PLANNING, SELECTION, TRAINING AND PLACEMENT OF HEALTH PERSONNEL*

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I am grateful to the organisers of the conference to have given me the pleasant task of speaking in this symposium on the subject of planning, selection, training and placement of health personnel in Nepal. I am no public health specialist, still less an administrator. I am a clinician, so I shall confine myself to my own views and ideas in the hope that these will help in the development of health services in this country.

In course of the last 10-12 years has been a tremendous development in the health services in Nepal. A large number of health posts have been opened, hundreds of beds have been added to different hospitals, many new posts have been created and many doctors, nurse and other para-medical personnel have been sent abroad for higher training. Better medical care is now available to the sick. But the development of health services has not been done in any planned manner. Persons were sent abroad for higher training at the request of or on the influence of the candidates, health posts were opened on political pressure, posts were created to accomodate persons rather than actual needs beds were added to hospitals without proper planning and persons were posted without proper working facilities. All this has brought frustration in the medical personnel as well as in the public. But it is encouraging to note that the mistakes have now been realised and there is greater emphasis on proper planning.

Planning:

Proper planning is the backbone of any development. Good planning must be the basis of any development, a good start must be given to any projects. I feel that for the

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development of health services there should be a master plan and programme for at least 10 years i. e. 2 five year plans. A post of Deputy Director General for planning should be created in the Department of Health Services. The planning section must work out in the minutest details, the development for 10 years for the whole of Nepal including the financial involvements. There should also be an advisory body consisting of persons competent enough to advise the Health Department on development plans.

Those who are involved in planning should undertake extensive tours of different parts of Nepal and make themselves thoroughly familiar with the local conditions, problems and grievances of the local people and medical personnel, transport and communication facilities and types of medical aid required. The practice of making theoretical plans by sitting behind the desks in Singha Durbar should be given up immediately.

There should be a proper machinery to supervise, guide and help in the implementation of all the development plans. Fortunately, at present, the country has been divided into 4 regional developmental areas for planned regional development. The Medical Officers posted as heads of the regional developmental areas can play important roles in planning as well as in the implementation of different development plans.

I feel that in the next 10 years, there should be in all the 14 zones, one zonal hospital with a minimum of 100 to 150 beds depending upon the population, remoteness and transport facilities of the zone. The necessity of a good hospital in remote and difficult areas of Nepal is greater than in the tarai area.

In all the Zonal hospitals, there must be facility for treatment of medical, surgical, paediatric, midwifery and gynaecological, ophthalmological and otolaryngological, and dental cases. Suitably-trained and qualified persons should be placed for these services. The services of anaesthetists and pathologists must also be provided in these hospitals and facilities for X-Ray examination and blood transfusion should also be available. In district hospitals, services of qualified and trained physicians, surgeons, obstetricians and paediatricians must be provided.

The detailed planning of out-patient services is a very very important one. Unfortunately, this has been grossly neglected so far. Treatment of patients admitted in the hospital is an expensive affair and also requires a lot of nurses and other para-medical personnel, of which we are particularly short. A poor country like Nepal can not afford to provide many beds in the hospitals. If we are able to supply good medical services in out-patients and emergencies, the treatment can be made less expensive and a large number of patients can derive a lot of benefit from this.

Another point on which I would like to emphasize is the proper planning for hospital equipments. Doctors or nurses or other para-medical personnel feel satisfied if they are given proper equipments, instruments and materials which are indispensable for their work.

It does not always mean expensive materials what I mean is that the right tools and adequate tools must be given if the people are to render useful work.

The physical structure of a hospital building is very important. Qualified architects alone who have the right experience in hospital planning should be employed in making plan for hospital building and living quarters.

Once the detailed plan is made and phasing of the programme is done, the necessary posts should immediately be created. Promising candidates for the jobs should also be selected well in advance and suitable training should be given so that they are able to join the job from the very start. During this period, working conditions, equipments, instruments, materials etc should be obtained and made readily available.

