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HEALTH & FAMILY WELFARE DEPARTMENT

NOTIFICATION

The 17th May 2016

No. 10217—HFW-MSII-AESTT-0029/2015-H.—In order to provide equitable health care to the people of KBK, KBK+ and Tribal Sub-Plan (TSP) areas of the State as well as ensure transparency in the posting of Medical Officers, Government in Health & F.W. Department have been pleased to bring out an Exit Policy for the Medical Officers in the rank of Group A (Senior Branch), Group A (Junior Branch) of Odisha Medical & Health Services Cadre & Dental Surgeon Cadre by adopting the following Guidelines of Counselling:—

1. Objective and Applicability:

- (i) The objective of the guideline is to ensure availability and retention of doctors in the remote and rural areas of the State.
- (ii) This guideline will be adopted by the Government in the matters of posting, transfer and rotation of doctors working under Odisha Medical & Health Service Cadre & Dental Surgeon Cadre.
- (iii) Transfers in the rank of Group A (SB), Group A (JB) and fresh recruits to the Odisha Medical & Health Service Cadre & Dental Surgeon Cadre shall be made through Counselling.

2. Definition:

- (i) Zone A- KBK, KBK+ and TSP areas
- (ii) Zone B- Non-KBK, Non-KBK+ and Non-TSP areas

3. Norms for counselling on initial recruitment and promotion to Group A (SB) :

- (i) As per sub-rule (7) of Rule 6 of Odisha Medical & Health Services Rules 2013 , the doctor shall be posted to Zone A area
“Every candidate
 - (i) Selected by the Commission for appointment to the Odisha Medical & Health Service shall serve to the initial period of minimum 3 years in KBK, KBK+ area or tribal Sub-Plan area or in such area taken together.
 - (ii) After serving 3 years as under sub-rule (7) of Rule 6 shall serve the next 3 years minimum in rural areas :

Provided that the candidates who don't join the place of their posting according to sub-rule(7) shall be permanently debarred from joining any medical service under the State Government”

In order to be eligible for appointment to the posts in Group -A(Senior Branch), an officer in Group A (JB) must have rendered at least 10 years of Continuous service in Peripheral Health Institution excluding DHH and SDH out of which he must have rendered 3 years of service in KBK, KBK+ areas and TSP area and 3 years rural service as provided under sub-rules (7) and (8) of Rule 6.

- (ii) Institutionwise list of vacancies to be filled up as decided by the Government will be displayed in the website.
- (iii) List of candidates as per the merit list recommended by the OPSC shall be displayed in the Website.
- (iv) The counselling will be done as per the rank of the candidates in the merit list
- (v) In case of less number of vacancies in Zone A, Government may open vacancies in Zone B which shall be filled up by the fresh recruits with an undertaking that they will serve in Zone A whenever the vacancy in Zone A will arise.

4. Norms for counselling on transfer of doctors:

Transfer of doctors in public interest or on representation and posting of doctors on completion of Post-Graduation/Senior Residency:

- (i) Publication of list of doctors, who are proposed to be transferred based on their total length of service excluding leave (except casual leave and maternity leave).
- (ii) A priority list of doctors shall be prepared by multiplying the number of years of service by the doctors in all grades in the places classified as Zone A and Zone B by the weighted score allotted to the respective zones as specified below:
 1. Zone A: The completed number years of service excluding leave (except casual leave and maternity leave) rendered in all grades in :—
 - (i) Zone A (V3 and/or V4) institutions X 4.00
 - (ii) Zone A (V2 and/or V1)institutions X 3.00
 - (iii) Zone A (V0) institutions X 2.00
 - (iv) In addition to the above, doctors who have served in the districts of Malkangiri or Nawarangpur shall get an additional weightage of No. of years served in Malkangiri or Nawarangpur X 2.00
 2. Zone B: The completed number of years of service excluding leave (except casual leave and maternity leave) rendered in all grades in Zone B x 1.00. The doctors with more weighted service shall be considered above the doctors with the lesser weighted service while preparing the priority list. In case of tie, the seniority of individual shall be taken into consideration. In case of tie in seniority also, the older in age shall be given precedence.

3. Women doctor who are working in Zone A and eligible to be transferred to Zone B, within Zone A and within Zone B shall get an additional weightage of number of years of service in Zone A X 2.

4. Sequence of taking up of the priority lists for transfer:

Provisional priority list will be prepared separately for the following category with the following sequence :—

- (i) Doctors to be transferred from Zone B to Zone A. This list shall include the names of the doctors who have not completed the fixed tenure as decided by Government from time to time in Zone A. The priority list shall be prepared in the increasing order of the weighted scores, only taking into account service in Zone B.
- (ii) Doctors to be transferred from Zone A to Zone B. This list shall include the names of the doctors those who have completed fixed tenure as decided by Government from time to time in Zone A and willing to come out of Zone A. The priority list shall be prepared in the decreasing order of the weighted scores.
- (iii) Doctors to be transferred within Zone A. This list shall include the names of the doctors as per the instructions issued by the Government in G.A. Department from time to time. The priority list shall be prepared in the decreasing order of the weighted scores.
- (iv) Doctors to be transferred within Zone B. This list shall include the names of the doctors, who have completed the fixed tenure in Zone A as per the cadre rule and shall be considered as per the instructions issued by the Government in G.A. Department from time to time. The priority list shall be prepared in the decreasing order of the weighted scores.

