

Guidelines to Autonomous Hospitals on Human Resources Management

The autonomous hospitals will be expected to contribute effectively to the Ministry's human resources development and management initiatives in all conceivable and feasible ways.

Human Resources Requirement Planning / HRP

Planning: An autonomous hospital will be expected to support the concerned unit of MoH-HQ (usually the HRP Unit under DG Planning) to undertake the initial/periodic/occasional assessment of manpower requirement. CEO and HoDs will be required to collaborate with the planning team in this task by way of providing factual information on manpower availability (and perceived shortages /surpluses), manpower deployment, utilization / productivity / workload statistics etc., and reasonable / realistic suggestions for overcoming the constraints encountered (if any). The sanctioned manpower strength as per the latest HRP document or the sanctioned manpower strength (i.e. existing + vacancy+ pipeline) as on 31/12/2002 (if no HRP document is available for an institution) will be considered as the 'baseline staffing for the hospital'.

Managing constraints through internal re-allocation: When a CEO of an autonomous hospital perceives genuine manpower constraints in running the hospital effectively (or a HoD perceives such constraints and expresses it to CEO); CEO may take up the matter in any appropriate committee and the Executive Council / Hospital Management Board. The Executive Council may consider the feasibility of acceptable internal (inter-departmental) re-allocation of existing manpower in a category.

Manpower review/re-assessment: If the hospital administration experiences any significant problems in delivering health care due to any perceived manpower shortages (which cannot be tackled by internal re-allocation, filling existing vacancies or appointing personnel in already approved posts), such problems should be referred to the Board (along with justifications) first for a discussion. If the Board is convinced that there is a genuine difficulty and a need for additional manpower sanction, it may forward the matter to HE the Minister (along with justifications), through HE the Undersecretary for Health Affairs, for authorizing an objective appraisal by HRP Unit. Before sending any requests to HE the Minister for a fresh manpower review

pertaining to any department, CEO and the Board should be convinced that the filling of existing vacancies or appointments in the pipeline is not adequate for overcoming the constraints being encountered.

Manpower Recruitment

Recruitment authority: MoH–HQ assigns recruitment authority and responsibility to the following departments/DGs: DHA in collaboration with DGA in case of medical and technical manpower; DNS in collaboration with DGA in case of nursing and allied manpower; and DGA in collaboration with relevant other HQ DGs /Regional DGs and Ministry of Civil Service (MoCS) in case of administrative and related manpower. Such an agency is termed hereafter as the concerned 'MoH recruitment authority'. These MoH recruitment authorities will coordinate, through DGA, their recruitment function with other relevant national authorities such as the Ministry of Civil Service / Ministry of Higher Education / MoH-DGET.

Panels of screened candidates: Such national recruitment authorities may maintain up-to-date panels of qualified personnel fulfilling the pertinent job specifications (qualifications & experience requirement), to be able to meet a hospital's requirements expeditiously.

Collaboration of the hospital: The autonomous hospitals will be expected to support the recruitment authorities' efforts in any way they can. The concerned recruitment authority is expected to ensure that the candidates proposed to be offered to the hospital fit the specification(s) indicated in the approved HR planning report (or the current need of the concerned department in the hospital, if the need has changed meanwhile). A CEO is also expected to keep the concerned recruitment authority abreast of the changing needs (i.e. qualitative specifications of needed recruitment of approved posts / vacancies) of the hospital. As far as possible, the decision to appoint specific categories should be a shared decision involving the concerned national recruitment authority and the autonomous hospital. The recruitment authorities should make serious efforts to involve the autonomous hospital's relevant departments in the appointment decision of at least the senior professionals. The relevant MoH Recruitment Authority will ensure that the recruited staff are posted directly to the particular autonomous hospital.

Reducing recruitment delays: CEOs / Directors of Administration & Finance will be expected to ensure that the concerned recruitment authority is kept fully informed about the expected /actual vacancies in their hospitals, and pursue the filling of such vacancies with their support (so that the vacancy open interval does not drag resulting in inordinate delays and consequent disruption of services). The national recruitment authorities, on their parts, will try their level best to fill a vacancy or a newly sanctioned post in the quickest possible time. The

latter will continuously try to improve the recruitment process for making it very responsive and supportive of the autonomous hospitals' requirements.

