

## 23. MINISTRY OF HEALTH AND QUALITY OF LIFE

- 23.1 As a free health service provider to all citizens, the Ministry of Health and Quality of Life (MOH and QL) plays a significant role in the Mauritian welfare state. The target “Health for all by the year 2000” having largely been achieved, the objective of the Ministry now is to consolidate the process already initiated and to adopt an integrated approach to Health Planning and Health Delivery.
- 23.2 It is recognised that good health is the foundation of prosperity. Investment in health is acknowledged as a driver of economic development and as an investment in human development. To this end, a healthy and productive workforce has direct positive impact on economic growth and the Gross Domestic Product (GDP).
- 23.3 In the Programme 2015-2019, Government demonstrates strong political will for attaining universal health coverage. To cite Paragraph 111 of Government Programme 2015-2019, *“Government is committed to providing universal, accessible and quality health services, free of any user cost, with emphasis on customer satisfaction.”*
- 23.4 Some of the new projects which are being implemented include the setting up of a cancer centre and a vascular surgery unit, decentralisation of ophthalmology services, new infrastructures to accommodate ENT services and upgrading of existing health institutions. Other major projects which are in the pipeline are the setting up of a second cardiac surgery unit, a new hospital for Health Region 3 at Flacq and the implementation of the primary care physician project.
- 23.5 The MOH and QL has the overall responsibility for ensuring that quality and equitable health services are available to the population. Its policy is to improve quality and delivery of health care, reduce waiting time and keep up with latest medical technologies, thus, promoting greater efficiency in its services.
- 23.6 The strategic objectives of the Ministry, *inter-alia*, aim at implementing evidence-based policies to ensure the provision of quality health care services; sustaining universal access to primary health and hospital care services, including specialized service, improving primary prevention and enhancing health promotion programmes to reduce the incidence of non-communicable diseases (NCDs); reinforcing activities to prevent vector borne and waterborne diseases, emerging and re-emerging infectious diseases and illnesses associated with unsafe food and environmental and occupational health factors; and scaling up HIV and AIDS programmes to reduce the incidence of HIV infection; and to improve the quality of life of people living with HIV.

- 23.7 The high prevalence of the NCDs and their risk factors as evidenced by successive NCD surveys and the consequent complications of the NCDs constitute a major challenge. The MOH and QL is, therefore, placing considerable emphasis on addressing non-communicable diseases, which include diabetes, cancers, chronic respiratory diseases, heart diseases, cardiovascular accidents and mental conditions.
- 23.8 At present, the MOH and QL provides a comprehensive package of primary care services through a network of 18 Area Health Centres, 116 Community Health Centres, five Medi-Clinics, two Community Hospitals and other satellite primary health care institutions. General curative and specialized health services are provided at five regional hospitals, two district hospitals and five specialized hospitals with a total bed capacity of 3,560.
- 23.9 The overall management of the Ministry rests upon the Senior Chief Executive and the Director-General, Health Services. The Senior Chief Executive is assisted by two Permanent Secretaries, six Deputy Permanent Secretaries and other officers of the Administrative cadre. On the other hand, the Director-General, Health Services is supported by five Directors, Health Services; the Director Nursing, the Director Pharmaceutical Services, the Lead Health Analyst, the Chief Hospital Administrator, the Chief Health Records Officer, the Chief Health Statistician and the Chief Sanitary Engineer.
- 23.10 In the context of this review, various representations have been made on behalf of incumbents in the health sector by different Staff Associations on an array of issues and demands for higher pay, better conditions of work and timely promotions, capacity building, among others. While we consider below those representations that fall within our remit, we have referred to the MOH and QL those submissions that fall to be considered by Management.
- 23.11 With a view to enabling the MOH and QL to meet the health needs of the citizens and for continued enhanced service delivery, we are, in this Report, creating some grades, restyling a few, harmonising the payment of allowances when providing coverage at night in hospitals and health institutions, merging a few grades, restoring parity wherever distortion has been made and making provision for career earnings in cases of dead-end posts.

#### **Filling of Vacancies/Posts created**

- 23.12 The Bureau has received many representations from different unions that vacancies as well as grades created in the previous PRB Reports have not been filled. In the last Report, we recommended that the MOH and QL should make the necessary arrangements for the filling of vacancies/posts created within a reasonable time frame. In this Report, special provision is being made to fill in vacancies to allow organisations to be equipped with the right number of people.

However, the key to better service delivery in the health sector depends to a large extent, not only on the strength of the organization but also upon the quality of human resources deployed in this sector. It is our considered view that **Management should, after the publication of this Report, initiate action to carry out an HR Planning and Audit Exercise to address the issue of filling of vacancies/posts.** The Bureau is thus, recommending accordingly.

### **Schemes of Service**

23.13 In line with the general policy of delayering, a few grades have been merged with a view to providing effective service delivery. Consequently, amendments should be brought to the schemes of service.

### **Recommendation 1**

**23.14 We recommend that, where grades have been created or merged, consequential amendments should be brought to the schemes of service of such relevant grades to reflect the required profiles, roles and responsibilities devolving upon incumbents.**

### **Conducive Working Environment**

23.15 Working conditions and activities have the potential to affect a worker's health and safety. In the context of this review exercise, repeated representations have been received from many staff associations to the effect that officers of the health sector should be provided with a conducive working environment which induces and welcomes continuous change for greater efficiency and effectiveness. After careful examination, the Bureau is recommending accordingly.

### **Recommendation 2**

**23.16 We recommend that the MOH and QL should make the necessary arrangement to provide, to the extent possible, all officers of the health sector with a conducive working environment.**

### **Training Courses**

23.17 The success of an organisation and its efficiency depends heavily on its employees' skills, abilities, knowledge and motivation to work. Also, rapid developments in the health sector have brought in a need for new competencies among health personnel. The Bureau believes that a structured approach to building the capacity of the workforce will continue to positively impact and improve the services delivered to the community. Thus, keeping in view that training is a critical component of human resource development, the Bureau is making relevant provision to address the issue.

### **Recommendation 3**

**23.18 We recommend that the MOH and QL should, on an on-going basis, accord priority to the training of health sector cadres and implement the recommendations made in Chapter 9 of Volume 1 of this Report.**

#### **Digital Library**

23.19 With the emergence of the knowledge society, the Bureau has received many requests from various quarters for the payment of a book allowance. We have carefully examined the issue in-depth and recognise that rapid advances in information technologies have revolutionised access to information and knowledge, where digital information is substituting print-based information. In this respect, we are advocating for the Ministry to have recourse to digital or e-library for instant and easier access to information, so as to keep abreast of new trending issues and developments in the health sector.

23.20 The Bureau strongly believes that the Ministry should make full use of e-library as it enables on-line access to international periodicals, books, research papers, studies, journals, consultancy reports, data and statistical tools, among others. We also acknowledge that access to the digital library involves additional cost in terms of subscription/membership fees. We are making appropriate recommendations to that effect.

### **Recommendation 4**

**23.21 We recommend that the Ministry of Civil Service and Administrative Reforms with the Ministry of Technology, Communication and Innovation should make the necessary arrangements for:**

- (i) the setting up of a digital library for the Ministry, thereby enabling health sector employees to have access to relevant information and databases; and**
- (ii) the MOH and QL to have access to both local and international e-libraries as per its specific requirements.**

### **MEDICAL GROUP**

23.22 Mauritius is at a crossroad of a great revolution in medical practice. It is on its way to become a healthcare, wellness and medical outsourcing hub *par excellence*, and projects to emerge as a leading medical travel destination. The very high incidence and prevalence of non-communicable diseases coupled with considerable increase in people with HIV/AIDS virus and the frequent outbreaks of communicable diseases warrant a further consolidation of basic primary and

secondary health care services. Among the front liners of the health care service delivery, Doctors are a key group of health professionals.

- 23.23 Being the technical arm and headed by the Director-General, Health Services, the Medical Group comprises grades mainly from the following cadres: Medical and Health Officer/Senior Medical and Health Officer (MHO/SMHO), Dental Surgeon/Senior Dental Surgeon, Occupational Health Physician, Emergency Physician, Community Physician, AIDS Physician. There are also officers in the grades of Ayurvedic Medical Officer/Senior Ayurvedic Medical Officer, NCD Coordinator, Registrar, Specialist/Senior Specialist, Consultant-in-Charge, Deputy Director, Laboratory Services; Director, Laboratory Services; Director Clinical Services and Director, Health Services.
- 23.24 In the last Report, the medical structure was strengthened with the setting up of the Diabetes and Vascular Health Centre and creation of the relevant grades. A few grades were restyled to better reflect the duties and responsibilities devolving upon incumbents and some new allowances were introduced while the quantum of existing ones were revised. We also recommended the introduction of a shift system for Medical and Health Officer/Senior Medical and Health Officers (MHO/SMHOs).
- 23.25 In the context of this Report, many representations were made on behalf of staff associations from the medical group which, among others, were the revision of the quantum of the night duty allowance, the setting up of a Medical Service Commission, providing all medical practitioners with laptops or smart phones, instituting the Medical Board, providing training and professional indemnity insurance coverage for the full range of treatment and procedures given to the patients by doctors in all specialities. While we consider below those representations that fall within our remit, we have referred to the MOH and QL those submissions that fall to be looked into by Management.
- 23.26 We are, in this Report, maintaining the medical structure which is appropriate, reviewing the basis of compensation for officers of the medical group who are required to work beyond their normal working hours to provide 24-hour health service on weekdays, weekends and public holidays and revising some of the existing allowances. We are also making provision for mobile phones to keep abreast of latest technology in the medical field. The remuneration package of the medical profession has also taken into consideration the prestige involved and the contribution made by them in the health sector.

### **Consultant-in-charge**

23.27 Endodontics is that specialized branch of dentistry which deals with the treatment of damaged or diseased pulp in a tooth to allow it to remain functional. Since 2008, following increasing public demand, endodontics clinics have been opening in almost all the major public hospitals. Thus, for the day-to-day administration and smooth running of all endodontics clinics, we are making the relevant position.

### **Recommendation 5**

**23.28 We recommend that the MOH and QL should make the necessary arrangements for the recruitment of Consultant-in-Charge in the field of Endodontics.**

### **Allowance for work beyond normal working hours**

23.29 Presently, Medical Officers who are required to work beyond their normal working hours in order to provide round-the-clock service at the hospitals are paid coverage allowances.

23.30 There have been continuous submissions from staff representatives that the present arrangement to provide a 24-hour medical coverage in the hospitals is excessively exhausting with long extended hours of work without established resting time or leave for the medical practitioners. The long and strenuous hours of work is taxing on the health of the Medical Officers and disturbing their social and family life. In view of the above, representations have been made to review the present mode of compensation for putting in additional hours.

23.31 The Bureau has examined the issue in depth and is of the view that where patients need to be attended professionally, other arrangements should be made to ensure continuity in the delivery of health care. With a view to enhancing service delivery, ensuring an uninterrupted health service and on the basis of fairness and equity, we are making the appropriate provision. However, we also consider essential that the Ministry makes other arrangements to ensure that Medical Officers have a reasonable period of working time weekly, based on the availability of medical personnel for patient care and the need for a work-life balance. **We are, in the same spirit, advocating strongly for the implementation of the shift system for officers of the medical group.**

## **Recommendation 6**

### **23.32 We recommend that:**

- (i) pending the implementation of a proper shift system, officers of the medical group who are required to work beyond their normal working hours on weekdays, weekends and public holidays should be compensated at the normal hourly rate at the salary point reached in their respective salary scale, for every additional hour put in;**
- (ii) whenever the Medical Officer has to move from one site of work to another after normal working hours, he should be compensated at the normal hourly rate at the salary point reached in the salary scale, inclusive of travelling time, for every additional hour put in;**
- (iii) Consultants-in-Charge, Specialist/Senior Specialists known as Consultants and Specialist/Senior Specialists in the fields of Obstetrics and Gynaecology and Paediatrics who are required to perform night duty should be compensated at the normal hourly rate at the salary point reached in their respective salary scale for every additional hour worked. This recommendation is optional for Consultants-in-Charge, Specialist/Senior Specialists known as Consultants and Specialist/Senior Specialists who were already in service as at 30.06.08 either in a substantive capacity or have been in an acting capacity for at least a year and is mandatory for new entrants as from 01.01.13 to the grade of Specialist/Senior Specialist;**
- (iv) the above recommendation may be extended to other fields, should the need arise; and**
- (v) pending the appointment of the acting Specialist/Senior Specialists in a substantive capacity, they should be eligible for an allowance equivalent to one increment for each year of service in the acting capacity provided they have effectively served for the period concerned. This allowance drawn should be used to determine the entry point upon their substantive appointment, subject to the maximum salary of the grade.**

### **Allowance to officers entrusted with responsibility as Duty Manager in hospitals after normal working hours**

**23.33** The functions of a Duty Manager is to oversee the management and clinical activities within the hospitals. Presently, the seniormost Medical and Health Officer/Senior Medical and Health Officers, Medical Superintendents and Emergency Physicians who assume the function of Duty Manager during a particular coverage after normal working hours are paid an allowance. With a

view to enhancing service delivery to meet patients' needs, we are reviewing the basis of its computation.

#### **Recommendation 7**

**23.34 We recommend that the seniormost Medical and Health Officer/Senior Medical and Health Officers, Medical Superintendents and Emergency Physicians who assume the function of Duty Manager during a particular coverage after normal working hours should be compensated at the normal hourly rate at the salary point reached in the respective salary scale for every additional hour put in.**

#### **On-Call and In-Attendance Allowances**

23.35 Specialist/Senior Specialists, Specialists (Dental Services), Specialist/Senior Specialists known as Consultants, Consultants-in-Charge and Director, Emergency Services are actually paid allowances for being on-call and when actually in attendance, they are paid in-attendance allowances inclusive of travelling time. In this Report, we are maintaining the payment of these allowances for work beyond normal working hours while revising the quantum.

#### **Recommendation 8**

**23.36 We recommend that on-call allowances payable to Specialist/Senior Specialists, Specialists (Dental Services), Specialist/Senior Specialists known as Consultants, Consultants-in-Charge and Director, Emergency Services be revised as hereunder:**

<b>On-Call</b>	<b>Specialist/ Senior Specialist and Specialist (Dental Services) (Rs)</b>	<b>Specialist/ Senior Specialist known as Consultant  (Rs)</b>	<b>Consultant- in-Charge and Director, Emergency Services (Rs)</b>
<b>Weekday 1600 hours to 0900 hours the following day</b>	<b>980</b>	<b>1035</b>	<b>1090</b>
<b>Saturday 1200 hours to Sunday 0900 hours</b>	<b>1450</b>	<b>1555</b>	<b>1635</b>
<b>Sunday/Public Holiday 0900 hours to 0900 hours the following day</b>	<b>1450</b>	<b>1555</b>	<b>1635</b>

**23.37 We further recommend that Specialist/Senior Specialists and Specialists (Dental Services) should be paid Rs 790, Specialist/Senior Specialists known as Consultants should be paid Rs 840, Consultants-in-Charge and Director, Emergency Services should be paid Rs 935, inclusive of travelling time, for every hour they are required to attend hospitals while on call.**

#### **Allowance at the Hyperbaric Medicine Unit**

23.38 The Ministry of Health and Quality of Life has made representation that the Consultant-in-Charge and the Specialist/Senior Specialist posted to the Hyperbaric Medicine Unit, regularly accompany patients for one hour inside the decompression chamber and are thus, subject to the same risk of trauma to ears, eyes, fire, explosion and other illness related to working in such an environment. We have examined the issue and we are making the relevant provision.

#### **Recommendation 9**

**23.39 We recommend that the Consultant-in-Charge as well as the Specialist/Senior Specialists posted to the Hyperbaric Medicine Unit should be paid a monthly all-inclusive allowance of Rs 2500 whenever they are required to accompany patients inside the decompression chamber.**

#### **Allowance to Regional Public Health Superintendent**

23.40 Given that ships and aircraft entering the port and airport have to comply with certain Public Health Regulations, Regional Public Health Superintendents who are required to provide coverage at port and airport to ensure such compliance are paid a monthly allowance of Rs 2860. They are also required to attend to any health problems, including treatment of malaria cases, etc and to visit patients in private hospitals. We are maintaining the payment of this allowance.

#### **Recommendation 10**

**23.41 We recommend that Regional Public Health Superintendents should be paid a monthly allowance of Rs 2860 for providing coverage at port and airport in connection with arrival of ships and planes and for attending to public health problems, including treatment of malaria cases after normal working hours.**

#### **On-Call and In-Attendance Allowances to Regional Public Health Superintendents**

23.42 In view of the increasing movement of passengers at the port and airport thus, increasing the degree of risk to communicable diseases, and given that the services of public health officers are usually required in the aftermath of natural disasters, the 2013 EOAC Report introduced the payment of on-call and in-attendance allowances. Staff representatives have submitted that the quantum of the allowance should be aligned with those payable to the Consultant-in-Charge. We have studied the request and we are harmonising the mode of

computation for the payment of such an allowance, with a view to enhancing service delivery.

### **Recommendation 11**

**23.43 We recommend that the Regional Public Health Superintendent be paid an on-call allowance as follows:**

<b>Period</b>	<b>On-call Allowance (Rs)</b>
<b>Weekdays 1600 hours to 0900 hours the following day</b>	<b>1090</b>
<b>Saturdays 1200 hours to Sunday 0900 hours</b>	<b>1635</b>
<b>Sundays and Public Holidays: 0900 hours to 0900 hours the following day</b>	<b>1635</b>

**23.44 We further recommend that the Regional Public Health Superintendent should be paid an in-attendance allowance of Rs 935 per hour only in situations warranting his physical presence for the management of patients.**

### **Allowance to Consultants-in-Charge responsible for the Specialised Hospitals**

23.45 Consultants-in-Charge responsible for the Specialised Hospitals namely the Subramaniam Bharati Eye Hospital; the Ear, Nose and Throat Hospital; Poudre d'Or Hospital and the Brown Sequard Mental Health Care Centre are required to perform administrative duties in addition to their normal clinical duties against payment of a monthly allowance of Rs 2860. As this practice will continue, we are maintaining the allowance.

### **Recommendation 12**

**23.46 We recommend that a monthly allowance of Rs 2860 be paid to Consultants-in-Charge responsible for specialised hospitals.**

### **In-Attendance/On-Call Allowance to Doctors posted in Agalega Islands**

23.47 Doctors posted on a tour of service to Agalega are presently paid a monthly on-call allowance of Rs 20860 and in-attendance allowance of Rs 420 per hour. We are maintaining this arrangement.

### **Recommendation 13**

**23.48 We recommend that doctors posted on a tour of service to Agalega be paid a monthly on-call allowance of Rs 21905 for being on-call during the whole month and an in-attendance allowance of Rs 440 per hour.**

### **Allowance to perform aeromedical retrieval of patients**

23.49 Management has submitted that the retrieval of severely ill patients from Rodrigues and Agalega is being undertaken by officers in the grades of Emergency Physician and Senior Emergency Physician. Request has, therefore, been made for the payment of an allowance to them for each transfer of patients from Rodrigues and Agalega. We have studied the representation and we are recommending accordingly. **However, we also recommend that MOH and QL considers the advisability of providing insurance coverage to Emergency Physicians and Senior Emergency Physicians going to Agalega for this purpose.**

### **Recommendation 14**

**23.50 We recommend that officers of the Emergency Physician cadre be paid an allowance of Rs 1525 and Rs 2300 per visit to perform aeromedical retrieval of patients from Rodrigues and Agalega respectively.**

### **Allowance to Ayurvedic Medical Officer/Senior Ayurvedic Medical Officer**

23.51 The Ayurvedic Unit is under the curative section of the MOH and QL. It envisions to increase the availability and affordability of Ayurvedic services to the whole population; promote therapeutically sound use of Ayurvedic medicine by providers and consumers; and to focus on strengthening research methodology and quality, quantity and accessibility of clinical evidence to support claim for Ayurvedic.

23.52 During consultative meeting, the staff side has requested for an appropriate structure to maximize the potential that Ayurvedic Services offer for improved health status over the island. They also pointed out that the most senior Ayurvedic Medical Officer/Senior Ayurvedic Medical Officer has been entrusted with additional duties. Following discussion with the MOH and QL and pending the proper re-structuring of the Unit, we are making the relevant provision for enhanced service delivery.

### **Recommendation 15**

**23.53 We recommend, pending the proper re-structuring of the Unit, the payment of a monthly allowance equivalent to three increments at the point reached in the salary scale to the most senior Ayurvedic Medical Officer/Senior Ayurvedic Medical Officer for performing the duties of Officer-in-Charge of the Ayurvedic Unit.**

## **Bank of Doctors Scheme**

- 23.54 Due to shortage of doctors, the Ministry of Health and Quality of Life has established a bank scheme whereby the services of Medical Officers and Specialists from the private sector and below the age of 70 are enlisted for employment on a sessional basis.
- 23.55 Doctors under this bank scheme, operating at the level of Medical and Health Officer/Senior Medical and Health Officer, are paid allowances per session of three hours during weekdays, Sundays and public holidays. As the bank scheme has proved to be effective, we are maintaining and revising the quantum of the allowances.
- 23.56 Under this scheme, doctors who are officially required to attend Courts from their place of posting are paid mileage allowances at approved rate. We are maintaining this provision.

## **Recommendation 16**

### **23.57 We recommend that:**

- (i) the all-inclusive allowance payable to doctors operating at the level of Medical and Health Officer/Senior Medical and Health Officer be revised to Rs 1920 per session of three hours during weekdays and Rs 2310 per session of three hours on Sundays and public holidays;**
- (ii) the allowance payable under the bank scheme should be on a *pro-rata* basis whenever the officer is required to work for more than or less than the specified number of hours;**
- (iii) Doctors working under the bank of Doctors Scheme and who are officially required to attend Courts from their place of posting should be paid mileage allowance at approved rates; and**
- (iv) Doctors working under the bank of Doctors Scheme should be refunded the running costs for the distance from residence to place of posting at approved rates.**

## **Allowance to Doctors operating at the level of Specialist/Senior Specialist**

- 23.58 At present, an all-inclusive allowance is paid to doctors operating at the level of Specialist/Senior Specialist. Also, when they are on call and required to attend duty, they are being paid an allowance. We are maintaining this arrangement.

### **Recommendation 17**

**23.59 We recommend that doctors operating at the level of Specialist/Senior Specialist be paid an all-inclusive allowance of Rs 2310 per session of three hours during weekends and Rs 2885 per session of three hours on Sundays and public holidays.**

**23.60 We also recommend that the On-Call and In-Attendance allowances should be at the same prescribed rate as recommended at paragraphs 23.36 and 23.37 for the grade of Specialist/Senior Specialist.**

### **Pre-Registration Training Scheme for Doctors**

23.61 Newly qualified doctors are required to undergo pre-registration training in hospitals to be fully registered to practise. Those undergoing the training are paid a monthly allowance of Rs 23250 which is being revised in this Report.

### **Recommendation 18**

**23.62 We recommend that a monthly all-inclusive allowance of Rs 25525 be paid to doctors undergoing their pre-registration training in hospitals.**

**23.63 We further recommend that doctors undergoing pre-registration and practical training in a hospital be refunded travelling allowance by bus.**

### **Allowance for the Medical Cadres**

23.64 Presently a monthly allowance of Rs 13200 is paid to members of the Medical Profession for expenses incurred for the purchase of medical books, e-materials, journals and other publications needed for updating their knowledge in their fields and for developing new and efficient approaches for the treatment of diseases. We are maintaining this provision.

### **Recommendation 19**

**23.65 We recommend the payment of an annual allowance of Rs 13500 to members of the medical profession, appointed in a substantive capacity, for the purchase of medical books, e-materials, journals and other publications.**

### **Smart Phones for Medical Cadres**

23.66 During consultations, union members made submissions that they should be provided with smart phones in order to keep abreast of the latest development in medical field using digital technology. The issue has been discussed with the Management and they are agreeable. We are, thus, making the appropriate provision.

## **Recommendation 20**

**23.67 We recommend that the MOH and QL makes the necessary arrangement to provide every officer of the medical and dental professions, appointed in a substantive capacity, with a smart phone.**

## **Continuing Professional Development**

23.68 Continuing Professional Development (CPD) has to be a fundamental part of the design and delivery of patient care. CPD helps doctors to improve their professional effectiveness and work satisfaction, resulting in improved output in terms of patients health care and a healthier society.

## **Recommendation 21**

**23.69 We recommend that all members of the medical profession on the permanent and pensionable establishment of the Ministry of Health and Quality of Life should be:**

- (i) paid a maximum allowance of Rs 11550 annually and be cumulative over a period of maximum three years to meet the expenses towards their professional development on presentation of documentary evidence; and**
- (ii) granted special leave of a maximum of 10 days annually, subject to the exigencies of service, to enable them to take advantage of Continuing Professional Development Programmes either locally or abroad. However, such special leave may be combined with other types of leave whenever the number of days' leave required for the programmes exceeds 10 days.**

## **Special Medical Service Allowance**

23.70 Members of the Medical and Dental professions who are not allowed the privilege of private practice are paid a Special Medical Service Allowance. We are maintaining the payment of this allowance until the publication of the next overall Review of Pay and Grading Structures and Conditions of Service in the Public Sector. This allowance is being maintained to ensure continuity in the delivery of medical service for the well being of patients and this is in line with government's policy to provide a sustainable health service.

