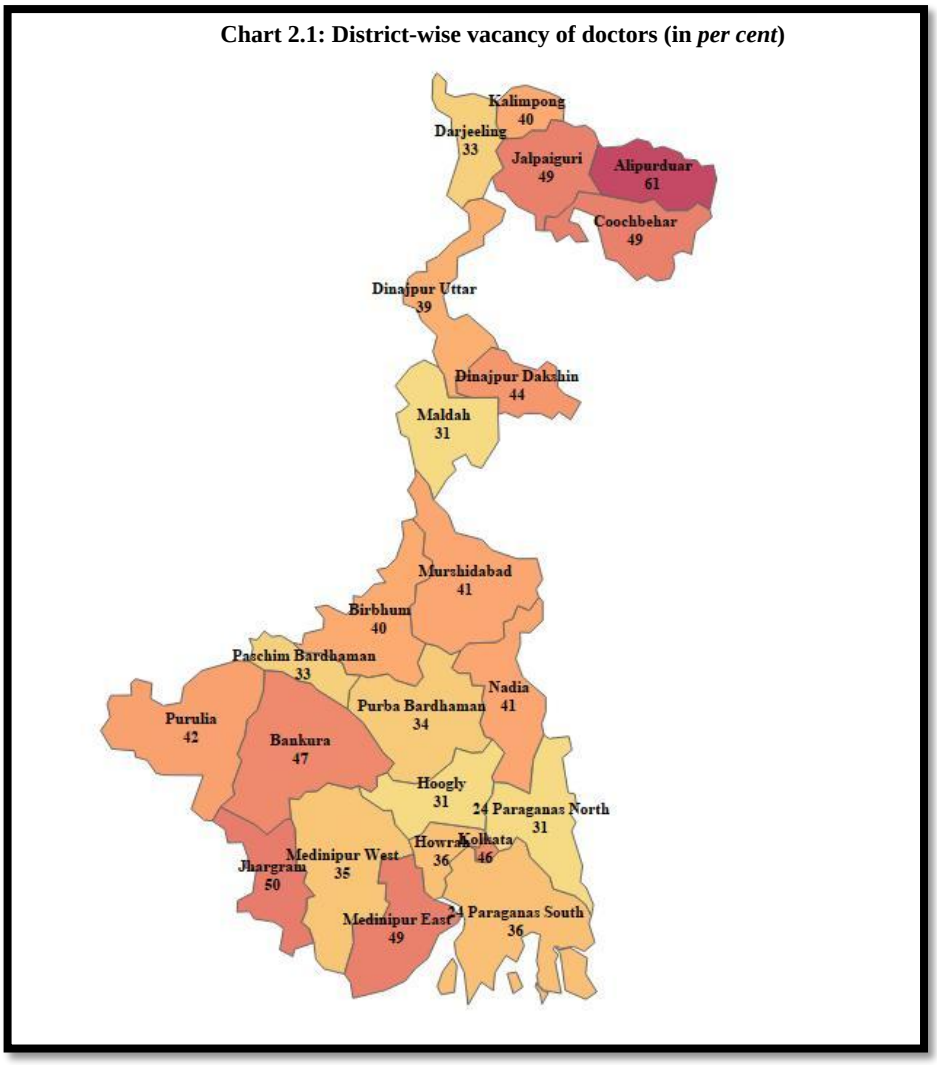
| Type of Health Facility | Specialists | | | | GDMOs | | | |
|---|---|---|---|---|---|---|---|---|
| | Sanctioned Strength (SS) | *Men-in-Position (MIP)* | Shortage | Percentage | Sanctioned Strength (SS) | *Men-in-Position (MIP)* | Shortage | Percentage |
| **Public Health Centre** | 0 | 0 | 0 | 0 | 1,582 | 974 | 608 | 38.43 |
| **Community Health Centre** | 1,740 | 154 | 1,586 | 91.15 | 1,813 | 1,250 | 563 | 31.05 |
| **Sub-Divisional Hospital** | 1,469 | 1,061 | 408 | 27.77 | 672 | 300 | 372 | 55.36 |
| **District Hospital** | 958 | 727 | 231 | 24.11 | 394 | 145 | 249 | 63.20 |
| **Medical College and Hospital** | 6,926 | 5,121 | 1,805 | 26.06 | 1,871 | 548 | 1,323 | 70.71 |
| **Total** | **11,093** | **7,063** | **4,030** | **36.33** | **6,332** | **3,217** | **3,115** | **49.19** |
| **Total Sanctioned Strength** | | | | | | | | **17,425** |
| **MIP** | | | | | | | | **10,280** |
| **Vacancy (in *per cent*)** | | | | | | | | **41** |

*Source: Data furnished by the H& FW Department and HMIS data*

As shown above, the overall shortage of Medical Officers (comprising both Specialists and GDMOs), constituted as high as 41 *per cent*, which when analysed district-wise through the following chart, showed an uneven vacancy position across the districts. The chart below would also show that in eight districts *viz.* Alipurduar, Jhargram, Jalpaiguri, Coochbehar, Medinipur East, Bankura, Dinajpur Dakshin and Purulia there was a shortage of doctors more than that of the overall shortage of 41 *per cent* in the State.

[12] *As 15 of the 18 DHs had bed strength far above the maximum strength of 500 as suggested in IPHS.*

**Chart 2.1: District-wise vacancy of doctors (in *per cent*)**




*Source: Data furnished by the H& FW Department and HMIS data*

The status of availability of Specialists, GDMOs, Nurses, Paramedics and other staff have been analysed separately (for each category of healthcare facilities) and observations made in subsequent *paragraphs 2.3 to 2.7*.

## 2.3 Human Resources of Sub-Centres

In order to provide the essential services, different categories of Sub-Centres were to have the following cadres and strength, as per IPHS:

**Table 2.4: Requirement of Human Resources at the Sub-Centres**

| Type of Sub-Centre | Type-A Sub-Centre^ | | Type-B (MCH[13]) Sub-Centre^ | |
|---|---|---|---|---|
| **Staff** | **Essential** | **Desirable** | **Essential** | **Desirable** |
| **ANM/ Health Worker (Female)** | 1 | 2 | 2 | - |
| **Health Worker (Male)** | 1 | | 1 | |
| **Staff Nurse/ ANM (if Staff nurse is not available** | - | - | - | 1* |
| **Safai Karmachari#** | 1 (Part time) | - | 1 (Full time) | - |

*Source: IPHS norms*

*^ Type-A: all services except conducting of deliveries; Type-B: all services including deliveries*

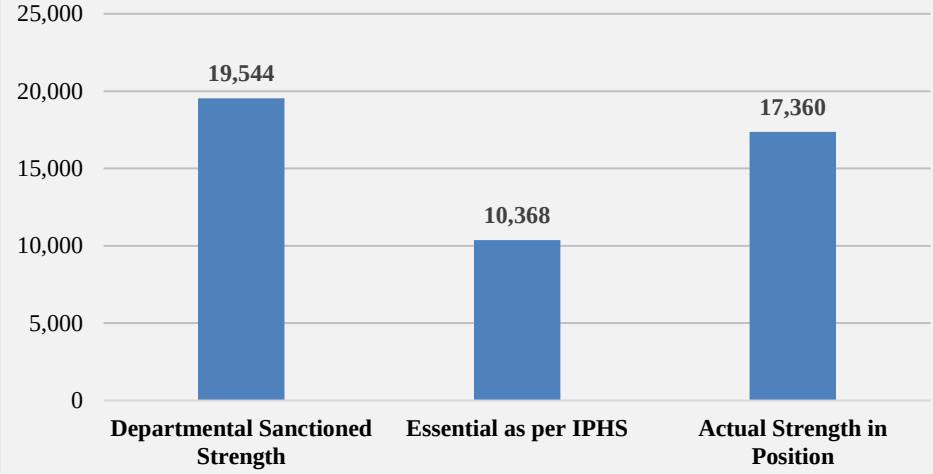
** If the number of deliveries at the SC was more than or equal to 20 in a month*

*# To be outsourced*

[13] *Maternal & Child Health*

- Review of HMIS data in respect of 10,368 SCs showed that there was no shortage of ANMs/ Health Workers (Female), compared to the essential strength, as per IPHS. A shortage of 11.17 *per cent* was, however, noticed against the strength sanctioned by the department, as of March 2022, in the State, as shown below:

