

21682

18/10/17



GOVERNMENT OF KERALA

Abstract

Health & Family Welfare Department - Duties & Responsibilities of Medical Officers in Family Health Centres of Kerala - Approved - Orders issued.

HEALTH & FAMILY WELFARE (FW) DEPARTMENT

G.O.(Rt) No.2782/2017/H&FWD. Dated, Thiruvananthapuram,09/10//2017

Read:- 1. G.O. (P) No. 46/2017/Health dated 5.8.2017

2. Letter No. NIL dated 25.8.2017 from the Executive Director, State Health Systems Resource Centre.

ORDER

1. The State of Kerala has undergone demographic and epidemiologic transition, but the existing health care delivery system is not equipped enough to address the changing health needs of the population effectively and comprehensively. There is an urgent necessity to incorporate interventions in addressing social determinants of health, needs of the marginalized & older persons and reducing out of pocket expenditure. All developmental activities at the grass root level should ultimately focus on health of each and every citizen. A Primary Health Centre is the best platform to converge various dimensions of health provision namely preventive, promotive, curative, rehabilitative and palliative.

2. The concept of Family Health Centre (FHC), an integral part of "Aardram" Mission is being proposed in this context to provide these services to all families thereby ensuring universality of primary health care. The service package for FHCs will be focusing on Comprehensive Primary Health Care (CPHC) by improving the services qualitatively and quantitatively, strengthening the sub-centres, addressing the social determinants of health and ensuring community participation. FHCs will provide services based on principles such as universality, family based, equitable & non-discriminative, comprehensive, ensuring financial protection, quality, rationality, portability & continuity of care, protection of patient rights, community participation, accountability, transparency and responsiveness.

3. Family Health Centres will have a minimum of three Medical Officers and the senior most will be designated as Medical Officer in charge. In addition to all the responsibilities that any Medical Officer in Family health Centre would have, the Medical Officers in charge have some specific responsibilities by virtue of being the administrative head of the institution. A junior Medical Officer may hold charge of an institution in the presence of a senior, only under specific orders from authorities.

4. Charge Medical Officer directly report to the District Medical Officer of Health in matters of administration such as transfer, leave, sanction etc, to the concerned Deputy District Medical Officer of Health or District Medical Officer of Health as the case may be in matters relating to finance, professional matters, supervision, co-ordination and control. He/she can collect and forward, with his/her comments and recommendations, all reports, submissions and communications from other Medical Officers and subordinate staff to District Medical Officer of Health or Deputy District Medical Officer of Health as the case may be.

5. The Government hereby fix the duties and responsibilities of Medical Officer in charge and other Medical Officers in Family Health Centres under three domains namely administrative, clinical and public health functions as follows.

I. Medical Officer in Charge

I.A. Administrative

I.A.1. The Medical Officer in charge should have overall charge and is responsible for improving health and well being of every citizen in his/her jurisdiction.

I.A.2. They should have overall supervisory responsibility of all the staff and should assign responsibilities to functionaries under them for proper functioning of the institution.

I.A.3. MO in charge should be responsible for the overall supervision of other Medical Officers and all the field staff in their field activities.

I.A.4. MO in charge should be responsible for all financial transactions in the institution subject to the provisions under delegation of financial powers.

I.A.5. MO in charge should have administrative and disciplinary functions as per delegation of powers and can exercise overall control over the staff and activities in the institution. These responsibilities would be guided by the service rules and orders of the Government.

I.A.6. Conduct monthly staff meeting at the institution and attend all the meetings at Block/District/State level.

I.A.7. MO i/c should review the work carried out by all functionaries in FHC periodically.

I.A.8. Organize and conduct induction training and continuing education for all staff at the institution level.

I.A.9. MO i/c should ensure proper infection control of the institution being the chairperson of the infection control committee

I.A.10. Over and above the responsibilities mentioned above MO in charge would have responsibilities common to all Medical Officers. MO in charge should have to undertake and implement any other tasks or programmes the authorities may assign from time to time.

I.A.11. The field area of an FHC shall be divided into equal parts and assigned to each MO including MO i/c

I.A.12. MO i/c shall arrange duty roster of all staff.

I.A.13. MO i/c should organize weekly supervisory meetings including other MOs, senior staff nurse, HI & PHN and other staff to review activities of the past week and plan the next.

I.A.14. All activity reports to different levels / offices is the responsibility of MO i/c.

I.A.15. Preparation of Annual Administrative Report

I.A.16. MO i/c is responsible for conducting Hospital Management Committee Meetings.

I.A.17. MO i/c will be the estate officer.

I.A.18. MO i/c is responsible for constituting Institutional Complaint Committee.

I.A.19. MO i/c should exhibit citizen charter and designate an officer as Public Information officer under RTI Act.

I.A.20. MO i/c should take steps for disaster management.

I.A.21. MO i/c should ensure technical support to the Panchayat for improving the health of the community and also give support for convergence with various departments at Panchayat level

I.A.22. MO i/c should take measures to get patient feedback and ensure grievance redressal; obtain and sustain quality accreditation of the FHC.

I.B Clinical

I.B.1. Outpatient Services

All Medical Officers in Family health care institutions has the responsibility to provision of curative services. They are to be available for routine outpatient services in the institution during prescribed time based on duty schedule to screen, examine, diagnose, prescribe, investigate, treat/refer and follow-up sick individuals.

MO i/c is responsible for organizing outpatient clinic, pharmacy, laboratory, nursing services, assigning responsibilities and duties to the auxiliary staff.

I.C. Public Health

I.C.1. MO i/c should have field responsibilities and overall charge of all the field activities and should attend all meetings organized at LSG level in matters related to health.

