

AIIMSGHY Hospital	Doc No.	E/NABH /AIIMSGHY/ HRM 1 &3/ 13
	Issue No.	01
POLICY ON STAFF RECRUITMENT & GRIEVANCE HANDLING	Rev. No.	00
	Date	17/12/2025

POLICY ON STAFF RECRUITMENT & GRIEVANCE HANDLING

ALL INDIA INSTITUTE OF MEDICAL SCIENCES,
GUWAHATI



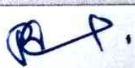


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Control of the Manual

1. The holder of the copy of this manual is responsible for maintaining it in good and safe condition and in a readily identifiable and retrievable.
2. The holder of the copy of this Manual shall maintain it in current status by inserting latest amendments as and when the amended versions are received.
3. Administrative Manager is responsible for issuing the amended copies to the copyholders, the copyholder should acknowledge the same and he /she should return the obsolete copies to the Administrative Manager.
4. The amendment sheet, to be updated (as and when amendments received) and referred for details of amendments issued.
5. The manual is reviewed once a year and is updated as relevant to the hospital policies and procedures. Review and amendment can happen also as corrective actions to the non-conformities raised during the self-assessment or assessment audits by NABH.

The authority over control of this manual is as follows:

Preparation	Approval	Issue
		

The procedure manual with original signatures of the above on the title page is considered as 'Master Copy', and the photocopies of the master copy for the distribution are considered as 'Controlled Copy'.

Distribution List of the Manual

Sr. No.	Designation
1.	Executive Director
2.	Medical Superintendent, Principal College of Nursing
3.	All HODs for departmental Distribution

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HRM 3 - POLICY ON STAFF RECRUITMENT & GRIEVANCE HANDLING

1.0 INTRODUCTION

AIIMS Guwahati shall ensure recruitment, deployment, development, and retention of **qualified, competent, and ethically sound human resources** to deliver medical and service excellence of the highest standards.

All staffing decisions shall be based on **organizational needs, patient safety, regulatory requirements, and NABH standards**, ensuring transparency, fairness, and non-discrimination.

2.0 PURPOSE

2.1 To ensure an **adequate number and appropriate mix of staff** to meet the care, treatment, and service needs of the organization.

2.2 To recruit personnel with the **right qualifications, skills, experience, and attitude**.

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2.3 To provide a **structured grievance redressal mechanism** for staff and stakeholders.

2.4 To comply with **NABH HRM and CQI standards**.

3.0 DEFINITIONS

3.1 Job Description

A documented statement defining duties, responsibilities, reporting structure, and working conditions of a job.

3.2 Job Specification

A statement outlining the **minimum acceptable qualifications, experience, skills, and competencies** required to perform a job successfully.

3.3 Complaint

Expression of dissatisfaction requiring response or corrective action.

3.4 Grievance

A formal complaint raised by staff regarding service conditions, workplace issues, or administrative decisions.

4.0 ABBREVIATIONS

- HRD – Human Resource Department
- HOD – Head of Department
- NABH – National Accreditation Board for Hospitals & Healthcare Providers
- IPD – Inpatient Department
- OPD – Outpatient Department
- ICU – Intensive Care Unit
- MD/MS – Medical Superintendent
- HCO – Healthcare Organization

5.0 SCOPE

This policy applies to:

- All permanent, probationary, temporary, contractual, casual, apprentice, and trainee staff
- All departments (clinical, nursing, administrative, and support services)

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6.0 RESPONSIBILITY

- Human Resource Department
- Heads of Departments
- Medical Superintendent
- Administrative Head
- Grievance Redressal Committee
- Quality & NABH Cell

7.0 HUMAN RESOURCE PLANNING

7.1 HR planning shall be done **annually at the beginning of the financial year.**

7.2 Manpower planning shall consider:

- Bed strength and occupancy
- Patient load and acuity
- Level of care (OPD/IPD/ICU/Emergency)
- Specialty services
- Regulatory norms and accreditation standards

7.3 Each department shall review manpower adequacy before the end of April and submit requirements to HR.

7.4 HR shall consolidate departmental needs into an **Institution Manpower Plan**, which shall:

- Form part of the annual budget
- Be approved by the Competent Authority
- Serve as the basis for recruitment during the financial year

8.0 CLASSIFICATION OF EMPLOYEES

8.1 Functional Classification

- Medical
- Nursing
- Administrative / Support Services

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8.2 Employment Classification

- Permanent
- Probationer (normally 24 months, extendable)
- Temporary
- Casual
- Contractual
- Apprentice / Trainee

Definitions shall be as per institutional HR rules and may be amended by management when required.

9.0 RECRUITMENT POLICY

9.1 Objectives

- To attract and retain competent professionals
- To ensure merit-based, transparent, and non-discriminatory recruitment
- To build future leadership and skill continuity

9.2 Eligibility Criteria: As per NMC and Nursing Council norms for faculty recruitment with essential qualification and experience for Central Government Institutes against the sanctioned post by PMSSY, MOHFW, GoI. Through CRE for non-faculty employee, through NORCET for Nursing Officers against the Sanctioned Post. The Reservation Policy is as per the Central Govt. norms. The post for Deputy Director, Financial Advisor is on Deputation Basis. Contractual staff are recruited through outsourced agencies like housekeeping, security etc.