**Chart 2.2: Position of ANMs/ Health Workers (Female)**



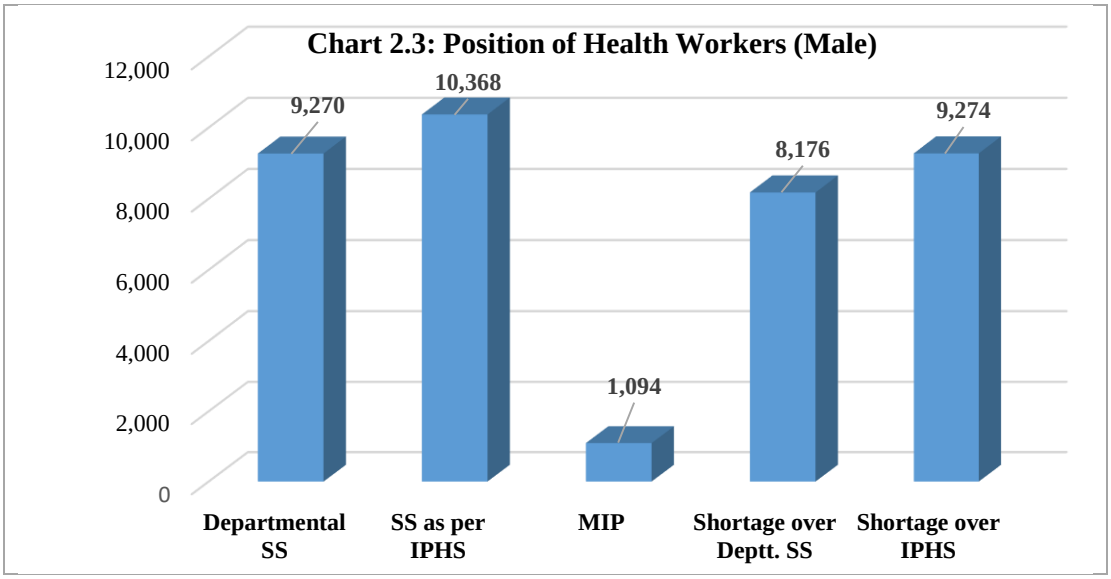

*Source: HMIS data*

Thus, there was a shortage of 11.17 *per cent* (2,184) against the departmental sanctioned strength, while the strength of ANM/ Health Workers (Female), compared to the IPHS, was in excess by 6,992 (67.44 *per cent*).

However, a unit-wise scrutiny of availability of the ANM strength revealed that:

- Though, the MIP of ANMs was more than one per Sub-Centre (SC) in the State, 357 SCs were running without posting of any ANM.
- There were two or more ANMs posted in 7,247 SCs. However, none of the SCs was rendering delivery (Type-B) services.
- In 140 SCs, the departmental sanctioned strength was more than that prescribed as desirable in the IPHS (2 ANMs). It was also noticed that, in 21 SCs, the number of ANMs posted was more than the strength sanctioned by the Department itself, by one or two ANMs.
- It was also noticed that, in six SCs, there was no sanctioned post for ANM and ANMs had been engaged through outsourcing, in these SCs. In the Kotulpur SC, Bankura, four ANMs had been posted through the outsourcing mode.
- Test-check of 38 SCs also revealed that there was no shortage of ANMs/ Health workers (Female), compared to the essential strength. However, though there were two ANMs, posted in 26 out of the 38 (68.42 *per cent*) test-checked SCs, none of them was rendering delivery (Type-B) services ***(Appendix 2.1)***.

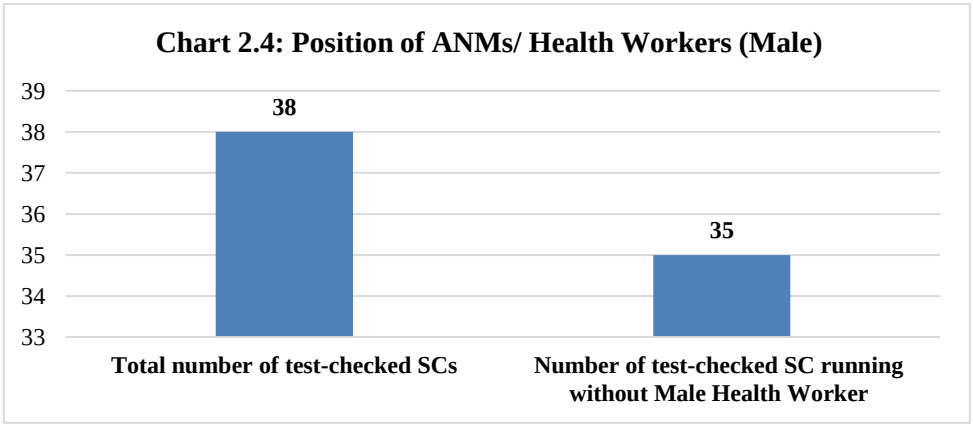
- Significant shortages were noticed in respect of Health Workers (Male) in the State, as shown in **Chart 2.3**.




*Source: HMIS data*

Thus, the shortage was 88.20 *per cent* against the departmental sanctioned strength and 89.45 *per cent* against IPHS.

- IPHS prescribes one Health Worker (Male) per SC. However, the Department had sanctioned posts only against 9,270 SCs[14].
- In 223 SCs, the strength of Health Workers (Male), sanctioned by the Department, was two, which was more than that prescribed in the IPHS.




*Source: Records of the test-checked Sub-Centers*

In the 38 test-checked SCs, 35 SCs (92.10 *per cent*) were running without any Health Worker (Male) ***(Appendix 2.1)***.

The Department in its reply (February 2024) offered no response in this regard.

## 2.4 Human Resources of Primary Health Centres

IPHS suggested two types of PHCs. PHCs with a delivery load of less than 20 deliveries in a month are Type-A PHCs, while PHCs with a delivery load of 20 or more deliveries in a month are Type-B PHCs. The manpower requirements, for both these categories, was as follows:

[14] *Information furnished (September 2023) by Department*

**Table 2.5: Requirement of Human Resources at the Primary Health Centres**

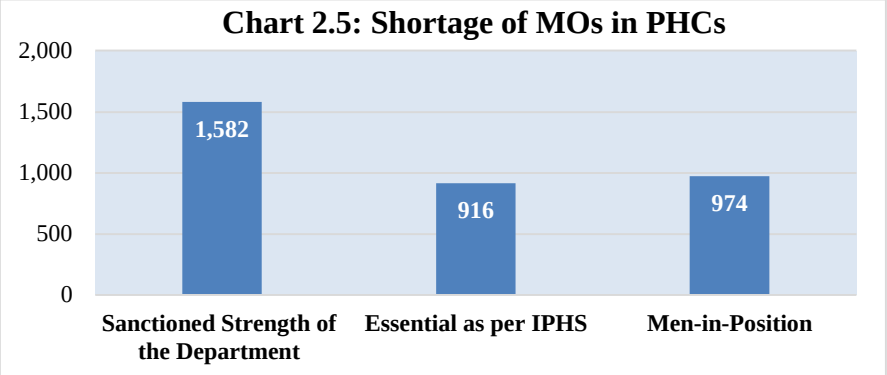
| Staff | Type-A | | Type-B | |
|---|---|---|---|---|
| | Essential | Desirable | Essential | Desirable |
| **Medical Officer- MBBS** | 1 | 1 | 1 | 2# |
| **Medical Officer- AYUSH** | | 1^ | | 1 |
| **Accountant-*cum*-Data Entry Operator** | 1 | 1 | 1 | 1 |
| **Pharmacist** | 1 | 1 | 1 | 1 |
| **Pharmacist- AYUSH** | | 1 | | 1 |
| **Nurse- Midwife (staff nurse)** | 3 | 4 | 4 | 5 |
| **Health Worker (Female)** | 1* | 1* | 1* | 1* |
| **Health Assistant (Male)** | 1 | 1 | 1 | 1 |
| **Health Assistant (Female)/ Lady Health Visitor** | 1 | 1 | 1 | 1 |
| **Health Educator** | | 1 | | 1 |
| **Laboratory Technician** | 1 | 1 | 1 | 1 |
| **Cold Chain & Vaccine Logistic Assistant** | | 1 | | 1 |
| **Multi Skilled Group D worker** | 2 | 2 | 2 | 2 |
| **Sanitary Worker cum Watchmen** | 1 | 1 | 1 | 2 |
| **Total:** | **13** | **18** | **14** | **21** |

*Source: IPHS norms; *For the Sub-Centre area of the PHC. # If the delivery case load is 30 or more per month, one of the two medical officers (MBBS) should be female. ^ To provide choices to the public, wherever an AYUSH public facility is not available in the near vicinity.*

The Department did not furnish the list of PHCs designated/ earmarked as Type-A or Type-B among the 916 PHCs in the State, though sought for. For the purpose of this analysis, the 229 PHCs, which had been categorised as Delivery Points'[15] in the HMIS data, were considered as Type-B PHCs, while the remaining PHCs (687) considered as Type-A PHCs.

- The analysis showed considerable shortage in the cadre of Medical Officers (MOs), in the PHCs of the State as shown below:

**Chart 2.5: Shortage of MOs in PHCs**




*Source: HMIS data*

- There existed a shortage of 38.43 *per cent* against the Departmental sanctioned strength.
- The total number of MOs, available in the State (974), was more than the prescribed essential strength of one MO per PHC (916). However, 180 PHCs (19.65 *per cent*) had been left without posting of any MO.
- Two or more MOs, were found to have been posted in 100 such PHCs which had not been categorised as Type-B PHCs (Delivery Points).
- In 186 PHCs, the strength of MOs, as sanctioned by the department, was more than the desirable strength suggested (two) in IPHS.