## **Recommendation 22**

**23.71 We recommend that, with effect from 01 January 2016 and up to the next overall Review of Pay and Grading Structures and Conditions of Service, members of the medical and dental professions who are not allowed the privilege of private practice should continue to be eligible for the payment of a monthly Special Medical Service Allowance as shown in table, hereunder:**

<b>Category</b>	<b>Special Medical Service Allowance % of monthly salary</b>
<b>Officers drawing salary in a scale the maximum of which is Rs 70450 and reckoning at least 10 years' service in the grade.</b>	<b>7</b>
<b>Officers drawing salary in a scale the maximum of which is Rs 83000.</b>	<b>7</b>
<b>Officers drawing salary in a scale the maximum of which is between Rs 89000 and Rs 95000.</b>	<b>10</b>
<b>Officers drawing salary more than Rs 95000.</b>	<b>15</b>

**Allowance for Officers of the Medical and Dental Professions in post as at 30 June 2008 who reckon at least 30 years of pensionable service.**

### **Recommendation 23**

**23.72 We recommend that officers of the Medical and Dental Professions in post as at 30 June 2008 and as from 1 January 2013:**

- (a) attain the new compulsory retirement age as per the transitional provision;**
- (b) reckon at least 30 years of pensionable service; and**
- (c) have opted for the Pension Reforms on 1 July 2008 and contributed effectively to the pension scheme**

**should, on retirement, be granted a one-off payment equivalent to 2% of their annual pensionable emoluments for each completed year of pensionable service beyond 30 years of pensionable service with effect from 1 January 2013.**

### **All- Inclusive Allowance in lieu of Meal**

**23.73 At the Dr. Yves Cantin Community Hospital where catering facilities are not available, doctors who work for 31 hours continuously, from 0900 hours to 1600 hours the following day are being paid an all-inclusive allowance of Rs 330.**

**23.74 Regarding the services provided on the specified day and time below, the all-inclusive allowance in lieu of meal is Rs 220:**

- (a) from Friday 0900 hours to noon on Saturday;**
- (b) from Saturday 0900 hours to 0900 hours on Sunday; and**
- (c) from 0900 hours to 0900 hours the following day when the following day happens to be a public holiday.**

#### **Recommendation 24**

- 23.75** We recommend that the all-inclusive allowance paid to Doctors who are required to provide their services from 0900 hours to 1600 hours the following day in health institutions where they are not provided with meals and/or where such facilities are not available be revised to Rs 390 for that specified number of hours.
- 23.76** In respect of their services provided on the specified day and time below, the all-inclusive allowance in lieu of meal is revised to Rs 260:
- (a)** from Friday 0900 hours to noon on Saturday;
  - (b)** from Saturday 0900 hours to 0900 hours on Sunday; and
  - (c)** from 0900 hours to 0900 hours the following day when the following day happens to be a public holiday.

#### **Rent Free Telephone and Free Calls**

- 23.77** At present, in view of their specific nature of duties, officers of the Medical and Dental professions are granted rent free telephone and free calls. This provision is being maintained.

#### **Recommendation 25**

- 23.78** We recommend that officers of the Medical and Dental professions should continue to be granted rent free telephone and free calls or equivalent for mobile phones.

#### **Special Provisions for officers of the Medical and Dental Professions**

- 23.79** In line with recommendation 12 at paragraph 10.40 of Volume 1 of the 2016 PRB Report, we are making provision for members of the medical and dental professions.

#### **Recommendation 26**

- 23.80** We recommend that members of the medical and dental professions drawing salary in the scale the maximum of which is not less than Rs 70450 and not more than Rs 89000 and having reached the top of their respective salary scale should be allowed to move incrementally up to a maximum of two increments in the master salary scale provided they:
- (i)** have drawn the top salary for a year;
  - (ii)** have been efficient and effective in their performance during the preceding year; and
  - (iii)** are not under report.

**23.81** We further recommend that members of the medical and dental professions reckoning fourteen years' service in their respective grades would be entitled to car benefits as per provision at paragraph 18.2.16 (No. 2) of Volume 1 though drawing a monthly salary in a scale the maximum of which is less than Rs 86000.

**23.82** We additionally recommend that the above provision should equally apply to members of the medical and dental professions on the establishment of other Ministries/Departments.

#### **Allowance to Specialist/Senior Specialist in field requiring subspecialisation**

23.83 With a view to motivating Specialist/Senior Specialists to obtain further specialisation or double specialist qualification, a monthly allowance of Rs 5000 is presently being paid to them. This allowance is being revised.

#### **Recommendation 27**

**23.84** We recommend that a monthly allowance of Rs 5250 be paid to Specialist/Senior Specialists, Specialist/Senior Specialists known as Consultants and Consultants-in-charge possessing subspecialist qualifications which are directly relevant for the performance of their duties and who participate in the medical activities relating to their speciality. The subspeciality qualification should have been obtained after having followed a full time course in the relevant subspeciality. This allowance would be paid on a case to case basis subject to the approval of the Ministry of Health and Quality of Life.

#### **Medical and Dental Specialists**

23.85 Special provision is made for Medical and Dental Specialists in terms of career earnings and aligning their status with what obtains internationally. This is being maintained.

#### **Recommendation 28**

**23.86** We recommend that Specialist/Senior Specialists and Specialists (Dental Services) should be known as Consultant on reaching salary point Rs 89000.

#### **Support Staff**

23.87 In the 2013 PRB Report, we recommended that the MOH and QL considers the advisability of making the necessary arrangements to provide some support services, where deemed necessary, to the Specialist/Senior Specialists and other Clinical Officers who would require such services.

23.88 In the context of this Report, various union members have repeatedly submitted that officers of the medical group should be provided with support staff. We have examined the submissions and we are re-iterating our recommendation made in the last Report.

### **Recommendation 29**

**23.89 We recommend that the MOH and QL makes the necessary arrangement to provide Management Support Officers or Clerical Officers to officers of the Medical Group.**

### **Leave Without Pay to Medical and Health Officers/Senior Medical and Health Officers**

23.90 Management has proposed for the extension of leave without pay to doctors to service Médecins Sans Frontières (MSF), where they would provide medical support to needy people in various situations, such as conflicts, poverty, disasters, emergencies, etc. The Ministry views that servicing the MSF would prove to be beneficial to the doctors and the country in terms of training opportunities, international exposure and experience acquired in working in difficult conditions.

23.91 Whilst examining the proposal, the Bureau has taken into account the benefits to be derived from such a scheme, which eventually would enhance service delivery and the fact that there is no longer a dearth of doctors. In these circumstances, we are agreeable to the proposal and making provisions to that effect.

### **Recommendation 30**

**23.92 We recommend that Medical and Health Officer/Senior Medical and Health Officers of the MOH and QL should exceptionally be granted leave without pay to service the organization, Médecin Sans Frontières, for a minimum period of six months up to a maximum of 12 months over a period of 10 years, subject to the exigencies of the service and approval of the Ministry of Civil Service and Administrative Reforms.**

**MINISTRY OF HEALTH AND QUALITY OF LIFE**  
**SALARY SCHEDULE**

Salary Code	Salary Scale and Grade
02 000 108	<b>Rs 152000</b> Senior Chief Executive
09 000 107	<b>Rs 140000</b> Director-General, Health Services
02 000 106	<b>Rs 122000</b> Permanent Secretary
02 000 103	<b>Rs 113000</b> Manager, Hospital Services
09 000 103	<b>Rs 113000</b> Director, Health Services
09 000 102	<b>Rs 110000</b> Director, Clinical Services Director, Dental Services Director, Diabetes and Vascular Services <i>formerly Executive Director</i> Director, Laboratory Services Regional Health Director
09 000 100	<b>Rs 101000</b> Consultant-in-Charge Deputy Director, Laboratory Services Deputy Director, Health Services Director, Emergency Services Head, AIDS Unit Head, Occupational Health Unit Regional Public Health Superintendent
09 000 099	<b>Rs 98000</b> National HIV/AIDS Coordinator

Salary Code	Salary Scale and Grade
09 096 098	<b>Rs 89000 x 3000 – 95000</b> Lead Diabetologist
09 085 098	<b>Rs 62950 x 1850 – 68500 x 1950 – 74350 x 2825 – 80000 x 3000 – 95000</b> Medical Superintendent
09 083 098	<b>Rs 59700 x 1625 – 62950 x 1850 – 68500 x 1950 – 74350 x 2825 – 80000 x 3000 – 95000</b> Regional Dental Superintendent Specialist/Senior Specialist Specialist (Dental Services)
09 085 096	<b>Rs 62950 x 1850 – 68500 x 1950 – 74350 x 2825 – 80000 x 3000 – 89000</b> NCD Coordinator Officer-in-Charge, Harm Reduction Section Senior AIDS Physician Senior Community Physician Senior Emergency Physician Senior Occupational Health Physician
09 085 095	<b>Rs 62950 x 1850 – 68500 x 1950 – 74350 x 2825 – 80000 x 3000 – 86000</b> Diabetes Public Health Coordinator
09 074 094	<b>Rs 45375 x 1525 – 49950 x 1625 – 62950 x 1850 – 68500 x 1950 – 74350 x 2825 – 80000 x 3000 – 83000</b> AIDS Physician Community Physician Emergency Physician Occupational Health Physician Registrar
09 071 089	<b>Rs 40800 x 1525 – 49950 x 1625 – 62950 x 1850 – 68500 x 1950 – 70450</b> Medical and Health Officer/Senior Medical and Health Officer

Salary Code	Salary Scale and Grade
09 070 089	<b>Rs 39575 x 1225 – 40800 x 1525 – 49950 x 1625 – 62950 x 1850 – 68500 x 1950 – 70450</b> Ayurvedic Medical Officer/Senior Ayurvedic Medical Officer Dental Surgeon/Senior Dental Surgeon

## PHARMACY DIVISION

- 23.93 The Pharmacy Division forms part of the Health Class and consists of officers in the Pharmacist cadre providing professional services and those of the Pharmacy Technician cadre giving technical support.
- 23.94 The Pharmacist cadre is headed by a Director, Pharmaceutical Services who is assisted by a Deputy Director, Pharmaceutical Services. Both are supported by officers in the grades of Principal Pharmacist and Pharmacist/Senior Pharmacist.
- 23.95 Being the technical arm of this group, the Pharmacy Technician cadre consists of officers in the grades of Chief Pharmacy Technician, Principal Pharmacy Technician, Pharmacy Stores Manager, Senior Pharmacy Technician and Pharmacy Technician.

### Pharmacovigilance Unit

- 23.96 In the last Report, we recommended that the MOH and QL should make the necessary arrangement for a Principal Pharmacist to head the Pharmacovigilance Unit and that the scheme of service of the grade of Principal Pharmacist be enlarged to include duties related to pharmacovigilance. **We are maintaining the existing provision.**

### Pharmacist/Senior Pharmacist

#### Recommendation 31

- 23.97 **We recommend that officers in post as at 30.06.08 in the grade of Senior Pharmacist now restyled Pharmacist/Senior Pharmacist should, on reaching the top salary of Rs 62950, be allowed to move incrementally, on a personal basis, in the salary scale up to salary point Rs 66650 provided they:**
- (a) have drawn the top salary for a year;
  - (b) have been efficient and effective in their performance during the preceding year; and
  - (c) are not under report.

**23.98 We further recommend that officers in the grade of Pharmacist/Senior Pharmacist should on reaching the top salary of Rs 62950, be allowed to move incrementally in the master salary scale up to salary point Rs 64800 provided they:**

- (a) have drawn the top salary for a year;**
- (b) have been efficient and effective in their performance during the preceding year; and**
- (c) are not under report.**

#### **Allowance to Pharmacist/Senior Pharmacist**

**23.99 Both Union and Management have submitted that, as there is an increased workload for Pharmacist/Senior Pharmacists at the hospitals and a high attendance of patients after normal working hours, the services of Pharmacist/Senior Pharmacists are required to provide patients with the required drugs and to give professional advice to doctors on drugs to be dispensed. They also respond to any emergency situation arising therein. Consequently, request for the payment of an allowance was made, pending the implementation of a proper shift system. The Bureau has analysed the issue and with a view to enhancing service delivery, we are making the relevant provision.**

#### **Recommendation 32**

**23.100 We recommend that, pending the implementation of a proper shift system, officers in the grade of Pharmacist/Senior Pharmacist who are required to work beyond their normal working hours up to 2200 hours on weekdays and Saturdays should be compensated at the normal hourly rate at the salary point reached, for the additional hours put in.**

**23.101 We additionally recommend the payment of an On-Call Allowance of Rs 395 to one Pharmacist/Senior Pharmacist of each hospital who is required to be on-call on weekdays and Saturdays from 2200 hours to 0900 hours the following day and Rs 860 for being on call on Sundays and public holidays from 0900 hours to 0900 hours the following day.**

**23.102 We also recommend that, when attending duty while on call, the Pharmacist/Senior Pharmacist should be paid an In-Attendance Allowance of Rs 290 per hour, inclusive of travelling time.**

#### **Inspection of private pharmacies and clearance of parcels**

**23.103 In order to ensure compliance with the Pharmacy Act, officers of the Pharmacist cadre visit and inspect private pharmacies. They are also required to attend daily the parcel post office for inspecting and authorising the clearance of parcels to ensure compliance with relevant provisions of the Pharmacy Act and the**

Dangerous Drugs Act. Presently, they are being paid an allowance of Rs 475 for each visit.

23.104 Moreover, as there is need for monitoring and control of drugs and counterfeit drugs entering the Mauritian territory, the MOH and QL has submitted that all parcels containing pharmaceutical and related products are also being inspected by officers of the Pharmacist cadre at the airport and the seaport. Consequently, Management has requested that the payment of the allowance for inspection of private pharmacies be extended for inspections at the airport and seaport as well. We are agreeable to the submission/proposal of management and are recommending accordingly.

### **Recommendation 33**

**23.105 We recommend that an allowance of Rs 500 be paid to officers of the Pharmacist cadre for each inspection carried out in private pharmacies, outside office hours and which may involve submission of a report and/or legal proceedings or for each visit carried out at the parcel post office, airport and seaport.**

### **Pre-Registration Allowance**

23.106 Graduates in Pharmacy who are, presently, required to undergo one year pre-registration training in a public or retail pharmacy in order to be registered with the Pharmacy Board and to have the right to practice, are paid a monthly allowance of Rs 21000. The quantum is being revised.

### **Recommendation 34**

**23.107 We recommend that graduates in Pharmacy who are required to undergo pre-registration training in public hospital pharmacies be paid a monthly allowance of Rs 23975.**

**23.108 We additionally recommend that graduates in Pharmacy undergoing pre-registration training in public pharmacies should be refunded travelling allowance by bus.**

### **Pharmacy Technician Cadre**

#### **Diploma in Pharmacy Technician**

23.109 In the last Report, we recommended that appointment to the grade of Pharmacy Technician should, in future, be made by appointment of Trainee Pharmacy Technician *formerly Student Pharmacy Technician* who have successfully completed the Diploma in Pharmacy Technician. **This is being maintained.**

23.110 We also provided for a Qualification Bar (QB) in the salary scales of the grades of Pharmacy Technician and Senior Pharmacy Technician, progression beyond which would be subject to them possessing the Diploma in Pharmacy Technician.

The EOAC removed the QB in the salary scale of the grade of Senior Pharmacy Technician, thus allowing unqualified officers to progress beyond the QB salary. Those officers who are qualified felt that their efforts and sacrifices have not been compensated. On the other hand, allowing both qualified and non qualified officers to draw the same salary scale is technically incorrect and might give rise to justified claims for redress before the tribunal. For all these reasons, the Bureau is reinserting the QB in the salary scale of Senior Pharmacy Technician.

### **Recommendation 35**

- 23.111 We recommend that, in future, progression beyond the QB in the salary scales of Pharmacy Technician and Senior Pharmacy Technician should be subject to obtention of the Diploma in Pharmacy Technician or equivalent.**
- 23.112 We further recommend that officers in post as at 01.01.16 in the grade of Senior Pharmacy Technician who have already crossed the QB in their salary scale though not possessing the Diploma be allowed to continue to move incrementally in their respective salary scale, on a personal basis.**
- 23.113 We also recommend that the MOH and QL should continue to make provision for the enlistment of Trainee Pharmacy Technician *formerly Student Pharmacy Technician* as well as other officers of the Pharmacy Technician cadre of the Ministry and the Rodrigues Regional Assembly to follow top-up training programmes leading to the Diploma in Pharmacy Technician.**

### **Regional Pharmacy Technician (New Grade)**

- 23.114 Dispensing of drugs in Regional Hospitals, AHCs and CHCs constitutes an important phase in the treatment of patients. It is equally significant to have the right quantity of drugs in our drug stores and pharmacies so as to meet the demand of patients.
- 23.115 It has been submitted that there is need for a proper control of the quantity of drugs ordered and required. Therefore, it is mandatory for officers to exercise control over supply of expensive, attractive and sensitive products in order to eliminate wastage and ensure a proper distribution of drugs to hospitals.
- 23.116 With a view to strengthening the existing structure to improve the pharmaceuticals service, provision is being made for the creation of a grade for effective coordination and smooth running of the Pharmacy services in the periphery of the five health regional hospitals.

### **Recommendation 36**

**23.117 We recommend the creation of the grade of Regional Pharmacy Technician on the establishment of the Ministry of Health & Quality of Life. Appointment thereto, should be made by promotion, on the basis of experience and merit, of officers in the grade Principal Pharmacy Technician reckoning at least three years' service in a substantive capacity.**

23.118 Incumbent would be required, among others, to coordinate the work for the smooth running of the Pharmacy Services in the periphery of the five regional hospitals and to provide administrative support to the Chief Pharmacy Technician.

### **Allowance to Pharmacy Technicians and Senior Pharmacy Technicians**

23.119 Generally, Pharmacy Technicians and Senior Pharmacy Technicians are required to work on shift to provide the pharmacy service on a 24-hour basis in the five main hospitals as well as in the specialized ones. However, due to shortage of staff, the shift system could not be implemented. Consequently, these officers are required to put in additional hours of work and they are paid an In-Attendance Allowance. It has been requested that the quantum of the allowances should be reviewed in a fair way as the officers are not in-attendance but are mainly continuing their normal day duty. The Bureau has analysed the request and, on the basis of fairness and equity, is reviewing the mode of compensation.

### **Recommendation 37**

**23.120 We recommend that, pending the implementation of a proper shift system, officers in the grades of Pharmacy Technician and Senior Pharmacy Technician who are required to work beyond their normal working hours in order to provide 24-hour coverage during nights, weekends and public holidays should be compensated at the normal hourly rate at the salary point reached in their respective salary scale, subject to the top of the scale.**

**23.121 We further recommend that Pharmacy Technician and Senior Pharmacy Technician who are required to work after normal working hours at the Area Health Centres and Community Health Centres should continue to be remunerated on the terms and conditions prevailing as at 31.12.15.**

### **Bank Pharmacy Technician Scheme**

23.122 At present, to cope with the heavy workload coupled with shortage of staff, retired officers as well as officers of the Pharmacy Technician cadre who are allowed to work under the Bank Pharmacy Technician Scheme are paid an allowance of Rs 700 per day session of four hours and Rs 800 per night session of four hours.

As this arrangement has proved to be effective, the Bank Pharmacy Technician Scheme is being maintained.

### **Recommendation 38**

**23.123 We recommend the payment of an allowance of Rs 735 per day session of four hours and Rs 840 per night session of four hours to retired officers as well as officers of the Pharmacy Technician cadre who are allowed to work under the Bank Pharmacy Technician Scheme.**

**23.124 We additionally recommend that the payment of the allowances under the Bank Pharmacy Technician Scheme should be on a *pro-rata* basis whenever the officer is required to work for more than or less than the specified number of hours.**

### **Allowance to Senior Pharmacy Technicians**

23.125 Staff representatives have reported that, in the absence of the Principal Pharmacy Technician and Pharmacist/Senior Pharmacist after the normal working hours, officers in the grade of Senior Pharmacy Technician are called upon to shoulder higher responsibilities for which they are held accountable. The Bureau has analysed the issue and we are making the relevant provision to that effect.

### **Recommendation 39**

**23.126 We recommend that the seniormost Senior Pharmacy Technician who is called upon to take charge of the pharmacy and shoulder higher responsibilities after normal working hours, in the absence of a Principal Pharmacy Technician and Pharmacist/Senior Pharmacist, should be paid a monthly allowance equivalent to one increment at the salary point reached in the salary scale, subject to the top of the scale.**

### **All inclusive allowance at Dr. Yves Cantin Community Hospital**

23.127 During consultative meetings, it has been reported that officers of the Pharmacy Technician cadre are required to resume duty at Dr. Yves Cantin Community Hospital after a night duty. As catering facilities are not available there, request has been made for the payment of an allowance in lieu of the meal to which we subscribe.

### **Recommendation 40**

**23.128 We recommend the payment of an all-inclusive daily allowance of Rs 260 in lieu of meal to officers of the Pharmacy Technician cadre who, after a night service, are required to attend Dr. Yves Cantin Community Hospital the following day where they are not provided with meals and/or where such facilities are not available.**

### Night Duty Allowance

23.129 Union Members have submitted that, although no proper shift system has been implemented, they are providing 24-hour coverage in the public pharmacies. Consequently, they have requested that they be paid the night duty allowance. We have examined the issue and we are, exceptionally, making provision to that effect given that the officers in this cadre are required to work beyond their normal working hours in a pattern of shift.

### Recommendation 41

**23.130 We recommend that officers of the Pharmacy Technician cadre who work on night shift should, exceptionally, be paid a Night Duty Allowance equivalent to 25% of the normal rate per hour for the hours between 2300 hours and 0500 hours including up to a maximum of two hours lying-in period.**

### Shift Work

23.131 Officers in the grades of Pharmacy Technician and Senior Pharmacy Technician are required to work on shift. **This element has been taken into consideration in arriving at the recommended salaries for the corresponding grades.**

## PHARMACY DIVISION

### SALARY SCHEDULE

Salary Code	Salary Scale and Grade
09 095 097	<b>Rs 86000 x 3000 – 92000</b> Director, Pharmaceutical Services
09 079 094	<b>Rs 53200 x 1625 – 62950 x 1850 – 68500 x 1950 – 74350 x 2825 – 80000 x 3000 – 83000</b> Deputy Director, Pharmaceutical Services
09 075 089	<b>Rs 46900 x 1525 – 49950 x 1625 – 62950 x 1850 – 68500 x 1950 – 70450</b> Principal Pharmacist
09 059 085	<b>Rs 29400 x 775 – 32500 x 925 – 37125 x 1225 – 40800 x 1525 – 49950 x 1625 – 62950</b> Pharmacist/Senior Pharmacist

Salary Code	Salary Scale and Grade
09 069 085	<b>Rs 38350 x 1225 – 40800 x 1525 – 49950 x 1625 – 62950</b> Quality Control Pharmacist/Chemist
09 070 085	<b>Rs 39575 x 1225 – 40800 x 1525 – 49950 x 1625 – 62950</b> Chief Pharmacy Technician
09 067 081	<b>Rs 36200 x 925 – 37125 x 1225 – 40800 x 1525 – 49950 x 1625 – 56450</b> Regional Pharmacy Technician (New Grade)
09 065 078	<b>Rs 34350 x 925 – 37125 x 1225 – 40800 x 1525 – 49950 x 1625 – 51575</b> Principal Pharmacy Technician
09 060 075	<b>Rs 30175 x 775 – 32500 x 925 – 37125 x 1225 – 40800 x 1525 – 46900</b> Pharmacy Stores Manager
09 052 073	<b>Rs 23975 x 775 – 32500 x 925 – 37125 x 1225 – 40800 QB 42325 x 1525 – 43850</b> Senior Pharmacy Technician
09 036 069	<b>Rs 16725 x 325 – 17700 x 375 – 19575 x 475 – 21950 x 625 – 23200 x 775 – 32500 x 925 – 36200 QB 37125 x 1225 – 38350</b> Pharmacy Technician
09 026 028	<b>Rs 13790 x 260 – 14050 x 275 – 14325</b> Trainee Pharmacy Technician <i>formerly Student Pharmacy Technician</i>

### NURSING GROUP

23.132 Nursing is a profession within the health care sector which focuses on the care of individuals, families and communities so that they may attain, maintain or recover optimal health and quality of life. Nurses develop a plan of care, work in collaboration with physicians, therapists, the patient, the patient's family and other team members, with prime objective of treating illness with a view to improving quality of life. In fact, they are the front-liners of the health care delivery.

23.133 The Nursing Group comprises grades mainly from the following cadres: Nursing Officer, Midwife, Public Health Nursing Officer, Nurse Educator and Specialised Nurse. There are also other grades in this group which provide assistance and auxiliary services.

### **Diploma in General Nursing**

23.134 In the last Report, we recommended that appointment to the grade of Nursing Officer should, in future, be made by appointment of Trainee Nurses *formerly Student Nurses* who have successfully completed the National Diploma level 6 in Nursing. **This is being maintained.**

23.135 We also made provision for a Qualification Bar (QB) in the salary scale of the respective Nursing grade so that progression beyond the QB would be subject to them possessing the National Diploma Level 6 in Nursing. The EOAC removed the QB in the salary scale thus, allowing unqualified officers to progress beyond the QB salary. Those officers who are qualified felt that their efforts and sacrifices have not been compensated. On the other hand, allowing both qualified and non qualified officers to draw the same salary scale is technically incorrect and might give rise to justified claims for redress before the tribunal. For all these reasons, the Bureau is reinserting the QB in the salary scales of the respective grade of Nursing Officer, Charge Nurse (Male), Charge Nurse (Female), Nursing Officer (Psychiatric), Charge Nurse (Psychiatric) (Male), Charge Nurse (Psychiatric) (Female), Specialised Nurse, Podiatrist and Blood Bank Officer.

### **Recommendation 42**

**23.136 We recommend that, in future, progression beyond the QB in the respective salary scale of Nursing Officer, Charge Nurse (Male), Charge Nurse (Female), Nursing Officer (Psychiatric), Charge Nurse (Psychiatric) (Male), Charge Nurse (Psychiatric) (Female), Specialised Nurse, Podiatrist and Blood Bank Officer should be subject to obtention of the National Diploma Level 6 in Nursing.**

**23.137 We further recommend that officers in post as at 01.01.16 in the grades of Nursing Officer, Charge Nurse (Male), Charge Nurse (Female), Nursing Officer (Psychiatric), Charge Nurse (Psychiatric) (Male), Charge Nurse (Psychiatric) (Female), Specialised Nurse, Podiatrist and Blood Bank Officer who have already crossed the QB in their respective salary scale though not possessing the Diploma be allowed to continue to move incrementally in their respective salary scale, on a personal basis.**

**23.138 We also recommend that the MOH and QL should continue to make provision for officers of the Nursing Officer cadre of the Ministry and of the Rodrigues Regional Assembly to follow top up training programmes leading to a National Diploma Level 6 in Nursing.**

### **Public Health Nursing Officer**

23.139 During consultations with the staff side of the Public Health Nursing Officer cadre, request was made that the top-up training programmes leading to a National Diploma Level 6 in Nursing be extended to them as well, given that they are recruited from Nursing Officers. The Bureau has examined the submission and we are making the appropriate recommendation.