5. Transfer of doctors is to be taken up in two cases, namely :

- (i) Self-representation
- (ii) Doctors who have completed certain length of service in either of the Zone as determined by the Government from time to time.

6. Procedure for processing of applications :

- (i) All transfer applications shall be submitted through the concerned Heads of Government Hospitals/Institutions in the application form specified by the Competent Authority. However, the officers working in all the Directorates shall submit their transfer applications to the Directors of respective Directorate.
- (ii) The Head of Institution, after due verification shall forward the applications to the concerned CDMO as the case may be.
- (iii) The CDMO as the case may be, shall verify, certify the correctness of the particular furnished in the application form, consolidate and forward the applications online to the concerned Competent Authority.
- (iv) The Competent Authority shall compile all the applications received online after the last date of submission of application for transfer.

7. Transfer of specialists :

- (i) Specialists shall exercise options for their posting to the institutions where the respective specialist posts are lying vacant.
- (ii) The specialitywise vacancies available in various Government Hospitals shall be published in the Website.

5. Procedure of counselling:

- (i) The provisional list shall be published in the Departmental Website giving 15 days time for submission of objection if any.
- (ii) Consideration of objections by the Department and the final lists of doctors who are to be transferred shall be published in the Departmental Website.
- (iii) Notification of vacancies proposed to be filled up
- (iv) Counselling of the doctors in open forum using computerised display
- (v) Finalisation of list and places as per option exercised
- (vi) Notification of the transfer list after approval by Government.

The doctors on the priority list shall be intimated about the date/s for counselling through Departmental Website. On the date of counselling, the candidates shall be called in the order of priority and shall then be asked to choose any one of the vacant posts available at such session as displayed on the computer screen. If a candidate fails to turn up / submit his option for counselling as per his turn at appropriate point of time, his claim shall be passed over and the next candidate in turn shall be called for the counselling. In case, the candidate whose claim has been passed over appears for counselling later, such candidate may be considered for counselling at the end of the counselling session or at the end of the day's session whichever is earlier. In case of a candidate who fails to appear for counselling and also in case of a candidate who fails to make a choice at the time of the counselling, the Competent Authority may *suo mote* consider and allot a vacancy at the end of the day's session.

6. General clauses:

- (i) Transfer and posting of a doctor who is going to complete his/her tenure i.e 3 years for Group A (JB) and 2 years for Group A (SB) in Zone A, shall be posted to Zone B on completion of tenure. Government will make a preparation for the same at least three months before the date of completion of the tenure. He/she will be automatically relieved from the posts and join before Government for further posting. The concerned doctor who has completed the fixed tenure shall be deemed relieved unless one applies in advance for his/ her continuance in the place before six months of completion of the tenure which shall be considered by the Government.
- (ii) Any leave other than casual leave/ maternity leave taken by a doctor during their posting in Zone will not be taken into account for calculation of Zone A tenure.
- (iii) Posting of specialists as per Rule 8 (A) of Odisha Medical & Health Services Rules, 2013 will be relaxed case to case where the specialists posts are not available at CHC level.
- (iv) If all the vacant posts in Zone A are filled up, the person having spent maximum period of stay in Zone A areas will be shifted from Zone A.
- (v) Certain cases that require special consideration due to medical ground (as prescribed in Annexure-I), disability above 70% or superannuating within two years may represent and will be considered apart from counselling.

- (a) Cases of medical ground shall be extended to spouse and minor child suffering from Cancer or Renal failure.
- (b) In all cases of diseases and disability including those of spouse and minor child, the certificate from Standing Medical Board is to be furnished by the applicant.
- (vi) In case of couples, in recruitment/transfer/ promotion the choice of posting shall be assigned at the time of counselling of the spouse whoever is in the lower rank.
- (vii) All transfers shall normally be done only in the months of April to Mid-June of every year unless otherwise in administrative exigency/public interest.
- (viii) The service particulars with details of leave/ SR period/ PG period shall be furnished by all the doctors with self-certification through CDMOs/ Directors/ CMO , who will certify the correctness by 31 st December of every year.
- (ix) The software shall display list of doctors instead of posting orders and generate acknowledgement receipt to individual candidates with details on which they will sign before a designated officer during the counselling process.
- (x) Doctors attending the counselling should bring a proof of their identity along with the permission letter from the concerned CDMO/ Director/ CMO.
- (xi) The fixed duration in Zone A with expected date of relief will be reflected in the transfer order.
- (xii) Transfer list will be published after approval by Government
- (xiii) Any deviation / relaxation of the above guidelines can be made only after specific order of Government for the same.