[15] *PHCs designated as 'Delivery Point' are equipped with infrastructure and facilities to conduct deliveries of child.*

- The sanctioned strength ranged between three and seven MOs in each PHC. In six PHCs, the MOs in position were more than the sanctioned strength of MOs in these PHCs.
- Seven of the test-checked PHCs (out of 19 test-checked PHCs), were running without any MOs, while two MOs each were found to have been posted in four such test-checked PHCs which had not been categorised as Type-B PHCs ***(Appendix 2.2)***.

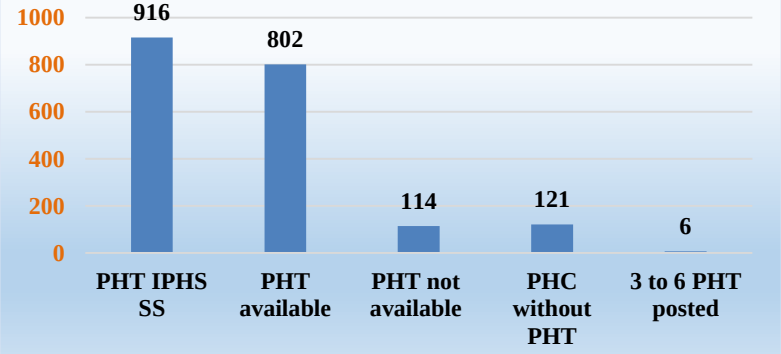
➢ Review of the availability of Pharmacists, in the PHCs of the State, showed as below:

**Table 2.6: Availability of Pharmacists in the PHCs**

| Essential/ Desirable strength as per IPHS (1 Pharmacist/ PHC) | Total number of Pharmacists available in PHCs | Shortage of Pharmacists in PHCs | Percentage of Shortage |
|---|---|---|---|
| **916** | **802** | **114** | **12.44 *per cent*** |

*Source: HMIS Data State Level*

**Chart 2.6: Position of Pharmacist (PHT) in PHCs**



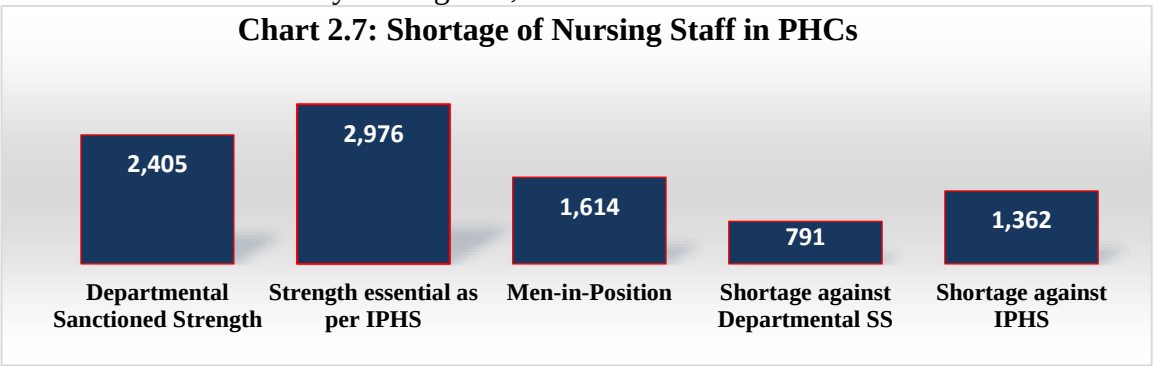

*Source: HMIS data*

With the shortage of 114 pharmacists, 121 PHCs were running without any pharmacists having been posted therein. This was because of excess posting (ranging up to three) of Pharmacists, in six PHCs.

Six of the test-checked PHCs (*32 per cent*) were running without any Pharmacists ***(Appendix 2.3)***.

➢ Considering 687 PHCs as Type-A and 229 PHCs as Type-B PHCs, the requirement of essential and desirable number of **Staff Nurses (SN)**, required for the 916 PHCs of the State, *vis-à-vis* the availability thereagainst, was as below:

**Chart 2.7: Shortage of Nursing Staff in PHCs**




*Source: HMIS data*

The shortage of staff nurses, in the PHCs, was nearly 46 *per cent*, as compared to the essential strength, as per IPHS norms.

Detailed scrutiny revealed that:

- No SNs had been posted in 109 Type-A and 20 Type-B PHCs. the deliverable services as prescribed in IPHS for a PHCs, especially the Type-B, which were supposed to manage deliveries, could not be rendered.

- On the other hand, the departmentally fixed sanctioned strength was even more than the prescribed desirable strength of four and five (as per IPHS), in 15 Type-A PHCs and 50 Type-B PHCs, respectively. In 38 Type-A PHCs, more than three SNs and in 56 Type-B PHCs more than four SNs were posted, which was more than the prescribed essential number, as per IPHS.
- Instances of posting of SNs in access of the strength sanctioned by the department, were noticed in nine Type-A and 08 Type-B PHCs.
- In the 19 test-checked PHCs, out of 12 Type-A PHCs, 6 PHCs had less than the essential number of three SNs while three Type-A PHCs had more than the essential number (ranging between four and five). One Type-B PHC (Hutmura, Purulia) had only two SNs posted in the PHC ***(Appendix 2.2)***.

➢ Acute shortages against the Health Worker (Female), Health Assistant (Male) and Health Assistant (Female) were noticed in the PHCs:

**Table 2.7: Shortages of Health Workers/ Assistants in the PHCs**

| Post | No. sanctioned by Department | Essential No. as per IPHS | Total MIP | Shortage against Departmental SS | Shortage against IPHS |
|---|---|---|---|---|---|
| **Health Worker (Female) (@1/ PHC)/ Health Assistant (Male) (@ 1/ PHC)/ and (Female) (@1/ PHC)** | 598 | 2,748 | 268 | 330 (55.18 *per cent*) | 2,480 (90.25 *per cent*) |

*Source: HMIS Data*

HMIS data revealed that no posts of HW(F) and HA (one Male and one Female) had been sanctioned by the department, against 725 and 742 PHCs, respectively. The shortage of posts, against the IPHS norms, was as high as 90 *per cent*.

No HW(F) had been posted in 850 PHCs (92.79 *per cent*). Further, 846 PHCs (92.35 *per cent*) did not have either a male or a female HA.

More than one HW(F) was posted in 24 PHCs; the number of HW(F) posted ranged up to 19 in Nijirhat PHC, Dinhata-II, Coochbehar. Seven and eight HA(M) were posted in two PHCs.

In the 19 test-checked PHCs of the selected districts, none had HW(F), while 17 of the PHCs were running without posting of either HA(F) and/ or HA(M) ***(Appendix 2.3)***.

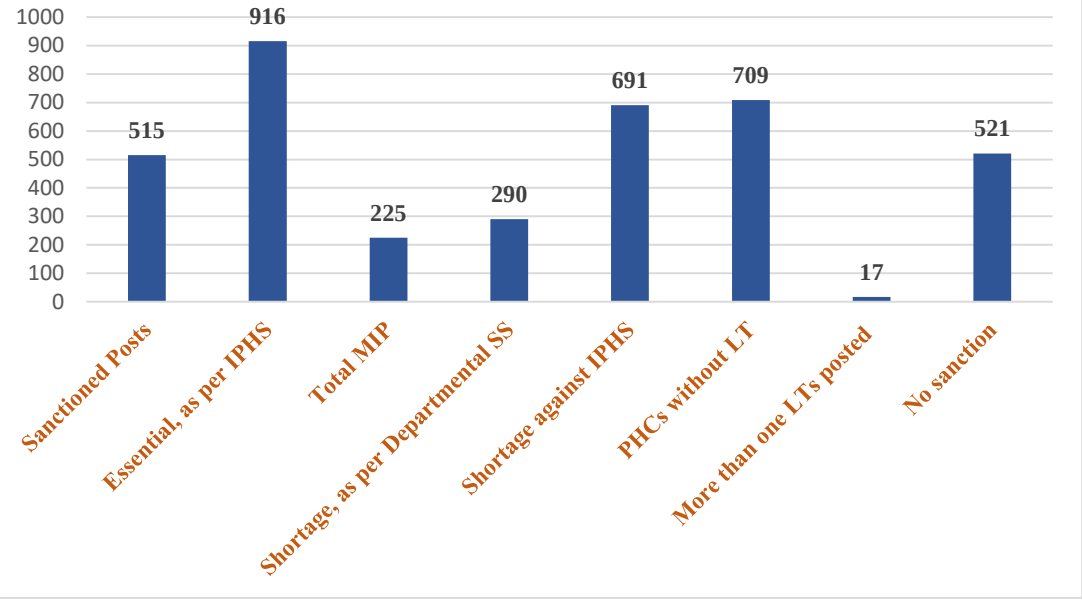
➢ The shortage in respect of **Laboratory Technicians (LTs)** was 75 *per cent*, as shown below:

**Table 2.8: Shortage of Laboratory Technicians (LT) in the PHCs**

| Sanctioned Posts | Essential No. as per IPHS | Total MIP | Shortage against Departmental SS | Shortage against IPHS |
|---|---|---|---|---|
| **515** | 916 | 225 | 290 (56.31 *per cent*) | 691 (75.43 *per cent*) |

*Source: HMIS Data State level*

**Chart 2.8: Position of LAB Technicians (LTs) in the PHCs**




*Source: HMIS data*

There was no LT in 709 PHCs, while 17 PHCs had more than one LT posted. No departmental sanction was found against the post of LTs, in the HMIS data, in case of 521 PHCs.