#### **Recommendation 43**

**23.140 We recommend that the Ministry of Health and Quality of Life should make the necessary provision for officers of the Public Health Nursing Officer cadre to follow top up training programmes leading to a National Diploma Level 6 in Nursing.**

**23.141 We further recommend that progression beyond the QB in the salary scale of the grade of Public Health Nursing Officer should be subject to obtention of the National Diploma Level 6 in Nursing.**

### **Midwife Educator**

23.142 Presently, appointment to the grade of Midwife Educator is made by selection from among candidates reckoning two years' post registration experience as General Nurse, three years' as Midwife and possessing a Diploma in Nursing Education with Midwifery. Since Nursing and Midwifery are two different fields, difficulties are being encountered to have candidates possessing both qualifications. Proposals have, therefore, been made to amend the qualification requirements of the grade such that recruitment thereof would be easier.

23.143 The Bureau has duly examined the issue and is of the view that the mode of appointment should be amended to ease recruitment. During consultations, Management was apprised of the issue and the latter agreed to take remedial action. We are, therefore, making provision to this end.

#### **Recommendation 44**

**23.144 We recommend that the MOH and QL should review the qualification requirements for appointment to the grade of Midwife Educator in order to ease recruitment.**

### **Nurse Mentor**

23.145 In the last Report, we recommended that graduate Nurses be given the opportunity to utilise their skills/competencies to provide clinical teaching and practice to Trainee Nurses *formerly Student Nurses* as well as assuming team leadership roles in different units of the Health Care Delivery System where the latter are posted. We also recommended that these graduate Nurses should be designated as Nurse Mentors and be granted an allowance equivalent to two

increments at the point reached in their respective salary scale. **We are maintaining these recommendations in this Report.**

### **Notional Time**

23.146 Notional time is considered or deemed to be considered as effective working time. Hence, we are maintaining the recommendation made to that effect.

### **Recommendation 45**

**23.147 We recommend that Charge Nurses or any other officers posted in the wards and are involved in handing over should be compensated for handing over time up to a maximum of 30 minutes (by time-off) when effective working hours and notional time exceeds 40 hours weekly or a multiple of 40 hours, where the shift covers a cycle.**

### **Retention Allowance**

23.148 To ease the retention problem of qualified Nursing Officers, the Bureau came up with a series of recommendation in its 2003 PRB Report. In 2008, with the high attrition rate of the nursing personnel, the High Powered Committee made several additional recommendations.

23.149 We have, in this Report, reassessed the situation and consider that the measures taken to ease the problem of retention should be maintained for some time and reviewed for effective healthcare delivery.

23.150 Presently, a monthly retention allowance is paid to some officers of the Nursing group, because there is a shortage of nursing staff. The payment of this retention allowance has helped in curbing the emigration of the Nursing personnel.

23.151 We have observed that the market situation/condition has improved and there are many qualified people who are available to work in the health sector. However, we are maintaining the payment of Retention Allowance to eligible officers in post as at 31 December 2015 up to 31 December 2016.

### **Recommendation 46**

**23.152 We recommend that:**

- (i) Nursing Officers who have successfully completed the bonded period as well as officers in the grades of Charge Nurse, Ward Manager, Nursing Supervisor, Nursing Administrator, Regional Nursing Administrator, Public Health Nursing Officer, Senior Public Health Nursing Officer, Principal Public Health Nursing Officer, Specialised Nurse, Nurse Educator, Senior Nurse Educator, Principal Nurse Educator, Midwife Educator and Senior Midwife Educator should continue, up to 31 December 2016, to be paid a monthly Retention**

**Allowance equivalent to two additional increments at the point they have reached in the master salary scale, subject to satisfactory performance and upon recommendation of the Responsible/Supervising Officer; and**

- (ii) an officer who leaves the service before reaching the age at which he may retire without the approval of the appropriate Service Commission (Table II at Chapter 15 of Volume 1) should refund the totality of the Retention Allowance paid to him. However, an officer who retires from the service on reaching the age at which he may retire without the approval of the appropriate Service Commission or thereafter should refund only that part of the retention allowance which he would have earned under this scheme after reaching the age at which he may retire without the approval of the appropriate Service Commission.**

**23.153 However, the above provision should not apply to officers retiring as per their new compulsory retirement age or on medical ground.**

**23.154 All officers who are eligible for the payment of the Retention Allowance as from 01 January 2016 and have been granted same prior to the publication of this Report should continue to draw the Retention Allowance up to 31 December 2016.**

**23.155 We are reiterating our recommendation that the authorities should consider the advisability of training the maximum number of persons that the establishment can allow for the Nursing profession until the next overall Review on Pay and Grading Structures and Conditions of Service in the Public Sector, given the demands for the profession both at home and abroad.**

### **Night Duty Allowance**

**23.156 The Night Duty Allowance is actually being paid to officers in the Nursing Group who effectively work on night shift. This arrangement is an incentive for concerned officers and has proved to be beneficial to the service. It is, therefore, being maintained.**

### **Recommendation 47**

**23.157 We recommend that officers in the Nursing Group who effectively work on night shift should continue to be paid a Night Duty Allowance equivalent to 25% of the normal rate per hour for the hours between 2300 hours to 0500 hours including up to a maximum of two hours lying-in period.**

**23.158 We, however, recommend that the Night Duty Allowance be computed exceptionally at the rate of 25% and on the basis of eight hours in respect of the present night shift of 13½ hours for officers in the Nursing Officer cadre and officers in the grades of Health Care Assistant/Senior Health Care Assistant (General) *formerly Health Care Assistant (General)*, Senior Midwife, Midwife and Trainee Midwife *formerly Student Midwife*.**

#### **Night Attendance Bonus**

23.159 As an incentive to curb absenteeism at night, a monthly Night Attendance Bonus is payable to some officers provided that they attend duty on all scheduled night shifts during the month. This provision has been effective in encouraging work at night and same is being maintained.

#### **Recommendation 48**

**23.160 We recommend the payment of a monthly Night Attendance Bonus, until the next overall Review on Pay and Grading Structures and Conditions of Service in the Public Sector, to officers in the grades as mentioned below provided that they attend duty on all scheduled night shifts during the month.**

<b>Grades</b>	<b>Night Attendance Bonus (Rs)</b>
<b>Trainee Nurse</b> <i>formerly Student Nurse</i>	<b>290</b>
<b>Trainee Midwife</b> <i>formerly Student Midwife</i>	<b>290</b>
<b>Nursing Officer:</b>	
<b>Up to 10 years' service</b>	<b>585</b>
<b>Over 10 years' service</b>	<b>730</b>
<b>Charge Nurse:</b>	
<b>Up to 5 years' service</b>	<b>730</b>
<b>Over 5 years' service</b>	<b>875</b>
<b>Nursing Supervisor</b>	<b>1100</b>
<b>Midwife:</b>	
<b>Up to 10 years' service</b>	<b>410</b>
<b>Over 10 years' service</b>	<b>585</b>
<b>Senior Midwife:</b>	
<b>Up to 10 years' service</b>	<b>585</b>
<b>Over 10 years' service</b>	<b>730</b>

Grades	Night Attendance Bonus (Rs)
<b>Health Care Attendant/Senior Health Care Attendant formerly Health Care Assistant (General):</b>	
<b>Up to 10 years' service</b>	<b>330</b>
<b>Over 10 years' service</b>	<b>475</b>

### **Bank Nurse Scheme**

23.161 Under the current Bank Nurse Scheme (in service), serving Nursing Officers, Charge Nurses, Ward Managers, Nursing Supervisors, Nursing Administrators, Senior Midwives and Midwives are employed on a sessional basis whereas under the external Bank Nurse Scheme, Registered Nurses and qualified Midwives not in the Government Service are employed. All these officers operate at the level of Nursing Officer under the Bank Nurse Scheme and are paid allowances at the rate of Rs 700 per day session of four hours and Rs 800 per night session of four hours.

23.162 To palliate for the acute shortage of Nursing Staff and ensuring effective service delivery, we are maintaining the scheme and revising the quantum of the allowances.

### **Recommendation 49**

**23.163 We recommend the payment of an all-inclusive allowance of Rs 735 per day session of four hours and Rs 840 per night session of four hours to serving Nursing Officers, Charge Nurses, Ward Managers, Nursing Supervisors, Nursing Administrators, Senior Midwives and Midwives employed on a sessional basis under the Bank Nurse Scheme (in service) and to Registered Nurses and qualified Midwives not in Government Health Institutions.**

**23.164 We additionally recommend that the allowances under the Bank Nurse Scheme should be paid on a *pro-rata* basis whenever the officer is required to work for more than or less than the specified number of hours.**

### **Allowances to Nursing Officers posted in the Emergency Medical Services Units (SAMU)**

23.165 Nursing Officers posted to the Emergency Medical Services Units (SAMU) are paid an allowance for shouldering additional duties. Besides this allowance, the seniormost Nursing Officer is additionally paid an allowance for planning roster, organising the work, controlling drugs, dressings, instruments and equipment and ensuring maintenance thereof. This arrangement is being maintained.

## **Recommendation 50**

**23.166 We recommend the payment of a monthly allowance of Rs 775 to Nursing Officers posted to SAMU for performing additional duties and Rs 960 to the seniormost Nursing Officer for planning the work and making roster, being responsible of and controlling drugs, dressings, instruments and equipment and ensuring maintenance of equipment and instruments.**

### **Allowances for performing duties of ECG Technician**

23.167 ECG Technicians provide electrocardiogram services to patients during normal working hours only. Emergency cases outside normal working hours at the Emergency Department, ICU, Cardiac Wards and SAMU are attended by Charge Nurses and Nursing Officers. The 2013 EOAC Report extended this service against payment of allowances to Charge Nurses, Nursing Officers and Health Care Attendant/Senior Health Care Attendants *formerly Health Care Assistants (General)* posted to Area Health Centres and Community Health Centres. As ECG services will continue to be provided to patients after normal working hours in hospitals and within normal working hours in Area Health Centres/Community Health Centres/Mediclinics, we are maintaining the existing arrangement.

## **Recommendation 51**

**23.168 We recommend the payment of an allowance of Rs 145 per night/Sunday/public holiday and Rs 75 for Saturday from 1200 hours to 1800 hours to Charge Nurses and Nursing Officers posted to the Accident and Emergency Department, ICU, Cardiac Wards and SAMU who are required to perform the duties of ECG Technician at nights, on Saturdays, Sundays and public holidays.**

**23.169 We also recommend the payment of an allowance of Rs 145 per day/Sunday/public holiday and Rs 50 per night to Charge Nurses, Nursing Officers and Health Care Attendant/Senior Health Care Attendants (General) *formerly Health Care Assistants (General)* posted to the Area Health Centres/Community Health Centres/Medi clinics who are required to perform the duties of ECG Technician during the day, at night, on Sundays and public holidays.**

### **Allowance to Nursing Officers posted to the Hyperbaric Medicine Unit**

23.170 In the 2008 PRB Report, the Bureau introduced the payment of an all-inclusive allowance to Nursing Officers posted to the Hyperbaric Medicine Unit and who have to attend to cases of diving accident patients both within and beyond normal working hours. As this practice will continue, we are maintaining the allowance.

#### **Recommendation 52**

**23.171 We recommend that Nursing Officers posted to the Hyperbaric Medicine Unit for the treatment of diving accident patients and other emergency cases, both within and beyond normal working hours, be paid a monthly all-inclusive allowance of Rs 2400.**

#### **Allowance for Answering Calls on the Hotline at the AIDS Unit**

#### **Recommendation 53**

**23.172 We recommend that officers posted to the AIDS Unit who are required to answer calls and provide service information on the hotline be paid an all-inclusive allowance of Rs 620 for 53 hours.**

**23.173 We additionally recommend that the allowance should be paid on a *pro-rata* basis whenever the officer is required to work for more or less than the specified number of hours.**

#### **Allowance to Nursing Officers posted to Dr Yves Cantin Community Hospital**

23.174 At present, Nursing Officers posted to the Dr Yves Cantin Community Hospital are paid an all-inclusive allowance of Rs 225 when performing night shifts/three shifts continuously as there are no catering facilities available there. Nursing Officers posted to the neighbouring Community Health Centres and who are required to perform night duty at the Dr Yves Cantin Community Hospital are also paid this all-inclusive allowance. Given that this arrangement will continue, we are maintaining the allowance and revising the quantum.

#### **Recommendation 54**

**23.175 We recommend that Nursing Officers posted to the Dr Yves Cantin Community Hospital and Nursing Officers posted to the neighbouring Community Health Centres who are required to do night duty at the Dr Yves Cantin Community Hospital after a normal day shift and which is followed by a day shift be paid an all-inclusive allowance of Rs 260, provided that they work for three shifts continuously i.e. a day shift, a night shift and a day shift.**

#### **Allowance to Trainee Nurses *formerly Student Nurses* and Trainee Midwives *formerly Student Midwives* who are working on shift**

23.176 Trainee Nurses *formerly Student Nurses* and Trainee Midwives *formerly Student Midwives* are paid a monthly allowance of Rs 750 whenever they are scheduled to work on shift along with the Night Duty Allowance. Since this incentive has proved to be effective, we are maintaining this provision with a revised rate.

### **Recommendation 55**

**23.177 We recommend that Trainee Nurses *formerly Student Nurses* and Trainee Midwives *formerly Student Midwives* who are scheduled to work on shift, i.e. at night, on Saturday afternoons, Sundays and public holidays be paid a monthly allowance of Rs 780. They should also continue to be paid the Night Duty Allowance as recommended at paragraph 23.158.**

### **Travelling Allowance for Trainee Nurse *formerly Student Nurse***

23.178 During consultations with stakeholders in the context of this Report, staff representatives have submitted that many Trainee Nurses *formerly Student Nurses* have to wait for several months before they are paid their travelling allowances and this long overdue late payment is demotivating them. Following discussion with the Management, the Bureau was informed that refund of travelling by bus is computed on a monthly basis. We have examined the issue and are proposing a better arrangement.

### **Recommendation 56**

**23.179 We recommend that, to the extent possible, the Ministry of Health and Quality of Life effects the payment of the travelling allowance to Trainee Nurses *formerly Student Nurses*, at the earliest.**

### **Trainee Midwife *formerly Student Midwife***

23.180 Presently, Trainee Midwives *formerly Student Midwives* are enlisted from among candidates possessing the Cambridge School Certificate with credit in five subjects including at least a pass in either Human Biology or Human and Social Biology or Chemistry or Physics. Upon successful completion of their training, they are awarded a certificate and are appointed to the grade of Midwife.

23.181 Representatives of trade Unions have requested for the upgrading of the prescribed entry qualification requirement and have proposed that the MOH and QL should introduce a training course leading to a Diploma in Midwifery and Obstetrical Nursing which would enhance service delivery in this vital field. We concur with the proposal of the Union and are recommending, accordingly.

### **Recommendation 57**

**23.182 We recommend that the Ministry of Health and Quality of Life considers the advisability of introducing a training course leading to a Diploma in Midwifery and Obstetrical Nursing for Trainee Midwife *formerly Student Midwife*.**

**Allowance for performing administrative duties in respect of dead body received/delivered at the Mortuary**

23.183 During the absence of the Hospital Administrative Assistant and the Executive Officer (Health Services), i.e. before 0900 hours and after 1600 hours at the mortuary, the administrative duties in connection with dead bodies received/delivered are carried out by the Nursing staff.

23.184 Union members have submitted that these duties should be performed by the Administrative Assistant and Executive Officer (Health Services). Following discussion with the Management, the Bureau was informed that this issue will be tackled administratively. However, pending the administrative arrangement, we are maintaining the payment of this allowance.

**Recommendation 58**

**23.185 We recommend the continued payment of an allowance of Rs 100 to the Nursing Staff for performing administrative duties in respect of each dead body received/delivered before 0900 hours and after 1600 hours at the Mortuary in the absence of the Hospital Administrative Assistant and the Executive Officer (Health Services). The payment of this allowance should lapse once the administrative arrangement has been made.**

**Allowance to Nursing/Midwife Staff posted to Agalega Islands**

23.186 Presently, a monthly allowance of Rs 5000 is paid to Male Nursing Officers, Female Nursing Officers qualified in Midwifery, Charge Nurses (Female), Senior Midwives and officers of the Nursing Group who are qualified in Midwifery for providing round-the-clock coverage and for working over and above their normal working hours. This arrangement is being maintained and the quantum of the allowance is being revised as well.

**Recommendation 59**

**23.187 We recommend that a monthly allowance of Rs 5250 be paid to Male Nursing Officers, Female Nursing Officers possessing Midwifery Certificates, Charge Nurses (Female), Senior Midwives and officers of the Nursing Group who are qualified in Midwifery posted to Agalega Islands for providing a 24-hour coverage and effectively working over and above their normal working hours.**

**Allowance to Nursing Officers and Charge Nurses at the Renal Dialysis Unit**

23.188 To cope with the increase in the number of patients requiring dialysis treatment, Nursing Staff are required to put in additional hours of work from 1700 hours to 2100 hours against payment of allowances. In the 2013 EOAC Report, On-Call and In-Attendance Allowances were introduced. Given that up to now, the Unit

is not fully operational to provide dialysis services within normal working hours, we are maintaining the present arrangement and revising the quantum.

#### **Recommendation 60**

**23.189 We recommend that Charge Nurses, Nursing Officers and Health Care Assistant/Senior Health Care Assistant (General) formerly Health Care Assistant (General) who are required to put in additional hours of work at the Renal Dialysis Unit be paid allowance as hereunder:**

<b>Extra hours of work</b>	<b>Charge Nurses and Nursing Officers  (Rs)</b>	<b>Health Care Assistant/Senior Health Care Assistant (General) formerly Health Care Assistant (General)  (Rs)</b>
<b>1700 hours to 1800 hours</b>	<b>185</b>	<b>130</b>
<b>1800 hours to 2100 hours</b>	<b>630</b>	<b>435</b>

**23.190 We additionally recommend the payment of an On-Call Allowance of Rs 240 to one Nursing Officer or one Charge Nurse posted to the Renal Dialysis Unit of each regional hospital who is required to be On-Call on weekdays and Saturdays from 2100 hours to 0900 hours the following day and Rs 685 for being On Call on Sundays or public holidays from 0700 hours to 0700 hours the following day.**

**23.191 We also recommend that, when attending duty while being On-Call, the Nursing Officer or Charge Nurse should be paid an in-attendance allowance of Rs 275 per hour, inclusive of travelling time.**

**23.192 We further recommend that the allowance should be paid on a *pro-rata* basis whenever the officer is required to work more than or less than the specified number of hours.**

#### **Incremental credit for the Nursing Officer (Psychiatric)**

**23.193 Presently, appointment to the grade of Nursing Officer (Psychiatric) is made from among candidates who are fully registered as Mental Nurse.**

**23.194 Representations have been made that officers in the grades of Nursing Officer (Psychiatric), Charge Nurse (Psychiatric) (Male), Charge Nurse (Psychiatric) (Female), Ward Manager (Psychiatric) (Male) and Ward Manager (Psychiatric) (Female) should be compensated on obtention of the Diploma in Mental Health**

Nursing. We have duly examined the issue and in order to induce officers to join the field of Psychiatry and provide dedicated service, we are making the appropriate recommendation.

#### **Recommendation 61**

**23.195 We recommend that officers in the grades of Nursing Officer (Psychiatric), Charge Nurse (Psychiatric) (Male), Charge Nurse (Psychiatric) (Female), Ward Manager (Psychiatric) (Male), and Ward Manager (Psychiatric) (Female) who possess the Diploma in Mental Health Nursing should be granted one increment at the point reached in their salary scale subject to the maximum salary of the respective grade.**

#### **Occupational Therapy Assistant**

##### **Physiotherapy Assistant**

23.196 During consultations, the staff side has reported that due to limited promotion prospects for officers at the lowest level of the cadre, many experienced officers are stagnating on the top salaries for years and this is causing a lot of frustration and demotivation, thus leading to an impediment to service delivery.

23.197 An analysis of the schemes of service of the first two levels has revealed quite a lot of overlapping of duties between the two grades. However, it has also been noted that there exists an element of supervision in the duties performed by the next level of officers.

23.198 Given that, in this Report, the Bureau is emphasizing on enhanced service delivery, a new mechanism has been devised to address the issue and we are recommending accordingly, so that the experience of the officers be gainfully and judiciously utilised by the organization.

#### **Recommendation 62**

**23.199 We recommend that officers in the grades of Occupational Therapy Assistant and Physiotherapy Assistant:**

**(a) who have drawn their top salary for a year should be allowed to proceed incrementally in the salary scale of Senior Occupational Therapy Assistant and Senior Physiotherapy Assistant respectively, up to salary point of Rs 33425 provided:**

**(i) they have been consistently efficient and effective in their performance during the preceding year; and**

**(ii) have not been adversely reported upon on ground of conduct.**

**(b) should in addition to their normal duties, be required to perform the duties and assume the responsibilities devolving upon the grades of**

**Senior Occupational Therapy Assistant and Senior Physiotherapy Assistant respectively, once they have been allowed to move incrementally in the higher salary scale.**

**23.200 We further recommend that this should not preclude Occupational Therapy Assistants and Physiotherapy Assistants from being promoted to the respective grades of Senior Occupational Therapy Assistant and Senior Physiotherapy Assistant before they have reached the top of their respective salary scale or on vacancy arising in the latter grades.**

**Bank Scheme for Health Care Assistant/Senior Health Care Assistant (General) formerly Health Care Assistant (General)**

23.201 Under the Bank Scheme, Health Care Assistant/Senior Health Care Assistant (General) formerly Health Care Assistant (General) are employed on a sessional basis of four hours on weekdays, Sundays and public holidays in order to ensure efficient health service delivery. As this arrangement has proved to be effective, this provision is being maintained with a revised quantum.

**Recommendation 63**

**23.202 We recommend the payment of an all-inclusive allowance of Rs 505 per day session of four hours and Rs 580 per night session of four hours to Health Care Attendant/Senior Health Care Attendants (General) formerly Health Care Assistants (General) who work on sessions in Government Health Institutions.**

**23.203 We additionally recommend that the allowance under the Bank Scheme should be paid on a *pro-rata* basis whenever the officer is required to work for more than or less than the specified number of hours.**

**Special Duty Allowance to Health Care Assistant/Senior Health Care Assistant (General) formerly Health Care Assistant (General) posted to the AIDS Unit**

23.204 Health Care Assistant/Senior Health Care Assistant (General) formerly Health Care Assistant (General) posted to the AIDS Unit to carry out Needle Exchange Programme are paid a monthly Special Duty Allowance equivalent to one increment at the initial of the salary scale, pending the filling of the grade of Specialised Health Care Assistant. This provision is being maintained.

**Recommendation 64**

**23.205 We recommend that Health Care Assistant/Senior Health Care Assistant (General) formerly Health Care Assistant (General) posted to the AIDS Unit to carry out Needle Exchange Programme should continue to be paid a monthly Special Duty Allowance equivalent to one increment at the initial of the salary scale. The payment of this allowance should lapse with the filling of the vacancies in the grade of Specialised Health Care Assistant.**

## **Risk Allowance**

23.206 Officers in certain grades who work in close and constant contact with mental patients, TB patients and drug addicts are paid a risk allowance equivalent to one and a half increments at the initial of their respective salary scale. There have been representations from many union members for the extension of the payment of risk allowance to officers in other grades in the health sector as they are also exposed to such situations. The Bureau has studied the issue and has come to the conclusion that the Ministry should conduct a risk assessment exercise as per provision made in Chapter on Risk, Insurance and Compensation of Volume 1 of this Report to determine the degree of risk to which incumbents are exposed while performing these duties. However, we are maintaining the present payment of allowances to those already eligible.

## **Recommendation 65**

**23.207 We recommend the continued payment of a risk allowance equivalent to one and a half increments at the initial of their salary scale to officers, listed below, working in close and constant contact with mental patients, TB patients and drug addicts:**

- (i) Trainee Nurse *formerly Student Nurse*, Nursing Officer, Nursing Officer (Psychiatric), Charge Nurse (Male), Charge Nurse (Female), Charge Nurse (Psychiatric) (Male), Charge Nurse (Psychiatric) (Female), Ward Manager (Male), Ward Manager (Female);**
- (ii) Nursing Supervisor, Nursing Administrator and Health Care Assistant/Senior Health Care Assistant (General) *formerly Health Care Assistant (General)* posted to the Poudre d'Or Hospital and the Brown Sequard Mental Health Care Centre;**
- (iii) Occupational Therapy Assistant and Senior Occupational Therapy Assistant posted to the Brown Sequard Mental Health Care Centre;**
- (iv) Health Care Assistant/Senior Health Care Assistant (General) *formerly Health Care Assistant (General)* posted to the AIDS Unit, pre-natal and post-natal wards;**
- (v) Nursing staff working at the detainees ward at J. Nehru Hospital, Harm Reduction Unit, SAMU, Psychiatric wards at Regional Hospitals;**
- (vi) Nursing staff carrying out the Needle Exchange Programme, Methadone Treatment and Outreach activities at the AIDS Unit; and**
- (vii) Officers of the Nursing Officer and Midwifery cadres posted to the pre-natal, labour and post-natal wards.**

## Shift/Staggered

23.208 Incumbents in the grades listed below are required to work either on shift or at staggered hours. **This element has been taken into consideration in arriving at the recommended salaries for the corresponding grades.**

Shift	Staggered
Health Care Assistant (Haemodialysis)	Blood Bank Assistant/Senior Blood Bank Assistant <i>formerly Blood Bank Assistant</i>
Health Care Assistant/Senior Health Care Assistant (General) <i>formerly Health Care Assistant (General)</i>	Blood Bank Officer
Midwife	Senior Blood Bank Officer
Senior Midwife	Senior Specialised Nurse
Nursing Officer	Specialised Nurse
Nursing Officer (Psychiatric)	Specialised Health Care Assistant
Charge Nurse (Male)	
Charge Nurse (Female)	
Charge Nurse (Psychiatric) (Male)	
Charge Nurse (Psychiatric) (Female)	
Nursing Supervisor (Male)	
Nursing Supervisor (Female)	
Permanencier/Senior Permanencier	

## Refund of Vacation Leave and Casual Leave

23.209 Presently, officers of the Nursing Officer cadre are allowed to accumulate their vacation leave over and above their authorised ceiling as well as their casual leave not taken. The officers are refunded the accumulated vacation and casual leaves at the rate of 1/30 of their monthly salary per day at the time of retirement, if they opt to work during the excess accumulated leave.

23.210 Union members have submitted that the refund of such leaves be effected on a yearly basis to enable them to benefit from an early payment. We have examined the issue and we are of the view that refund of the accumulated vacation leaves should be at the time of retirement whereas that of unutilised casual leave would be on a yearly basis. We are, thus, recommending accordingly.