Omanization

Definition: Omanization is defined, in the context of this document, to be the 'effective replacement' of an expatriate staff member with a national staff member within/after the stipulated transition period (currently, 2 years for physicians and 6 months for other categories).

Omanization process: In the context of a hospital (or for that matter in any organization), Omanization is not to be regarded merely as 'choosing the expatriate employee and physically replacing him/her with an Omani candidate.' The Omanization process in a hospital may consist of the following phases:

- Selection of an Omani candidate,
- Identification of the expatriate employee to be replaced (in collaboration with the concerned department/unit of the hospital),
- Appointment and posting of the Omani candidate,
- Apprising the concerned expatriate employee,
- Induction training to the selected Omani employee,
- On-the-job training of the selected Omani employee,
- Further post-experience education for the Omani.

Hospital's support in the Omanization process: Since Omanization is a national commitment, a hospital is expected to whole-heartedly support the Omanization initiative. The hospital's Board, CEO, HoDs, Supervisors and even the employees have a role to play in making the entire Omanization process effective. The Hospital Management Boards will take the responsibility to plan for Omanization of all specialized manpower categories in the hospital. The DGs of regions will coordinate these plans while planning it for the region as a whole, and process these further with the appropriate units in MoH-HQ.

Pre-assignment role: The hospital is initially involved in the selection of candidate(s) and is usually consulted. The hospital will nominate the name of an expatriate employee (to be replaced) and communicate it to the Omanization Cell under intimation to Chairman, HMB. The CEO should discuss the matter confidentially with the concerned HoD prior to forwarding the name to MoH-HQ.

Post-assignment role: When the Omani candidate joins the hospital, the relevant HoD has first to arrange an induction training activity for the newly assigned Omani staff. He/she will deploy the candidate to all

the units in rotation in order to get the feel of the activity therein. He/she will, depending on the nature of the profession, assign the candidate to a regular workstation for a period sufficient for the employee to become well versed in that area. He/she may then shift the candidate to other workstations in order for the employee to become a truly competent professional with adequate practical knowledge, skills and attitude. The concerned supervisor has to closely monitor the activity of the new recruit for the transition period (6 months /1 year). He/she has to take the responsibility for the supervisee, and ensure that learning is actually taking place. If not, it is the supervisor's duty to bring that fact to his/her own supervisor for corrective action. HoDs and ultimately the CEO (with the necessary support of the Board) will take the overall responsibility for a smooth Omanization process in an autonomous hospital.

Further education of the employee: Once the employee has put up the requisite experience at the hospital, he/she will automatically become eligible for consideration for further post-basic / graduate / post-graduate education. It is the duty of HoDs/CEO to motivate the eligible Omani employees to seek such higher education, and forward their applications whenever feasible.

Manpower Deployment

Deployment across departments: CEOs are expected to deploy the recruited manpower as per the HRP plan (if available), according to specific vacancies filled, the approved new posts, or the needs of various hospital departments identified through discussion with HoDs.

Temporary adjustment: A CEO may exercise his judgment and temporarily adjust the department-wise allocation of manpower, with the cooperation of relevant HoDs, depending on the exigencies of the situation.

Intra-departmental deployment: Notwithstanding the assumed allocation in a HRP plan (when available), day-to-day allocation of manpower to the various work stations of a hospital department is the prerogative of a HoD, who is responsible for the effective and efficient functioning of his /her department even in conditions of temporary manpower shortages. However, a CEO or the Executive Council / a relevant committee should offer pertinent suggestions to a HoD.

Manpower Redeployment (Transfer)

Intra-hospital transfer: Transfer of personnel (in the approved posts) within the autonomous hospital between any two departments of the hospital is an internal matter of the hospital. CEO is expected to ensure that such transfers do not adversely affect the functioning of any of the concerned departments /units. Such a transfer will be regularized by the Director of Admin. & Finance through issuing a *Karar* and updating the information on the computerized HRMS.

Intra-regional transfer: Intra-regional transfers of personnel may be considered either at the request of MoH and/or that of an individual employee. CEO has to ensure that such transfers are effected in collaboration with the DG of the Region. It should be ensured that such transfers do not adversely affect the functioning of any hospital department because of any compromises which may have been made (resulting in mismatch between the required specialty /special experience and that of the incoming individual. DGHA and DGA should be kept informed of all such transfers effected.