In the test-checked PHCs, 11 PHCs (63.15 *per cent*) had no LT posted, while two PHCs (Looksan and Dhumpara under Jalpaiguri) had two LTs (each) posted ***(Appendix 2.3)***.

The Department in its reply (February 2024) offered no response in this regard.

## 2.5 Human Resources for Community Health Centres (CHCs)

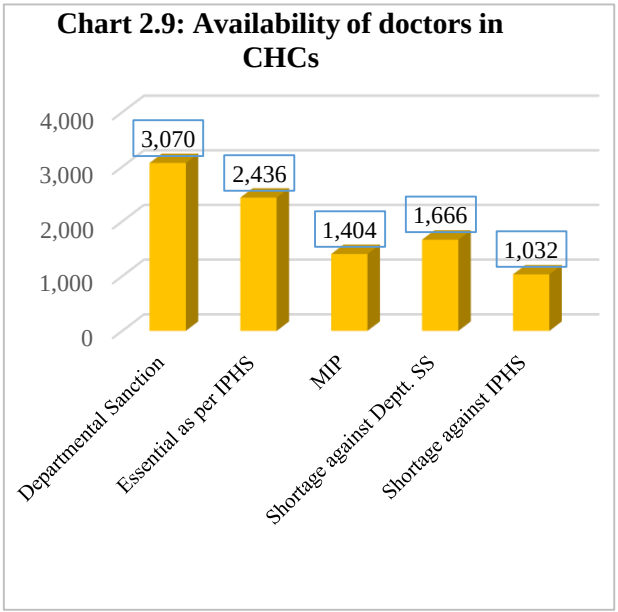
### ➢ Availability of Medical Officers

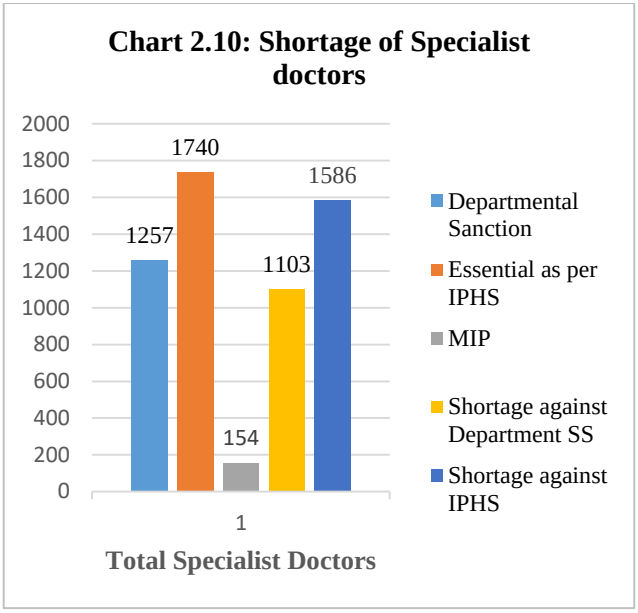
There was acute shortage of MOs, in the CHCs (348) of the State, as shown below:

**Table 2.9: Shortage of Medical Officers (MOs) in the CHCs**

| Speciality | No. sanctioned by Department | Essential No. as per IPHS | Total MIP | Shortage against SS of Department | Shortage against IPHS (essential) |
|---|---|---|---|---|---|
| **General Surgeon** | 61 | 1,740 *(@1 per specialty per CHC for 348 CHCs)* | 7 | 54 | 341 (97.98 *per cent*) |
| **Physician** | 82 | | 38 | 44 | 310 (89.08 *per cent*) |
| **Obstetric & Gynae** | 390 | | 63 | 327 | 285 (81.89 *per cent*) |
| **Paediatrician** | 360 | | 21 | 339 | 327 (93.97 *per cent*) |
| **Anaesthetist** | 364 | | 25 | 339 | 323 (92.82 *per cent*) |
| **Total of Specialists** | **1,257** | **1,740** | **154** | **1103 (87.75 *per cent*)** | **1,586 (91.14 *per cent*)** |
| **General Duty Medical Officers** | 1,813 | 696 *(@2 per CHC)* | 1,250 | 563 | (-) 554 |
| **Gr. Total** | **3,070** | **2,436** | **1,404** | **1,666 (54.27 *per cent*)** | **1,032 (42.36 *per cent*)** |

*Source: HMIS data and IPHS norms*




*Source: HMIS data and IPHS norms*

- It may be seen that, as per IPHS norms, the essential number of specialist doctors (except GDMOs) would have been 1,740, for serving at the CHCs of the State. However, the sanctioned posts, as entered against each CHC in the HMIS supplemented by data received from the Department, showed a strength of only 1,257 doctors. On the other hand, while the number of GDMOs[16] should have been 696 in the State (for CHCs), as per IPHS, the number of posts sanctioned was more than two times this number (1,813).

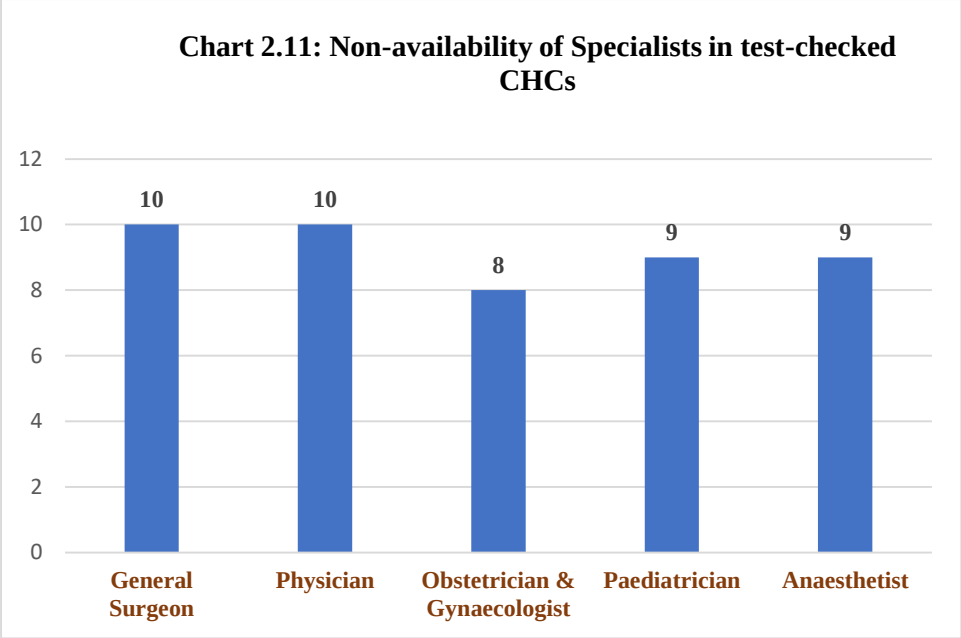
- The overall shortage of 42.36 *per cent*, in the cadre of MOs in CHCs, gave an adjusted figure of shortage, considering the excess engagement of GDMOs. The actual shortage of specialist MOs, in the CHCs of the State, was, however, very high and stood at 91.14 *per cent*, *vis-à-vis* the IPHS norms.

- The shortage was highest in the cadre of General Surgeon followed by Paediatrician, Anaesthetist, Physician and obstetrics and Gynaecology. Thus, the presence of specialist MOs was almost nil, in the CHCs.

- In the backdrop of this acute shortage, two and more (up to six) Physicians had been posted in nine CHCs; two and more (up to four) Obstetric & Gynaecologists had been posted in 16 CHCs; and three CHCs had more than two Paediatricians. This lopsided posting pattern further worsened the availability scenario in the CHCs.

- 239 CHCs had more than the prescribed number of two GDMOs (ranging up to 12 GDMOs). While there were no GDMOs posted in 28 CHCs of the State, in seven CHCs, posting of GDMOs exceeded the number sanctioned by the Department.

[16] *While a GDMO possesses MBBS degree, a doctor possessing a post-graduate degree is called a specialist.*




*Source: Data furnished by test-checked CHCs*

- In the 10 test-checked CHCs, there were no Physicians and General Surgeons in any of the CHCs, while, in nine CHCs each, there were no Paediatrician and Anesthetists, eight CHCs did not have Gynaecologist & Obstetrician posted.
- Excess Gynaecologist & Obstetricians (three) had been posted in one CHC (Rudrapur RH, Bashirhat HD).
- All CHCs had more than the prescribed number of two GDMOs posted (ranging up to 10 GDMOs) ***(Appendix 2.4)***.

