To,

The Secretary,
Govt. of Khyber Pakhtunkhwa,
Health Department, Peshawar.

Subject: DRAFT PROPOSAL FOR APPROVAL.

R/Sir,

Enclosed please find herewith a draft proposal to incentivize the specialty of Anesthesia for approval.

[Signature]
Dean
Postgraduate Medical Institute
Peshawar
DRAFT PROPOSAL FOR INCENTIVIZING THE SPECIALTY OF ANAESTHESIOLOGY

Anaesthesia is unique, in that it is not a direct means of treatment, rather it allows others to do things that may diagnose, treat or cure an ailment which could otherwise by quite complicated and painful. The concepts and applications of anaesthesia are as primitive as any other specialty in the fields of medicine and healthcare. As much advancement has been made in medical sciences and new specialties have been introduced, likewise, the study and need of this specialty has evolved tremendously.

Due to much advancement in the medical profession and introduction of new specialties and for variety of other reasons, it is now a global dilemma that healthcare professionals are not showing that much enthusiasm in pursuing a career in the field of Anaesthesiology.

Like the rest of the world, Pakistan and this province in particular is facing acute shortage of qualified anaesthesiologists. In fact, we are much behind from the developed world as they are having specialized anaesthesiologists for highly specialized specialties of surgery and medicine.

Currently, there are only sixteen (16) FCPS qualified anaesthesiologists in the whole province. In the FCPS-II training induction of July 2016 out of 900 candidates only 02 have shown interest in Anaesthesia, resultantly, majority of training slots for FCPS in Anaesthesia have been left unoccupied.

It is imperative that the alarming issue of dearth of qualified anaesthesiologists be recognized and necessary steps on war-footing basis be taken for its redressal. Hence this proposal.

(A) Legislation / Regulation:

1) The Khyber Pakhtunkhwa (Appointment, Deputation, Posting and Transfer of Teachers, Lecturers, Instructors and Doctors) Regulatory Act, 2011, needs to be revised as the Act stipulates that an already serving doctor shall be considered on Extra-ordinary leave without pay and will receive stipend in lieu of his salary.

The Medical Officers (MOs) who are willing to undertake further trainings are discouraged as on hand they have to surrender their regular salaries which are quite high as compared to the monthly stipends and on the other hand they have to bear the additional loss of break in service, which affects their qualifying service, as such period of leave without pay does not add up as qualifying service for the purpose of retirement / pension. Moreover, it adversely affects their seniority as well, thereby, their colleagues supersedes them in promotion to higher scales.

Hence, it is proposed that the MOs who are willing to undertake training, if not for all, but especially for the specialty of Anaesthesia be allowed to draw their regular salaries. For this certain number of posts be created in PGMI on which such MOs will draw their salaries.

Consequently, upon transfer of such incumbents for the purpose of training, their posts shall become vacant. Such vacancies may be advertised as leave vacancies for appointments of MOs on Ad Hoc / contract basis.

This will provide an opportunity for training and development of existing health professionals and at the same time will create job openings for the unemployed doctors.
2) In order to have lasting effects of the measures, to be taken, to develop this specialty, it is important to regulate the healthcare system, both in the public and private sector, in such a manner that discourages the engagement of unqualified staff as anaesthetists.

The regulatory body responsible at the provincial level may make regulations and impose across the board ban on the the practice of engaging unqualified persons in the procedures as anaesthetists.

3) The issue of brain-drain needs to be tackled as well. It should be made compulsory that after completion of necessary training the TMOs should be bound to work in the province for at least two years.

(B) Incentives / Pay Packages:

Incentives
1) Lack of proper incentives and pay packages is the chief reason behind the dearth of qualified specialists in the field of Anaesthesia. The development of lucrative private sector has further aggravated the problem as trained and qualified staff tends to work there due to better salary packages. Though Basic Sciences were appropriately incentivized by introduction of Basic Sciences Allowance but Anesthesia still remains neglected.

On the analogy of Government of Punjab an additional incentive of Rs. 50,000/- per month as Anaesthesia Allowance may be allowed to Medical Officers (MOs) who are posted in Anaesthesia Department for diploma / FCPS-II training.