## Recommendation 66

23.211 We recommend that, until the publication of the next Report, officers of the Nursing Officer cadre be allowed to continue to accumulate their vacation leave over and above their authorised ceiling. Such leave may be taken as leave prior to retirement. If the officers opt to work during the excess accumulated leave period, they should be refunded the accumulated vacation leave at the rate of 1/30 of their last monthly salary per day at the time of retirement.

23.212 We further recommend that, with effect from 01 January 2016 and up to the next Overall Review of Pay and Grading Structures and Conditions of Service in the Public Sector, officers of the Nursing Officer cadre be allowed to accumulate their casual leave not taken and such leave should be refunded annually at the rate of 1/66 of their last monthly salary per day in the corresponding year.

23.213 We, however, recommend that officers of the Nursing Officer cadre should continue to be refunded all unutilised accumulated casual leaves as at 31.12.15 at the rate of 1/30 of the last monthly salary per day at the time of retirement.

## Compensation for work on Public Holidays falling on Night Shift

## Recommendation 67

23.214 We recommend that the handing over period of time up to a maximum of 30 minutes should continue to be considered as effective working hours for the purpose of determining any compensation or grant of day's off.

### NURSING GROUP SALARY SCHEDULE

Salary Code	Salary Scale and Grade
09 092 094	<b>Rs 77175 x 2825 – 80000 x 3000 – 83000</b> Director, Nursing
09 077 092	<b>Rs 49950 x 1625 – 62950 x 1850 – 68500 x 1950 – 74350 x 2825 – 77175</b> Deputy Director, Nursing
09 073 089	<b>Rs 43850 x 1525 – 49950 x 1625 – 62950 x 1850 – 68500 x 1950 – 70450</b> Regional Nursing Administrator

Salary Code	Salary Scale and Grade
09 069 085	<b>Rs 38350 x 1225 – 40800 x 1525 – 49950 x 1625 – 62950</b> Nursing Administrator (Female) Nursing Administrator (Male)
09 063 079	<b>Rs 32500 x 925 – 37125 x 1225 – 40800 x 1525 – 49950 x 1625 – 53200</b> Nursing Supervisor (Female) Nursing Supervisor (Male)
09 058 075	<b>Rs 28625 x 775 – 32500 x 925 – 37125 x 1225 – 40800 x 1525 – 46900</b> Ward Manager (Female) Ward Manager (Male)
09 052 073	<b>Rs 23975 x 775 – 32500 x 925 – 37125 x 1225 – 40800 QB 42325 x 1525 – 43850</b> Charge Nurse (Female) Charge Nurse (Male)
09 037 069	<b>Rs 17050 x 325 – 17700 x 375 – 19575 x 475 – 21950 x 625 – 23200 x 775 – 32500 x 925 – 36200 QB 37125 x 1225 – 38350</b> Nursing Officer
09 026 028	<b>Rs 13790 x 260 – 14050 x 275 – 14325</b> Trainee Nurse <i>formerly Student Nurse</i>
09 077 092	<b>Rs 49950 x 1625 – 62950 x 1850 – 68500 x 1950 – 74350 x 2825 – 77175</b> Head, School of Nursing
09 072 087	<b>Rs 42325 x 1525 – 49950 x 1625 – 62950 x 1850 – 66650</b> Principal Nurse Educator
09 067 084	<b>Rs 36200 x 925 – 37125 x 1225 – 40800 x 1525 – 49950 x 1625 – 61325</b> Senior Nurse Educator

Salary Code	Salary Scale and Grade
09 062 077	<b>Rs 31725 x 775 – 32500 x 925 –37125 x 1225 – 40800 x 1525 – 49950</b> Nurse Educator
09 067 084	<b>Rs 36200 x 925 –37125 x 1225 – 40800 x 1525 – 49950 x 1625 – 61325</b> Senior Midwife Educator
09 062 077	<b>Rs 31725 x 775 – 32500 x 925 –37125 x 1225 – 40800 x 1525 – 49950</b> Midwife Educator Principal Public Health Nursing Officer
09 057 075	<b>Rs 27850 x 775 – 32500 x 925 –37125 x 1225 – 40800 x 1525 – 46900</b> Senior Public Health Nursing Officer
09 050 073	<b>Rs 22575 x 625 – 23200 x 775 – 32500 x 925 –37125 x 1225 – 40800</b> <b>QB 42325 x 1525 – 43850</b> Public Health Nursing Officer
09 058 076	<b>Rs 28625 x 775 – 32500 x 925 –37125 x 1225 – 40800 x 1525 – 48425</b> National Dialysis Co-ordinator
09 028 062	<b>Rs 14325 x 275 – 15150 x 300 – 15750 x 325 – 17700 x 375 – 19575 x 475 –21950 x 625 – 23200 x 775 – 31725</b> Health Care Assistant (Haemodialysis)
09 057 075	<b>Rs 27850 x 775 – 32500 x 925 –37125 x 1225 – 40800 x 1525 – 46900</b> Chief Midwife
09 054 073	<b>Rs 25525 x 775 – 32500 x 925 –37125 x 1225 – 40800 x 1525 – 43850</b> Principal Midwife
09 047 069	<b>Rs 21000 x 475 –21950 x 625 – 23200 x 775 – 32500 x 925 –37125 x 1225 – 38350</b> Senior Midwife (shift)

Salary Code	Salary Scale and Grade
09 045 066	<b>Rs 20050 x 475 – 21950 x 625 – 23200 x 775 – 32500 x 925 – 35275</b> Senior Midwife (Personal)
09 033 064	<b>Rs 15750 x 325 – 17700 x 375 – 19575 x 475 – 21950 x 625 – 23200 x 775 – 32500 x 925 – 33425</b> Midwife
09 026 028	<b>Rs 13790 x 260 – 14050 x 275 – 14325</b> Trainee Midwife <i>formerly Student Midwife</i>
09 058 075	<b>Rs 28625 x 775 – 32500 x 925 – 37125 x 1225 – 40800 x 1525 – 46900</b> Ward Manager (Psychiatric) (Female) Ward Manager (Psychiatric) (Male)
09 052 073	<b>Rs 23975 x 775 – 32500 x 925 – 37125 x 1225 – 40800 QB 42325 x 1525 – 43850</b> Charge Nurse (Psychiatric) (Female) Charge Nurse (Psychiatric) (Male)
09 037 069	<b>Rs 17050 x 325 – 17700 x 375 – 19575 x 475 – 21950 x 625 – 23200 x 775 – 32500 x 925 – 36200 QB 37125 x 1225 – 38350</b> Nursing Officer (Psychiatric)
09 058 075	<b>Rs 28625 x 775 – 32500 x 925 – 37125 x 1225 – 40800 x 1525 – 46900</b> Harm Reduction Coordinator Senior Specialised Nurse Senior Specialised Nurse (Diabetes)
09 052 073	<b>Rs 23975 x 775 – 32500 x 925 – 37125 x 1225 – 40800 x 1525 – 43850</b> Specialised Nurse (Diabetes) Specialised Nurse (Diabetes Foot Care)

Salary Code	Salary Scale and Grade
09 052 073	<b>Rs 23975 x 775 – 32500 x 925 –37125 x 1225 – 40800 QB 42325 x 1525 – 43850</b> Specialised Nurse
09 063 079	<b>Rs 32500 x 925 –37125 x 1225 – 40800 x 1525 – 49950 x 1625 – 53200</b> Health Promotion Officer/Senior Health Promotion Officer
09 040 065	<b>Rs 18075 x 375 – 19575 x 475 –21950 x 625 – 23200 x 775 – 32500 x 925 – 34350</b> Specialised Health Care Assistant
09 056 073	<b>Rs 27075 x 775 – 32500 x 925 –37125 x 1225 – 40800 x 1525 – 43850</b> Senior Blood Bank Officer
09 042 069	<b>Rs 18825 x 375 – 19575 x 475 –21950 x 625 – 23200 x 775 – 32500 x 925 – 36200 QB 37125 x 1225 – 38350</b> Blood Bank Officer
09 027 064	<b>Rs 14050 x 275 – 15150 x 300 – 15750 x 325 – 17700 x 375 – 19575 x 475 –21950 x 625 – 23200 x 775 – 32500 x 925 –33425</b> Blood Bank Assistant/Senior Blood Bank Assistant <i>formerly Blood Bank Assistant</i>
09 050 068	<b>Rs 22575 x 625 – 23200 x 775 – 32500 x 925 –37125</b> Principal Permanencier
09 040 065	<b>Rs 18075 x 375 – 19575 x 475 –21950 x 625 – 23200 x 775 – 32500 x 925 – 34350</b> Permanencier/Senior Permanencier
09 028 064	<b>Rs 14325 x 275 – 15150 x 300 – 15750 x 325 – 17700 x 375 – 19575 x 475 –21950 x 625 – 23200 x 775 – 32500 x 925 –33425</b> Health Care Assistant/Senior Health Care Assistant (General) <i>formerly Health Care Assistant (General)</i>

Salary Code	Salary Scale and Grade
09 040 065	<b>Rs 18075 x 375 – 19575 x 475 –21950 x 625 – 23200 x 775 – 32500 x 925 – 34350</b> Senior Occupational Therapy Assistant Senior Physiotherapy Assistant
09 026 060	<b>Rs 13790 x 260 – 14050 x 275 – 15150 x 300 – 15750 x 325 – 17700 x 375 – 19575 x 475 –21950 x 625 – 23200 x 775 – 30175</b> Occupational Therapy Assistant Physiotherapy Assistant
09 052 073	<b>Rs 23975 x 775 – 32500 x 925 –37125 x 1225 – 40800 QB 42325 x 1525 – 43850</b> Podiatrist

### **MEDICAL AUXILIARIES GROUP**

23.215 The Medical Auxiliaries Group forms part of the Health Class and consists of grades that provide supporting services to medical and paramedical groups, which are essential to the operation of both curative and preventive medical and health services.

#### **Allowance to Health Surveillance Officers and Senior Health Surveillance Officers**

23.216 Officers of the Health Surveillance cadre are presently paid an all-inclusive allowance of Rs 260 per day for attending work on Sundays and public holidays to dispense anti-malaria drugs and/or monitor malaria positive cases. Given the importance of monitoring malaria cases so as to limit its outbreak at national level, the officers of the Health Surveillance cadre have requested for a substantial increase in the quantum of the allowance as very often they have to attend to several cases which cover a whole day. We have analysed the issue and we are making the relevant provision.

#### **Recommendation 68**

**23.217 We recommend that an all-inclusive allowance of Rs 335 per day be paid to Health Surveillance Officers and Senior Health Surveillance Officers who are required to attend work on Sundays and public holidays to dispense anti-malaria drugs and/or monitor malaria positive cases.**

## **Senior Medical Imaging Assistant (on shift) (New Grade)**

### **Senior Medical Imaging Assistant**

23.218 At present, appointment to the grade of Senior Medical Imaging Assistant is made by selection from among officers in the grades of Medical Imaging Assistant who reckon at least five years' service in a substantive capacity and Medical Imaging Assistant

(on shift) who reckon at least 5 years' service in a substantive capacity or an aggregate of five years' service in a substantive capacity in the grades of Medical Imaging Assistant and Medical Imaging Assistant (on shift). During consultations, staff representatives have submitted that appointment to the grade of Senior Medical Imaging Assistant should be made by promotion, on the basis of experience and merit, in order to provide a career path and to be fair and equitable. We have duly examined the request and we are making the appropriate provision in order not to debar officers presently eligible to be appointed as Senior Medical Imaging Assistant.

### **Recommendation 69**

**23.219 We recommend:**

- (i) the creation of the grade of Senior Medical Imaging Assistant (on shift) on the establishment of the MOH and QL. Appointment thereto, should be made by selection from among officers in the grade of Medical Imaging Assistant (on shift) reckoning at least five years' service in a substantive capacity in the grade;**
- (ii) that, in future, appointment to the grade of Senior Medical Imaging Assistant should be by selection from among officers in the grade of Medical Imaging Assistant (Personal) reckoning at least five years' service in a substantive capacity in the grade; and**
- (iii) that the scheme of service of the grade of Principal Medical Imaging Assistant be amended such that, in future, appointment be made by selection from among officers in the grades of Senior Medical Imaging Assistant (on shift) who reckon at least four years' service in a substantive capacity in the grade and Senior Medical Imaging Assistant who reckon at least four years' service in a substantive capacity in the grade or an aggregate of four years' service in a substantive capacity in the grades of Senior Medical Imaging Assistant (on shift) and Senior Medical Imaging Assistant.**

## **Allowance to Medical Imaging Assistant (Personal) and Medical Imaging Assistant (on shift)**

23.220 Given that a proper shift system has not been implemented for officers of the Medical Imaging Assistant cadre, the latter are paid the In-Attendance Allowance for working beyond normal hours. In the context of this Report, union members have submitted that the quantum of the allowances should be reviewed to reflect the efforts put in by them after normal working hours. After a careful analysis, the Bureau is reviewing the mode of compensation, in line with the policy of harmonisation of allowances for work after normal working hours.

### **Recommendation 70**

**23.221 We recommend that officers in the grades of Medical Imaging Assistant (Personal) and Medical Imaging Assistant (on shift) who are required to work beyond normal working hours on weekdays, Saturdays, Sundays and public holidays should be compensated at the normal hourly rate at the salary point reached in the respective salary scale for the additional hours put in.**

**23.222 We further recommend that the payment of this allowance should lapse with the implementation of a proper shift system in this cadre.**

### **Senior Linen Health Officer *formerly Senior Linen Officer***

#### **Linen Health Officer *formerly Linen Officer***

23.223 During submissions, the staff side has represented that due to very meagre promotion prospects for officers at the lowest level of the cadre, many experienced officers are stagnating on the top salary for several years and enduring a lot of frustration and demotivation which is impeding service delivery.

23.224 An analysis of the schemes of service of the first two levels has revealed quite a lot of overlapping duties between the two grades. However, it has also been noted that there exists an element of supervision in the duties performed by the next level officers.

23.225 Given that the Bureau is emphasising on service delivery in this Report, a new mechanism has been devised to address the issue and we are recommending accordingly, so that the experience acquired by the officers be gainfully and judiciously utilised by the organisation. We are also restyling the grade to a more appropriate job appellation, commensurate with the nature of duties performed.

### **Recommendation 71**

**23.226 We recommend that the grades of Linen Officer be restyled to Linen Health Officer and that of Senior Linen Officer to Senior Linen Health Officer.**

**23.227 We further recommend that officers in the grade of Linen Health Officer formerly Linen Officer:**

**(a) who have drawn their top salary for a year should be allowed to proceed incrementally in the salary scale of Senior Linen Health Officer formerly Senior Linen Officer up to the salary point of Rs 29400 provided:**

**(i) they have been consistently efficient and effective in their performance during the preceeding year; and**

**(ii) have not been adversely reported upon on ground of conduct;**

**(b) should, in addition to their normal duties, be required to perform the duties and assume the responsibilities devolving upon the grade of Senior Linen Health Officer formerly Senior Linen Officer once they have been allowed to move incrementally in the higher salary scale.**

**23.228 We also recommend that this arrangement should not preclude Linen Health Officers formerly Linen Officers from being promoted to the grade of Senior Linen Health Officer formerly Senior Linen Officer before they have reached the top of their salary scale or on vacancy arising in the latter grade.**

**Psychiatry Rehabilitation and Welfare Officer/Senior Psychiatry Rehabilitation and Welfare Officer (Male)**

***formerly Psychiatry Rehabilitation and Welfare Officer***

**Psychiatry Rehabilitation and Welfare Officer/Senior Psychiatry Rehabilitation and Welfare Officer (Female)**

***formerly Psychiatry Rehabilitation and Welfare Officer***

**23.229 The Male and Female Psychiatry Rehabilitation and Welfare Departments have been reported to be functioning in two separate components as per their nature of work. Consequently, representations have been made to the Bureau that in order to meet the needs and conveniences of both the male and female psychiatric patients, there should be two separate grades of Psychiatry Rehabilitation and Welfare Officer (Male) and Psychiatry Rehabilitation and Welfare Officer (Female). Given the sensitiveness of the issue, the Bureau is agreeable to the request of having two separate grades to provide a career path to incumbents as well as increasing their interest further in the field of Psychiatry for the benefit of the psychiatric patients.**

## Recommendation 72

**23.230 We recommend that the grade of Psychiatry Rehabilitation and Welfare Officer be restyled Psychiatry Rehabilitation and Welfare Officer/Senior Psychiatry Rehabilitation and Welfare Officer (Male) and Psychiatry Rehabilitation and Welfare Officer/Senior Psychiatry Rehabilitation and Welfare Officer (Female), respectively.**

## Risk Allowance

23.231 Generally, a risk allowance equivalent to one and a half (1½) increments at the initial of salary scale is paid to officers in certain grades in the health sector who work in close and constant contact with mental patients, T.B patients and drug addicts. There have been representations from many union members for the extension of the payment of risk allowance to officers in other grades in the health sector as they are also exposed to such situations. The Bureau has studied the issue and has come to the conclusion that every organisation should conduct a risk assessment exercise to determine the grades which are really exposed to such hazards. We are, however, maintaining the payment of this allowance to those grades who are already entitled to same.

## Recommendation 73

**23.232 We recommend that officers in the grades of Psychiatry Rehabilitation and Welfare Officer/Senior Psychiatry Rehabilitation and Welfare Officer (Male) formerly *Psychiatry Rehabilitation and Welfare Officer* and Psychiatry Rehabilitation and Welfare Officer/Senior Psychiatry Rehabilitation and Welfare Officer (Female) formerly *Psychiatry Rehabilitation and Welfare Officer* working in close and constant contact with mental patients, T.B patients and drug addicts be paid a Risk Allowance equivalent to one and a half (1½) increments at the initial salary point in their respective salary scale.**

## Shift/Roster/Staggered

23.233 Below is a list of officers who are required to work either on shift, roster or staggered hours. This element has been taken into consideration in arriving at the recommended salaries for the corresponding grades.

Shift	Roster	Staggered
Medical Imaging Assistant (on shift)	Dental Assistant (Roster – day and night)	Community Health Care Officer
Senior Medical Imaging Assistant (on shift) (New Grade)	Psychiatry Rehabilitation and Welfare Officer/Senior Psychiatry	Community Health Development Motivator

Shift	Roster	Staggered
	Rehabilitation and Welfare Officer (Male) <i>formerly Psychiatry Rehabilitation and Welfare Officer</i> Psychiatry Rehabilitation and Welfare Officer/Senior Psychiatry Rehabilitation and Welfare Officer (Female) <i>formerly Psychiatry Rehabilitation and Welfare Officer</i> Senior Dental Assistant (Roster – day and night)	Community Health Rehabilitation Officer Motivator (Community Health) Senior Community Health Rehabilitation Officer <i>formerly Supervisor, Community Health Rehabilitation Officer</i>

**MEDICAL AUXILIARIES GROUP  
SALARY SCHEDULE**

Salary Code	Salary Scale and Grade
09 051 069	<b>Rs 23200 x 775 – 32500 x 925 –37125 x 1225 – 38350</b> Principal Dental Assistant
09 045 064	<b>Rs 20050 x 475 –21950 x 625 – 23200 x 775 – 32500 x 925 –33425</b> Senior Dental Assistant (Roster – day and night) <i>formerly Senior Dental Assistant (Roster)</i>
09 043 062	<b>Rs 19200 x 375 – 19575 x 475 –21950 x 625 – 23200 x 775 – 31725</b> Senior Dental Assistant <i>formerly Senior Dental Assistant (Personal)</i>
09 028 062	<b>Rs 14325 x 275 – 15150 x 300 – 15750 x 325 – 17700 x 375 – 19575 x 475 –21950 x 625 – 23200 x 775 – 31725</b> Dental Assistant (Roster – day and night) <i>formerly Dental Assistant (Roster)</i>

Salary Code	Salary Scale and Grade
09 026 060	<b>Rs 13790 x 260 – 14050 x 275 – 15150 x 300 – 15750 x 325 – 17700 x 375 – 19575 x 475 – 21950 x 625 – 23200 x 775 – 30175</b> Dental Assistant <i>formerly Dental Assistant (Personal)</i>
09 050 067	<b>Rs 22575 x 625 – 23200 x 775 – 32500 x 925 – 36200</b> Principal Community Health Care Officer
09 038 063	<b>Rs 17375 x 325 – 17700 x 375 – 19575 x 475 – 21950 x 625 – 23200 x 775 – 32500</b> Senior Community Health Care Officer
09 027 060	<b>Rs 14050 x 275 – 15150 x 300 – 15750 x 325 – 17700 x 375 – 19575 x 475 – 21950 x 625 – 23200 x 775 – 30175</b> Community Health Care Officer
09 049 066	<b>Rs 21950 x 625 – 23200 x 775 – 32500 x 925 – 35275</b> Senior Community Health Rehabilitation Officer <i>formerly Supervisor, Community Health Rehabilitation Officer</i>
09 029 063	<b>Rs 14600 x 275 – 15150 x 300 – 15750 x 325 – 17700 x 375 – 19575 x 475 – 21950 x 625 – 23200 x 775 – 32500</b> Community Health Rehabilitation Officer
09 050 068	<b>Rs 22575 x 625 – 23200 x 775 – 32500 x 925 – 37125</b> Principal Medical Imaging Assistant
09 043 065	<b>Rs 19200 x 375 – 19575 x 475 – 21950 x 625 – 23200 x 775 – 32500 x 925 – 34350</b> Senior Medical Imaging Assistant (on shift) (New Grade)
09 040 062	<b>Rs 18075 x 375 – 19575 x 475 – 21950 x 625 – 23200 x 775 – 31725</b> Senior Medical Imaging Assistant

Salary Code	Salary Scale and Grade
09 025 060	<b>Rs 13530 x 260 – 14050 x 275 – 15150 x 300 – 15750 x 325 – 17700 x 375 – 19575 x 475 – 21950 x 625 – 23200 x 775 – 30175</b> Medical Imaging Assistant (on shift)
09 024 058	<b>Rs 13270 x 260 – 14050 x 275 – 15150 x 300 – 15750 x 325 – 17700 x 375 – 19575 x 475 – 21950 x 625 – 23200 x 775 – 28625</b> Medical Imaging Assistant (Personal)
09 049 064	<b>Rs 21950 x 625 – 23200 x 775 – 32500 x 925 – 33425</b> Principal Health Surveillance Officer
09 035 060	<b>Rs 16400 x 325 – 17700 x 375 – 19575 x 475 – 21950 x 625 – 23200 x 775 – 30175</b> Senior Health Surveillance Officer
09 019 056	<b>Rs 11970 x 260 – 14050 x 275 – 15150 x 300 – 15750 x 325 – 17700 x 375 – 19575 x 475 – 21950 x 625 – 23200 x 775 – 27075</b> Health Surveillance Officer
09 035 060	<b>Rs 16400 x 325 – 17700 x 375 – 19575 x 475 – 21950 x 625 – 23200 x 775 – 30175</b> Senior Community Health Development Motivator
09 022 056	<b>Rs 12750 x 260 – 14050 x 275 – 15150 x 300 – 15750 x 325 – 17700 x 375 – 19575 x 475 – 21950 x 625 – 23200 x 775 – 27075</b> Community Health Development Motivator Motivator (Community Health)
09 040 067	<b>Rs 18075 x 375 – 19575 x 475 – 21950 x 625 – 23200 x 775 – 32500 x 925 – 36200</b> Psychiatry Rehabilitation and Welfare Officer/Senior Psychiatry Rehabilitation and Welfare Officer (Male) <i>formerly Psychiatry Rehabilitation and Welfare Officer</i> Psychiatry Rehabilitation and Welfare Officer/Senior Psychiatry Rehabilitation and Welfare Officer (Female) <i>formerly Psychiatry Rehabilitation and Welfare Officer</i>

Salary Code	Salary Scale and Grade
09 049 064	<b>Rs 21950 x 625 – 23200 x 775 – 32500 x 925 –33425</b> Senior Supervisor, Rodent Control
09 035 060	<b>Rs 16400 x 325 – 17700 x 375 – 19575 x 475 –21950 x 625 – 23200 x 775 – 30175</b> Supervisor, Rodent Control
09 019 056	<b>Rs 11970 x 260 – 14050 x 275 – 15150 x 300 – 15750 x 325 – 17700 x 375 – 19575 x 475 –21950 x 625 – 23200 x 775 – 27075</b> Assistant Supervisor, Rodent Control
09 035 060	<b>Rs 16400 x 325 – 17700 x 375 – 19575 x 475 –21950 x 625 – 23200 x 775 – 30175</b> Senior Linen Health Officer <i>formerly Senior Linen Officer</i>
09 019 056	<b>Rs 11970 x 260 – 14050 x 275 – 15150 x 300 – 15750 x 325 – 17700 x 375 – 19575 x 475 –21950 x 625 – 23200 x 775 – 27075</b> Linen Health Officer <i>formerly Linen Officer</i>

### HEALTH RECORDS GROUP

- 23.234 The main objectives of the Health Records Group is to maintain medical records of patients' medical history in a standardized, professional and confidential manner, while at the same time, promoting quality patient care. Officers of the Health Records Group who are the frontliners of the health services, are the first contact for patients attending public health institutions. They also provide a round the clock service.
- 23.235 At present, the organization structure of the Health Records Department comprises officers in the grades of Chief Health Records Officer, Principal Health Records Officer, Senior Health Records Officer, Health Records Officer, Senior Health Records Clerk, and Health Records Clerk/ Higher Health Records Clerk.
- 23.236 In the context of the present review exercise, the Ministry of Health and Quality of Life (MOH and QL) has apprised the Bureau that due to the increasing use of high technology, there is need to prepare for a shift from the manual keeping of records to managing a proper E-Health Information System in respect of data on

patients, diseases, and attendances. In view of the above, the organization structure of the Health Records Department should be reviewed such that the cadre can make optimum use of computer technology to process records and data for meaningful information.

23.237 It is observed that the Ministry of Health and Quality of Life has already embarked on an E-Health Project which will be completed in the near future. For the transition from a manual system to a fully automated system to be effective and the impending future e-health environment, the records department will need to shift from a paper based medical record keeping to the automated management of health information. To enable this, officers in the Health Records Clerk cadre would require adequate knowledge in anatomy and physiology, pathological tests, radiological examination, medical terminology, understanding of diseases, information technology and basic statistical knowledge.

23.238 Considering the vision of the Ministry coupled with the main theme of this Report which is geared towards the provision for an enhanced service delivery to meet citizen's needs and non-citizen's needs as well as other stakeholders demands, we are reviewing the structure of the Health Records Department. We are providing a few new grades, while at the same time, bringing corrective measures to address strong representations made by the Unions of the Health Records Clerk cadre pertaining to the difficulties encountered by the present merger of the grades of Health Record Clerk and Higher Health Records Clerk.