In the backdrop of shortage of Medical Officers in all types of health facilities, a survey of 38 doctors, across the test-checked hospitals, indicated the following:

**Table 2.10: Survey of Doctors in the test-checked hospitals**

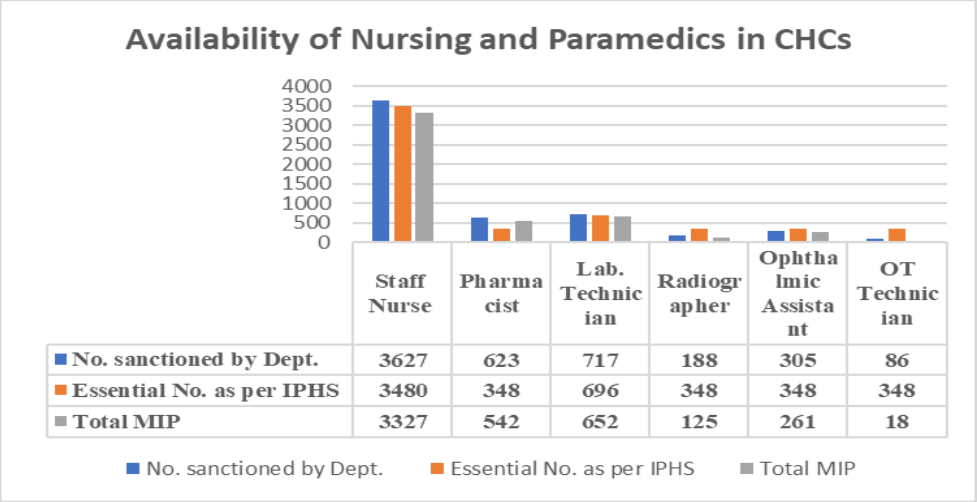
| Issues raised through the survey | No. of Doctors confirming the issue | Percentage |
|---|---|---|
| **Doctor posted in the Hospital for more than 3 years** | 10 | 26 |
| **Doctor posted in the Hospital for more than 7 years** | 12 | 32 |
| **Doctors had to attend more than 50 but less than 100 patients (OPD/ IPD) on an average, in a day** | 13 | 34 |
| **Doctors had to attend more than 100 patients (OPD/ IPD) on an average, in a day** | 24 | 63 |

*Source: Replies furnished by test-checked CHCs*

The irrational posting pattern had added to the crisis of non-availability of doctors in the hospitals. It was noticed that 32 *per cent* and 26 *per cent* of the surveyed doctors had remained stationary, in their place of posting, for more than seven years and three years, respectively. Resultantly, 63 *per cent* of the doctors mentioned that their patient load was more than 100 patients per day, while atleast 50 patients per day was the load mentioned by the remaining doctors (except one).

## ➢ Availability of Nurses and Paramedics:

**Chart 2.12: Availability of Nursing and Paramedics in CHCs**




*Source: HMIS data and IPHS norms*

As may be seen, the following shortages existed against the Nursing and Paramedic posts:

**Table 2.11: Shortage of Nursing and Paramedical staff in the CHCs**

| Specialty | Shortage against Departmental SS | Shortage (in *per cent*) | Shortage against IPHS | Shortage (in *per cent*) |
|---|---|---|---|---|
| **Staff Nurse** | 300 | 8.27 | 153 | 4 |
| **Pharmacist** | 81 | 13 | (-)194 | (-)56 |
| **Lab Technician** | 65 | 9.07 | 44 | 6 |
| **Radiographer** | 63 | 33.51 | 223 | 64 |
| **Ophthalmic Assistant** | 44 | 14.43 | 87 | 25 |
| **OT Technician** | 68 | 79.07 | 330 | 95 |

*Source: HMIS data and IPHS norms*

Audit noticed that no Staff Nurses had been posted in 51 CHCs. Further, no Pharmacists were posted in 29 CHCs, 30 CHCs had no LTs, 251 CHCs had no Radiographers, 93 CHCs had no Ophthalmic Assistants and 341 CHCs had no O.T. Attendants posted. It was also noticed that:

- More than 10 Nursing Staff (ranging up to 53), were posted in 132 CHCs, in excess of the minimum requirement of IPHS norms, while 134 CHCs were running with less than the required number of Nursing staff.
- No posts had been shown as sanctioned, in the HMIS data, in respect of Radiographers, Ophthalmic Assistants and OT Technicians, against 200, 67 and 287 CHCs, respectively.
- Eight of the 10 test-checked CHCs had more than 10 Nursing Staff, ranging up to 102 (in case of Salboni RH, Paschim Medinipur), while the other two CHCs (Sandelerbil RH-Bashirhat HD and Kunor BPHC-Uttar Dinajpur) were running with less than the required number of SNs.
- Postings of excess paramedical staff were noticed in test-checked CHCs. Eight of the 10 CHCs had more than one (ranging up to six) Pharmacists, five CHCs had more than two LTs, four Radiographers had been posted in Salboni RH, Paschim Medinipur, while, on the other hand Kunor BPHC

(Uttar Dinajpur) was running without LTs and five CHCs were running without any radiographer. There was no Ophthalmic Assistant in four CHCs. Further, OT Technician, had not been posted in any of the test-checked CHCs ***(Appendix 2.5)***.

In reply, the Department eventually accepted the fact by stating (February 2024) that the vacancies were due to superannuation. It was further stated that the process for filling up the vacancies has been initiated and all CHCs are attempted to be kept under service coverage by rotational arrangement.

### ➢ Availability of Administrative and Group D staff:

**Table 2.12: Availability of Administrative and support staff in the CHCs**

| Specialities | No. sanctioned by Department | Essential No. as per IPHS | Total MIP | Shortage against SS of Department (*per cent*) | Shortage against IPHS (essential) |
|---|---|---|---|---|---|
| **Registration Clerk** | 311 | 696 *(@2 per CHC)* | 191 | 120 (38.58) | 505 (72.55) |
| **Data Entry Operator** | 602 | 696 *(@2 per CHC)* | 588 | 14 (2.32) | 108 (15.52) |
| **Account Assistant** | 248 | 348 *(@1 per CHC)* | 236 | 12 (4.84) | 112 (32.18) |
| **Dresser** | 103 | 348 *(@1 per CHC)* | 28 | 75 (72.82) | 320 (91.95) |
| **Ward Boys** | 784 | 1,740*(@5 per CHC)* | 447 | 337 (42.98) | 1,293 (74.31) |

*Source: HMIS data and IPHS norms*

- No Registration Clerks had been posted in 212 CHCs. In 87 CHCs, only one Registration Clerk had been posted. Against 181 CHCs, no posts for Registration Clerks had been sanctioned (as per the HMIS data).
- No DEOs had been posted in 63 CHCs; and 16 CHCs were running with less than two DEOs. At the same time, 28 CHCs had more than two DEOs posted. The Department had not mentioned the sanctioned strength of DEOs, in regard to 73 CHCs, in HMIS. Further, disregarding the IPHS norms, seven CHCs had only one DEO, whereas, 43 CHCs had a sanctioned strength of more than two DEOs each.
- In 128 CHCs, no Accounts Assistants (AAs) had been posted, while 14 CHCs had more than one AA posted. The sanctioned strength, against 128 CHCs, had not been specified in the HMIS.
- Dressers had not been posted in 341 CHCs and 279 CHCs did not have any Ward Boys. In 39 CHCs, more than five Ward Boys (ranging up to 24 Ward Boys) been posted. The sanctioned strength of Dressers and Ward Boys had not been specified against 237 and 286 CHCs, respectively.
- In the test-checked CHCs (10), no Registration Clerks had been posted in seven CHCs, no DEOs had been posted in five CHCs; and, in nine CHCs, no Accounts Assistants had been posted. Dressers and Ward Boys were not available in 10 and nine CHCs, respectively, while Sabang RH, in Paschim Medinipur, had 17 Ward Boys posted in the CHC ***(Appendix 2.6)***.

### ➢ Block Public Health Unit:

A Block Public Health Unit (BPHU) is required to integrate the functions of service delivery, public health action, strengthening laboratory services for diseases surveillance, diagnosis and public health and serve as the hub for health-related reporting. Each BPHU was responsible for performing Public Health Activities, at the Block Level, in regard to IDSP (Integrated Disease Control Programme), Vector Borne Disease (Malaria, Kala Azar, Fileria, Dengue *etc.*), Natural Calamity and Disaster, Animal Borne Diseases (Rabies *etc.*), Climate Change & Human Health, Snake bites and all other works relating to Public Health.