Training of Medical Personnel

The training of a medical doctor should start as soon as he returns to Nepal after obtaining his graduate degree in medical science. This training is very important but for a variety of reasons this has so far been neglected. We are sending our students to different countries for under-graduate medical studies. The disease pattern, hospital set-up, living conditions, economic conditions, government rules and rules for medico-legal cases differ from country to country. A medical graduate is not usually aware of our peculiar conditions. So I feel that a fresh medical graduate must be given proper training in Nepal before they are posted in different parts of the country. For this purpose, Bir Hospital, Kanti Hospital and Maternity Hospital in Kathmandu and some of the bigger hospitals outside Kathmandu i. e. Biratnagar, Birganj etc may be considered. The period of training should be about 1 year and 6 months. A doctor under training may be called a House Staff. As soon as a doctor comes back to Nepal after graduation he should be given a paid job and sent for training as a House Staff in a suitable hospital. The practice of taking honorary jobs should be abolished forthwith.

The training should be on a standard pattern in different faculties of medical science e. g. Surgery, Medicine, Pediatrics, obstetrics and Gynecology, Ophthalmology, Otolaryngology, Skin, Psychiatric, Dental and Casualty. There should also be opportunities for doing post-mortem examination in medico-legal cases. During the training period a doctor should also be allowed to acquire some knowledge of office procedures and account keeping in Nepal. In short, what I want to emphasize is that a doctor should become a good general practitioner and should become thoroughly equipped to work in the conditions prevailing in Nepal.

This brings us to another important problem - the problem of training. The training facilities available at present for new doctors are far from being adequate and even suitable. The consultants do not have enough time to give training and no teaching atmosphere exists. A young doctor is like a Joker in the game of cards. He is made to fill the gap wherever

required. If we are seriously concerned with the need to have good medical doctors in Nepal, it is high time that we apply our cool heads on all problems and make necessary changes.

In order to achieve this, we must change the staffing pattern of the hospitals which are selected for the training of house staff. There should be a post of Registrar under every consultant, and at least one post of senior House Staff under each consultant. The posts of Registrar and Senior House Staff should be permanent and continuous and should not remain vacant at any time. Only properly trained and suitable persons should be made to fill these posts.

In casualty department of all the big hospitals, a post of Casualty Officer should be created and occupied by some senior doctors who hold appropriate qualifications and have the right experience in handling emergency cases. Other doctors posted in Casualty Department should also have finished the training of House Staff mentioned above. There should be a casualty ward attached to the Casualty Departments, equipped with all the facilities to handle emergency cases. Nurses should also be posted in casualty departments - nurses who are fully trained and have a good idea of handling emergency cases. A good Ambulance service, with facilities of treatment both on-the-spot and in-transit, is, of course, pre-requisite.

A healthy teaching atmosphere should be created by holding weekly clinical meetings in different wards and fortnightly clinical meetings of the hospital. House staff, Senior House Staff and Registrars should be encouraged to participate freely in the clinical meetings. A clinical room should be made available in each department where minor lab. investigations can be done by young doctors.

Proper record forms should be developed and filled in regularly by doctors and nurses. A medical record department should be created in all leading hospitals and should be kept under the care of a qualified medical record keeper. All the notes and clinical records should be preserved and made available as and when required.

All the House Staff, Senior House Staff and Registrars should be provided with suitable living quarters inside the hospital campus.

After completion of the House Staff training for $1\frac{1}{2}$ years, certain number of doctors should be selected as Senior House Staff for different departments and the rest should be posted outside. The post of Senior House Staff should be for 6 months only, after which all Senior House Staff should also be transferred outside, and all vacant posts of senior house staff should be filled in by another lot. The Senior House Staff should work for 6 months in one department only. After completion of training of House Staff or Senior House Staff, all the doctors should be posted first in remote places for a certain fixed period, say about a year, where they will get fair idea of community health as well, and then transferred to a comparatively better place with better working facilities.

For this purpose all the hospitals, health centres and health posts should be classified into different categories depending on the facilities available and remoteness of the place.

This classification already exists but requires certain changes. In all places, proper working conditions, working facilities, living quarters and suitable allowances should be provided before any person is posted. I am sure a doctor will be glad to go and work in any place in Nepal if the above mentioned facilities are made available and if they are sure that they will be transferred to a better place after living there for a certain period of time.

The Registrars should be selected from among these persons who have worked as house staff and senior house staff and have also worked in different parts of Nepal for a certain period of time. There should be fixed rules for selection for this post and only a competent person should be posted as Registrar.

A good medical library is a must for all hospitals selected for training doctors and nurses. Other hospitals, health centres and health posts should also get medical journals and common medical books for constant consultation and reference.