#### **Health Records Technician (New Grade)**

23.239 With the implementation of the E-Health Project in the near future, there would be a need to prepare for a shift in the manual keeping of records to managing a proper e-health information system in respect of data on patients, diseases, attendances at service department and related statistics. We are, therefore, providing for a new grade of Health Records Technician who would be dedicated wholly to clinical coding and statistical recording.

#### **Recommendation 74**

**23.240 We recommend the creation of a grade of Health Records Technician on the establishment of the Ministry of Health and Quality of Life. Appointment, thereto, should be made by selection from among Senior Health Records Clerks possessing a Certificate in Health Information Management and Clinical Coding from the Mauritius Institute of Health.**

23.241 Incumbent would be responsible to the Chief Health Records Officer or any other officer designated by him for the surveillance of diseases, provision of health service activity returns and carrying out clinical coding, among others, through the collection of accurate daily ward statements and patient files from wards; collection and compilation of data from data providers; and validation of data by

establishing sound working relationships with data providers. He would further be responsible for the assignment of appropriate codes to diseases, operations, procedures and encounters with health services according to coding manuals in place; marking of patient files with the appropriate clinical codes; updating and maintenance of computer files and keeping back ups on electronic data; and keeping and maintenance of a Master Computerised Disease Register and other patient-related databases.

### **Health Records Clerk/Higher Health Records Clerk**

23.242 Prior to the publication of the 2013 PRB Report, the grades of Health Records Clerk and Higher Health Records Clerk existed as two distinct grades at the Health Records Department. However, both grades were subsequently merged and restyled in the 2013 PRB Report, to Health Records Clerk/Higher Health Records Clerk, and the scheme of service has been amended, accordingly.

23.243 It has been represented that prior to the merger, the Higher Health Records Clerk was recognized by the Health Records Clerk as a senior officer to ensure some supervision, monitoring and control of work. With the merging, the former Higher Health Records Clerk has to cover night duty on a roster system that equally applies to Health Records Clerk/Higher Health Records Clerk. The fact that supervision is not being recognised has bred resentment and frustration among the senior officers.

23.244 During consultative meetings, in the context of the present review exercise, the Unions of the Health Records Clerk cadre have vehemently represented and unanimously voted through an opinion survey conducted by the Unions among their members, for a demerger of the grade of Health Records Clerk/Higher Health Records Clerk into two distinct grades as they existed prior to the 2013 PRB Report which in the present structure/arrangement would ensure proper supervision during night service.

23.245 We have analysed the representation and considering that the merged grades is ineffective and is impeding effective service delivery, we are recommending corrective measures to address the situation.

### **Recommendation 75**

**23.246 We recommend that:**

- (i) the grade of Health Records Clerk/Higher Health Records Clerk on the establishment of the Ministry of Health and Quality of Life be demerged into two distinct grades of Health Records Clerk and Higher Health Records Clerk;**
- (ii) in future appointment to the grade of Higher Health Records Clerk should be made by promotion on the basis of experience and merit of**

**officers in the grade of Health Records Clerk reckoning at least five years' service in a substantive capacity in the grade or an aggregate of five years' service in the merged grade of Health Records Clerk/Higher Health Records Clerk and having successfully undergone six months on-the-job training in Health Records Work.**

- (iii) the schemes of service be re-amended to segregate the duties and level of responsibilities that would henceforth be devolving upon incumbents in the grades of Health Records Clerk and Higher Health Records Clerk, respectively;**
- (iv) with the creation of the grade of Supervisor, Operation Support Services who would assume the overall responsibility for making transport arrangements for patients, the schemes of service for the Health Records Clerk cadre be amended to waive the duties relating to filling of log books and making transport arrangements for patients. However, pending the filling of the post of Supervisor, Operation Support Services, the present arrangement should be maintained.**
- (v) officers in the grades of Health Records Clerk and Higher Health Records Clerk *formerly Health Records Clerk/Higher Health Records Clerk* in post as at 01.01.2016 who have already moved in the salary scale of the higher post by virtue of the merger be exceptionally allowed to draw their converted salary point in the Master Salary Scale.**

#### **Shift Work and Night Duty Allowance**

23.247 With a view to provide for a round the clock service, officers in the grades of Health Records Clerk and Higher Health Records Clerk *formerly Health Records Clerk/Higher Health Records Clerk* are required to work on a shift basis. This element has been taken into consideration in determining the recommended salaries of the grades.

23.248 At present, officers in the grades of Health Records Clerk and Higher Health Records Clerk *formerly Health Records Clerk/Higher Health Records Clerk* who effectively work on a night shift are paid a Night Duty Allowance equivalent to 25% of the normal rate per hour for the hours between 2300 hours and 0500 hours, including up to a maximum of two hours lying-in period. We are maintaining the present arrangement.

## Recommendation 76

**23.249** We recommend that Health Records Clerk and Higher Health Records Clerk *formerly Health Records Clerk/Higher Health Records Clerk* who effectively work on a night shift should be paid a Night Duty Allowance equivalent to 25% of the normal rate per hour for the hours between 2300 hours and 0500 hours, including up to a maximum of two hours lying-in period.

### HEALTH RECORDS GROUP SALARY SCHEDULE

Salary Code	Salary Scale and Grade
09 072 085	<b>Rs 42325 x 1525 – 49950 x 1625 – 62950</b> Chief Health Records Officer
09 065 080	<b>Rs 34350 x 925 – 37125 x 1225 – 40800 x 1525 – 49950 x 1625 – 54825</b> Principal Health Records Officer
09 051 073	<b>Rs 23200 x 775 – 32500 x 925 – 37125 x 1225 – 40800 x 1525 – 43850</b> Senior Health Records Officer
09 048 071	<b>Rs 21475 x 475 – 21950 x 625 – 23200 x 775 – 32500 x 925 – 37125 x 1225 – 40800</b> Health Records Technician (New Grade)
09 048 070	<b>Rs 21475 x 475 – 21950 x 625 – 23200 x 775 – 32500 x 925 – 37125 x 1225 – 39575</b> Health Records Officer
09 046 067	<b>Rs 20525 x 475 – 21950 x 625 – 23200 x 775 – 32500 x 925 – 36200</b> Senior Health Records Clerk
09 044 065	<b>Rs 19575 x 475 – 21950 x 625 – 23200 x 775 – 32500 x 925 – 34350</b> Higher Health Records Clerk <i>formerly Health Records Clerk/Higher Health Records Clerk (officers in the grade of Higher Health Records Clerk in post as at 31.12.12)</i>

Salary Code	Salary Scale and Grade
09 030 063	<p><b>Rs 14875 x 275 – 15150 x 300 – 15750 x 325 – 17700 x 375 – 19575 x 475 – 21950 x 625 – 23200 x 775 – 32500</b></p> <p>Health Records Clerk</p> <p><i>formerly Health Records Clerk/Higher Health Records Clerk (officers in the grade of Health Records Clerk in post as at 31.12.12)</i></p>

### **MEDICAL TECHNICIAN, TECHNOLOGIST AND PARAMEDIC GROUP**

23.250 The provision of technical support to the medical profession at the Ministry of Health and Quality of Life is ensured by officers in the paramedical sectors which comprises Laboratory Services, Radiography and Radiotherapy, Physiotherapy, Occupational Therapy, Speech Therapy Services and Orthopaedic Appliances and Surgical Instruments Workshop Units.

#### **Principal Medical Laboratory Technologist**

23.251 In our previous Reports, we recommended that appointment to the grade of Principal Medical Laboratory Technologist should be made, as from 01 July 2013, from among Senior Medical Laboratory Technologist possessing a Degree in Bio-Medical Science. Since many of the Senior Medical Laboratory Technologists had not yet completed the degree, this recommendation was deferred until such time the Ministry of Health and Quality of Life could deem it appropriate to amend the qualifications requirements.

23.252 In the 2013 PRB Report, a Qualification Bar (QB) was inserted in the salary scale of the grade of Principal Medical Laboratory Technologist, progression beyond which would be subject to the obtention of the Degree in Bio-Medical Science. However, in the wake of the EOAC Report 2013, the QB has been retrieved from the salary scale thus allowing unqualified officers to move incrementally beyond the QB salary. Those officers who are qualified felt that their efforts and sacrifices have not been compensated.

23.253 On the other hand, allowing both qualified and non qualified officers to draw the same salary is technically incorrect and might give rise to justified claims for redress before the tribunal. For all these reasons, the Bureau is reinserting the QB in the salary scale of the grade of Principal Medical Laboratory Technologist.

#### **Recommendation 77**

**23.254 We recommend that, in future, progression beyond the QB in the salary scale of Principal Medical Laboratory Technologist should be subject to the obtention of a Degree in Bio-Medical Science.**

**23.255** We also recommend that officers in the grade of Principal Medical Laboratory Technologist who, as at 01.01.2016, have already crossed the QB provided in the salary scale of the grade, though not possessing the required degree, their salary point should be converted to the corresponding salary point to be read in the Master Salary Scale.

**23.256** We further recommend that any progression beyond the revised converted salary should be subject to the obtention of the degree in Bio-Medical Science.

**Service during Nights, Weekends and Public Holidays**

23.257 At present, officers in the grades of Medical Laboratory Technologist/Senior Medical Laboratory Technologist who continue to work in a pattern of 'in-attendance', beyond their normal working week in order to provide a 24-hour service during nights, Weekends and public holidays, are paid 'In-Attendance' Allowances, as hereunder:

<b>Period</b>	<b>"In-Attendance" Allowance (Rs)</b>
<b>Weekdays</b>	
<i>1600 hours to 2200 hours</i>	1000
<i>2200 hours to 0900 hours the following day</i>	1800
<b>Saturdays</b>	
<i>1200 hours to 2200 hours</i>	1600
<i>2200 hours to 0900 hours the following day</i>	1800
<b>Sundays and public holidays:</b>	
<i>0900 hours to 1600 hours</i>	1000
<i>1600 hours to 2200 hours</i>	1000
<i>2200 hours to 0900 hours the following day</i>	1800

23.258 We are, in this Report, reviewing the mode of computation of this coverage allowance.

**Recommendation 78**

**23.259** We recommend that, pending the implementation of a proper shift system, officers in the Medical Laboratory Technologist cadre, who are effectively required to work beyond their normal working week in order to provide a 24-hour service during nights, weekends and public holidays should be

**compensated at the normal hourly rate at the salary point reached in their respective salary scales, for every additional hour put in.**

#### **Bank Medical Laboratory scheme**

23.260 The Ministry of Health and Quality of Life runs a bank scheme for Medical Laboratory Technologists, to palliate for short term absences of officers and also to cater for the increase in work load in the Medical Laboratories. At present, retired officers of the Medical Laboratory Technologist cadre as well as qualified persons from outside the service, who are employed on a sessional basis to provide assistance to the officers of the Medical Laboratory Technologist cadre in Government Health Institutions, are paid an allowance of Rs 750 per day session of four hours and Rs 850 per night session of four hours. As this bank scheme will continue we are maintaining same.

#### **Recommendation 79**

**23.261 We recommend that retired officers of the Medical Laboratory Technologist cadre as well as qualified persons from outside the service who are employed on a sessional basis to give assistance to officers of the Medical Laboratory Technologist cadre in Government Health Institutions, should continue to be paid an allowance of Rs 750 for day session of four hours and Rs 850 for night session of four hours.**

**23.262 We further recommend that the allowances under the bank scheme should be paid on pro-rata basis whenever the officer is required to work beyond or less than the specified number of hours.**

#### **Emergency Service in Microbiology**

##### **Bacteriology/Malaria (Sundays and Public Holidays)**

23.263 At present, Medical Laboratory Technologist/Senior Medical Laboratory Technologist who attend work at the Microbiology Section, over and above their normal working week, on Sundays and public holidays from 0900 hours to noon are paid an allowance of Rs 400. We are maintaining the payment of the existing allowance.

#### **Recommendation 80**

**23.264 We recommend that Medical Laboratory Technologist/Senior Medical Laboratory Technologists who are required to attend work at the Microbiology Section, over and above their normal working week on Sundays and public holidays from 0900 hours to noon should continue to be paid an allowance of Rs 400.**

**Should the officer be required to work beyond noon, these allowances should continue to be paid on pro-rata basis.**

### **Blood Donor Service**

#### **Blood Transfusion/Virology (Sundays and Public Holidays)**

23.265 Medical Laboratory Technologist/Senior Medical Laboratory Technologist who are required to attend the Blood Transfusion/Virology Section on Sundays and public holidays from 0900 hours to noon, over and above their normal working week, are presently paid an allowance of Rs 400. The present arrangement is being maintained.

#### **Recommendation 81**

**23.266 We recommend that the allowances payable to Medical Laboratory Technologist/Senior Medical Laboratory Technologists for attending work at the Blood Transfusion/Virology Section over and above their normal working week, on Sundays and public holidays from 0900 hours to noon, be maintained at Rs 400.**

**23.267 However, whenever an officer is required to work beyond noon, these allowances should continue to be paid on pro-rata basis.**

### **Blood Donor Coordinator**

23.268 The Blood Donor Coordinator is responsible for organising and delivering educational meetings and talks, lectures and sensitization campaigns on blood donation/collection related issues after normal office hours, during week ends and public holidays. In the exercise of his function, he is required to travel extensive mileage, to perform his duties.

23.269 At present, incumbent is paid a monthly allowance of Rs 3800 for working after normal working hours, during weekends and public holidays. He has therefore, requested for an additional allowance to cater for the extensive wear and tear of his personal car. We have analysed the request and are recommending, accordingly.

#### **Recommendation 82**

**23.270 We recommend that the monthly allowance payable to the Blood Donor Coordinator for carrying out sensitization campaigns on blood donation/collection after normal working hours, during weekends and public holidays be maintained at Rs 3800.**

**23.271 We further recommend the payment of an additional compensation of Rs 800 per month to the Blood Donor Coordinator to cater for the additional expenditure incurred in the maintenance of his car used for performing extensive official travelling.**

## **Dr Yves Cantin Community Hospital**

### **Meal Allowance**

23.272 At present, an all-inclusive daily allowance of Rs 225 in lieu of meals is paid to Medical Laboratory Technologist/Senior Medical Laboratory Technologist who, after a night service, have to attend Dr Yves Cantin Community Hospital the following day, where they are not provided with meals and/or where such facilities are not available. The present arrangement is maintained.

### **Recommendation 83**

**23.273 We recommend that, Medical laboratory Technologist/Senior Medical Laboratory Technologists who, after a night service, have to attend to Dr Yves Cantin Community Hospital the following day, where they are not provided with meals and/or where such facilities are not available, should continue to be paid a daily meal allowance of Rs 260.**

### **Radiography Services**

23.274 The X-Ray Department provides two distinct services, namely the Therapeutic Radiography and the Diagnostic Radiography Services.

23.275 In the context of the previous review exercise, the MOH&QL had apprised the Bureau that it was in the process of running a training programme leading to a Diploma in Radiotherapy and Radiography for Student Radiation Therapist and Student Medical Imaging Technologist. For all other officers of the Radiation Therapist and the Medical Imaging Technologist cadres, top up training programmes leading to a Diploma in Radiotherapy and Radiography were to be mounted. In view of the foregoing, we provided for a Qualification Bar (QB) in the respective salary scales, as appropriate, progression beyond which is subject to obtention of the Diploma qualifications. **We are maintaining the existing provision.**

### **Recommendation 84**

**23.276 We again recommend that progression beyond the QB in the respective salary scales for the grades as mentioned, hereunder:**

**Radiation Therapist**

**Senior Radiation Therapist**

**Medical Imaging Technologist and**

**Senior Medical Imaging Technologist**

**should be subject to the obtention of the Diploma in Radiotherapy or the Diploma in Radiography.**

**23.277 We further maintain that the Ministry of Health and Quality of Life should make the necessary arrangements for the enlistment of Student Medical Imaging Technologists, Student Radiation Therapists as well as other officers of the Medical Imaging Technologist and Radiation Therapist cadres of the Ministry and the Rodrigues Regional Assembly to follow top up training programmes leading to a Diploma in Radiography and Radiotherapy.**

**Risk Allowance to officers of the Radiation Therapist cadre**

23.278 Officers of the Radiation Therapist cadre are presently paid a risk allowance equivalent to one and a half increments at the initial of their respective salary scales for working in a high energy radiation risk area. **We recommend that the existing provision be maintained.**

**Bank Radiation Therapist**

23.279 Retired officers previously in the grade of Radiation Therapists recruited under the Bank Scheme of Radiation Therapist are paid an all-inclusive allowance of Rs 610 per day session of three hours and Rs 710 per night session of three hours.

**Recommendation 85**

**23.280 We recommend that retired officers in the grade of Radiation Therapists recruited under the Bank Scheme of Radiation Therapist be paid an all-inclusive allowance of Rs 610 per day session of three hours and Rs 710 per night session of three hours.**

**Service during Nights, Weekends and Public Holidays**

23.281 Officers in the grades of Medical Imaging Technologist and Senior Medical Imaging Technologist who are required to work beyond their normal working hours in order to provide 24-hours coverage during nights, weekends and public holidays are presently paid "In-Attendance" Allowances, as hereunder:

<b>"In-Attendance" Allowance</b>		
<b>Period</b>	<b>Medical Imaging Technologist Rs</b>	<b>Senior Medical Imaging Technologist Rs</b>
<b>Weekdays</b> <i>1600 hours to 2200 hours</i>	580	930
	<i>2200 hours to 0900 hours the following day</i>	1700
<b>Saturdays</b> <i>1200 hours to 2200 hours</i>	970	1500

<b>"In-Attendance" Allowance</b>		
<b>Period</b>	<b>Medical Imaging Technologist Rs</b>	<b>Senior Medical Imaging Technologist Rs</b>
<i>2200 hours to 0900 hours the following day</i>	1050	1700
<b>Sundays and Public Holidays</b>		
<i>0900 hours to 1600 hours</i>	580	930
<i>1600 hours to 2200 hours</i>	580	930
<i>2200 hours to 0900 hours the following day</i>	1050	1700

We are in this Report, reviewing the mode of computation of this coverage allowance.

#### **Recommendation 86**

**23.282 We recommend that, pending the implementation of proper shift system, officers in the Medical Imaging Technologist cadre, who are effectively required to work beyond their normal working week in order to provide 24 hour service during nights, weekends and public holidays should be compensated at the normal hourly rate at the salary point reached in their respective salary scales, for every additional hour put in.**

#### **Risk Allowance to Medical Imaging Technologist posted at Chest Clinic**

23.283 At present, Medical Imaging Technologists and Senior Medical Imaging Technologist who are posted at the Chest Clinic and Poudre D'or Hospital are paid a risk allowance equivalent to one and a half increments (1½) at the initial of their respective salary scales as they work in close contact with mental patients, T. B. Patients and drug addicts. We are maintaining the present provision.

#### **Recommendation 87**

**23.284 We recommend that Medical Imaging Technologists and Senior Medical Imaging Technologist who are posted at the Chest Clinic and Poudre D'or Hospital should continue to be paid a risk allowance equivalent to one and half increments (1½) at the initial of their respective salary scales as they work in close contact with mental patients, TB patients and drug addicts.**

### **X-Ray of Dead Bodies**

23.285 At present officers of the Medical Imaging Technologist cadre who are required to carry out X-Ray examinations of dead bodies which are quite often, in a fairly advanced state of decomposition are paid an allowance of Rs 245 per case. We are maintaining the payment of this allowance.

### **Recommendation 88**

**23.286 We recommend that the allowance paid to officers of the Medical Imaging Technologist cadre for carrying out X-Ray examinations of dead bodies which are in a state of advanced decomposition should continue to be Rs 245 per case.**

### **Radiation Protection Duties**

23.287 Senior Medical Imaging Technologists who are required to perform radiation protection duties where no Principal Medical Imaging Technologist is posted, are paid a monthly allowance of Rs 820. We are maintaining this allowance.

### **Recommendation 89**

**23.288 We recommend that the monthly allowance paid to Senior Medical Imaging Technologist who are required to perform radiation protection duties where no Principal Medical Imaging Technologist is posted should continue to be Rs 820 monthly.**

### **Bank Medical Imaging Technologist**

23.289 To palliate for short term absences of officers in the Medical Imaging Technologist cadre and also to cater for an increase in work load, the Ministry of Health and Quality of Life runs a Bank Scheme whereby retired officers of the Medical Imaging Technologist cadre are made to serve on a sessional basis for which, they are presently paid an all-inclusive allowance of Rs 610 per day session of three hours and Rs 710 per night session of three hours. We are maintaining the existing arrangement.

### **Recommendation 90**

**23.290 We recommend that retired officers of the Medical Imaging Technologist cadre who are employed to serve on a sessional basis under the Bank Scheme be paid an all-inclusive allowance of Rs 610 per day session of three hours and Rs 710 per night session of three hours.**

**23.291 We further recommend that the allowances under the bank scheme should be paid on a pro-rata basis whenever the officer is required to work beyond or less than the specified number of hours.**

### **Dr Yves Cantin Community Hospital**

23.292 At present, officers of the Medical Imaging Technologist cadre who after a night service at the main hospital have to attend duty the following day at Dr Yves Cantin Community Hospital, are paid a daily meal allowance of Rs 225, as they are not provided with meals and no such facilities are available. The present arrangement is maintained.

### **Recommendation 91**

**23.293 We recommend that, Medical Imaging Technologists who, after a night service, have to attend to Dr Yves Cantin Community Hospital the following day, where they are not provided with meals and/or where such facilities are not available, should continue to be paid a daily meal allowance of Rs 260.**

### **Compensation for additional duties**

23.294 With the evolution of technology, officers of the Medical Imaging Technologist cadre are now required to operate high tech sophisticated equipment for CT Scan, Magnetic Resonance Imaging (MRI), Mammography, and Angiography.

23.295 These extra duties and responsibilities require much dexterity and involve additional skills and competencies, the moreso that such duties are considered to be a deviation from the traditional X Rays System to a much more sophisticated digital screening of patients.

23.296 In view of the above, officers of the Medical Imaging Technologist cadre have requested for an additional compensation since the duties of operating such equipment were not previously included in their respective schemes of service and for which no compensation has been granted to incumbents in post. The Ministry of Health and Quality of Life is agreeable to the proposal. We are recommending accordingly.

### **Recommendation 92**

**23.297 We recommend that officers of the Medical Imaging Technologist cadre be granted one additional increment upon conversion, to be read from the master salary scale, subject to the top salary scale of the respective grades.**

## **Nuclear Medicine Department**

### **Allowance for work beyond normal working hours**

23.298 At present, Nuclear Medicine Technologist are paid an all-inclusive allowance of Rs 560 per case for attending to emergencies during nights, weekends and public holidays. They are also entitled to the payment of an additional allowance at the hourly rate of Rs 155 for putting in additional hours of work as a result of treatment started during the normal hours but completed beyond scheduled departure time. We are maintaining the existing provision.

### **Recommendation 93**

**23.299 We recommend that Nuclear Medicine Technologists be paid an all inclusive allowance of Rs 560 per case for attending to emergencies during nights, weekends and public holidays. However, payment for additional hours of work put in as a result of treatment started during the normal hours but completed beyond scheduled departure time should be at the hourly rate of Rs 155**

### **Movement in salary scale**

23.300 During consultative meetings, officers of the Nuclear Medicine Technologist cadre apprised the Bureau that the grade of Senior Nuclear Medicine Technologist was created in the 2008 PRB Report. However, the post has up to now not been filled in view of the fact that the scheme of service for the grade has not been prescribed. This situation has created much frustration among the officers in the cadre who have expressed a legitimate aspiration for promotion to a higher level. Keeping this in view, we are making other provision to address the issue.

### **Recommendation 94**

**23.301 We recommend that officers in the grade of Nuclear Medicine Technologist who have drawn the top salary recommended for the grade for a year, be allowed to move incrementally in the salary scale of the Senior Nuclear Medicine Technologist up to salary point Rs 53200 provided:**

- (i) they have been consistently efficient and effective in their performance during the preceding year; and**
- (ii) have not been adversely reported upon on ground of conduct.**

**23.302 We also recommend that incumbents should, in addition to their normal duties, be required to perform the duties and assume the responsibilities of the grade of Senior Nuclear Medicine Technologist, once they have been allowed to move incrementally in the higher salary scale.**

**23.303 We further recommend that this should not preclude the Nuclear Medicine Technologist from being promoted to the grade of Senior Nuclear Medicine Technologist before having reached the top of the salary scale or on vacancy arising in the latter grade.**

### **ORTHOPAEDIC APPLIANCES WORKSHOP**

23.304 The objective of the Orthopaedic Appliances Workshop is to fit appropriate orthopaedic appliances to patients with a view to enabling them to overcome their disabilities.

23.305 At present, the organization structure of the Orthopaedic Appliances Workshop comprises the grades of Superintendent Orthopaedic Appliances Workshop, Orthopaedic Technician, Assistant Orthopaedic Technician and Trainee Assistant Orthopaedic Technician.

23.306 Currently, the only Orthopaedic Technician in post supervises the work of the five sections (Prosthesis, Orthotic, Leather, Metal and Seamstress) and also assists the Superintendent. Over the years, the number of patients suffering from physical, visual, hearing and mental, and other diseases has increased considerably.

23.307 With the increasing number of patients requiring appliances due to a high rise in the number of diabetic patients, high accident rates and increases in Non-Communicable Diseases, the diversity of appliances needed and the development in technology, the Ministry of Health and Quality of Life has proposed to re-structure the Orthopaedic Appliances Workshop. We are recommending accordingly.

### **Recommendation 95**

**23.308 We recommend the creation of two distinct sections, the Podo-Orthosis Section and the Orthosis Prosthesis Section within the Orthopaedic Appliances Workshop.**

#### **Podo-Orthosis Section**

23.309 The Podo-Orthosis Section will be responsible to give professional service to patients needing orthopaedic shoes, orthopaedic insoles and foot orthotics appliances. The section will work in close collaboration with the Diabetes Vascular Centre to ensure proper coordination in order to supply proper foot appliances to patients referred to the workshop.