I.C.2. Exercise powers and render duties as "health authority" of the Panchayat concerned.

I.C.3. Conduct concurrent and consecutive supervision of all staff including Medical Officers

I.C.4. Attend sectoral and project level meetings of ICDS projects. Review the health care related works of AWWs. Render continuing education sessions to AWWs in sectoral and project level meetings.

I.C.5. The department will be organizing Team Training and Professional Training for all staff of FHC. MO i/c shall ensure that all categories are attending these trainings without jeopardizing routine work.

I.C.6. MO i/c is responsible for planning, implementation, monitoring and evaluation of all LSG projects related to health.

I.C.7. Preparation of Annual Health Status Report compiling all the existing health related data available at the panchayat level.

I.C.8. MO i/c is responsible for convergence of activities related to various social determinants of health directly or through LSG.

I.C.9. MO i/c is responsible for preparing health care service delivery plan for all individuals/families of the panchayath.

II. Duties and Responsibilities of all Medical Officers

II.A. Administrative

II.A.1. Medical Officers who are not in charge may have administrative and financial functions as delegated by the authority.

II.A.2. Medical Officers other than charge Medical Officer are to report to the charge Medical Officer in all matters. All communications to higher levels are to be routed through the Medical Officer in charge only.

II.A.3. Attend conferences at various levels when required including monthly staff meeting at FHC.

II.A.4. Render support to the supervisors in organizing and conducting "induction training" of field staff at the institution level.

II.A.5. Attend in-service trainings and other trainings related to National/State health programs or special activities as and when directed to do so.

II.A.6. The MO should attend weekly supervisory meetings organized by MO i/c.

II.B Clinical

II.B.1. All Medical Officers in Family health care institutions have responsibilities related to provision of curative services. They are to be available for routine outpatient services in the institution during prescribed time based on duty schedule prepared by MO i/c to screen, examine, diagnose, prescribe, investigate, treat/refer and follow-up sick individuals

II. C. Medico Legal Cases and Emergencies

II.C.1. All Medical Officers including the Medical Officer in charge are to attend medico legal cases and emergencies and issue wound certificates. All Medical Officers have equal responsibility in attending such cases during routine working hours.

II.C.2. Issue certificates, in the capacity of Medical Officer, to beneficiaries of various social security schemes as and when requested.

II.C.3. Issue Medical Certificates, Fitness Certificates and Certificates of Physical Fitness (to join employment etc), in the capacity of Medical Officer.

II.D. Public Health

II.D.1. All Medical Officers in Family Health Centre will have field responsibilities

II.D.2. Geographical area under a Family Health Centre would usually be divided equally among the Medical Officers. The MO will be responsible for implementing, monitoring and evaluating the public health activities, sub centre clinics, anganwadis, schools, institutions and ward health sanitation committees. All MOs should conduct field visit/supervision/outreach sessions at least three times per week (each session not less than 3 hours) in addition to the day's routine clinical work. The field visit/ supervision/outreach should include immunization clinics, attending sub centre clinics/ anganwadis, school health programs, health education sessions, other institutions like old age homes, orphanages, hostels, palliative care programs or any other activity related to implementation of public health programs.

II.D.3. All Medical Officers in Family Health Centres should engage in concurrent supervision of their field staff. Each Medical Officer should perform concurrent supervision of at least two JPHNs, two JHIs and two supervisors (PHN, HI, as the case may be) during any calendar month and should report to the Medical Officer in charge. Details of such concurrent supervision should be discussed in monthly review meetings. Compliance with remedial/corrective measures proposed during such visits should be followed up meticulously.

II.D.4. All the Medical Officers in Family Health Centres should conduct consecutive supervision of their field staff. Each Medical Officer should perform consecutive supervision of at least one JPHN, one JHI and one supervisor (PHN, HI, as the case may be) during any calendar month and should report to the Medical Officer in charge. Details of such supervisory visits should be discussed in monthly review meetings and subsequently followed up.

II.D.5. Implementation of all National /State Health programmes and LSG projects related to health

II.D.6. Health Education and BCC activities related to Public Health under their jurisdiction

II.D.7. Attend sectoral and project level meetings of ICDS projects. Review the health care related works of AWWs. Render continuing education sessions to AWWs in sectoral and project level meetings.

II.D.8. Attend meetings of ASHA workers, health volunteers and meetings of similar groups on request.

II.D.9. Attend special duties related to fairs and festivals, natural calamities, visits by VIPs, special campaigns and camps as and when directed by authority.

Any other duties which a Medical Officer of a FHC is expected to perform in view of his position and any other duties which will be assigned as and when required.

Working Hours of the FHC

- Working hours of the MO is expected to be approximately 36 hours per week (approximately 27 hours OP and 9 hours field work).
- The Outpatient clinic will function from 9 am to 6 pm on all days except Sundays.
- On Sundays OP will function from 9 am to 1.30 pm.

(By Order of the Governor),

RAJEEV SADANANDAN

ADDITIONAL CHIEF SECRETARY TO GOVT.

To

The Director of Health Services, Thiruvananthapuram
The Director of Medical Education, Thiruvananthapuram
The State Mission Director, National Health Mission, Thiruvananthapuram
The Executive Director, State Health Systems Resource Centre,
Thiruvananthapuram.
All District Medical Officers (through Director of Health Services)
The Principal Accountant General (A&E/Audit), Thiruvananthapuram
The Finance Department
✓ I&PRD (Web & New Media)
Local Self Government Department
Stock File / Office Copy

Forwarded / By Order



Section Officer

