

36. MINISTRY OF HEALTH AND WELLNESS

- 36.1 The Ministry of Health and Wellness (MOHW) is the pre-eminent government body responsible for public healthcare. Besides its mandate of transforming the existing health services into a modern high performing quality health system that is patient centered, accessible, equitable, efficient and innovative; it is also, among others, required to improve the quality of life and well-being of the population through the prevention of communicable and non-communicable diseases as well as promotion of healthy lifestyles and an environment conducive to health. Further, it aims at facilitating the development of the country into a medical and knowledge hub and support the advancement of health tourism.
- 36.2 Some of its key accountabilities are health policies formulation and their implementation; provision and promotion of preventive, curative, rehabilitative and palliative health services; setting standards and implementing regulations; provision of maternal and child health services; management of primary health care centres and hospitals; and inspection for basic sanitation and food safety. For an efficient delivery of these services, the MOHW has organised its activities under two arms: administrative and technical. The administrative arm is principally involved in the formulation of policy, dealing with establishment, personnel and executive matters and controlling public expenditure. To this end, the responsibility rests on officers from the Administrative, Human Resource, Financial Operations and Procurement Cadres as well as those providing support services for the proper running of the administrative arm.
- 36.3 On the other hand, the technical arm, which is headed by the Director-General, Health Services, is responsible for the formulation of health policies and programmes and for the effective delivery of health care services across Mauritius and Rodrigues. He is assisted in his tasks by an array of Professional, Technical and other supporting staff who work in the different health care institutions of the country which are categorised under primary, secondary and tertiary levels. The primary health care service is provided by the Community Health Centres (CHC), Area Health Centres (AHC) and Mediclinics and includes, among others, treatment of common diseases, injuries, maternal and child care. In addition, the AHCs cater for dental care and Non-Communicable Diseases (NCD) prevention activities.
- 36.4 The secondary health care services, which are provided by the various hospitals on a 24/7 basis, include among others, accident and emergency services, general medicine, general and specialised surgery, gynaecology and obstetrics, chest medicine, orthopaedics, traumatology, paediatrics and intensive care. Whereas, the tertiary health care is provided in specialised hospitals where surgeries relating to Thoracic, Cardiac and ENT are carried out. The MOHW also runs five Ayurvedic Clinics for providing outpatient care. In addition to primary health care services, the MOHW dispenses services related to podiatric care, dialysis, and transportation of patients by ambulances as well as SAMU services in cases of emergencies.

- 36.5 Furthermore, to provide a better health service the MOHW, in the near future, intends to implement major infrastructural projects comprising, among others, the New Flacq Teaching Hospital, the New Moka Eye Hospital and the Roche Bois and St. Francois Xavier Community Health Centres. Both the officers of the administrative and technical arms are accountable to a Senior Chief Executive who is at the helm of the MOHW and has the responsibility for the overall management of the Ministry.
- 36.6 In our endeavour to enable the MOHW to improve its service delivery, we formulated a series of recommendations in our last Report comprising the creation, merging and restyling of grades. We also brought harmonisation concerning the payment of certain allowances and made provision for career earnings for dead-end positions. Further, we restored, to the extent possible, salary relativities which had been disturbed with the EOAC Report. In so far as this review exercise is concerned, we have received numerous representations from the staff side of the various groups falling under the MOHW namely medical, pharmacy, nursing, medical support, health records, medical technician, technologist and paramedics, operations support services, health inspectorate, environmental health engineering, among others. While these representations are discussed under the respective groups/units, we are hereunder, making certain general recommendations regarding filling of vacancies, amendments to schemes of service, provision of training, among others.

Filling of Vacancies/Posts created

- 36.7 As was the case for our past Reports we have, in the course of this review exercise, once again been inundated with representations from the staff side for recruitment of additional staff and filling of vacant positions. Some of the grades where representations have been received for an increase in establishment size include Consultant-in-Charge, Dental Surgeon/Senior Dental Surgeon, Dental Assistant, Community Health Rehabilitation Officer, Midwife as well as various other grades of the Workmen's group. It has particularly been highlighted that the lack of staff in these grades is hampering efficient and smooth delivery of health services.
- 36.8 Given that the services provided by the MOHW are principally people-driven, we are, therefore, once again reiterating our recommendation for the MOHW to carry out a proper Human Resource Planning Exercise with a view to ensure that its manpower requirement matches the prevailing workload and that all vacant positions are filled within a reasonable lapse of time.

Recommendation 1

- 36.9 We recommend that the MOHW should conduct a Human Resource Planning Exercise with a view to determine the right number of people required in each grade for it to deliver effectively on its mandate.**

Schemes of Service

- 36.10 We have in this Report, created a few grades and merged a few others. In view of these changes, consequential amendments need to be brought to the schemes of service of related grades in the respective cadres. We are recommending accordingly.