### **Orthosis-Prosthesis Section**

- 23.310 The Orthosis-Prosthesis Section will comprise two units, namely (i) the Orthosis Unit which would be responsible for the manufacture of high technical devices that are applied to a part of the body to correct deformity, improve function, relieve symptoms and assist the muscular-neuro skeleton system; and (ii) the Prosthesis Unit which would be responsible to manufacture artificial devices that replaces a missing body part.
- 23.311 With a view to allowing the Orthopaedic Appliances Workshop to maximize output and provide effective service delivery, we are also creating a few grades and restyling some others to better reflect the nature of duties and level of responsibilities devolving upon the incumbent

### **Orthopaedic Technician**

- 23.312 At present, appointment to the grade of Orthopaedic Technician is made from among holders of the “Brevet de Technicien Supérieur” in Orthopaedic appliances or the “Diplome Universitaire Supérieur de Technologie” (DUST) from a recognised institution.
- 23.313 The Ministry of Health and Quality of Life has apprised the Bureau that, as there is no qualified candidate available on the local market, the Ministry has decided to post Nursing Officers at the Orthopaedic Workshop for on-the-job training and subsequently, follow a training course in Prosthesis and Orthosis either locally or abroad before they are appointed Orthopaedic Technician. Approval of the Public Service Commission has, therefore, been sought for the nomination and posting of Nursing Officers to the Orthopaedic Appliances Workshop whereby incumbent would undergo on-the-job training followed by a Diploma Course in ‘Prosthesis and Orthosis.’
- 23.314 In view of the above, the MOH and QL has proposed that, in future, appointment to the grade of Orthopaedic Technician should be made from among Nursing Officers possessing a pass in two science subjects at Cambridge Higher School Certificate and reckoning at least three years’ service in a substantive capacity in the grade. We are recommending, accordingly.

### **Orthopaedic Technician (Podo-Orthosis) (New Grade)**

- 23.315 We recommend the creation of the grade of Orthopaedic Technician (Podo-Orthosis) on the establishment of the Ministry of Health and Quality of Life. Appointment thereto, should be made from among officers in the grade of Nursing Officer possessing a pass in two Science subjects at the Cambridge Higher School Certificate or a GCE “A” level and reckoning three years service in a substantive capacity in the grade.**

23.316 Incumbents would, among others, be required to form part of the clinical team and advise in the designing of insoles, orthopaedic shoes and foot prostheses; examine patients who are in need of special insoles, orthopaedic shoes and foot prostheses; supervise the Assistant Orthopaedic Technicians; evaluate the insoles, orthopaedic shoes and foot prostheses for use and advise accordingly; follow up the usage of insoles, orthopaedic shoes and foot prostheses and adjust accordingly; and conduct practical courses for colleagues, professionals and other community groups interested in the insoles, orthopaedic shoes and foot prostheses techniques.

#### **Assistant Orthopaedic Technician (Podo-Orthosis) (New Grade)**

**23.317 We also recommend the creation of the grade of Assistant Orthopaedic Technician (Podo-Orthosis) on the establishment of the Ministry of Health and Quality of Life. Appointment thereto, should be made from among Trainee Assistant Orthopaedic Technician (Podo-Orthosis) who have successfully completed their training or by selection from among candidates possessing:**

**(a) the “Brevet de Technicien en fabrication mécanique from a recognised institution; and**

**(b) the Assistant Orthopaedic Technician Certificate awarded after a minimum of two years’ training at a recognised institution.**

23.318 Incumbents would be required, among others, to assist the Orthopaedic Technician (Podo-Orthosis) in the clinical team and fill in technical record sheets; assist in the establishment of procedures for the manufacture of insoles, orthopaedic shoes and foot prostheses; take necessary cast and measurement for patients who require insoles, orthopaedic shoes and foot prostheses; prepare and assemble different parts of insoles, orthopaedic shoes and foot prostheses; work in collaboration with other rehabilitation services; assist the Orthopaedic Technician (Podo-Orthosis) in community services; and use and maintain orthopaedic equipment in good running conditions.

#### **Trainee Assistant Orthopaedic Technician (Podo-Orthosis) (New Grade)**

**23.319 We further recommend the creation of the grade of Trainee Assistant Orthopaedic Technician (Podo-Orthosis) on the establishment of the Ministry of Health and Quality of Life. Appointment, thereto, should be made from among holders of “the Brevet de Technicien en fabrication mécanique” from a recognised institution. Incumbent would be required to undergo two years’ training, both theoretical and practical, in all aspects of the work of an Assistant Orthopaedic Technician (Podo-Orthosis).**

**Orthopaedic Technician (Orthosis-Prosthesis)**

*formerly Orthopaedic Technician*

**23.320** We recommend that the grade of Orthopaedic Technician be restyled to Orthopaedic Technician (Orthosis Prosthesis) and that the post be, henceforth filled from among officers who have received a two year training in Orthotic and Prosthetic.

**Assistant Orthopaedic Technician (Orthosis-Prosthesis)**

*formerly Assistant Orthopaedic Technician*

**23.321** We also recommend that the grade of Assistant Orthopaedic Technician be restyled to Assistant Orthopaedic Technician (Orthosis-Prosthesis) and that in future, the post would be filled from among Trainee Assistant Orthopaedic Technician (Orthosis-Prosthesis) who have successfully completed their training.

**Trainee Assistant Orthopaedic Technician (Orthosis-Prosthesis)**

*formerly Trainee Assistant Orthopaedic Technician*

**23.322** We further recommend that the grade of Trainee Assistant Orthopaedic Technician be restyled Trainee Assistant Orthopaedic Technician (Orthosis-Prosthesis).

**Occupational Therapist Cadre**

**Physiotherapist Cadre**

**Speech Therapist and Audiologist Cadre**

**23.323** Prior to the publication of the 2013 PRB Report, the structure of the Occupational Therapist Cadre, Physiotherapist Cadre, and Speech Therapist and Audiologist Cadre, comprised a three level hierarchy respectively, as hereunder:

Occupational Therapist	Physiotherapist	Speech Therapist and Audiologist
Senior Occupational Therapist	Senior Physiotherapist	Senior Speech Therapist and Audiologist
Chief Occupational Therapist	Chief Physiotherapist	Chief Speech Therapist and Audiologist

**23.324** The 2013 PRB Report provided for a merger, and restyled the grades in the above cadres as follows: Occupational Therapist/ Senior Occupational Therapist;

Physiotherapist/ Senior Physiotherapist; and Speech Therapist and Audiologist/  
Senior Speech Therapist and Audiologist.

- 23.325 During consultative meetings in the context of the present review exercise, the representatives of the above cadres apprised the Bureau that the merging of the grades is presently causing much frustration and demotivation to senior officers, resulting in lack of supervision, monitoring and control of work, thereby affecting service delivery.
- 23.326 In view of the above, the Bureau has been requested to bring corrective measures which would ensure an enhanced and effective service delivery in patients care. We have thoroughly analysed the issue and are providing remedial actions.

### **Recommendation 96**

- 23.327 We recommend that senior officers in the grades of Occupational Therapist/ Senior Occupational Therapist, Physiotherapist/ Senior Physiotherapist, and Speech Therapist and Audiologist/Senior Speech Therapist and Audiologist in post as at 31 December 2015, should continue to assume the team leadership role and to supervise the professionals in their respective disciplines. These officers should be paid an allowance equivalent to two increments at the point reached in their respective salary scales.**

### **Speech Therapy and Audiology Department**

- 23.328 The speech therapy and audiology service contributes to the quality of life of all persons with communication disorders and forms an integral part of the health services. At present, the Speech Therapy and Audiology Department is manned, at the professional level, by officers of the Speech Therapist and Audiologist cadre and are supported at the technical/operative level by the officers in the grade of Speech and Hearing Therapy Assistant.

### **Senior Speech and Hearing Therapy Assistant (New Grade)**

- 23.329 The function of the Speech and Hearing Therapy Assistant is to assist the Speech Therapist and Audiologist in assessing, diagnosing and giving therapeutic treatments to patients with communication disorders and hearing disabilities resulting from congenital and acquired deficiencies.
- 23.330 The field of Speech Therapy and Audiology is a very scarce one. During consultative meetings, the Bureau was apprised that very often, the speech therapy and audiology departments are run with a skeleton staff of three or four Speech Therapist and Audiologist who have to cover the five regional hospitals. Due to this shortage of staff, the service is disrupted and very often, the Speech and Hearing Therapy Assistants have to provide the services to patients on their own, as and when required, at the five regional hospitals under limited/no supervision.

23.331 On the other hand, the post of Speech and Hearing Therapy Assistant is a dead end one with no career prospect, due to which new recruits leave the service after acquiring intensive training. In view of the foregoing, it has been requested that an additional level be created to provide for supervision as well as motivate staff who have a legitimate aspiration for promotion to a higher level. We are agreeable to the representation to which we subscribe.

**Recommendation 97**

**23.332 We recommend the creation of the grade of Senior Speech and Hearing Therapy Assistant on the establishment of the Ministry of Health and Quality of Life. Appointment, thereto, should be made by promotion of Speech and Hearing Therapy Assistants reckoning 5 years' service in a substantive capacity in the grade.**

23.333 Incumbent would be responsible to the Chief Therapist and Audiologist through the Senior Speech Therapist and Audiologist or the Speech Therapist and Audiologist, among others, for assisting in the day-to-day administration of the speech therapy and audiology unit and in planning of the day-to-day activities of Speech and Hearing Therapy Assistants; assisting in diagnosing, assessing and providing therapeutic treatment for disorders of speech, language and hearing; participating in habilitating and rehabilitation of persons with speech and hearing disabilities; fitting hearing aids and providing orientation, guidance and counselling to hearing aid users; and assisting in screening programmes and school medical services concerning communication disorders among the public at large and school children.

**MEDICAL TECHNICIAN, TECHNOLOGIST AND PARAMEDIC GROUP  
SALARY SCHEDULE**

Salary Code	Salary Scale and Grade
09 075 089	<b>Rs 46900 x 1525 – 49950 x 1625 – 62950 x 1850 – 68500 x 1950 – 70450</b> Chief Occupational Therapist Chief Physiotherapist Chief Speech Therapist and Audiologist
09 068 085	<b>Rs 37125 x 1225 – 40800 x 1525 – 49950 x 1625 – 62950</b> Senior Occupational Therapist (Personal to officers in post as at 31.12.12) Senior Physiotherapist (Personal to officers in post as at 31.12.12) Senior Speech Therapist and Audiologist (Personal to officers in post as at 31.12.12)

Salary Code	Salary Scale and Grade
09 055 083	<p><b>Rs 26300 x 775 – 32500 x 925 – 37125 x 1225 – 40800 x 1525 – 49950 x 1625 – 59700</b></p> <p>Occupational Therapist/Senior Occupational Therapist  Physiotherapist/Senior Physiotherapist  Speech Therapist and Audiologist/Senior Speech Therapist and Audiologist</p>
09 059 085	<p><b>Rs 29400 x 775 – 32500 x 925 – 37125 x 1225 – 40800 x 1525 – 49950 x 1625 – 62950</b></p> <p>Ophthalmic Optician/Senior Ophthalmic Optician</p>
09 070 085	<p><b>Rs 39575 x 1225 – 40800 x 1525 – 49950 x 1625 – 62950</b></p> <p>Chief Medical Imaging Technologist  Chief Medical Laboratory Technologist</p>
09 064 081	<p><b>Rs 33425 x 925 – 37125 x 1225 – 40800 x 1525 – 49950 x 1625 – 56450</b></p> <p>Principal Radiation Therapist</p>
09 064 079	<p><b>Rs 33425 x 925 – 37125 x 1225 – 40800 x 1525 – 49950 x 1625 – 53200</b></p> <p>Principal Medical Imaging Technologist</p>
09 058 076	<p><b>Rs 28625 x 775 – 32500 x 925 – 37125 x 1225 – 40800 x 1525 – 45375 QB 46900 x 1525 – 48425</b></p> <p>Senior Medical Imaging Technologist  Senior Radiation Therapist</p>
09 042 071	<p><b>Rs 18825 x 375 – 19575 x 475 – 21950 x 625 – 23200 x 775 – 32500 x 925 – 37125 x 1225 – 38350 QB 39575 x 1225 – 40800</b></p> <p>Medical Imaging Technologist  Radiation Therapist</p>
09 026 028	<p><b>Rs 13790 x 260 – 14050 x 275 – 14325</b></p> <p>Trainee Medical Imaging Technologist  <i>formerly Student Medical Imaging Technologist</i>  Trainee Student Radiation Therapist  <i>formerly Student Radiation Therapist</i></p>

Salary Code	Salary Scale and Grade
09 065 081	<b>Rs 34350 x 925 – 37125 x 1225 – 40800 x 1525 – 49950 x 1625 – 54825 QB 56450</b> Principal Medical Laboratory Technologist
09 044 076	<b>Rs 19575 x 475 – 21950 x 625 – 23200 x 775 – 32500 x 925 – 37125 x 1225 – 40800 x 1525 – 48425</b> Medical Laboratory Technologist/ Senior Medical Laboratory Technologist
09 032 063	<b>Rs 15450 x 300 – 15750 x 325 – 17700 x 375 – 19575 x 475 – 21950 x 625 – 23200 x 775 – 32500</b> Assistant Medical Laboratory Technologist
09 028 031	<b>Rs 14325 x 275 – 15150</b> Trainee Medical Laboratory Technologist <i>formerly Student Medical Laboratory Technologist</i>
09 065 080	<b>Rs 34350 x 925 – 37125 x 1225 – 40800 x 1525 – 49950 x 1625 – 54825</b> Senior Nuclear Medicine Technologist
09 058 076	<b>Rs 28625 x 775 – 32500 x 925 – 37125 x 1225 – 40800 x 1525 – 48425</b> Nuclear Medicine Technologist
09 069 085	<b>Rs 38350 x 1225 – 40800 x 1525 – 49950 x 1625 – 62950</b> Blood Donor Coordinator
09 044 076	<b>Rs 19575 x 475 – 21950 x 625 – 23200 x 775 – 32500 x 925 – 37125 x 1225 – 40800 x 1525 – 48425</b> Medical Social Worker/Senior Medical Social Worker
09 062 079	<b>Rs 31725 x 775 – 32500 x 925 – 37125 x 1225 – 40800 x 1525 – 49950 x 1625 – 53200</b> Principal Medical Social Worker Superintendent, Orthopaedic Appliances Workshop Superintendent, Surgical Technology Workshop

Salary Code	Salary Scale and Grade
09 054 073	<p><b>Rs 25525 x 775 – 32500 x 925 – 37125 x 1225 – 40800 x 1525 – 43850</b></p> <p>Orthopaedic Technician (Podo Orthosis) (New Grade)  Orthopaedic Technician (Orthosis Prosthesis)  <i>formerly Orthopaedic Technician</i>  Senior Surgical Technologist</p>
09 050 069	<p><b>Rs 22575 x 625 – 23200 x 775 – 32500 x 925 – 37125 x 1225 – 38350</b></p> <p>Senior ECG Technician (Female)  Senior ECG Technician (Male)  Senior EEG Technician</p>
09 030 063	<p><b>Rs 14875 x 275 – 15150 x 300 – 15750 x 325 – 17700 x 375 – 19575 x 475 – 21950 x 625 – 23200 x 775 – 32500</b></p> <p>Dental Technician</p>
09 040 065	<p><b>Rs 18075 x 375 – 19575 x 475 – 21950 x 625 – 23200 x 775 – 32500 x 925 – 34350</b></p> <p>Assistant Orthopaedic Technician (Podo Orthosis) (New Grade)  Assistant Orthopaedic Technician (Orthosis Prosthesis)  <i>formerly Assistant Orthopaedic Technician</i></p>
09 028 030	<p><b>Rs 14325 x 275 – 14875</b></p> <p>Trainee Assistant Orthopaedic Technician (Podo Orthosis)  Trainee Assistant Orthopaedic Technician (Orthosis Prosthesis)</p>
09 046 069	<p><b>Rs 20525 x 475 – 21950 x 625 – 23200 x 775 – 32500 x 925 – 37125 x 1225 – 38350</b></p> <p>Surgical Technologist</p>
09 032 065	<p><b>Rs 15450 x 300 – 15750 x 325 – 17700 x 375 – 19575 x 475 – 21950 x 625 – 23200 x 775 – 32500 x 925 – 34350</b></p> <p>Senior Speech and Hearing Therapy Assistant (New Grade)</p>

Salary Code	Salary Scale and Grade
09 029 062	<b>Rs 14600 x 275 – 15150 x 300 – 15750 x 325 – 17700 x 375 – 19575 x 475 – 21950 x 625 – 23200 x 775 – 31725</b> ECG Technician (Female) ECG Technician (Male) EEG Technician Speech and Hearing Therapy Assistant
09 024 026	<b>Rs 13270 x 260 – 13790</b> Trainee Speech and Hearing Therapy Assistant

### General Recommendation

#### Payment of Overtime to Workers on Shift/Roster on officially declared cyclone days

23.334 For working on officially declared cyclone days and from the time cyclone warning class III or IV is removed up to the time the next scheduled officers take over, workers on shift or roster who are eligible for overtime are compensated at twice hourly rate.

#### Recommendation 98

23.335 We recommend that workers on shift or roster, eligible for overtime, who continue to work after a cyclone warning class III or IV is removed and until they are relieved, should be paid overtime at twice the hourly rate.

## **SPECIFIC CONDITIONS OF SERVICE FOR HEALTH SECTOR**

23.336 At present, employees in the grades of Nursing Supervisor (Male); Nursing Supervisor (Female); Charge Nurse (Male); Charge Nurse (Female); Charge Nurse (Psychiatric) (Male); Charge Nurse (Psychiatric) (Female); Nursing Officer except those posted to Mediclinics, Area Health Centres, Community Health Centres; Nursing Officer (Psychiatric); Midwife; Senior Midwife; Health Care Assistant/Senior Health Care Assistant (General) *formerly Health Care Assistant (General)*; Health Records Clerk and Higher Health Records Clerk *formerly Health Records Clerk/Higher Health Records Clerk*; Pharmacy Technician; Ambulance Driver (Shift);

Ambulance Care Attendant (Shift); Senior Attendant (Hospital Services) (Shift); Attendant (Hospital Services) (Shift); Transport Services Facilitator *formerly Gatekeeper (Health)*; Telephonist and Ward Assistant (Male and Female) are paid in cash any unutilised sick leave beyond the 16 days at the discounted rate of 50%.

23.337 As this measure has proved to be effective, we are maintaining it.

### **Recommendation 99**

**23.338 We recommend that:**

- (i) incumbents in the grades listed at paragraph 23.336 above working on shift in the health sector should be paid in cash any unutilised sick leave beyond the 16 days at the discounted rate of 50%, notwithstanding the provision of recommendation at paragraph 18.4.44 (iii) of Volume 1 of this Report; and**
- (ii) upon request, the Ministry of Civil Service and Administrative Reforms in consultation with the relevant parties may consider the inclusion of new grades from the health sector in the list of grades of shift workers effectively working on shift.**

### **Hours of Attendance**

#### **Recommendation 100**

**23.339 We recommend that:**

- (i) the normal hours of attendance at work in force as at 31 December 2015 for incumbents required to provide 24-hour coverage in the Health Sector, whether shift or non-shift, should be maintained; and**
- (ii) the Responsible Officer of the Ministry of Health and Quality of Life should continue to determine the hours of attendance of work of its employees to meet the operational needs of the organisation.**

## **NCD AND HEALTH PROMOTION UNIT**

- 23.340 The Health Information, Education and Communication Unit is responsible for the design and implementation of information, education and communication programmes of the Ministry. In the 2008 PRB Report, in view of the evolution of the role of this unit, we reviewed the organisational structure and recommended the creation of the grade of Chief Health Information, Education and Communication Officer along with amendments to be brought to the schemes of service for the post of Principal, Senior and Health Information, Education and Communication Officer.
- 23.341 The Bureau has been apprised that the Ministry has already initiated action to reflect recommendations of the 2008 PRB Report as regards the schemes of service of the respective grades. **The Ministry should ensure that the schemes of service of grades falling in the Health Information, Education and Communication cadre are amended without any further delay.**

## **OPERATIONS SUPPORT SERVICES**

- 23.342 The Operations Support Services are presently manned by officers in the grades of Senior Manager, Operations Support Services; Manager, Hospital Logistics; Head, Transport, Maintenance and Workshop Services; and Coordinator (Operations Support Services).

### **Supervisor, Operations Support Services (Shift) (New Grade)**

- 23.343 At present, Health Records Clerk/Higher Health Records Clerks and Senior Health Records Clerks have, according to their respective scheme of service, the responsibility to make transport arrangement for patients. However, the overall responsibility of the Ambulance Service falls on the Hospital Administrative cadre. To ensure that patients get the appropriate transport service, the officers in the Health Records Department have to perform certain duties which fall outside their normal duties in order to meet the demands of the patients.
- 23.344 The officers of the Health Records Clerk cadre are granted one additional increment subject to the maximum salary of the post for filling of log books and making transport arrangement for the patients.
- 23.345 The Unions of the Health Records Clerk cadre have made strong representations that filling of log books and making transport arrangement involve extra effort and occasionally cause disruption of counter services especially, during night schedules when a single officer is on night duty. They have proposed that the Health Records Clerk cadre should no longer be required to make transport arrangement for patients.

23.346 In view of the above, the Ministry of Health and Quality of Life has proposed the creation of a grade of Supervisor, Operations Support Services who would be responsible for making transport arrangement for patients. The Bureau concurs with the proposal of the Ministry and is recommending accordingly.

#### **Recommendation 101**

**23.347 We recommend the creation of a grade of Supervisor, Operations Support Services (Shift) on the establishment of the Ministry of Health and Quality of Life. Appointment to the grade would be by selection from serving officers possessing a Cambridge Higher School Certificate, reckoning at least four years' service in a substantive capacity in their respective grade, and possessing a valid driving licence to drive cars.**

23.348 Incumbent would be responsible to the Coordinator (Operations Support Services) and would be required, among others, to make transport arrangement for patients; fill and control log books of all vehicles as well as the issue of fuel to all vehicles; supervise and organise transport operational activities in regional hospitals and other health institutions; and prepare daily and weekly schedule of work for Drivers posted in different unit/region while ensuring fair distribution of work.

## **SPECIFIC RECOMMENDATIONS FOR OTHER MAJOR GROUPS**

### **GOVERNMENT ANALYST DIVISION**

- 23.349 The Government Analyst Division (GAD) is mainly responsible to provide physico-chemical services for foodstuffs analysis in compliance with Food Act, toxicological analysis and body fluids and analysis of pharmaceutical and drinking water. It is also actively involved in acquiring new high-tech state of art equipment with a view to attaining a world class laboratory capable of carrying a panoply of chemical analysis to meet Government's objective to ensure food safety and meet obligations of the World Trade Organisation.
- 23.350 The Division is headed by a Chief Government Analyst who is assisted in his duties by officers in the professional and technical cadres.
- 23.351 In the context of this Report, the main representations made by Management and Union members consisted in the creation of a level of Chief Technical Officer(Chemical Laboratory); increase in the number of posts in the technical cadre; payment of a Risk Allowance; grant of 70% and 100% duty remission facilities; and upgrading of salaries. We have studied the proposals and considered favourably those deem meritorious and which would enhance service delivery.
- 23.352 The Bureau is of the view that the present structure of the Division is appropriate to enable it to fulfil its mandate and is therefore being maintained. We are, however, allowing Technical Officers (Chemical Laboratory) to move beyond their top salary; reviewing the salary of the grade of Government Analyst/Senior Government Analyst and extending the duty remission facilities.

#### **Movement for Technical Officer (Chemical Laboratory)**

- 23.353 Presently, the Technical Officer cadre of the Government Analyst Division comprises the grades of Technical Officer (Chemical Laboratory), Senior Technical Officer (Chemical Laboratory) and Principal Technical Officer (Chemical Laboratory).
- 23.354 The staff associations have made representations that the scope of promotion of Technical Officers (Chemical Laboratory) is quite limited given that there are only three funded posts of Senior Technical Officer (Chemical Laboratory). As a result, this situation causes much demotivation and frustration among the Technical Officers (Chemical Laboratory), the moreso a few of them reckon more than 30 years of service. In this perspective, request has been made for the creation of additional posts in the grade of Senior Technical Officer (Chemical Laboratory).

23.355 The Bureau acknowledges the legitimate feeling of frustration and demotivation among the concerned officers. However, increasing the number of posts at the supervisory level as a remedy, does not hold good, as same would depend on the operational needs of the organisation. **The Bureau considers that issues regarding establishment size would best be addressed through the Human Resource Planning exercise which every organisation would be mandatorily required to carry out as per provision made in Chapter 22 of Volume 1 of this Report.**

23.356 However, we are providing for a mechanism which would allow the Technical Officers (Chemical Laboratory) to benefit from enhanced career earnings on account of their long years of experience and knowledge acquired in their field, which the organisation is making effective use of.

### **Recommendation 102**

**23.357 We recommend that Technical Officers (Chemical Laboratory) who have drawn their top salary for a year, should proceed incrementally in the salary scale of the grade of Senior Technical Officer (Chemical Laboratory) up to salary point of Rs 46900 provided they:**

- (i) have been efficient and effective in their performance during the preceding year; and**
- (ii) are not under report.**

**23.358 This recommendation should, however, not preclude Technical Officers (Chemical Laboratory) from being promoted to the grade of Senior Technical Officer (Chemical Laboratory) before they have reached the top of their salary scale or on vacancy arising in the latter grade.**

**23.359 We further recommend that Technical Officers (Chemical Laboratory) should perform the duties and assume the responsibilities of the grade of Senior Technical Officer (Chemical Laboratory) upon moving in the higher salary scale.**

### **Risk Allowance**

23.360 Officers in the grade of Government Analyst/Senior Government Analyst and Principal Technical Officer (Chemical Laboratory) have requested for the payment of risk allowance, as according to them, the work performed and the substances as well as equipment used in laboratories entail a high degree of risk.

23.361 For this Report, the Bureau is advocating for the conduct of a Risk Assessment exercise in view of determining the degree of risk faced by the officers during the performance of their duties. We are recommending accordingly.

### **Recommendation 103**

**23.362 We recommend that Management makes necessary arrangements for the conduct of a Risk Assessment Exercise in view of determining the degree of risk faced by the concerned officers. The modalities for this exercise are spelt out at paragraph 18.15.23 of the Chapter on Risk, Insurance and Compensation of Volume 1 of this Report.**

### **Review of salary scale of the grade of Government Analyst/Senior Government Analyst**

23.363 Government Analyst/Senior Government Analysts have represented that with 2013 PRB Report, they were eligible to the grant of duty exemption on the purchase of a car. However, with EOAC Report their top salary has been reviewed downward and consequently, they are no longer eligible to that benefit. Request has therefore been made to correct this anomaly and thereby restore their eligibility for duty exemption.

