

has reduced mortality and morbidity (6).

When I discussed these details at a conference, a senior speaker and a high court advocate were totally against giving telephonic medical advice. I leave it to the readers to decide whether or not I am justified in offering medical guidance over the phone in such emergencies.

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Time-bound promotions in Indian medical institutes: a mirage?

Incentives, pay hikes and timely promotions enhance the job performance of an employee. In medical institutes, too, satisfied teachers would train students in a better way leading to better equipped doctors and ultimately, greater patient satisfaction. A study in Malaysia links high levels of satisfaction of employees with good salary, promotions, and incentives (1).

On the other hand, lack of timely promotions would cause dissatisfaction and frustration among employees (2) which leads to lower productivity, eventually raise the costs of medical services (3). Lack of incentives and pay hikes cause resentment among teachers (4). Dissatisfaction with one's job may result in a high level of stress, which could eventually be detrimental to physical and mental health, and could also worsen the quality of life. There are many instances in which medical teachers have left jobs and migrated abroad or even taken extreme steps because of dissatisfaction with their salary and promotion avenues. Dissatisfaction may also lead to an increase in conflict, absenteeism, a low rate of patient care, and a reduction in the quality and quantity of work (5, 6). This is more so in medical institutes, where the health of patients is at stake.

In most government-run medical institutes, one-time selection in the Public Service Commission (PSC) examination is sufficient for all job benefits. For example, if a teacher is selected by the state PSC for the post of assistant professor, he/she need not appear in the state PSC again for the post of associate professor or professor (after completion of the requisite experience). However, in some states, this is not so. A

teacher has to appear in the state PSC examination for every post. The teacher has to suffer in terms of promotion and pay hike if the PSC posts are not advertised for years at a stretch, and this could go on for decades. In the meantime, teachers can apply if ad hoc posts are advertised, but then the rules for ad hoc posts are different. Teachers who have the requisite experience and are state PSC-confirmed may or may not be selected, while many others who are not PSC-confirmed get selected. Now, this ad hoc experience may not add up to the continuation of service when a teacher (who was already PSC-confirmed in a junior post) gets state PSC-selected for a senior post later on. Nor is this period counted, as far as a rise in grade pay is concerned. Many medical teachers have suffered on this account. In these states, there are instances of teachers remaining stuck in the post of assistant professor for over 10–15 years and not getting the benefit of promotion or rise in pay band.

It is true that higher posts are fast getting filled up with young faculty. As a result, there is a saturation in the pre- and paraclinical teaching posts and the junior faculty may not get a chance for promotion. Added to this, are the various reservations of posts as per government policies. In some Central government institutes, teachers get time-bound promotions for vacant posts or at least a timely rise in pay band if there are no vacant posts. In other sectors, for example, in nationalised banks, the staff gets timely promotions or a rise in pay band. The case is similar for the administrative services, police services, etc. Then, why should this not apply to medical institutes? Why should medical teachers be the ones to suffer? Are they committing a sin by training budding doctors? Are they not serving patients?

The appointing authorities should give a second thought to all these issues. Until some concrete steps are taken, promotions and pay hikes appear to be a mirage for teachers in these medical institutes.

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