Significant shortages in man-power, in the BPHUs, were noticed, as below:

**Table 2.13: Availability of BHOs/ PHMs/ PHNs, in the Block Public Health Units**

| Specialities | No. sanctioned by Dept. | Essential No. as per IPHS | Total MIP | Shortage against SS of Dept. | Shortage against IPHS (essential) |
|---|---|---|---|---|---|
| **Block Health Officer** | 256 | 348 | 255 | 01 | 93 (26.72 *per cent*) |
| **Public Health Specialists** | 69 | 348 | 13 | 56 (81.15 *per cent*) | 335 (96.26 *per cent*) |
| **Public Health Nurse** | 534 | 348 | 440 | 94 (17.60 *per cent*) | (-) 92 |

*Source: HMIS data and IPHS norms*

IPHS suggests one Block Health Officer (BHO), one Public Health Specialist and one Public Health Nurse (PHN) (desirable: two PHNs) as being essential, for running a Block Public Health Unit. Review, however, revealed that 95 Blocks had remained devoid of a BHO, while there were acute shortages of Public Health Specialists (PHSs). Further, though the number of PHNs available was more than one, in 135 CHCs, 45 CHCs were running without any PHNs in the blocks.

While Sabang RH in the Paschim Medinipur district, was running without a BHO, none of the test-checked CHCs had a PHS posted. Posting of more than one PHN was found, in four of the test-checked CHCs ***(Appendix 2.7)***.

The Department in its reply (February 2024) offered no response in this regard.

## *2.6 Human Resources for District/ Sub-District (secondary level) Hospitals (DHs/ SDHs)*

A District Hospital is a hospital at the secondary referral level, responsible for a district of a defined geographical area, containing a defined population. Its objective is to provide comprehensive secondary healthcare services to the people in the district, at an acceptable level of quality. It is expected to be responsive and sensitive to the needs of people in the district.

### *2.6.1 Position of Human Resources in the District Hospitals*

As per IPHS, the following essential human resources along with some desirable specialties were prescribed for Medical Officers of different categories based on the number of beds of the District Hospitals:

**Table 2.14: No. of Medical Officers as per IPHS norms**

| Specialty | 100 Beds | 200 Beds | 300 Beds | 400 Beds | 500 Beds |
|---|---|---|---|---|---|
| **Medicine** | 2 | 2 | 3 | 4 | 5 |
| **Surgery** | 2 | 2 | 3 | 3 | 4 |
| **Obstetric & Gynaecology** | 2 | 3 | 4 | 5 | 6 |
| **Paediatrics** | 2 | 3 | 4 | 4 | 5 |
| **Anaesthesia** | 2 | 2 | 3 | 3 | 4 |
| **Ophthalmology** | 1 | 1 | 2 | 2 | 2 |
| **Orthopaedics** | 1 | 1 | 2 | 2 | 2 |
| **Radiology** | 1 | 1 | 2 | 2 | 2 |
| **Pathology** | 1 | 2 | 3 | 3 | 4 |
| **ENT** | 1 | 1 | 2 | 2 | 2 |
| **Dental** | 1 | 1 | 2 | 3 | 3 |
| **MO** | 11 | 13 | 15 | 19 | 23 |
| **Dermatology** | 1* | 1* | 1 | 1 | 1 |
| **Psychiatry** | 1 | 1 | 1 | 1 | 1 |
| **Microbiology** | 1* | 1* | 1 | 1 | 1 |
| **Forensic Specialist** | 1* | 1* | 1 | 1 | 1 |
| **AYUSH Doctors** | 1 | 1 | 1 | 2 | 2 |
| **Total** | **29+3** | **34+3** | **50** | **58** | **68** |

*Source: IPHS norms; *Desirable*

An analysis against the required number of MOs, as arrived based on the bed strength of the 18 existing District Hospitals of the State, *vis-à-vis* the MIP exhibited that there existed acute shortage of MOs in the DHs of the State as shown below:

**Table 2.15: Shortage of Medical Officers (MOs) in the DHs**

| Speciality | No. sanctioned by Department | Essential No. as per IPHS | Total MIP | Shortage against SS of Department (*per cent*) | Shortage against IPHS (essential) |
|---|---|---|---|---|---|
| **Medicine** | 97 | 85 | 65 | 32 (32.99%) | 20 (23.53%) |
| **Surgery** | 89 | 69 | 64 | 25 (20.09%) | 5 (7.25%) |
| **Obstetric & Gynae** | 124 | 103 | 99 | 25 (20.16%) | 4 (3.88%) |
| **Paediatrics** | 86 | 87 | 92 | -- | -- |
| **Anaesthesia** | 110 | 69 | 71 | 39 (35.45%) | -- |
| **Ophthalmology** | 50 | 36 | 43 | 7 (14%) | -- |
| **Orthopaedics** | 58 | 36 | 40 | 18 (31.03%) | -- |
| **Radiology** | 55 | 36 | 26 | 29 (52.73%) | 10 (27.77%) |
| **Pathology** | 55 | 69 | 42 | 13 (23.64%) | 27 (39.13%) |
| **ENT** | 48 | 36 | 46 | 2 (4.17%) | -- |
| **Dental** | 44 | 52 | 44 | -- | 8 (15.38%) |
| **Dermatology** | 33 | 18 | 23 | 10 (30.30%) | -- |
| **Psychiatry** | 34 | 18 | 28 | 6 (17.65%) | -- |
| **Microbiology** | 27 | 18 | 14 | 13 (48.15%) | 4 (22.22%) |
| **Forensic Specialist** | 19 | 18 | 11 | 8 (42.10%) | 7 (38.89%) |
| **AYUSH Doctors** | 29 | 34 | 19 | 10 (34.48%) | 15 (44.12) |
| **Total of Specialists** | **958** | **784** | **727** | **231 (24.11%)** | **100** (12.76%)** |
| **General Duty Medical Officers** | 329 | 394 | 145 | 184 (55.93%) | 249 (63.20%) |
| **Gr. Total:** | **1,287** | **1,178** | **872** | **415 (32.25%)** | **349 (29.63%)** |

*Source: HMIS data and IPHS norms*

** MIP, as of March 2022 (HMIS-State level); **Excess manpower under some specialities has not been considered, while calculating the 'Shortage against IPHS'*

- District Hospital-wise shortage of specialist doctors have been analysed in ***Appendix 2.8***.
- Though 15 of the 18 DHs had sanctioned bed strength far above (reaching up to 1,500 beds) the IPHS limit of 500 beds, the overall number of staff sanctioned for the DHs was less than the number prescribed in the IPHS, for operating a 500-bedded DH.
- Even with the huge number of beds sanctioned for the DHs in the State, the strength of doctors could not meet the standards prescribed for 500-bedded DHs in the IPHS. The overall shortage constituted 29.63 *per cent* of the essential number, as prescribed in the IPHS, in the District Hospitals of the State.
- Though the shortage against specialists was moderate, there was an acute shortage (63.20 *per cent)* in case of General Duty Medical Officers.
- The shortages were conspicuous in respect of specialists in the Specialities of Medicine, Radiology, Pathology, Forensic Sciences and AYUSH.
- An analysis of burden of surgeries showed that 6 of the 18 DHs ***(Appendix 2.9)*** had average burden of surgeries more than 150 per annum on the surgeons posted in the DHs.

### ➢ Shortage in Nursing, Para Medical and Administrative staff in the DHs

**Table 2.16: Shortage of Nursing, Para Medical and Administrative staff, in DHs**

| Post | Requirement as per IPHS | Men-in-position | Shortage (*percentage*) |
|---|---|---|---|
| **Nursing Staff** | 3,825 | 2,595 | 1,230 (32.16) |
| **Para Medical Staff** | 1,713 | 468 | 1,245 (72.68) |
| **Total of Nurse and Paramedics** | **5,538** | **3,063** | **2,475 (44.69)** |
| **Administrative staff** | 467 | 94 | 373 (79.87) |

*Source: IPHS norms; For MIP of Nurses and Paramedical staff, as of March 2023, reply of H&FW Department and For MIP of Administrative staff, as of March 2022, as mentioned in HMIS data*

In the backdrop of DHs operating with a far higher number of beds, the shortages in the nursing staff, paramedics and administrative staff, were matters of concern.

The shortages of administrative (almost 80 *per cent)* and Para medical staff (44 *per cent)* were significant.

**Table 2.17: MIP *vis-à-vis* sanctioned strength, in the test-checked DHs**

| Cadre | Sanctioned strength | Men-in-Position in DHs (as of April 2019) | | | Shortage |
|---|---|---|---|---|---|
| | | Regular | Contractual | Total | |
| ***Bashirhat DH:*** | | | | | |
| **Medical Officer** | 76 | 54 | 12 | 66 | 10 (13%) |
| **Para Medical** | 41 | 36 | 6 | 42 | 0 (0%) |
| **Staff Nurse** | 240 | 171 | 0 | 171 | 69 (29%) |

*Source: Data furnished by test-checked DHs*

There was an acute shortage of nursing staff (29 *per cent)* and Medical Officers (13 *per cent),* in the Bashirhat DH.

***Lack of human resources for running CCUs:*** The West Bengal Health & Family Welfare Department prepared (2014) revised operational guidelines for CCUs, to act as a reference and guidance, to facilitate planning, establishment, operation and monitoring of Critical Care[17] units and High Dependency Units[18], with the objective of reducing mortality and ensuring zero out-of-pocket expenditure, for patients.