23.364 The Bureau considers that the representation is fully substantiated. We have, therefore, reviewed the salary scale.

### **BIOCHEMISTRY DEPARTMENT**

23.365 The Biochemistry Department is mainly responsible for the technical and scientific management of clinical biochemistry services which is rapidly expanding and is an important area of medicine. Such services are provided in all regional and peripheral hospitals and equally in Rodrigues.

23.366 The Department is managed by the Head, Biochemistry Services who is assisted in her duties by officers in the Clinical Scientist (Biochemistry) cadre.

23.367 During consultations, Management and Staff Associations have made proposals to upgrade the qualification requirements of the grade of Clinical Scientist/Senior Clinical Scientist (Biochemistry) from a degree to a postgraduate level, creation of an additional level of Deputy Head, Biochemistry services and creation of additional posts at principal professional level. Management has equally requested for the creation of the grade of Clinical Scientist /Senior Clinical Scientist in other laboratories.

23.368 We have taken into account the proposals made and are of the view that based on the duties performed by officers in the grade of Clinical Scientist /Senior Clinical Scientist (Biochemistry), the requirement of a Master's Degree is not warranted. In addition, any amendment to the qualification requirements may debar potential external candidates to join the grade and lead to recruitment problems. Furthermore, creation of a level of Deputy Head is not appropriate at this stage given the present staff size at lower levels.

23.369 We are, therefore, while maintaining the present structure, revisiting the scheme of service of the grades of Clinical Scientist /Senior Clinical Scientist (Biochemistry) and Clinical Scientist /Senior Clinical Scientist (Virology) and reviewing the salary scales of certain professional grades.

#### **Principal Clinical Scientist (Biochemistry)**

23.370 Management and Staff Associations have requested for an increase in the establishment size of the grade of Principal Clinical Scientist (Biochemistry) in view of coping with the increasing workload and to allow the incumbent to undertake more research work in the field of Biochemistry.

**23.371 The Bureau wishes to highlight that issues regarding establishment size would best be considered and addressed through the Human Resource Planning exercise which every organisation would be mandatorily required to carry out.**

#### **Clinical Scientist /Senior Clinical Scientist (Biochemistry)**

#### **Clinical Scientist /Senior Clinical Scientist (Virology)**

23.372 At present, the grade of Clinical Scientist /Senior Clinical Scientist exists in the Biochemistry Department and Virology Unit. Management has requested for the grade to be created in other laboratories such as Anatomic, Pathology, Microbiology and Haematology and Blood Transfusion Service in view of the restructuring and modernisation of the Central Health Laboratory and new demands of the health system.

23.373 We have examined the request and consider that it would be more appropriate to amend the scheme of service of the grade of Clinical Scientist /Senior Clinical Scientist with a view to including the duties to be performed in the different laboratories in lieu of creating a dedicated grade in each laboratory. We are, therefore, making an appropriate recommendation to that end.

#### **Recommendation 104**

**23.374 We recommend that Management should consider the advisability of amending the scheme of service of the grades of Clinical Scientist /Senior Clinical Scientist (Biochemistry) and Clinical Scientist /Senior Clinical Scientist (Virology) under a generic grade of Clinical Scientist /Senior Clinical Scientist and make provision for the inclusion of other laboratories.**

**23.375 We further recommend that consequential amendments be brought to the scheme of service of the grades of Principal Clinical Scientist (Biochemistry) and Principal Clinical Scientist (Virology).**

## **Review of Salary Scales**

23.376 The Bureau is reviewing the salary scale of the grades of Clinical Scientist/Senior Clinical Scientist (Biochemistry), Clinical Scientist /Senior Clinical Scientist (Virology), Principal Clinical Scientist (Biochemistry) and Principal Clinical Scientist (Virology) based on the level of duties performed by incumbents.

### **VECTOR BIOLOGY AND CONTROL DIVISION**

23.377 The Vector Biology and Control Division is mainly responsible for undertaking studies on the biology and control of insect vectors of diseases, other arthropod-borne diseases and other vectors of medical importance in relation to diseases like malaria, chikengunya, dengue, among others. The Head, Vector Biology and Control Division is responsible to oversee the proper functioning of the division and is assisted by officers of the three-level Vector Biology and Control Laboratory Technician cadre and Scientific Officers.

23.378 For this Report, representations made by the Union consisted, among others, in a restyling of the grade of Head, Vector Biology and Control Division and upgrading of the qualification requirements of the entry grade of the technical cadre and those of the grade of Scientific Officer.

23.379 After duly examining the representations, we consider that the existing appellation of the grade of Head, Vector Biology and Control Division is appropriate. As regards the request for an upgrading of the qualification requirements of the grade of Scientific Officer, we feel that same is not justified as it may cause recruitment problems and debar potential candidates to apply for the post. However, we are providing for enhanced career earnings to incumbents and restyling the grade in consonance with the level of duties performed.

23.380 Concerning the request for an uplift of the qualification requirements of the grade of Vector Biology and Control Laboratory Technician, we consider that same may not be warranted at this stage. However, we are providing for some form of compensation to officers of the cadre who possess a Diploma in the relevant field, on account of their additional knowledge and skills as well as contribution to the Division.

## **Recommendation 105**

**23.381 We recommend that:**

- (i) the grade of Scientific Officer, Vector Biology and Control Division be restyled Scientific Officer /Senior Scientific Officer, Vector Biology and Control Division; and**
- (ii) officers of the Vector Biology and Control Laboratory Technician cadre possessing a Diploma in Medical Laboratory Technology or an**

**equivalent relevant qualification, should be allowed, on reaching the top of their respective salary scale, to move incrementally in the Master Salary Scale by two increments provided they:**

- (a) have drawn the top salary for a year;**
- (b) have been efficient and effective in their performance during the preceding year; and**
- (c) are not under report.**

### **Clinical Psychologist**

23.382 At present, Clinical Psychologists possessing a specialised post graduate Degree in Clinical Psychology or its equivalent together with specialisation in the field of applied Clinical Psychology are allowed to move beyond their top salary subject to satisfying certain conditions. We are maintaining this provision.

### **Recommendation 106**

**23.383 We recommend that Clinical Psychologists possessing a specialised post graduate Degree in Clinical Psychology or its equivalent together with specialisation in the field of applied Clinical Psychology should continue to move incrementally in the Master Salary Scale up to the salary point Rs 70450 provided they:**

- (i) have drawn the top salary for a year;**
- (ii) have been efficient and effective in their performance during the preceding year; and**
- (iii) are not under report.**

### **Nutritionist Cadre**

23.384 The Nutritionist cadre comprises the grades of Chief Nutritionist, Principal Nutritionist and Nutritionist. For this Report, requests have been made, among others, for the creation of a directorate structure, enhanced travelling benefits and an upgrading of salaries.

23.385 The Bureau has duly examined the proposals and views that at this stage, a directorate structure would not be appropriate owing to the span of activities in this field. Hence, the existing structure is adequate to enable the organisation to achieve its objectives. As regards enhanced travelling benefits, general recommendations are made in that respect. On the other hand, we are providing for an upgrading of the salary scale of the grade of Nutritionist based on the level of duties being performed by incumbents. In the same vein, we are restyling the grade to a more appropriate appellation.

## **Recommendation 107**

**23.386 We recommend that the grade of Nutritionist be restyled Nutritionist/Senior Nutritionist.**

### **Hospital Physicist**

23.387 Hospital Physicists have requested, among others, for the payment of a risk allowance as well as an on-call allowance, creation of a supervisory level and an upgrading of their salary.

23.388 The Bureau wishes to highlight that with respect to the grant of an on-call allowance, additional information was requested but same has not been submitted. In such circumstances, we could not consider the request. However, the officers may still make their case administratively. Concerning the creation of a supervisory level, same is considered as inappropriate given the scope of activities at the unit and staff strength.

23.389 As regards the payment of a risk allowance, Hospital Physicists have informed that they face higher than normal risks during the performance of their duties as they have to manipulate radioactive substances and operate in an environment where radiation is used. Given that the Bureau is not in a position to determine the degree of risk being faced by incumbents, we are providing for a mechanism to address this issue.

23.390 In addition, we are reviewing the salary scale of the grade in line with the level of duties performed by incumbents and in the same breath, restyling the grade to a more appropriate job appellation.

## **Recommendation 108**

**23.391 We recommend that:**

- (i) Management makes necessary arrangements for the conduct of a Risk Assessment Exercise in view of determining the degree of risk faced by the concerned officers. The modalities for this exercise are spelt out at paragraph 18.15.23 in the Chapter on Risk, Insurance and Compensation of Volume 1 of this Report; and**
- (ii) the grade of Hospital Physicist be restyled Hospital Physicist/ Senior Hospital Physicist.**

### **Pathological Laboratory Assistant Cadre**

- 23.392 The Pathological Laboratory Assistant cadre is mainly responsible to examine slides collected by field workers so as to detect any presence of malarial parasites. It is a three level structure comprising the grades of Pathological Laboratory Assistant, Senior Pathological Laboratory Assistant and Principal Pathological Laboratory Assistant.
- 23.393 In the context of this Report, Management and Union have requested, among others, for the provision of appropriate training to officers of the Pathological Laboratory Assistant cadre; the grant of a risk allowance; restyling of job appellations and an upgrading of salary scales.
- 23.394 After examining the proposals, we consider that the present job appellations as well as the salaries granted are appropriate as they are in consonance with the duties performed and should thus be maintained. With regard to the grant of risk allowance, we view that the same mechanism as provided at paragraph 23.391(i) above should also be applicable to the concerned officers. We are, nevertheless, making an appropriate recommendation for the provision of appropriate training to officers of the Pathological Laboratory Assistant cadre.

### **Training to officers of the Pathological Laboratory Assistant cadre**

- 23.395 In view of the evolving changes in the nature of work and use of new technologies, officers of the Pathological Laboratory Assistant cadre have made representations for the provision of appropriate training courses to enable them to perform their duties in a more efficient and effective way and to keep abreast of recent developments. The Bureau feels that the provision of appropriate training would contribute in bringing an enhanced service delivery. In this perspective, we are making an appropriate recommendation to that end.

### **Recommendation 109**

- 23.396 We recommend that Management in consultation with the Ministry of Civil Service and Administrative Reforms, should make necessary arrangements for the mounting of appropriate training courses for officers in the Pathological Laboratory Assistant cadre.**

### **HEALTH INSPECTORATE UNIT**

- 23.397 The objective of the Health Inspectorate Unit is to sustain measures for the prevention and control of communicable diseases and to maintain healthy living environment. It is responsible for the protection of public health in order to promote quality life and healthy living environment.

- 23.398 Officers of the Public Health and Food Safety are involved in numerous duties in specific units to prevent the population from public health problems and keep them at bay from communicable diseases. As at July 2015, Public Health and Food Safety Inspectors have carried out about among others, 62671 inspections of premises; issued about 227 contraventions, taken 920 samplings, issued of pre-market approval permits and conducted 72 kg food seizures at the Regional Health Offices. Moreover, in order to curb down the proliferation of communicable diseases, incoming passengers are screened closely so as to ensure that vector borne diseases such as Malaria, Chikungunya, Dengue Fever and lately Ebola and Zika do not spread further across the country.
- 23.399 The Health Inspectorate Cadre consists of officers in the grades of the Director and Deputy Director, Public Health and Food Safety; Principal Public Health and Food Safety, Inspector; Senior Public Health and Food Safety Inspector and Public Health and Food Safety Inspector.
- 23.400 In the context of this Review, the following submissions were received from representatives of the Health Inspectorate cadre: merging of grades; alignment of salaries; granting Public Health and Food Safety Inspectors a higher top salary in line with other Diploma holders; and extending the On-Call Allowance for the issue of cremation on Sundays and Public Holidays as well.
- 23.401 During consultative meetings, officers of the Health Inspectorate were apprised of the philosophy behind merging of grades and also where this could not be reasonably done especially where there is no consensus among those concerned. Officers were also explained that alignment of salaries are considered against the Bureau's general framework of pay determination.
- 23.402 After examining the representations, we are maintaining the organisation structure which is adequate to enable the unit meet its objectives. However, to better equip the Health Inspectorate in its endeavour to provide continual service to the public, we are extending the On-Call Allowance and Attendance Allowance for the issue of cremation on Sundays and Public Holidays. We are also providing enhanced salary gradings for the grades in the cadres and revising the existing allowances to reward/compensate their efforts and contributions while servicing the community at national level.

#### **On Call Allowance/Issue of Cremation Permit**

- 23.403 Health Offices operate from 0845 hours to 1600 hours during week-days and up to noon on Saturdays, Sundays and Public Holidays. Public Health and Food Safety Inspectors posted at regional offices stay on call on Saturdays from noon to 1700 hours to deliver cremation permits and are paid an on-call allowance of Rs 220 per day and an attendance allowance of Rs 415 for the issue of cremation permit and for travelling.

23.404 Management and staff side have submitted that the services of the officers are also solicited on Sundays and Public Holidays from noon and above for the issue of cremation permit. A request has, therefore, been made to extend this service on Sundays and Public Holidays from noon to 1700 hours. We are recommending accordingly.

**Recommendation 110**

**23.405 We recommend that officers in the grade of Public Health and Food Safety Inspectors providing a service for the issue of cremation permit on Saturdays, Sundays and Public Holidays from noon to 1700 hours be paid the respective allowances as hereunder:**

Grade	On-Call Allowance on Saturdays, Sundays and Public Holidays from noon to 1700 hours	Attendance Allowance for the issue of cremation permit inclusive of travelling
Public Health and Food Safety Inspector	Rs 240	Rs 450

23.406 At present Public Health and Food Safety Inspectors are on duty on Sundays and Public Holidays as from 0900 hours to noon as per an established working programme, against the grant of time off during the week. **We are maintaining the present arrangement.**

**In-Attendance Allowance for officers posted at the Airport and Port**

23.407 Currently, Public Health and Food Safety Inspectors, Senior Public Health and Food Safety Inspectors and Principal Public Health and Food Safety Inspectors are called upon to provide regular services at the Airport and Port daily well before 0845 hours and till late at night, depending on the time of arrival or departure of aircrafts and ships. They are granted an In-Attendance Allowance of Rs 140 per hour; Rs 200 per hour and Rs 240 per hour respectively for work performed outside normal working hours.

23.408 We are keeping the present arrangement and revising the quantum of the allowances.

**Recommendation 111**

**23.409 We recommend that Public Health and Food Safety Inspectors, Senior Public Health and Food Safety Inspectors and Principal Public Health and Food Safety Inspectors be paid an In-Attendance Allowance of Rs 150; Rs 215; and Rs 260 per hour respectively for work performed outside normal working hours on a regular basis at the Airport and Port.**

## **Squad Operation**

23.410 At present, officers in the grades of Principal Public Health and Food Safety Inspector, Senior Public Health and Food Safety Inspector and Public Health and Food Safety Inspector who form part of the Central Flying Squad for conducting squad operation outside normal working hours to effect sanitary control with respect to food preparation premises; food vendors and bakeries are paid an In-Attendance allowance at the hourly rate of Rs 220, Rs 180 and Rs 125 respectively.

23.411 Representation was made to extend the payment of this allowance to officers conducting squad operation at the regional level.

## **Recommendation 112**

**23.412 We recommend that the:**

- (i) In-Attendance Allowance payable to officers who form part in the Central Flying Squad be extended to officers forming part in the Regional Flying squad; and**
- (ii) In-Attendance Allowance payable to officers who form part in the Central Flying Squad and the Regional Flying squad for conducting operation outside normal working hours be revised as hereunder:**

<b>Grade</b>	<b>Rate per Hour (Rs)</b>
<b>Principal Public Health and Food Safety Inspector</b>	<b>240</b>
<b>Senior Public Health and Food Safety Inspector</b>	<b>195</b>
<b>Public Health and Food Safety Inspector</b>	<b>135</b>

## **THE ENVIRONMENTAL HEALTH ENGINEERING UNIT**

23.413 The objective of the Environmental Health Engineering Unit (EHEU) is to provide engineering services to the Health Inspectorate Unit. The Unit carries out inspections throughout the island with a view to minimising the environmental health risks. This involves, among others, attending to noise and odour complaints; effecting monitoring visits in connection with Building and Land Use Permits and advising authorities on issues related to public health engineering.

23.414 The unit is staffed by officers of the professional and the technical cadre. Officers in the grades of Chief Sanitary Engineer, Principal Sanitary Engineer and Sanitary Engineer form part of the professional cadre, while the Principal Health Engineering Officer, Senior Health Engineering Officer and Health Engineering Officer form part of the technical cadre.

- 23.415 Representations have been received from the Health Engineering Officer's cadre to: merge the grades of Health Engineering Officer and Senior Health Engineering Officer; grant a Risk Allowance to all officers in the Health Engineering Officer's Cadre; allow Principal Health Engineering Officers drawing top salary to move one increment in the master salary scale, bridge the gap between the salary of the Director, Public Health and Food Safety vis-à-vis Principal Health Engineering Officer and create an additional level at the apex of the Unit to demarcate functional responsibility and ensure unity of command.
- 23.416 Clear explanations were given to stakeholders why merging of grades cannot be done. With regard to the grant of risk allowance, Management was apprised that provision would be made in the Report, for the organisation to conduct a Risk Assessment Exercise so as to determine the level of risk involved and to justify payment or otherwise of a risk allowance. As regards creation of grades parties were informed that this normally depends on functional and operational needs of the organisation. Concerning the other requests, they were informed that these would be dealt with holistically in line with the Bureau's framework of pay determination.
- 23.417 After careful examination of the submissions, the Bureau considers that there is need to reinforce the structure by creating a level at the apex of the unit to monitor, coordinate and control the work of officers of the technical cadre of the EHEU.

### **Head, Health Engineering Services (New Grade)**

#### **Recommendation 113**

- 23.418 We recommend the creation of the grade of Head, Health Engineering Services. Appointment thereto should be made by promotion, on the basis of merit and experience, of officers in the grade of Principal Health Engineering Officer reckoning at least two years' service in a substantive capacity in the grade.**
- 23.419 Incumbent would be responsible, among others, to the Director, Environmental Health Engineering Unit, *formerly Chief Sanitary Engineer* for: managing the day-to-day activities of the Environmental Health Engineering Services; monitor the work of the officers of the technical cadre of the EHEU and to provide technical guidance; plan, develop, organise and monitor environmental health programmes; assist in formulation of policies in respect of environmental health hazards; coordinate sensitization programmes on environmental health; provide support in the drafting of legislations in respect of public health laws and regulations to prevent health hazards.

### **On-Call and In-Attendance Allowances for noise and odour monitoring**

23.420 Health Engineering Officers, Senior Health Engineering Officers and Principal Health Engineering Officers currently forming part of the flying squad for monitoring of noise and odour are paid a monthly commuted allowance of Rs 990; Rs 1200; and Rs 1365 respectively and an In-Attendance Allowance, inclusive of travelling time of Rs 200, Rs 245 and Rs 275 per hour respectively for working outside normal working hours.

23.421 While maintaining the present arrangement, the present quantum is being revised.

### **Recommendation 114**

**23.422 We recommend that Health Engineering Officers, Senior Health Engineering Officers and Principal Health Engineering Officers who form part of the flying squad for monitoring of noise and odour outside normal working hours be paid as hereunder:**

<b>Grade</b>	<b>Monthly Commuted Allowance (Rs)</b>	<b>In-Attendance Allowance (inclusive of travelling time per hour) (Rs)</b>
<b>Principal Health Engineering Officer</b>	<b>1435</b>	<b>290</b>
<b>Senior Health Engineering Officer</b>	<b>1260</b>	<b>260</b>
<b>Health Engineering Officer</b>	<b>1040</b>	<b>210</b>

### **Allowance for exposure to raw sewerage and foul odour**

23.423 At present officers of the Sanitary Engineer Cadre and Health Engineering Cadre who are regularly exposed to raw sewerage and foul odour are paid a special allowance equivalent to two increments at the salary point reached in their respective salary scale, subject to satisfactory performance and approval of the Responsible Officer.

**23.424 We are maintaining the above provision.**

## **Training**

23.425 The staff side has requested that proper training arrangement should be made for officers in specific fields, among others, sanitation, water treatment technologies, noise and odour management, pollution control and techniques, sustainable development, green technologies, solid and hazardous waste management.

### **Recommendation 115**

**23.426 We recommend that Management should make necessary arrangement to provide officers with the appropriate training in specific fields, so as to equip them with the latest development and technologies to deliver effectively.**

## **Sanitary Engineering Cadre**

23.427 Joint submissions were received from the staff side and Management for the Sanitary Engineering cadre. The common requests were for restyling of a few grades, creation of an additional level in the cadre, book allowance and subscription fee to registered bodies. After analysing the requests, the current structure is considered adequate and is being maintained. However, for this Report, the Bureau is harmonising appellations in Engineering cadres of all Ministries. Hence, we are restyling grades in the Sanitary Engineering cadre accordingly.

### **Recommendation 116**

**23.428 We recommend that the following grades be restyled as shown below:**

<b>Grade</b>	<b>Restyled to</b>
<b>Chief Sanitary Engineer</b>	<b>Director, Environmental Health Engineering Unit</b>
<b>Principal Sanitary Engineer</b>	<b>Lead Sanitary Engineer</b>

## **Special Professional Retention Allowance**

### **Recommendation 117**

**23.429 We recommend that officers in the Engineering cadre eligible for the payment of the Special Professional Retention Allowance as at 31 December 2015 should continue to be paid same up to 31 December 2016 as specified in the following table:**

Grade	SPRA % of monthly salary
Sanitary Engineer/Senior Sanitary Engineer reckoning at least 10 years' service in the grade	7
Lead Sanitary Engineer <i>formerly Principal Sanitary Engineer</i>	10
Director, Environmental Health and Engineering Unit <i>formerly Chief Sanitary Engineer</i>	12.5

**23.430** We also recommend that those officers who:

- (i) leave the service prior to the age at which they may retire without the approval of the appropriate Service Commission (Table II at Chapter 15 of Volume 1) should refund the totality of the Special Professional Retention Allowance paid to them; and
- (ii) retire from the service on reaching the age at which they may retire without the approval of the appropriate Service Commission or thereafter, should refund only that part of the Special Professional Retention Allowance which they would have earned under this scheme after reaching the age at which they may retire without the approval of the appropriate Service Commission.

However, provisions made at (i) and (ii) above, should not apply to officers retiring as per their new compulsory retirement age or on medical ground

**23.431** All officers in the Engineering fields who are eligible for the payment of the Special Professional Retention Allowance as from 01 January 2016 and have been granted same prior to the publication of this Report should continue to draw the Special Professional Retention Allowance up to 31 December 2016.

#### **Gatekeeper (Health)**

**23.432** Gatekeepers (Health) have averred that, in addition to their normal schedule of work, they have since the last few years been entrusted with additional duties such as planning and making transport arrangement for the conveyance of patients, staff, specimen and methadone, among others. They have further stated that the fleet of vehicles under their control has increased considerably and that their work has become even more complex, particularly when they are required to set priorities as to which trip the ambulance or other transport should

attend to. The veracity of their averment has been ascertained during the site visit the Bureau has carried out at a hospital of its choice.

### **Change in Appellation**

23.433 As spelt out above, a major part of the duties of Gatekeepers (Health) now relate to transport arrangement. This has prompted the Staff Side to request for a more appropriate job appellation as they view the present one to be a misnomer. We have carefully examined the recently written Job Descriptions and on the basis of the site visit as well, we are supportive of their views. There is indeed a need for the grade to be restyled to a job title which better reflects the nature of duties performed. We are recommending accordingly.

### **Recommendation 118**

**23.434 We recommend that the grade of Gatekeeper (Health) be restyled Transport Services Facilitator (Shift).**

### **Allowance for Transport Arrangement**

23.435 We have also been given to understand that the Ministry of Health and Quality of Life is envisaging filling a post to look after all these duties together with other transport related duties. Pending such time that these posts are filled, we are making provision for the Transport Services Facilitators (Shift) *formerly Gatekeepers (Health)* to be compensated for the additional duties they perform.

### **Recommendation 119**

**23.436 We recommend that a monthly adhoc allowance equivalent to one increment at the point reached in the salary scale be paid to Transport Services Facilitators (Shift) *formerly Gatekeepers (Health)* for planning and making transport arrangement until such time that a dedicated grade takes over these duties.**

### **Allowances to Transport Services Facilitator *formerly Gatekeepers (Health)* posted at Poudre D'Or Hospital**

23.437 Transport Services Facilitators *formerly Gatekeepers (Health)* posted at Poudre D'Or Hospital are at present entitled to a monthly allowance of Rs 330 for attending to phone calls in the absence of the Telephonist. We are maintaining the present arrangement and revising the quantum of this allowance.

### **Recommendation 120**

**23.438 We recommend that the ad hoc allowance payable to Transport Services Facilitators *formerly Gatekeepers (Health)* posted at Poudre D'Or Hospital for attending to phone calls in the absence of the Telephonist be revised to Rs 355 a month.**

23.439 Numerous representations have been received from Transport Services Facilitators *formerly Gatekeepers (Health)* for the risk allowance, presently payable to officers in certain grades of the health sector and to employees of the workmen's group who work in close and constant contact with mental patients, T.B Patients and drug addicts, to be extended to them. They contend that, as front line service providers, they also deal with these types of patients.

23.440 In examining the above representation we have taken note that the Poudre D'Or Hospital, which is a specialized hospital for the treatment of T.B and Chest Patients, is a highly contagious area in view of the nature of illness of the patients. Besides working in such an environment, these officers are also required to take possession of specimen collected from patients and to hand over same to the Driver of Van/Ambulance who is responsible to convey same to the Medical Laboratory. These Transport Services Facilitators *formerly Gatekeepers (Health)* also claim that they are exposed to relatively higher risks than their colleagues in other hospitals. We are, accordingly, making recommendation for a Risk Assessment Exercise to be carried out with a view to determining the extent of risk that these officers are exposed to.