By order of the Governor

ARTI AHUJA

Principal Secretary to Government

TYPE OF DISEASES PRESCRIBED AS VALID FOR TRANSFER ON MEDICAL GROUNDS.

TYPE OF DISEASE :

1. CANCER
2. PARALYTIC STROKE
3. RENAL FAILURE
4. CORONARY ARTERY DISEASE AS EXPLAINED BELOW
5. THALASSAEMIA
6. PARKINSONS' DISEASE
7. MOTOR-NEURON DISEASE
8. ANY OTHER DISEASE WITH MORE THAN 50% MENTAL DISABILITY

The brief description of illness which will be considered as medical grounds for the purpose of transfer, in terms of transfer guidelines is as under. Medical terms referred herein will bear meaning as given in the Butterworth's Medical Dictionary.

(i) Cancer

It is the presence of uncontrolled growth and spread of malignant cells. The definition of cancer includes Leukaemia, Lymphomas and Hodgkin's disease.

Exclusions:

This excludes non-invasive carcinoma(s) in-Situ, localized non-invasive tumour(s) revealing early malignant changes and tumour(s) in presence of HIV infection or AIDS; any skin cancer excepting malignant melanoma(s) are also to be excluded.

(ii) Paralytic stroke

(Cerebro-vascular accidents) death of a portion of the brain due to vascular causes such as (a) Haemorrhage (cerebral), (b) Thrombosis (cerebral), (c) Embolism (cerebral) causing total permanent disability of two or more limbs persisting for 3 months after the illness.

Exclusions:

- (i) Transient/Ischemic attacks
- (ii) Stroke-like syndromes resulting from
 - (a) Head injury
 - (b) Intracranial space occupying lesions like abscess, traumatic haemorrhage and tumour.
 - (c) Tuberculosis meningitis, pyogenic meningitis and meningococcal meningitis

(iii) Renal failure

It is the final renal failure stage due to chronic irreversible failure of both the kidneys. It must be well documented. The doctor must produce evidence of undergoing regular haemodialysis and other relevant laboratory investigations and doctor certification.

(iv) Coronary artery disease

1. Cases involving surgery on the advice of a consultant cardiologist to correct narrowing or blockage of one or more coronary arteries or valve replacements/reconstructions shall be considered NIDG cases up to three years from the date of actual open heart surgery and the eligible employees shall be entitled for the points during this period.

2. Cases involving non-surgical techniques, e.g. Angioplasty through the arterial system. Such cases will be considered MDG cases for a period of one year from the date of procedure and the eligible employees shall be titled for points during this period.

(v) Thalassaemia :

It is an inherited disorder and it is diagnosed on clinical and various laboratory parameters. Patient with thalassaemia, who is anaemic and is dependant upon regular blood transfusion for maintaining the haemoglobin level. In addition he is on chelating agent and other supportive care.

Inclusions:

(i) Thalassaemia major: History of blood transfusion/ replacement at less than three months interval. It must be well supported by all medical documents. The history should include the periodicity/ duration of blood transfusion/ replacement required by the patient/chelation therapy.

Exclusions:

a) Patient may have thalassaemia minor. His anaemia may become severe because of concurrent infection or stress. Anaemia may become severe because of nutritional deficiency or other associated factor.

b) Blood transfusion is not required and these patients do not require chelation therapy.

(vi) Parkinsons' Disease :

Slowly progressive degenerative disease of nervous system causing tremor, rigidity, slowness and disturbance of balance. Must be confirmed by a neurologist.

Inclusions:

Involuntary tremulous motion with lessened muscular power, in parts not in action and even when supported; with a propensity to bend the trunk forward and to pass from a waling to a running pace, the senses and intellects being uninjured.

Exclusions:

- (i) Patients who are stable with the support of medicine
- (ii) Detection of parkinson's disease within the duration of 5 years.

Requirement:

Date of detection of the disease, hospitalization extent of involvement, duration of treatment along with discharge summary should be furnished. Mention should be made about the progressiveness of the disease and summary of inception of the patient must be confirmed by neurologist.

(vii) Motor-Neuron Disease :

Slowly progressive degeneration of motor neuron cells of brain and spinal cord causing weakness, wasting and twitching in limbs and difficulty in speaking and swallowing. Must be confirmed by neurologist.

Inclusions:

Irreversible/progressive motor neuron disease with presence of weakness wasting and fasciculation of limbs with/ without brisk tendon jerks and extension painter response.

Exclusions:

Weakness of muscle due to other causes like infections, neuropathy (traumatic, idiopathic), motor-neuron disease involving less than 02 limbs and the muscle power is more than 3 grades.

Requirement : It should be duly supported by WIRT EMG and nerve conduction test.

(viii) "Any other disease with more than 50% mental disability duly examined by and recommended by the respective Regional Medical Board with latest records/reports (within three months).