As per these guidelines, each CCU was to be manned by a dedicated/ earmarked core trained team of personnel. The human resource standards envisaged a 12-bedded CCU in those guidelines. The position of actual availability, in the two test-checked District hospitals, however, showed shortages, as below:

**Table 2.18: Requirement and availability of staff for running CCUs**

| Sl. No. | Category of personnel | Required number | Actually available (Shortage) | |
|---|---|---|---|---|
| | | | JDH | BDH |
| **1.** | Medical Officer (MBBS) | 8 | 5 (3) | 6 (2) |
| **2.** | Nursing-in-Charge | 1 | 2 (0) | 1 (0) |
| **3.** | Nursing Staff | 15 | 15 (0) | 15 (0) |
| **4.** | Medical Technologists (MTs) (Critical care) | 5 | 4 (1) | 5 (0) |
| **5.** | General Duty Assistant (GDA) | 8 | 4 (4) | 8 |
| **6.** | Sweeper | 8 | 5 (3) | |

*Source: Data furnished by test-checked DHs; JDH: Jalpaiguri DH and BDH: Bashirhat DH*

It could be seen that, though Bashirhat DH only had shortage of two Medical Officers, the CCU at Jalpaiguri DH had suffered shortage of staff in all cadres (except nursing staff). This was bound to have adverse effect on the functioning of the CCUs.

The Department in its reply (February 2024) offered no response in this regard.

### *2.6.2 Position of Human Resources at the Sub-Divisional Hospitals*

Sub-district (Sub-divisional) hospitals are below the district level hospitals and above the block level (CHC) hospitals and act as First Referral Units for the Tehsil/ Taluk/ block population in which they are geographically located.

Similar to the DHs, all the Sub-Divisional Hospitals of the State also had sanctioned bed numbers much higher than the IPHS limit of 100 beds. All the 36 SDHs in the State had bed strengths over 100, with 29 of them having had bed strengths of over 200 (ranging up to 600 beds). In this backdrop, Audit noticed that there were acute shortage of MOs in the SDHs, as shown below:

**Table 2.19: Shortage of Medical Officers (MOs) in the SDHs**

| Speciality | No. sanctioned by Department | Essential No. as per IPHS | Total MIP* | Shortage against SS of Dept. | Shortage against IPHS |
|---|---|---|---|---|---|
| **Medicine Specialist** | 152 | 72 *(@2 for 36 SDHs)* | 122 | 30 (19.74%) | -- |
| **Surgery Specialist** | 124 | | 94 | 30 (24.19%) | -- |
| **O&G specialist** | 215 | | 187 | 28 (13.02%) | -- |
| **Dermatologist/ Venereologist** | 52 | 36 *(@1 for 36 SDHs)* | 29 | 23 (44.23%) | 7 (19.44%) |
| **Paediatrician** | 150 | 72 *(@2 for 36 SDHs)* | 130 | 20 (13.33%) | -- |
| **Anaesthetist** | 177 | | 108 | 69 (38.98%) | -- |

[17] *Critical care is medical care for people who have life-threatening injuries and illnesses.*
[18] *A department of a hospital, where patients who are seriously ill but do not require intensive care, receive special medical treatment.*

| Speciality | No. sanctioned by Department | Essential No. as per IPHS | Total MIP* | Shortage against SS of Dept. | Shortage against IPHS |
|---|---|---|---|---|---|
| **ENT Surgeon** | 82 | 36 *(@1 for 36 SDHs)* | 63 | 19 (23.17%) | -- |
| **Ophthalmologist** | 97 | | 82 | 15 (15.46%) | -- |
| **Orthopaedics** | 78 | | 63 | 15 (19.23%) | -- |
| **Radiologist** | 86 | | 31 | 55 (63.95%) | 5 (13.89%) |
| **Dental Surgeon** | 68 | | 64 | 4 (5.88%) | -- |
| **Public Health Manager** | 17 | | 0 | 17 (100.00%) | 36 (100.00%) |
| **Forensic Expert** | 25 | | 9 | 16 (64.00%) | 27 (75.00%) |
| **AYUSH Physician** | 62 | | 25 | 37 (59.68%) | 11 (30.56%) |
| **Pathologist** | 84 | | 54 | 30 (35.71%) | -- |
| **Total Specialists:** | **1469** | **720** | **1,061** | **408 (27.77%)** | **86 (11.94%)** |
| **General Duty Doctors** | 672 | 324 *(@9 for 36 SDHs)* | **300** | 372 (55.36%) | 24 (7.41%) |
| **Gr. Total:** | **2,141** | **1,044** | **1,361** | **780 (36.43%)** | **110 (10.54%)** |

*Source: HMIS data; * MIP as of March 2022*

- Even though all the SDHs had more than 100 beds, shortages against IPHS standards (which is prescribed for 100 beds only), were noticed in regard to of various specialties. Moreover, no Public Health Managers were posted in any of the SDHs. Shortage of General Duty Doctors was also high (7.41 *per cent* against IPHS norms).
- The overall shortage of doctors, against the departmental sanctioned strength, was 36 *per cent*, while shortages against General Duty Doctors (55 *per cent*), AYUSH (60 *per cent*), Forensic Experts (64 *per cent*), Radiologists (64 *per cent*), and Dermatologists *(*44 *per cent)*, were more acute.
- In the backdrop of such acute shortage (36.43 *per cent*) of specialists/ MOs at the DHs and the SDHs, it is pertinent to mention that consultation time that could be afforded by the doctor to the patients was less than even five minutes per patient, as emerged from a beneficiary (patient) survey (68 *per cent*) carried out in the test-checked DHs and SDHs.

### ➢ Shortages in Nursing, Para Medical and Administrative staff in SDHs

**Table 2.20: Shortages in Nursing, Para Medical and Administrative staff, in SDHs**

| Post | Requirement as per IPHS | Men-in-Position | Shortage (percentage) |
|---|---|---|---|
| **Nursing Staff** | 1,260 | 1,221 | 39 (3.10%) |
| **Para Medical Staff** | 864 | 671 | 193 (22.34%) |
| **Total of Nurse and Paramedics** | **2,124** | **1,892** | **232 (10.92%)** |
| **Administrative staff** | 720 | 189 | 531 (73.75%) |

*Source: HMIS data*

Significant shortages of Para-Medical Staff and in the cadre of Administrative staff, were noticed in SDHs, operating with much higher bed strength when compared against the requirement of a 100 bedded hospital.

The Department in its reply (February 2024) offered no response in this regard.

## 2.7 Human Resources for Medical Colleges and Hospitals (Tertiary Sector)

The Medical Council of India (MCI), a statutory body, was set up, under Medical Council Act, 1956, with the objective of regulating the medical education in the country. Under regulations, no medical college can either be established or increase its capacity, without prior approval of the Government. As per Section 10A of the Indian Medical Council Act, 1956; the Central Government's permissions to such colleges are granted initially for one year *i.e.* for admitting only one batch of students in a calendar year. Permissions are to be renewed on an yearly basis, after verification of the achievements against the annual targets. The process is continued till such time as the full required infrastructure is created and recognition is granted under the relevant Act. Admissions made without requisite permission from the Government of India are to be deemed as irregular. MCI was subsequently replaced by the National Medical Commission (NMC) which came into existence by the NMC, Act of Parliament, in 2019.

The Centrally Sponsored Scheme of establishment of new medical colleges attached with district/ referral hospitals' of the Ministry of Health & Family Welfare, established new medical colleges, attached with the existing District/ Referral hospitals in underserved areas of the country. Under Phase-I of the scheme, 56 colleges had been approved in 20 States, as of February 2018. Under Phase-II of the said scheme, 24 new medical colleges had been approved in January 2018. The objective of Phase-II of the scheme was ensuring the availability of one medical college in every three Parliamentary Constituencies and one Government Medical College in each State.

Following the above principle, the number of medical colleges in West Bengal has increased over the period covered under the present Audit. Consequently, the number of seats in MBBS courses have also increased, as shown below:

**Table 2.21: Number of Government Medical colleges and seats in Undergraduate and Postgraduate courses**

| Financial Year | Number of government medical colleges offering Under Graduate courses | Number of Under Graduate seats | Number of government medical colleges offering Post Graduate courses | Number of post graduate seats |
|---|---|---|---|---|
| **2016-17** | 13 | 1,850 | 12 | 1,027 |
| **2017-18** | 13 | 1,900 | 12 | 1,130 |
| **2018-19** | 13 | 2,050 | 12 | 1,214 |
| **2019-20** | 17 | 2,900 | 13 | 1,240 |
| **2020-21** | 18 | 3,000 | 16 | 1,359 |
| **2021-22** | 18 | 3,000 | 16 | 1,403 |

*Source: Data furnished by the Director of Medical Education, West Bengal*

It may be seen from the above that the number of Government medical colleges offering both Under Graduate and Post Graduate courses, have increased, resulting in 62 *per cent* increase in the seats for undergraduate courses and 37 *per cent* increase in the seats for Post Graduate courses, during the period covered under audit.

The number of medical college other than State Government medical colleges, has also increased, with a corresponding increase in both Under Graduate and Post Graduate seats, during 2016-22, as shown below.