10.0 RECRUITMENT PROCESS

10.1 Recruitment shall be initiated only against sanctioned post and **approved manpower requisition and budget**.

10.2 Sources of recruitment include:

- Internal postings
- Advertisements (print/electronic portals)
- Campus interviews
- Placement agencies
- Professional references

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10.3 Selection process includes:

- Application screening
- Structured interview by a panel
- Objective scoring
- Reference verification
- Antecedent verification (where applicable)

10.4 All appointments shall be made **purely on merit and job fit**.

11.0 PRE-EMPLOYMENT MEDICAL EXAMINATION

11.1 All selected candidates shall undergo a **pre-employment medical fitness examination**.

11.2 Appointment shall be confirmed only after being declared medically fit.

11.3 Cost of examination shall be borne by the institution.

12.0 APPOINTMENT & JOINING

12.1 Appointment letters shall include:

- Terms of employment
- Job role
- Remuneration
- Notice period
- Working hours
- Leave entitlement
- Place of work

12.2 Probation period shall normally be **six months**.

12.3 Notice period:

- Minimum 90 days (modifiable based on role) for permanent employees
- Pay in lieu of notice applicable as per contract
- No notice/pay in cases of gross misconduct

13.0 STAFFING NORMS (MINIMUM REQUIREMENTS)

- Minimum one doctor per floor round-the-clock
- ICU: 1 nurse per critical bed
- Non-critical wards: Nurse-patient ratio 1:6
- OT: Minimum one anesthetist, one technician, one nurse
- Emergency: One Emergency Medical Officer per shift
- Pharmacy: Registered pharmacist round-the-clock
- Dietician: One per 150 patients

14.0 GRIEVANCE & COMPLAINT HANDLING

AIIMS Guwahati is committed to providing a fair, transparent, responsive, and confidential grievance redressal mechanism for patients, attendants, employees, students, and other stakeholders. A grievance is defined as any complaint expressing dissatisfaction with any aspect of hospital services, operations, behaviour, or systems, irrespective of whether remedial action is requested. Grievance Redressal is based on the CCS and CCA Rules and its latest amendment.

14.1 Principles

The grievance redressal system at AIIMS Guwahati shall be governed by the following core principles:

- **Fairness:**
All grievances shall be examined objectively, without bias or prejudice, and decisions shall be based on facts and evidence.
- **Confidentiality:**
Identity of complainants and details of grievances shall be protected and disclosed only on a need-to-know basis or where required by law.
- **Timely Resolution:**
Grievances shall be acknowledged, investigated, and resolved within defined timelines, ensuring prompt communication of outcomes to the complainant.
- **Non-retaliation:**
No patient, attendant, employee, student, or stakeholder shall face discrimination, harassment, or adverse action for raising a grievance in good faith.

14.2 Internal Grievance Redressal

- Grievances may be submitted **in writing, via email, online portals, telephonically, through complaint boxes, or in person** to the Grievance Cell at AIIMS Guwahati .
- A **Grievance Redressal Committee** shall function at the institutional level to receive, register, segregate, investigate, and resolve grievances.
- All grievances shall be entered into the **Grievance Register**, ensuring *one grievance–one registration* to prevent duplication.
- Upon registration, the grievance shall be forwarded to the **concerned department/HOD/section head** for assessment and action.
- Corrective and preventive actions (CAPA) shall be identified, implemented, and documented wherever systemic gaps are identified.
- Counselling sessions may be conducted with the complainant and concerned staff, where appropriate, to facilitate resolution.
- The complainant shall be informed **in writing** about the outcome of the grievance, preferably within **15 days** of receipt.
- Unresolved grievances shall be escalated sequentially to the **Grievance Redressal Committee, Medical Superintendent/Executive Director**, as applicable.

14.3 External Grievance Mechanisms

- If a grievance is **not resolved satisfactorily at the institutional level**, the complainant may escalate the matter through **external grievance redressal platforms** as per Government of India guidelines.
- External grievances may be submitted through:
 - **Centralized Public Grievance Redress and Monitoring System (CPGRAMS)** – <https://pgportal.gov.in>
 - **Ministry / Department–designated grievance portals**, where applicable.
- All grievances received through external platforms shall be:
 - Officially acknowledged by the institute
 - Examined by the **designated Grievance Redressal Authority**
 - Investigated in coordination with the concerned department
- Factual reports, action taken reports (ATR), and supporting documents shall be submitted **within the prescribed timelines** of the external grievance portal.
- Corrective and preventive actions arising from external grievance outcomes shall be:

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- Documented
- Monitored for effectiveness
- Integrated into institutional quality improvement processes.
- The complainant shall be informed of the resolution status through the respective external grievance system.