2) Lack of incentives for faculty is another reason that why fresh graduates are reluctant to pursue a career in Anaesthesia. In order to make this specialty more attractive the teaching faculty should be given proper incentives. Teaching faculty may also allowed additional incentive as Anaesthesia Allowance at following rates:-

<table>
<thead>
<tr>
<th>Nomenclature of Post</th>
<th>BPS Scale</th>
<th>Rate (per month)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professor</td>
<td>20</td>
<td>Rs. 150,000</td>
</tr>
<tr>
<td>Associate Professor</td>
<td>19</td>
<td>Rs. 120,000</td>
</tr>
<tr>
<td>Assistant Professor</td>
<td>18</td>
<td>Rs. 100,000</td>
</tr>
<tr>
<td>Senior Registrar</td>
<td>18</td>
<td>Rs. 80,000</td>
</tr>
</tbody>
</table>

(Financial implications are annexed)

3) It is an admitted fact that anaesthetists plays an active and vital role in procedures, however, when it comes to the distribution of hospital share, they are ignored. It is important that the faculty of anaesthesia be given their due share to bring them at par with their counterparts.

4) The FCPS-II trainees undertaking training in Anaesthesia may be given additional incentive @ Rs. 50,000/ p.m.

Pay Packages

1) The Medical Teaching Institutions (MTIs) are the only exception to the benefits of Health Professional Allowance (HPA). As those who are working in MTIs are not allowed the benefits of the said allowance. Contrary to that doctors working in health facilities other than MTIs, who have much lesser patient inflow and no teaching activity at all are reaping the benefits of the allowance at enhanced rates, which is unjustified and is demoralizing. Even the TMOs have been allowed the benefits of the said allowance as their year-wise stipendary benefits are calculated on the gross salary (inclusive of HPA) of Medical Officer working in the respective category.
2) However, the Medical Officer actually posted there and the teaching faculty imparting training to those trainees has been deprived of it.

3) If the policy regarding this allowance is not changed, the MOs who aspire to become specialist in the field of Anaesthesia will be discouraged as they are drawing handsome salaries in CAT-A, B & C hospitals.

(C) ACADEMICS / TRAINING & DEVELOPMENT

1) Besides FCPS-II training in Anaesthesia and diplomas, the need for a certificate course, to give necessary theoretical knowledge and at the same time hands on training in \( \text{\textit{\textdollar}} \) inevitable. Such courses will provide a platform for developing the required workforce in the shortest possible time.

2) A 12 months certificate course by name of “Certified Registered Anaesthetist” (CRA) shall be started on war-footing basis. Medical Officers (MOs) posting anywhere in Khyber Pakhtunkhwa of the age of 25 to 35 shall be selected through a process by PGMI / Health Department.

The MOs will be trained in the major hospitals. Course outlined having strong training modules will be formulated by PGMI. The certificate shall be awarded after passing an exam to be conducted by PGMI. PGMI will verify and certify their training and eligibility as qualified anaesthetist.

3) A case will be taken up with Khyber Medical University (KMU) and College of Physicians and Surgeons Pakistan (CPSP) to allow exemptions in training periods of Diploma in Anaesthesia (DA) and MCPS (Anaesthesia) to the Certified Registered Anaesthetists (CRAs).

Similarly, those enrolled in MCPS (Anaesthesia) may also be allowed exemption enabling them to appear in exam Diploma in Anaesthesia (DA).

4) Keeping abreast of the latest developments in the rapidly changing world of medical sciences is of utmost importance. Short training courses abroad for qualified anaesthetists will improve their skills and update their knowledge base.

(D) INFRASTRUCTURE

1) Lastly, every Medical Teaching Institution (MTI) needs to assess itself. Enormous technological advancements have been made in the equipments that are required for administering anaesthesia. Our MTIs are markedly deficient in terms of necessary infrastructure.

2) Therefore, the availability of up-to-date, state of the art equipment is necessary to provide better healthcare to the patients and impart training of international standards to the trainees.

3) MTIs may be asked to take input from their Anaesthesia Departments regarding their currently installed / working equipments and what further additions could be made to make them more better.