**Table 2.22: Number of non-Government Medical Colleges & Seats of Under Graduate and Post Graduate courses**

| Financial Year | Number of Medical Colleges other than State Govt. offering Under Graduate courses | Number of Under Graduate seats | Number of Medical Colleges other than State Govt. offering Post Graduate courses | Number of Post Graduate seats |
|---|---|---|---|---|
| **2016-17** | 5 | 650 | 6 | 122 |
| **2017-18** | 3 | 400 | 8 | 153 |
| **2018-19** | 4 | 550 | 8 | 180 |
| **2019-20** | 7 | 925 | 8 | 183 |
| **2020-21** | 8 | 1,075 | 8 | 195 |
| **2021-22** | 9 | 1,225 | 8 | 261 |

*Source: Data furnished by the Director of Medical Education, West Bengal*

There was an increase of 88 *per cent*, in the number of seats in respect of undergraduate courses offered by other than Government Medical Colleges.

- **Shortage of Manpower**

Scrutiny of records revealed that there was considerable shortage of teaching staff in the Medical Colleges under the administrative control of the State Government. In respect of 18 Government Medical Colleges in the State, the position is furnished below:

**Table 2.23: Shortage of Manpower in the 18 Govt. Medical Colleges in the State**

| Financial Year | Sanctioned strength of all categories of staff (Professors/ Associate Professors/ Assistant Professors *etc.*) | Men-in-position | Shortage (*per cent*) |
|---|---|---|---|
| **2020-21** | 4,747 | 3,495 | 1,252 *(26 )* |
| **2021-22** | 4,753 | 3,562 | 1,191 *(25)* |

*Source: Data furnished by Director of Medical Education, West Bengal*

It is seen that, against the sanctioned strength of 4,747 of all categories of staff, including Professors/ Associate Professors *etc.*, during FY 2020-21, the men-in-position as of March 2021, were 3,495, indicating a shortage of 1,252 (26 *per cent*). This position further deteriorated in the ensuing year, as the percentage of shortage was 25, as of March 2022, against the sanctioned strength of 4,753.

Shortage of Specialists and General Duty Medical Officers posted in the Medical Colleges of the State also showed acute shortage:

**Table 2.24: Shortage of Specialists and GDMOs in Medical College & Hospitals**

| Particulars | Sanctioned Strength | | MIP | | Shortage (*percentage*) | |
|---|---|---|---|---|---|---|
| | Specialist | GDMO | Specialist | GDMO | Specialist | GDMO |
| **As of March 2023** | 2,173 | 1,871 | 1,559 | 548 | 614 (28) | 1,323 (71) |

*Source: Reply furnished by H&FWD; Note: Data on Specialists in respect of six MCHs (Bankura Sammilani MCH; Kolkata NMCH; SSKM; MMCH; Sagar Dutta MCH and MJN, Coochbehar) and on GDMO in respect of four MCHs (Kolkata NMCH, SSKM, RG Kar MCH and MJN, Coochbehar) could not be provided by H&FWD.*

The West Bengal Health Recruitment Board, constituted (August 2012) by the H&FW Department, for direct recruitment against different type of posts (119 in number) under the Department, recommended, in FY 2021-22, the appointment of only 145 Assistant Professors against a vacancy of 307, as of March 2021.

The trend of shortage of staff, continued in the test-checked Medical Colleges, *i.e.* Institute of Post Graduate Medical Education & Research (IPGME&R) at Kolkata (200 UG seats), Medinipur Medical College & Hospital (MMC&H) (200 UG seats), Raiganj Medical College & Hospital (RMC&H) (100 UG seats) and Deben Mahato Medical College & Hospital (DMMC&H) at Purulia (100 UG seats), as shown below:

**Table 2.25: Shortage of Manpower in the test-checked Govt. Medical Colleges**

| Financial Year | Medical College | All categories of staff (Professors/ Associate Professors/ Assistant Professors and other staff ) | | Shortage (Percentage) |
|---|---|---|---|---|
| | | Sanctioned strength | Men-in-position | |
| **2020-21** | IPGME&R | 725 | 410 | 315 *(43)* |
| | MMC&H | 197 | 198 | NIL |
| | RMC&H | 126 | 67 | 59 *(47)* |
| | DMMC&H | 126 | 109 | 17 *(13)* |
| **2021-22** | IPGME&R | 572 | 407 | 165 *(29)* |
| | MMC&H | 197 | 186 | 11 *(6)* |
| | RMC&H | 126 | 97 | 29 *(23)* |
| | DMMC&H | 126 | 104 | 22 *(17)* |

*Source: Data furnished by the Director of Medical Education, West Bengal*

Thus, IPGME&R had shortage of all categories of staff of 43 *per cent* in FY 2020-21(when compared with the sanctioned strength), which decreased to 29 *per cent* in FY 2021-22, mainly due to change in the sanctioned strength of staff from 725 to 572. RMC&H had shortage, of all categories of staff, of 47 *per cent* in FY 2020-21 which decreased to 23 *per cent* in FY 2021-22.

Test-check of records, in regard to the staff strength of Professors, Associate Professors, Assistant Professors and Tutors/ Demonstrators, of six (6) selected Departments, *i.e.* Anatomy, Bio-chemistry, Microbiology, Dentistry, Dermatology and Opthalmology, as of March 2022, at IPGME&R, Kolkata, and MMC&H, each having 200 seats, revealed the following:

**Table 2.26: Staff strength in six Departments, at IPGME&R, Kolkata and MMC&H (as of March 2022)**

| Department | Medical College | Sanctioned strength as per NMC | Professors, Associate Professors, Assistant Professors and Tutors/ Demonstrators | Shortage (Percentage) |
|---|---|---|---|---|
| **Anatomy** | IPGME&R | 10 | 10 | *Nil* |
| | MMC&H | | 8 | 2 *(20)* |
| **Bio-chemistry** | IPGME&R | 10 | 10 | NIL |
| | MMC&H | | 9 | 1 *(10)* |
| **Microbiology** | IPGME&R | 10 | 11 | NIL |
| | MMC&H | | 4 | 6 *(60)* |
| **Dentistry** | IPGME&R | 9 | 7 | *2 (22)* |
| | MMC&H | | 5 | 4 *(44)* |
| **Dermatology** | IPGME&R | 5 | 8 | NIL |
| | MMC&H | | 5 | NIL |
| **Opthalmology** | IPGME&R | 10 | 10 | NIL |
| | MMC&H | | 8 | 2 *(20)* |

*Source: Data of Directorate of Medical Education, West Bengal*

Thus, against the sanctioned strength, as per the National Medical Commission (NMC) norms, IPGME&R, Kolkata, had no shortage of Professor, Associate Professor, Assistant Professor and Tutors/ Demonstrator at all the Departments mentioned above, except for Dentistry. However, the percentage of shortage of staff, at Medinipur MC&H, ranged from 60 in Microbiology, to 20 in Anatomy and Ophthalmology.

The shortage of staff, in respect of above mentioned categories, in these six (6) Departments, as of March 2022, was also noticed at RMC&H and DMMC&H (Purulia), having 100 seats each, where in the percentages ranged from 17 to 60 in different departments of both the MCHs, as shown below:

**Table 2.27: Shortage of Staff of six Departments, as of March 2022, at RMC&H and DMMC&H**

| Department | Medical College | Sanctioned strength as per NMC | Professors, Associate Professors, Assistant Professors and Tutors/ Demonstrators | Shortage (percentage) |
|---|---|---|---|---|
| **Anatomy** | RMC&H | 6 | NA | NA |
| | DMMC&H | | 4 | 2 *(33)* |
| **Bio-chemistry** | RMC&H | 6 | 5 | 1 *(17)* |
| | DMMC&H | | 5 | 1 *(17)* |
| **Microbiology** | RMC&H | 6 | 3 | 3 *( 50)* |
| | DMMC&H | | 5 | 1 *(17)* |
| **Dentistry** | RMC&H | 4 | 2 | 2 *(50)* |
| | DMMC&H | | NA | NA |
| **Dermatology** | RMC&H | 4 | NA | NA |
| | DMMC&H | | NA | NA |
| **Opthalmology** | RMC&H | 5 | 2 | 3 *(60)* |
| | DMMC&H | | 4 | 1 *(20)* |

*Source: Data furnished by Director of Medical Education, West Bengal*

The shortage of staff was more prominent at Medical Colleges located away from the State capital (Kolkata). This trend was not in consonance with the intention of making available specialty medical services at the district level.

The Department in its reply (February 2024) offered no response in this regard.

***Recommendations:***

1. ***The H&FW Department may formulate and maintain definite sanctioned strength across cadres for each heath care facility on priority basis to ensure adequacy of human resources.***
2. ***The H&FW Department may ensure filling up of the vacant posts and engaging Medical and Para Medical Staff against the shortages, on priority basis, at the various healthcare facilities of the State.***
3. ***Redeployment of additional staff, from facilities with excess manpower, to facilities running with shortage of manpower, may be ensured.***