Inter-regional transfer: An autonomous hospital should not effect any inter-regional transfer of personnel. If a hospital desires such a transfer, it should initiate a transfer proposal and put it up before the DGHA with the consent of the DG of the Region. DGHA will coordinate and facilitate such transfer requests.

Permissible Mutual transfer of personnel: Request from staff members for mutual transfers (intra-regional or inter-regional) may be received and suitably processed by the CEO.

Transfer on other grounds: No request for a transfer of staff outside the hospital should be forwarded to MoH-HQ on grounds such as non-cooperation, indiscipline or improper behavior. Such problems should be tackled locally through counseling or discussion in the Disciplinary Action Committee of the hospital.

Manpower Utilization

Appropriate utilization: An autonomous hospital is free to utilize its manpower in the best interest of the hospital. However, the CEO is expected to ensure that improper utilization of manpower is avoided by every department of the hospital. Except in dire emergencies, or due to extremely unavoidable circumstances, no staff member should be expected to perform professionally inappropriate tasks.

Supervision of personnel: Every staff member is expected to be supervised directly by his / her immediate supervisor, indirectly by the

concerned HoD and finally by the CEO of the hospital. Such supervision should not be in the nature of mere policing, but should rather be in the nature of supportive supervision (guidance, constructive suggestions and on-the-job training).

Inter-personal conflicts: Interpersonal conflicts may arise within a department or between staff belonging to different departments. Respective HoDs will attempt to resolve such conflicts in accordance with accepted ethical and professional norms of behavior. Un-resolved conflicts may be referred to the CEO for needful action at his/her end. The CEO, depending on the nature of the conflict, may try to resolve the matter on his/her own, or refer the case to the relevant committee for its recommendation.

Inter-Departmental conflicts: Inter-departmental conflicts may arise due to various reasons. The HoDs should strive to resolve such conflicts through mutual consultation and according to accepted norms, policies and procedures of the hospital. Recurrent and/or unresolved conflicts caused by perceived system flaws should be referred to the CEO for needful action. CEO, in collaboration with the concerned departments and the Executive Council, may come up with recommendations for policy adjustment and place it before HMB for its decision.

Disciplinary action: All employees of the hospital are expected to be punctual at work, carry out their responsibilities diligently and efficiently, and maintain an accepted code of behavior. They should adhere to the established policies and procedures of the Ministry and the hospital. In case, a staff member does not perform his/her work in an acceptable manner or behaves inappropriately at work, after counseling, his/her department head may issue a letter of advice to the employee, if necessary. If the same problem persists, or if a major incident of misconduct occurs, the department head shall write to the CEO. The CEO shall seek the explanation of the concerned employee, and if warranted, forward the complaint to the Disciplinary Action Committee of the hospital for investigation. If the complaint is proved, the CEO shall take appropriate disciplinary action. Such actions may involve issuing a letter of advice / warning to the concerned employee, deducting 3 days of pay, etc. If the complaints of the same nature recur, or if the incident is so major that, it is unbecoming of an employee to be in service of the Ministry, the matter should be referred again to the Disciplinary Action Committee of the hospital. After receiving the investigation report of this Committee, the CEO shall forward the complaint and the investigation report, through the

Chairman of the Board, to the MoH-HQ Disciplinary Committee for action.

Performance Appraisal/Monitoring

Continuous performance monitoring: The HoDs and the supervisors of a staff member of an autonomous hospital are expected to continuously monitor the effectiveness and efficiency of the staff with a view to improving their productivity as well as performance quality.

Periodic performance appraisal: The performance appraisal role of a supervisor cannot be assumed to have been fulfilled by merely filling the performance appraisal form (prescribed by MoCS). While filling this form the supervisor /HoD has to discriminate between superior and inferior performance (e.g. not everyone's performance can be rated as 'excellent.'). A supervisor may devise any other appropriate means of appraising his / her supervisee's performance (singly or as a group) in order to improve the effectiveness or efficiency of the staff at individual /group level. He /she may, for instance, maintain a diary of critical incidents (negative and positive), and fill the relevant MoCS form(s) in the light of such entries in the diary, instead of just using his subjective judgment on that day and moment.

