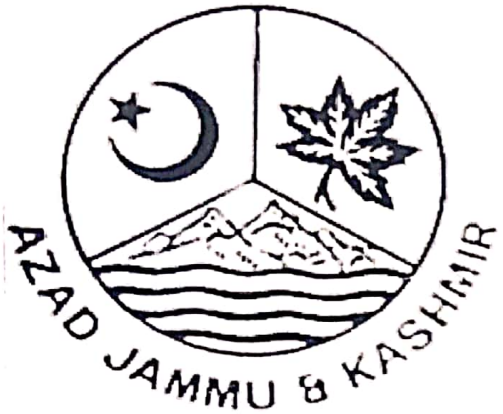
Azad Government of the State of Jammu & Kashmir



Transfer Policy, 2019

Department of Health AJK

TRANSFER POLICY FOR EMPLOYEES DEPARTMENT OF HEALTH GoAJ&K

1. INTRODUCTION

i. The Government of AJ&K is committed to the provision of adequate, equitable, easily accessible and patient centered health care services throughout the State and accelerates the progress on health related goals with a new momentum. Health department focuses on the rural population, especially the vulnerable sections and underserved areas in line with United Nations,s sustainable development goals (SDGs) for Universal Health Coverage as per national and International commitments.

ii. A well-considered and well-structured and evidence based transfer policy is very essential and is a basic ingredient to achieve these objectives. Transfer Policy will ensure equitable distribution of doctors and other health staff, thereby enhancing efficiency of the health services and also instill optimum level of satisfaction amongst the health professionals.

2. BACKGROUND

GoAJ&K, vide notification # Admin(CS)/62/2009 dated 06-03-2009 canceled all the previous transfer policies issued by various departments to come up with a new comprehensive transfer policy in due course. Till then, competent authorities were directed to make transfers in judicious manner. However, in the absence of a workable and judicious transfer policy transfers and postings are being challenged due to one or the other reason in the Courts that wastes precious time and resources of the department and employees, Resultantly, the overall performance and service delivery has become at stake. As Health service falls in the category of essential service hence, in providing unhindered and uninterrupted health service human resource of Health Department is playing a very vital role. However, to provide equal opportunities of transfer and posting to all the employees, there is dire need of a comprehensive policy to control posting/transfers of around 13,000 health professionals/health care workers in the health department.To overcome these challenges the GOAJK has decided to introduce this transfer Policy.

3. AIM:

To ensure rationalized, equitable and need based distribution of doctors and other health staff to maintain the efficiency and effectiveness of the health care delivery system and to ensure job satisfaction amongst employees of health department through judicious and transparent posting/transfer mechanism.

4. OBJECTIVES:

1. The objectives of posting and transfer policy are: -

(a) To ensure rational deployment of staff in all health facilities

(b) To ensure the physical presence of doctors (MOs / FMOs / Specialists) and paramedical staff at appropriate health care establishments.

(c) To bring transparency in postings and transfers, thus enhancing job satisfaction amongst the health staff covered under this policy.

5. **DEFINITIONS:**

1. In this document, unless the context otherwise requires, the following expressions shall have the meanings hereby respectively assigned to them that is to say;

(a) **"Normal areas"** are those areas where basic amenities of life are available like good schooling, accommodation, ample private practice, and have good road infrastructure. These areas have been defined in the **Annexure "A"** attached.

(b) **"Semi hard areas"** are where some of the basic amenities of life are missing or have difficult access. These areas have been defined in the **Annexure "A"** attached.

(c) **"Hard areas"** are far flung peripheral health units with difficult access, harsh weather conditions, scarcity of good schools and less a venue for private practice. These areas have been defined in the **Annexure "A"** attached.

(d) **"Doctor"** means a doctor serving in the Department of health GoAJ&K.

(e) **"Government"** means Azad Government of the State of J&K.

(f) **"Health facilities"** mean all health facilities established and managed by Government to provide medical facilities to general public.

(g) **"Core specialties"** comprise of surgeon, anesthetist, gynecologist and pediatrician.

(h) **"Essential Specialties"** comprise of surgeon, anesthetist, gynecologist, pediatrician, medical specialist, and radiologist.

(i) **"Optional specialties"** Pathologist, Dermatologist, Psychiatrist and other specialties/sub-specialties.

2. Words and phrases used in this document, but not defined shall have the same meanings as respectively assigned to them under the relevant state laws or any other statutory order or rules for the time being in force.

3. The posting/transfers of all cadres shall be regulated strictly accordance with the following parameters:

6. **ADMIN CADRE DOCTORS:**

(i) Transfers on administrative posts shall be made strictly in accordance with service rules, seniority within cadre, and fitness for the job.