#### Recommendation 121

**23.441 We recommend that a Risk Assessment Exercise should be carried out so as to determine whether Transport Services Facilitators *formerly Gatekeepers (Health)* posted at the Poudre D'Or Hospital are exposed to risks which are greater than those their fellow colleagues of other hospitals are exposed to. The findings of the exercise should then be submitted to the Bureau through the MCSAR for subsequent action.**

#### SALARY SCHEDULE

Salary Code	Salary Scale and Grade
02 054 081	<b>Rs 25525 x 775 – 32500 x 925 – 37125 x 1225 – 40800 x 1525 – 49950 x 1625 – 56450</b> Programme Officer, National Aids Secretariat
02 055 081	<b>Rs 26300 x 775 – 32500 x 925 – 37125 x 1225 – 40800 x 1525 – 49950 x 1625 – 56450</b> Administrator
19 095 097	<b>Rs 86000 x 3000 – 92000</b> Chief Government Analyst

Salary Code	Salary Scale and Grade
19 075 089	<p><b>Rs 46900 x 1525 – 49950 x 1625 – 62950 x 1850 – 68500 x 1950 – 70450</b></p> <p>Principal Government Analyst</p>
19 056 085	<p><b>Rs 27075 x 775 – 32500 x 925 – 37125 x 1225 – 40800 x 1525 – 49950 x 1625 – 62950</b></p> <p>Government Analyst/ Senior Government Analyst</p>
19 056 083	<p><b>Rs 27075 x 775 – 32500 x 925 – 37125 x 1225 – 40800 x 1525 – 49950 x 1625 – 59700</b></p> <p>Epidemiologist/Senior Epidemiologist</p>
19 085 095	<p><b>Rs 62950 x 1850 – 68500 x 1950 – 74350 x 2825 – 80000 x 3000 – 86000</b></p> <p>Principal Hospital Physicist</p>
19 055 085	<p><b>Rs 26300 x 775 – 32500 x 925 – 37125 x 1225 – 40800 x 1525 – 49950 x 1625 – 62950</b></p> <p>Hospital Physicist/Senior Hospital Physicist <i>formerly Hospital Physicist</i></p>
19 085 095	<p><b>Rs 62950 x 1850 – 68500 x 1950 – 74350 x 2825 – 80000 x 3000 – 86000</b></p> <p>Head Biochemistry Services</p>
19 075 089	<p><b>Rs 46900 x 1525 – 49950 x 1625 – 62950 x 1850 – 68500 x 1950 – 70450</b></p> <p>Principal Clinical Scientist (Biochemistry) Principal Clinical Scientist (Virology)</p>
19 055 085	<p><b>Rs 26300 x 775 – 32500 x 925 – 37125 x 1225 – 40800 x 1525 – 49950 x 1625 – 62950</b></p> <p>Clinical Scientist/Senior Clinical Scientist (Biochemistry) Clinical Scientist/Senior Clinical Scientist (Virology)</p>

Salary Code	Salary Scale and Grade
19 079 094	<b>Rs 53200 x 1625 – 62950 x 1850 – 68500 x 1950 – 74350 x 2825 – 80000 x 3000 – 83000</b> Chief Nutritionist
19 075 089	<b>Rs 46900 x 1525 – 49950 x 1625 – 62950 x 1850 – 68500 x 1950 – 70450</b> Principal Nutritionist
19 055 085	<b>Rs 26300 x 775 – 32500 x 925 – 37125 x 1225 – 40800 x 1525 – 49950 x 1625 – 62950</b> Nutritionist/Senior Nutritionist <i>formerly Nutritionist</i>
19 077 091	<b>Rs 49950 x 1625 – 62950 x 1850 – 68500 x 1950 – 74350</b> Head, Vector Biology and Control Division
19 055 085	<b>Rs 26300 x 775 – 32500 x 925 – 37125 x 1225 – 40800 x 1525 – 49950 x 1625 – 62950</b> Scientific Officer/Senior Scientific Officer, Vector Biology and Control Division <i>formerly Scientific Officer, Vector Biology and Control Division</i>
19 065 085	<b>Rs 34350 x 925 – 37125 x 1225 – 40800 x 1525 – 49950 x 1625 – 62950</b> Clinical Psychologist
19 059 085	<b>Rs 29400 x 775 – 32500 x 925 – 37125 x 1225 – 40800 x 1525 – 49950 x 1625 – 62950</b> Monitoring and Evaluation Specialist
19 056 072	<b>Rs 27075 x 775 – 32500 x 925 – 37125 x 1225 – 40800 x 1525 – 42325</b> Principal Pathological Laboratory Assistant Principal Vector Biology and Control Laboratory Technician
19 050 067	<b>Rs 22575 x 625 – 23200 x 775 – 32500 x 925 – 36200</b> Senior Vector Biology and Control Laboratory Technician

Salary Code	Salary Scale and Grade
19 029 062	<b>Rs 14600 x 275 – 15150 x 300 – 15750 x 325 – 17700 x 375 – 19575 x 475 – 21950 x 625 – 23200 x 775 – 31725</b> Vector Biology and Control Laboratory Technician
01 075 095	<b>Rs 46900 x 1525 – 49950 x 1625 – 62950 x 1850 – 68500 x 1950 – 74350 x 2825 – 80000 x 3000 – 86000</b> Lead Health Analyst
01 058 085	<b>Rs 28625 x 775 – 32500 x 925 – 37125 x 1225 – 40800 x 1525 – 49950 x 1625 – 62950</b> Analyst/Senior Analyst (Health)
19 067 081	<b>Rs 36200 x 925 – 37125 x 1225 – 40800 x 1525 – 49950 x 1625 – 56450</b> Principal Technical Officer (Chemical Laboratory)
19 061 076	<b>Rs 30950 x 775 – 32500 x 925 – 37125 x 1225 – 40800 x 1525 – 48425</b> Senior Technical Officer (Chemical Laboratory)
19 044 072	<b>Rs 19575 x 475 – 21950 x 625 – 23200 x 775 – 32500 x 925 – 37125 x 1225 – 40800 x 1525 – 42325</b> Technical Officer (Chemical Laboratory)
19 028 031	<b>Rs 14325 x 275 – 15150</b> Trainee Technical Officer (Chemical Laboratory)
19 050 067	<b>Rs 22575 x 625 – 23200 x 775 – 32500 x 925 – 36200</b> Senior Pathological Laboratory Assistant
19 030 062	<b>Rs 14875 x 275 – 15150 x 300 – 15750 x 325 – 17700 x 375 – 19575 x 475 – 21950 x 625 – 23200 x 775 – 31725</b> Pathological Laboratory Assistant

Salary Code	Salary Scale and Grade
19 030 066	<b>Rs 14875 x 275 – 15150 x 300 – 15750 x 325 – 17700 x 375 – 19575 x 475 – 21950 x 625 – 23200 x 775 – 32500 x 925 – 35275</b> Chemical Laboratory Assistant/Senior Chemical Laboratory Assistant
18 075 090	<b>Rs 46900 x 1525 – 49950 x 1625 – 62950 x 1850 – 68500 x 1950 – 72400</b> Head, Health Engineering Services (New Grade)
18 072 087	<b>Rs 42325 x 1525 – 49950 x 1625 – 62950 x 1850 – 66650</b> Principal Health Engineering Officer
18 068 083	<b>Rs 37125 x 1225 – 40800 x 1525 – 49950 x 1625 – 59700</b> Senior Health Engineering Officer
18 062 080	<b>Rs 31725 x 775 – 32500 x 925 – 37125 x 1225 – 40800 x 1525 – 49950 x 1625 – 54825</b> Health Engineering Officer
18 090 092	<b>Rs 72400 x 1950 – 74350 x 2825 – 77175</b> Director, Public Health and Food Safety
18 068 083	<b>Rs 37125 x 1225 – 40800 x 1525 – 49950 x 1625 – 59700</b> Deputy Director ,Public Health and Food Safety
18 061 078	<b>Rs 30950 x 775 – 32500 x 925 – 37125 x 1225 – 40800 x 1525 – 49950 x 1625 – 51575</b> Principal Public Health and Food Safety Inspector
18 054 074	<b>Rs 25525 x 775 – 32500 x 925 – 37125 x 1225 – 40800 x 1525 – 45375</b> Senior Public Health and Food Safety Inspector
18 044 071	<b>Rs 19575 x 475 – 21950 x 625 – 23200 x 775 – 32500 x 925 – 37125 x 1225 – 40800</b> Public Health and Food Safety Inspector

Salary Code	Salary Scale and Grade
11 077 091	<b>Rs 49950 x 1625 – 62950 x 1850 – 68500 x 1950 – 74350</b> Chief Hospital Administrator
11 075 090	<b>Rs 46900 x 1525 – 49950 x 1625 – 62950 x 1850 – 68500 x 1950 – 72400</b> Deputy Chief Hospital Administrator (Personal)
11 075 089	<b>Rs 46900 x 1525 – 49950 x 1625 – 62950 x 1850 – 68500 x 1950 – 70450</b> Deputy Chief Hospital Administrator (Future Holder)
11 070 085	<b>Rs 39575 x 1225 – 40800 x 1525 – 49950 x 1625 – 62950</b> Chief Hospital Supplies Officer
11 069 085	<b>Rs 38350 x 1225 – 40800 x 1525 – 49950 x 1625 – 62950</b> Regional Health Services Administrator
11 054 081	<b>Rs 25525 x 775 – 32500 x 925 – 37125 x 1225 – 40800 x 1525 – 49950 x 1625 – 56450</b> Hospital Administrator Project Co-ordinator (AIDS)
11 062 081	<b>Rs 31725 x 775 – 32500 x 925 – 37125 x 1225 – 40800 x 1525 – 49950 x 1625 – 56450</b> Catering Manager
11 056 072	<b>Rs 27075 x 775 – 32500 x 925 – 37125 x 1225 – 40800 x 1525 – 42325</b> Hospital Administrative Assistant
11 057 073	<b>Rs 27850 x 775 – 32500 x 925 – 37125 x 1225 – 40800 x 1525 – 43850</b> Superintendent, Central Sterile Supply Department
11 040 069	<b>Rs 18075 x 375 – 19575 x 475 – 21950 x 625 – 23200 x 775 – 32500 x 925 – 37125 x 1225 – 38350</b> Supervisor, Central Sterile Supply Department

Salary Code	Salary Scale and Grade
11 061 077	<b>Rs 30950 x 775 – 32500 x 925 – 37125 x 1225 – 40800 x 1525 – 49950</b> Senior Catering Officer
11 056 072	<b>Rs 27075 x 775 – 32500 x 925 – 37125 x 1225 – 40800 x 1525 – 42325</b> Catering Officer Catering Officer (Ex-SPI) (Personal to officers in post as at 31.12.12)
11 048 067	<b>Rs 21475 x 475 – 21950 x 625 – 23200 x 775 – 32500 x 925 – 36200</b> Assistant Catering Officer
11 030 060	<b>Rs 14875 x 275 – 15150 x 300 – 15750 x 325 – 17700 x 375 – 19575 x 475 – 21950 x 625 – 23200 x 775 – 30175</b> Catering Supervisor
11 041 066	<b>Rs 18450 x 375 – 19575 x 475 – 21950 x 625 – 23200 x 775 – 32500 x 925 – 35275</b> Hospital Executive Assistant (on shift)
11 040 065	<b>Rs 18075 x 375 – 19575 x 475 – 21950 x 625 – 23200 x 775 – 32500 x 925 – 34350</b> Executive Officer (Health Services) (Personal to officers in post as at 30.06.03)
10 069 085	<b>Rs 38350 x 1225 – 40800 x 1525 – 49950 x 1625 – 62950</b> Chief Health Information, Education and Communication Officer
10 065 081	<b>Rs 34350 x 925 – 37125 x 1225 – 40800 x 1525 – 49950 x 1625 – 56450</b> Principal Health Information, Education and Communication Officer
10 058 074	<b>Rs 28625 x 775 – 32500 x 925 – 37125 x 1225 – 40800 x 1525 – 45375</b> Senior Health Information, Education and Communication Officer

Salary Code	Salary Scale and Grade
10 035 070	<b>Rs 16400 x 325 – 17700 x 375 – 19575 x 475 – 21950 x 625 – 23200 x 775 – 32500 x 925 – 37125 x 1225 – 39575</b>
	Health Information, Education and Communication Officer
10 069 085	<b>Rs 38350 x 1225 – 40800 x 1525 – 49950 x 1625 – 62950</b>
	Chief Health Promotion and Research Co-ordinator
10 060 081	<b>Rs 30175 x 775 – 32500 x 925 – 37125 x 1225 – 40800 x 1525 – 49950 x 1625 – 53200 QB 54825 x 1625 – 56450</b>
	Health Promotion Coordinator
10 044 072	<b>Rs 19575 x 475 – 21950 x 625 – 23200 x 775 – 32500 x 925 – 37125 x 1225 – 40800 x 1525 – 42325</b>
	Communication Officer, National Aids Secretariat
22 065 085	<b>Rs 34350 x 925 – 37125 x 1225 – 40800 x 1525 – 49950 x 1625 – 62950</b>
	Biomedical Engineer (Health)
22 053 055	<b>Rs 24750 x 775 – 26300</b>
	Trainee Biomedical Engineer
22 058 072	<b>Rs 28625 x 775 – 32500 x 925 – 37125 x 1225 – 40800 x 1525 – 42325</b>
	Principal Biomedical Engineering Technician
22 047 069	<b>Rs 21000 x 475 – 21950 x 625 – 23200 x 775 – 32500 x 925 – 37125 x 1225 – 38350</b>
	Senior Biomedical Engineering Technician
22 030 062	<b>Rs 14875 x 275 – 15150 x 300 – 15750 x 325 – 17700 x 375 – 19575 x 475 – 21950 x 625 – 23200 x 775 – 31725</b>
	Biomedical Engineering Technician
22 024 057	<b>Rs 13270 x 260 – 14050 x 275 – 15150 x 300 – 15750 x 325 – 17700 x 375 – 19575 x 475 – 21950 x 625 – 23200 x 775 – 27850</b>
	Telephonist (Health) (Shift)

Salary Code	Salary Scale and Grade
<b>HEALTH STATISTICS UNIT</b>	
20 075 089	<b>Rs 46900 x 1525 – 49950 x 1625 – 62950 x 1850 – 68500 x 1950 – 70450</b> Chief Health Statistician
20 069 085	<b>Rs 38350 x 1225 – 40800 x 1525 – 49950 x 1625 – 62950</b> Senior Health Statistician
20 054 081	<b>Rs 25525 x 775 – 32500 x 925 – 37125 x 1225 – 40800 x 1525 – 49950 x 1625 – 56450</b> Health Statistician
<b>DEMOGRAPHIC/EVALUATION UNIT</b>	
20 075 089	<b>Rs 46900 x 1525 – 49950 x 1625 – 62950 x 1850 – 68500 x 1950 – 70450</b> Chief Demographer
20 054 081	<b>Rs 25525 x 775 – 32500 x 925 – 37125 x 1225 – 40800 x 1525 – 49950 x 1625 – 56450</b> Demographer
20 058 073	<b>Rs 28625 x 775 – 32500 x 925 – 37125 x 1225 – 40800 x 1525 – 43850</b> Principal Statistical Officer
20 050 069	<b>Rs 22575 x 625 – 23200 x 775 – 32500 x 925 – 37125 x 1225 – 38350</b> Senior Statistical Officer
20 038 063	<b>Rs 17375 x 325 – 17700 x 375 – 19575 x 475 – 21950 x 625 – 23200 x 775 – 32500</b> Statistical Officer

Salary Code	Salary Scale and Grade
<b>ENVIRONMENTAL HEALTH ENGINEERING UNIT</b>	
26 000 100	<b>Rs 101000</b> Director, Environmental Health Engineering Unit <i>formerly Chief Sanitary Engineer</i>
26 075 089	<b>Rs 46900 x 1525 – 49950 x 1625 – 62950 x 1850 – 68500 x 1950 – 70450</b> Lead Sanitary Engineer <i>formerly Principal Sanitary Engineer</i>
26 059 085	<b>Rs 29400 x 775 – 32500 x 925 – 37125 x 1225 – 40800 x 1525 – 49950 x 1625 – 62950</b> Sanitary Engineer/Senior Sanitary Engineer
<b>OPERATIONS SUPPORT SERVICES</b>	
11 067 088	<b>Rs 36200 x 925 – 37125 x 1225 – 40800 x 1525 – 49950 x 1625 – 62950 x 1850 – 68500</b> Senior Manager, Operations Support Services
11 059 085	<b>Rs 29400 x 775 – 32500 x 925 – 37125 x 1225 – 40800 x 1525 – 49950 x 1625 – 62950</b> Manager, Operations Support Services <i>formerly Manager, Hospital Logistics</i>
26 054 081	<b>Rs 25525 x 775 – 32500 x 925 – 37125 x 1225 – 40800 x 1525 – 49950 x 1625 – 56450</b> Head, Transport, Maintenance and Workshop Services
26 046 076	<b>Rs 20525 x 475 – 21950 x 625 – 23200 x 775 – 32500 x 925 – 37125 x 1225 – 40800 x 1525 – 48425</b> Coordinator (Operations Support Services)
26 032 065	<b>Rs 15450 x 300 – 15750 x 325 – 17700 x 375 – 19575 x 475 – 21950 x 625 – 23200 x 775 – 32500 x 925 – 34350</b> Supervisor, Operations Support Services (Shift) (New Grade)

Salary Code	Salary Scale and Grade
23 025 060	<p><b>Rs 13530 x 260 – 14050 x 275 – 15150 x 300 – 15750 x 325 – 17700 x 375 – 19575 x 475 – 21950 x 625 – 23200 x 775 – 30175</b></p> <p>Welfare Assistant</p>
08 032 059	<p><b>Rs 15450 x 300 – 15750 x 325 – 17700 x 375 – 19575 x 475 – 21950 x 625 – 23200 x 775 – 29400</b></p> <p>Timekeeper (Health) Timekeeper Transport Division</p>
08 022 056	<p><b>Rs 12750 x 260 – 14050 x 275 – 15150 x 300 – 15750 x 325 – 17700 x 375 – 19575 x 475 – 21950 x 625 – 23200 x 775 – 27075</b></p> <p>Receptionist (Health Services) Transport Services Facilitator (Shift) <i>formerly Gatekeeper (Health)</i></p>
25 049 063	<p><b>Rs 21950 x 625 – 23200 x 775 – 32500</b></p> <p>Workshop Supervisor</p>
25 041 060	<p><b>Rs 18450 x 375 – 19575 x 475 – 21950 x 625 – 23200 x 775 – 30175</b></p> <p>Chief Mechanic Foreman</p>
25 025 054	<p><b>Rs 13530 x 260 – 14050 x 275 – 15150 x 300 – 15750 x 325 – 17700 x 375 – 19575 x 475 – 21950 x 625 – 23200 x 775 – 25525</b></p> <p>Orthopaedic Appliance Maker (Leather) Orthopaedic Appliance Maker (Metal) Orthopaedic Appliance Maker (Wood)</p>
25 024 053	<p><b>Rs 13270 x 260 – 14050 x 275 – 15150 x 300 – 15750 x 325 – 17700 x 375 – 19575 x 475 – 21950 x 625 – 23200 x 775 – 24750</b></p> <p>Orthopaedic Appliance Maker</p>

Salary Code	Salary Scale and Grade
25 023 052	<p><b>Rs 13010 x 260 – 14050 x 275 – 15150 x 300 – 15750 x 325 – 17700 x 375 – 19575 x 475 – 21950 x 625 – 23200 x 775 – 23975</b></p> <p>Automobile Electrician Cabinet Maker Carpenter Coach Painter Electrician Mason Motor Diesel Mechanic Motor Mechanic Painter Panel Beater Plumber and Pipe Fitter Welder General Assistant Maintenance Assistant Tailor</p>
25 019 045	<p><b>Rs 11970 x 260 – 14050 x 275 – 15150 x 300 – 15750 x 325 – 17700 x 375 – 19575 x 475 – 20050</b></p> <p>Maintenance Handy Worker (Personal)</p>
25 016 042	<p><b>Rs 11200 x 250 – 11450 x 260 – 14050 x 275 – 15150 x 300 – 15750 x 325 – 17700 x 375 – 18825</b></p> <p>Maintenance Handy Worker Tradesman's Assistant Tradesman's Assistant (Seamstress)</p>
24 040 061	<p><b>Rs 18075 x 375 – 19575 x 475 – 21950 x 625 – 23200 x 775 – 30950</b></p> <p>Senior Health Laboratory Auxiliary <i>formerly Senior Health Laboratory Attendant</i></p>
24 023 056	<p><b>Rs 13010 x 260 – 14050 x 275 – 15150 x 300 – 15750 x 325 – 17700 x 375 – 19575 x 475 – 21950 x 625 – 23200 x 775 – 27075</b></p> <p>Health Laboratory Auxiliary <i>formerly Laboratory Health Attendant</i></p>
24 030 055	<p><b>Rs 14875 x 275 – 15150 x 300 – 15750 x 325 – 17700 x 375 – 19575 x 475 – 21950 x 625 – 23200 x 775 – 26300</b></p> <p>Ambulance Driver (Shift)</p>

Salary Code	Salary Scale and Grade
24 030 054	<p><b>Rs 14875 x 275 – 15150 x 300 – 15750 x 325 – 17700 x 375 – 19575 x 475 – 21950 x 625 – 23200 x 775 – 25525</b></p> <p>Driver (Heavy Vehicles above 5 tons)</p>
24 025 054	<p><b>Rs 13530 x 260 – 14050 x 275 – 15150 x 300 – 15750 x 325 – 17700 x 375 – 19575 x 475 – 21950 x 625 – 23200 x 775 – 25525</b></p> <p>Driver (on shift)</p>
24 026 053	<p><b>Rs 13790 x 260 – 14050 x 275 – 15150 x 300 – 15750 x 325 – 17700 x 375 – 19575 x 475 – 21950 x 625 – 23200 x 775 – 24750</b></p> <p>Operator Waste Water Pumping Station (on shift)</p>
24 023 053	<p><b>Rs 13010 x 260 – 14050 x 275 – 15150 x 300 – 15750 x 325 – 17700 x 375 – 19575 x 475 – 21950 x 625 – 23200 x 775 – 24750</b></p> <p>Ward Assistant (Male and Female)</p>
24 031 053	<p><b>Rs 15150 x 300 – 15750 x 325 – 17700 x 375 – 19575 x 475 – 21950 x 625 – 23200 x 775 – 24750</b></p> <p>Senior Cook</p>
24 027 051	<p><b>Rs 14050 x 275 – 15150 x 300 – 15750 x 325 – 17700 x 375 – 19575 x 475 – 21950 x 625 – 23200</b></p> <p>Field Supervisor</p>
24 027 056	<p><b>Rs 14050 x 275 – 15150 x 300 – 15750 x 325 – 17700 x 375 – 19575 x 475 – 21950 x 625 – 23200 x 775 – 27075</b></p> <p>Leading Hand/Senior Leading Hand <i>formerly Leading Hand</i></p>
24 023 052	<p><b>Rs 13010 x 260 – 14050 x 275 – 15150 x 300 – 15750 x 325 – 17700 x 375 – 19575 x 475 – 21950 x 625 – 23200 x 775 – 23975</b></p> <p>Handy Worker (Skilled) (Health) Incinerator Operator (Health Services) Mortuary Attendant (on roster)</p>

Salary Code	Salary Scale and Grade
24 023 051	<p><b>Rs 13010 x 260 – 14050 x 275 – 15150 x 300 – 15750 x 325 – 17700 x 375 – 19575 x 475 – 21950 x 625 – 23200</b></p> <p>Attendant (Haemodialysis) (Shift)  CSSD Assistant  Senior Attendant (Hospital Services) (Shift)</p>
24 022 051	<p><b>Rs 12750 x 260 – 14050 x 275 – 15150 x 300 – 15750 x 325 – 17700 x 375 – 19575 x 475 – 21950 x 625 – 23200</b></p> <p>Driver (ordinary vehicles up to 5 tons)</p>
24 024 050	<p><b>Rs 13270 x 260 – 14050 x 275 – 15150 x 300 – 15750 x 325 – 17700 x 375 – 19575 x 475 – 21950 x 625 – 22575</b></p> <p>Cook (Roster)</p>
24 023 049	<p><b>Rs 13010 x 260 – 14050 x 275 – 15150 x 300 – 15750 x 325 – 17700 x 375 – 19575 x 475 – 21950</b></p> <p>Pool Attendant (Hydrotherapy Unit)</p>
24 022 047	<p><b>Rs 12750 x 260 – 14050 x 275 – 15150 x 300 – 15750 x 325 – 17700 x 375 – 19575 x 475 – 21000</b></p> <p>Ambulance Care Attendant (Shift)  Attendant Nursing School (Personal)  Attendant (Hospital Services) (Shift)</p>
24 018 047	<p><b>Rs 11710 x 260 – 14050 x 275 – 15150 x 300 – 15750 x 325 – 17700 x 375 – 19575 x 475 – 21000</b></p> <p>Field Health Worker</p>
24 020 046	<p><b>Rs 12230 x 260 – 14050 x 275 – 15150 x 300 – 15750 x 325 – 17700 x 375 – 19575 x 475 – 20525</b></p> <p>Waste Water Pipe Cleaner (Roster)</p>
24 019 045	<p><b>Rs 11970 x 260 – 14050 x 275 – 15150 x 300 – 15750 x 325 – 17700 x 375 – 19575 x 475 – 20050</b></p> <p>Attendant Nursing School  Gardener/Nursery Attendant  Insecticide Sprayer Operator</p>

Salary Code	Salary Scale and Grade
24 018 044	<b>Rs 11710 x 260 – 14050 x 275 – 15150 x 300 – 15750 x 325 – 17700 x 375 – 19575</b> Laundry Attendant (Roster) Security Guard (Shift)
24 017 043	<b>Rs 11450 x 260 – 14050 x 275 – 15150 x 300 – 15750 x 325 – 17700 x 375 – 19200</b> Handy Worker (Special Class) Handy Worker (General) (Health)
24 016 043	<b>Rs 11200 x 250 – 11450 x 260 – 14050 x 275 – 15150 x 300 – 15750 x 325 – 17700 x 375 – 19200</b> Rodent Control Attendant Stores Attendant
24 015 041	<b>Rs 10950 x 250 – 11450 x 260 – 14050 x 275 – 15150 x 300 – 15750 x 325 – 17700 x 375 – 18450</b> Handy Worker
24 015 040	<b>Rs 10950 x 250 – 11450 x 260 – 14050 x 275 – 15150 x 300 – 15750 x 325 – 17700 x 375 – 18075</b> Lorry Loader Sanitary/Cleaning Attendant <i>formerly Sanitary Attendant</i>
24 001 038	<b>Rs 7800 x 200 – 8000 x 205 – 8820 x 230 – 10200 x 250 – 11450 x 260 – 14050 x 275 – 15150 x 300 – 15750 x 325 – 17375</b> General Worker

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