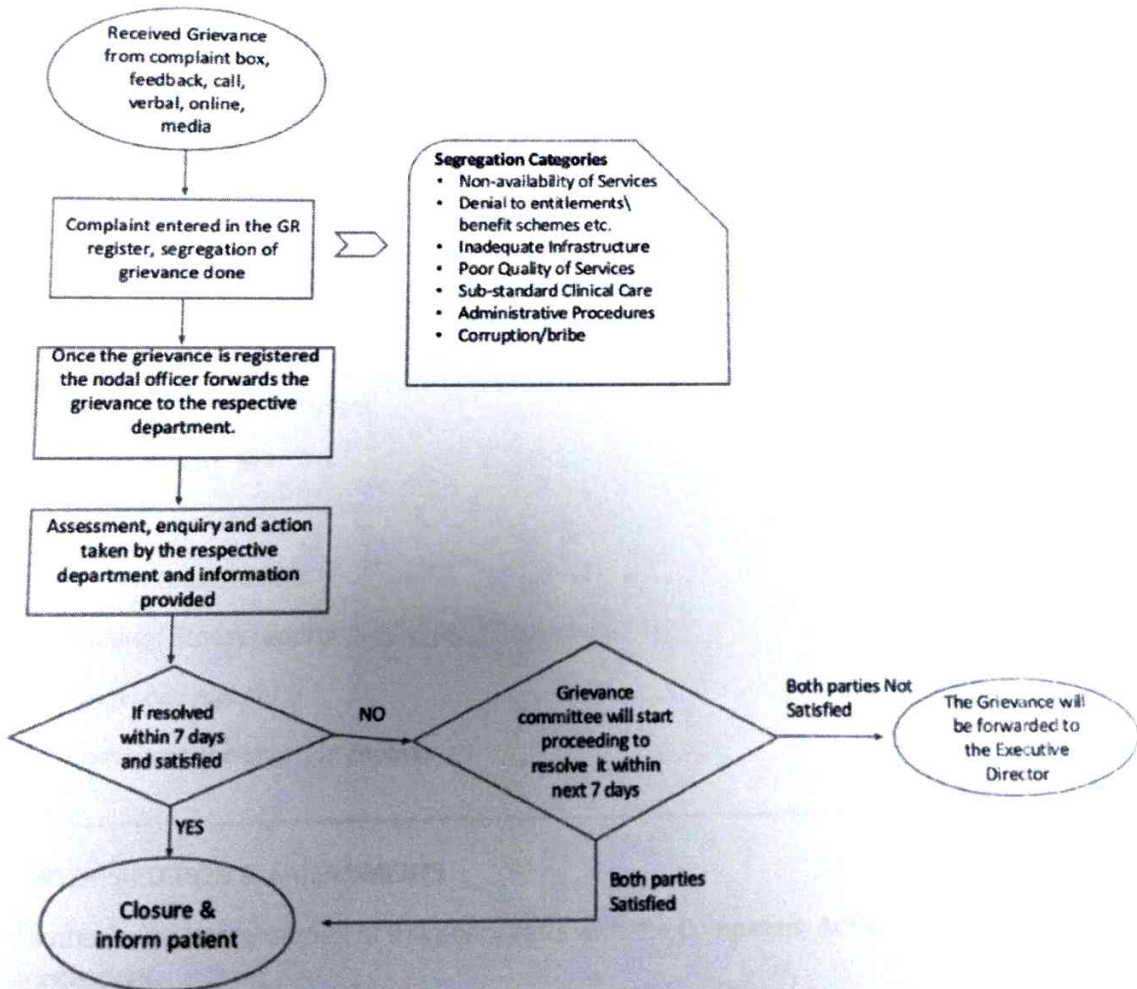
14.4 Confidentiality

All grievances and complaints shall be treated as **strictly confidential**.

- Details of complainants, proceedings, findings, and decisions shall be securely stored with restricted access.
 - Grievance committee meetings shall be conducted privately.
 - Disclosure of information shall occur **only when mandated by law or statutory authorities**.
 - Any misuse of the grievance mechanism, submission of malicious complaints, or obstruction of the grievance process shall attract appropriate disciplinary or legal action, as per institutional rules .
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ESCALATION OF GRIEVANCES



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Stage	Actions to Implements
Submission	Install grievance boxes and counters , support online/portal-based complaints
Acknowledgement	Grievance officer logs complaint and assigns a reference number within 24 hours
Triage	Categorize based on nature and complexity
Resolution Path	HOD resolves simple-issues, escalate complex ones to the committee
Committee Review	Evaluate grievance, recommend action
Leadership Decision	Grievance redressal committee or Executive Director
Communication	Inform patient and document outcome
Record Keeping	Maintain logs for audit and quality improvement

15.0 RECORDS MAINTAINED

- Manpower plan & budget
- Recruitment files
- Interview records
- Appointment letters
- Medical fitness reports
- Grievance register
- Complaint investigation reports

16.0 INTERPRETATION & AMENDMENTS

Final authority for interpretation of this policy rests with the **Competent Authority / Medical Superintendent**.

The policy shall be reviewed periodically and updated as per regulatory or organizational requirements.

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