(ii) Normal tenure of doctors working on administrative posts shall be 2-3 years in soft areas and 1-2 years in semi hard/hard areas. However, on specific administrative grounds transfers can be made at any time.

(iii) Doctors of admin cadre for promotion to the next scale shall be reposted to hard and semi hard area per at least one tenure.

(iv) Specialists, medical officers, and dental surgeons will not be posted on administrative posts.

(v) A junior officer shall not be posted on senior grade post if a senior official is available.

(vi) Admin cadre doctors shall be given opportunity of posting as Medical Superintendent at DHQ Hospitals.

7. **SPECIALISTS:**

(i) On initial appointment, specialists shall be posted in hard/semi hard areas for 1-2 years, preferably in their home district / division. On completion of their tenure at semi hard / hard area, they will be given a choice of posting in soft areas out of three choice stations given by them. Department of health will considered with him or her to adjust accordingly.

(ii) Specialist who had already served in their respective district / division (hard and semi hard areas only) as Medical Officer will also be bound to serve in their respective district / division as specialist for at least 3 tenures (1-2 years each) during their entire service.

(iii) The tenure in soft areas shall be 2-3 years.

(iv) Specialists shall be reposted to hard / semi hard area after 2 tenures or 4-6 years at soft station.

(v) To join as faculty in any medical college, every specialist must have served for at least two years in peripheral hospitals of hard area.

(vi) Rotational duty in Hard / semi hard Areas for Core /essential specialists will be as follows: -

a. The DHQ Hospitals of Hard area /semi hard area should have at least one specialist in each of six disciplines i.e. Medical Specialist, Surgeon, Anesthetist, Gynecologist, Radiologist, and Pediatrician.

b. The THQ Hospitals of Hard area and semi hard area should have at least one specialist in each of 03 disciplines i.e. Surgeon, Anesthetist, Gynecologist and pediatricians.

c. If core or essential specialists are not available for permanent posting, then nearest DHQ hospitals / CMHs / AIMS will provide these specialists on rotational basis as per departmental need.

8. **MEDICAL OFFICERS (GENERAL CADRE DOCTORS):**

(i) Medical graduates of open merit will be bound to serve in far flung located BHUs and RHCs of their respective Divisions for at least one year after completion of house job. However, they can be posted in any district in public interest.

(ii) Medical graduates of district quota shall have to serve in their respective districts (BHUs and RHCs only) for at least three (3) years after completion of house job.

(iii) Medical Graduates of Special Seats (Leepa /Neelum Valley) shall have to serve in their respective area for at least two years after completion of House Job.

(iv) No MO/FMO will be selected for PG training until and unless he / she had completed his / her tenure as mentioned against each except who are already doing their PG training before selection by PSC. such MO will be given leave without pay to complete their remaining period of training. However, they will serve hard and semi hard area as per PG Training Policy.

(v) The newly inducted permanent doctors will be given two weeks' departmental orientation/administrative training at In-Service Training Schools within first six months of their service, preferably before positioning to their place of posting. Ad-hoc medical officers will also be given two weeks' induction training. Ad-hoc service in hard area will be counted as "compulsory divisional tenure".

(vi) Medical Officers selected against reserved quota for refugees settled in Pakistan can be posted anywhere in AJK.

(vii) Medical Officers selected against the quota of Refugees 1989 can be posted in their respective Division of residence.

(viii) Medical Officers selected against Disabled quota will be posted in their respective districts on priority basis.

9. **DENTAL SURGEONS:**

(i) Dental graduates will be bound to serve in remotely located dental units at RHCs for two years.

(ii) The dental surgeons on their initial appointment will be posted preferably in their respected Division.

(iii) Dental surgeon shall be reposted RHCs after serving for 04 to 06 years soft areas.

(iv) Two weeks' orientation/administrative skill development training shall be imparted along with medical officers.

10. **NURSES:**

(i) Nurses will preferably be posted in the district of their domicile; however, on initial appointment or promotion, they will have to serve in hard area/semi hard area hospitals for at least two years as per exigencies of service and departmental requirement. Nurses will be reposted in hard and semi hard areas after completion of tenure in domicile districts.

(ii) Posting in nursing college(s) shall be strictly on qualification cum seniority cum teaching skills basis.

11. **PARAMEDICS:**

(i) Paramedics shall remain posted at one health facility for maximum of three years. Senior paramedics will preferably be posted in hospitals and rural health centers.