Training of Nurses, Auxiliary Health Workers and other para-medical personnel is equally important. They are the backbone of health services. The training programme of student nurses in hospitals is not entirely satisfactory. There is no proper guidance and supervision. This has been realised by the authorities and I hope, very soon, improvement will be made in this sphere. After passing the nursing examination all the nurses should also be given training for about 1 or 2 years in hospitals selected for training. In this period, they will make themselves familiar with the nursing care of the patient and will develop confidence in themselves so that when they are posted outside they can work independently, with complete confidence and without guidance of senior nurses.

In the past, there were compounders and dressers posted in different hospitals, but for the last 10 years or so teaching for compounders and dressers has been abolished, and in its place school for Auxiliary Health Workers has been started. Soon after the completion of 2 years of training, they are posted in different hospitals, health centres and health posts. Most of them have to work independently where they take up the role of a medical doctor and start treating patients. They should first be posted in a hospital or health centre when medical doctors are posted so that they are trained to take up their job more efficiently.

Nothing has been done to replace compounders and dressers. Dressing work can be taken up by nurses but we do not have enough nurses in Nepal for this work. The compounder's work can be taken up by pharmacists but we do not have a teaching programme for pharmacists. So I feel that either the teaching programme of A. H. W. should be altered to meet our needs after 2 years' training, they should be given some further training, so that they become equipped to take up various jobs assigned to them. For the pharmacist, I think it would be advisable to start a separate programme.

Higher Post Graduate Students and Training

There should be fixed rules for selection of candidates for higher post graduate studies

and training, and rules should not be changed all too frequently. All selection should be done strictly on this basis. This should apply to all medical personnel - doctors, nurses, and others. Higher training and studies should be based on the plans made for requisition of trained medical personnel. No one should be sent abroad to be trained in a field which does not fit into the master plan.

All selections should be carried out well in advance - 1-2 years before they are scheduled to go for training or studies. In the case of doctors, the selected person should be posted as Registrar for about 1-2 years and in the case of nurses and others, the selected person should work in the concerned department for 1-2 years before they are sent abroad for further training. Posts of Registrar should also be created in Pathology and Radiology and candidates selected for higher studies or training should be posted there for some time before they go abroad.

This type of posting will give them a fair idea of the working condition and facilities available and the types of training needed in Nepal. Moreover, on return from abroad they do not feel awkward or afraid to work with the limited facilities available here. H. M. G. should also be firm in bringing back the persons from abroad as soon as the time and training granted to them is completed. In this connection, I must mention that the step taken by the Department of Health Services to bring back doctors who have overstayed in foreign countries is commendable.

Many senior doctors are posted as Zonal or District Medical Officer where they are expected to take up public health work as well. Having had no special training in public health, they can hardly do justice to this additional responsibility. I feel therefore that they should get maximum exposure to the public health problems, and opportunity must also be given for specialised training in this field before they are posted for that job.

Placement

As soon as a person returns after completing his studies or training he should be sent to occupy the particular post for which he has been trained. All formalities for his posting, facilities for his work and posting of other necessary personnel should be done simultaneously, if this has not been done earlier. For example, if a surgeon is posted in a hospital, a suitable person competent to give anaesthesia, facilities for X-Ray examination and blood transfusion and proper surgical instruments etc should also be provided in that hospital. In short, all possible and necessary working facilities should be made available before a trained person is posted there. This will not be difficult if planning is done well in advance and the smallest practical details are worked out. A person trained for a particular job should only be posted for that job. This gives a person satisfaction and encouragement to work and also give him pleasure and pride in the work he is doing. Assistant Nurse Midwives are trained primarily for health posts and Maternity and Child Welfare Clinics. So they should be posted for that type of work. The present practice of posting them in big hospitals to do nursing

sing of the sick patients should be given up.

Everybody should be given a chance for refresher training course after 5-7 years because the medical science is developing very rapidly and one can not keep abreast with latest knowledge if no chance is given for refresher training course in some good centre to brush up their knowledge and acquire new knowledge.

Let me conclude mentioning that the ideas I have expressed just now are based entirely on my personal views on planning, selection, training and placements of health personnel. Yet, I tend to have an open mind and do not like to hold too rigidly to what I have said. Mutual consultations and frequent meetings between people genuinely interested in the health service in general will, I am sure, further improve all existing, thinking and provide new concepts in the field.