Appraisal interview: A supervisor may hold annual /periodic appraisal interviews with the staff, and provide positive / negative feedback to the staff about the concerned staff member's performance.

Use of appraisal information: Performance appraisal tools and results should be used not only for supervision and management control, but also for training needs identification and staff promotion / incentives / reward decisions. However, the delicate nature of appraisal information demands that usual confidentiality of such information should be preserved.

Motivating Staff through Incentives / Promotion

Incentives: CEO / HoDs will approve permissible financial or other incentives to staff strictly according to his/her appraisal of a staff member's performance, and not on an across-the-board basis, because such a practice spoils the real purpose of an incentive system (i.e. generating /increasing performance motivation). Such incentives will be given only from funds (if any) earmarked / allocated to the hospital for this purpose.

Appreciation: Even if tangible incentives are not available, a HoD /Supervisor may appreciate good performance of a staff member orally

(individually such as in an appraisal interview or in a meeting) and in writing. Such appreciations may also help in maintaining /improving performance motivation.

Promotion: Promotion from one grade to a higher grade is processed centrally by DGA. For up-gradation on reappointment to a higher post, CEO will forward only the eligible ones with suitable recommendations to the Chairman of the Board for his concurrence. The Chairman will forward the recommendations to DGHA and DGA for further processing and final approval of MoCS subject to availability of vacancies and /or funds.

Training / Continuing Education

Induction training: All newly recruited / deployed staff of an autonomous hospital will have to be provided induction / orientation training by the hospital's relevant department. CEO will ensure that such training has indeed been imparted.

On-the-job training: HoDs of every department of the hospital will ensure that his/her staff are continuously provided on-the-job training so that their knowledge, skills and attitude are updated, and they can perform their functions competently and with a great deal of commitment.

Continuing education: CEO and HoDs will ensure that their staff get adequate and equitable opportunity to attend relevant training programs / conferences / workshops organized locally (by the hospital), regionally or at the national level by MoH-HQ/ SQU etc.

Library facility/IT: The Board will encourage the hospital to develop its own library of essential health care reference materials. It will also attempt to provide limited Internet access to the staff, as an integral part of the library services, for educational purposes. CEO will strive to develop the telemedicine facility in the hospital in line with the Ministry's plans.

Higher education / overseas education: CEO will invite applications from the staff for higher education (Post-basic upwards), when the hospital is invited by MoH-HQ, SQU etc. or the regional office to submit such applications. He/she will process the applications (received through HoDs along with their remarks and recommendations) with the help of an appropriate committee. The HoDs, while forwarding the

applications, will ensure (a) that the education /training sought is relevant to the department's needs, and (b) that such deputation is not likely to disrupt the services seriously. He /she has to satisfy himself that it will be feasible for the Ministry to fill the resultant gap in manpower availability through appropriate actions. All approved cases, along with suitable recommendations, will be forwarded by the CEO, through the DG of the Region, to the DGET for further processing and approval by MoH-HQ.

Request by outsiders for training in an autonomous hospital: CEO / DG of a Region is expected not to permit any non-Omani student /professional to undergo training /internship in an autonomous hospital, unless expressly approved by HE the Undersecretary for Health Affairs. The requests of Omani candidates, external to the MoH system, for training in the hospital should be forwarded to the DGET for approval. The hospital should permit such training only after DGET approval is received.

Collaboration with Educational Institutions /Regional HQ / MoH-HQ in Education/Training

Routine involvement of staff in imparting clinical instruction: CEO will facilitate the staff's participation in providing clinical instruction to students of medicine, nursing etc. under the approved existing schemes. He/she will seek the approval of the Board (and through it that of the MoH-HQ if appropriate) before committing the hospital to any such new activity. Before deciding to embark on any such new activity, HoDs will be expected to present their proposal for such initiatives to the CEO for his further processing. The CEO and the Board will generally encourage and approve such initiatives, but may exercise their discretion cautiously, keeping in mind the hospital's main mission.

Involvement of staff in regional /central training activity: CEO will routinely process such requests and generally approve the HoDs'/ individuals' involvement in training activities organized by any unit of the regional HQ or central MoH-HQ.