(ii) Paramedics posted in peripheral health units for more than 5 years will be placed in DHQ Hospitals and THQ Hospitals in a phased manner, at least for 01 to 02 year to refresh knowledge and groom their professional skills through a mutually agreed plan between DHOs and MSs of relevant DHQ/THQ Hospital.

12. **GENERAL CONSIDERATION:**

(a) Attachments of all cadres of health staff will not be encouraged, however, will be allowed according to exigencies of service.

(b) Those who are retiring in next one year will not be transferred, except on their own request subject to availability of vacancy.

(c) An employee can be transferred at any point of time after seeking prior orders of the competent authority on account of administrative reasons.

(d) If the husband and wife both are in Government Service of State of AJK efforts will be made to adjust them at one station according to Wed Lock Policy. However, preference will be given to those who are serving in Health Department AJK. This cannot be claimed as a matter of rights

in view of the exigencies of service. The specialist doctors in view of public interest may not be considered under the wed lock policy. However, their spouses, if they are non-specialists can be considered.

(e) No TA/DA will be granted if tenure is not completed and the transfer is done at the request of the employee.

(f) Transfer/posting orders will be implemented within two weeks of issuance of Govt. Notifications/orders. Head of the Institution would ensure relieving/ joining of respective doctors within stipulated time. No salary shall be disbursed in case of non-compliance of transfer orders after stipulated period of two weeks. Head of the Institution will be held responsible for any neglect in this regard.

(g) Any employee can represent against his / her posting / transfer through proper service channel only after joining his next health facility.

(h) The doctors, nurses and paramedical staff would be posted strictly in accordance with sanctioned posts of health facility. District health officers shall be accountable for any irrational pooling of staff at health facilities.

(i) A doctor with postgraduate qualification will not be posted in PHC facilities i.e. BHUs and RHCs, however those who still has to clear PG examination can be posted anywhere.

(j) A specialist preferably should not be posted out unless a doctor with the same specialty is posted-in his / her replacement, simultaneously.

(k) There shall be a rational deployment of specialist doctors taking into account the vacancies, sanctioned versus filled posts, availability of infrastructure / logistics and patient work load of the health institution.

(l) All grievances arising out of the implementation of this transfer and posting policy will be submitted in writing through proper service channel and will be examined at appropriate level for consideration and final administrative relief.

(m) Promotions of officers at all levels will be strictly linked with adherence to transfer policy. Non compliance to any order issued under this policy shall be recorded as adverse remarks in the service profile of the incumbent.

(n) Government, may in public interest, can relax any of the conditions laid down in the policy.

13. **MONITORING OF POLICY:**

1. Implementation of policy will be kept under constant monitoring by an oversight following committee. The Committee will meet biannually in Secretariat Health.

Committee:

Secretary Health	Chairman
Spl. Secretary Health	Member
Director General Health	Member
Executive Director AIMS	Member
Director General Dental Health	Member
Director (Admin) Health Services	Member/ Secretary
Commandant CMH	Member
Medical Superintendent Mirpur	Member
Addl. Director Health Services	Member
Director Nursing	Member

2. The committee will ensure that transfer policy is being implemented in true letter and spirit, point out any irregularities in the postings and recommend corrective actions. The committee will also identify any discrepancy in the policy for periodic revision / readjustment of the posting and transfer policy.

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11/04/19

ANNEX-A OF NOTIFICATION NO. SH/1(186)/I/2018. DATED. 11TH JUNE, 2019

Categorization of Areas for implementation of Transfer Policy

(Finance Dept. Notification dated 25-01-2018 for cat A and B)

Category A- Hard Areas(most difficult areas)

1. THQ Hospital Kel
2. DHQ Hospital Athmuqam /Neelum
3. DHQ Hospital Kahutta
4. THQ Hospital/RHC Leepa

Category B- Semi hard areas (Relatively less difficult areas)

1. DHQHospital Jhelum Valley
2. DHQ Hospital Palandri
3. THQ Hospital Fatehpur
4. THQ Hospital Samahni
5. THQ Hospital Hajira
6. THQ Hospital Khuiratta
7. THQ Hospital Senhsa
8. THQ Hospital Charoi
9. THQ Hospital Abbaspur

Category C – Soft Areas

1. AIMS
2. CMH Muzaffarabad
3. CMH Rawalakot
4. DHQ Hospital Bagh
5. DHQ Hospital Kotli
6. DHQ Hospital Mirpur
7. THQ Hospital Dhudyal
8. DHQ Hospital Bhimber
9. New City Teaching Hospital Mirpur
10. Jinnah Dental Hospital Muzaffarabad
11. THQ Hospital Patika Muzaffarabad
12. THQ Hospital Dhirkot
13. CDGH Hill Chamankot