Recommendation 2

- 36.11 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

- 36.12 We made provision in our last Report for officers of the MOHW to be provided, to the extent possible, with a conducive working environment so as to increase their feeling of wellbeing at work thereby encouraging them to work harder and efficiently. Given the repeated representations received for the provision of a conducive working environment and taking into account the benefits attached to having a harmonious working environment, we are at the request of the staff side, reproducing this recommendation.

Recommendation 3

- 36.13 We recommend that the MOHW should make necessary arrangements to provide, to the extent possible, a conducive working environment to officers belonging to the health sector.**

Provision of Training Facilities

- 36.14 Training is an essential tool for improving employees' productivity and boosting their performance and should be provided on a regular basis. To this effect, we have made appropriate recommendations under the Chapter Training and Development in Volume 1 of this Report. However, considering the number of representations received from the health care officers for the provision of training facilities and as some of these officers have averred that they have never been provided with training since they joined the service, we strongly urge the MOHW to look into the matter with a view to providing ongoing training to these employees.

Recommendation 4

- 36.15 We recommend that the MOHW should, on an on-going basis, accord priority to the training of health sector employees and implement the recommendations made in the Chapter Training and Development of Volume 1 of this Report.**

Digital Library

- 36.16 Following requests for the book allowance currently payable to officers of the medical profession to be extended to various grades of the MOHW, we made provision in our last Report for the setting up of a digital library to enable health sector employees to have access to relevant information and databases thereby keeping abreast of latest developments in their respective field.
- 36.17 Although the MOHW has not responded to our survey on "Recommendations made in the 2016 PRB/Addendum Report which have not been implemented", we have been informed that the Digital Library has not yet been set up. However, the MOHW, in

collaboration with the Mauritius Institute of Health (MIH), has since August 2014 set up a Virtual Health Library Mauritius which is a scientific, technical and medical portal that enables health professionals to access no less than 100 000 e-books, reference materials, open access learning resources and e-journals from international databases such as HINARI, EBSCO and Emerald Insight. Many of the very popular medical journals are also accessible on the virtual library. Given that an appropriate portal exists already for employees of the health sector to acquire the necessary knowledge relevant to their fields, we believe that the present arrangements should continue to be in force. Nevertheless, we are also reiterating the recommendation for the setting up of the Digital Library so that officers of the health sector can have access to more information and databases in their fields.

Recommendation 5

36.18 We recommend that the Ministry of Health and Wellness, with the Ministry of Information Technology, Communication and Innovation, should make necessary arrangements for:

- (i) the setting up of a Digital Library to enable health sector employees to have access to relevant information and databases; and**
- (ii) officers to have access to both local and international E-libraries as per the strategic requirements of the Ministry.**

Risk Allowance

36.19 Certain officers of the MOHW, working in constant and close contact with mental patients, T.B. patients and drug addicts, are entitled to a risk allowance equivalent to one and a half increments at the initial of their salary scales. In the course of this exercise, we have once again received demands for the extension of this allowance to other grades of the MOHW. The Bureau has to highlight that risk is a compensable factor, and has already been taken into account while determining the salary of the grades. Nevertheless, officers in certain grades who are exposed to higher than normal risk than their colleagues, are compensated through the grant of a risk allowance. The requests for the payment of risk allowance is extensively discussed under the chapter Risk, Insurance and Compensation in Volume 1 of this Report.

Medical Group

36.20 The Medical Group consists of doctors who may be categorised into General Practitioners and Specialists. These doctors form part of our key health professionals and play a pivotal role in the delivery of public health service.

36.21 Being at the apex of the Medical Group, the Director-General, Health Services is responsible, among others, for ensuring the execution of all Government health policies related to the implementation of curative, preventive, promotion and rehabilitative services. He is assisted by the Director, Health Services; Regional Health Directors; Director, Laboratory Services; Director, Dental Services; Consultants-in-Charge; Specialist/Senior Specialists; Director, Health Promotion and Research; NCD Coordinator, Ayurvedic Medical Officer/Senior Ayurvedic Medical Officers as well as

officers of the Medical and Health Officer/Senior Medical and Health Officer (MHO/SMHO) Cadre, Dental Surgeon/Senior Dental Surgeon Cadre, Occupational Health Physician Cadre, Emergency Physician Cadre, Community Physician Cadre, and AIDS Physician Cadre.

- 36.22 We have, in the context of this Report, received a mass of representations emanating from the different categories of officers of the Medical Group. Although we have carefully examined each of these representations, it would have been really tedious for us to list all of them in this Report. Hence, we have considered it appropriate to provide our views only on the most common and salient ones.
- 36.23 Among the most frequent representations received was the setting up of a Medical Service Commission. As such a decision does not fall within our ambit we so informed the parties concerned. Likewise, we apprised the staff side of the series of representations that were essentially administrative issues and needed to be dealt with at the level of the MOHW. Though not strictly falling under our terms and conditions, we also sought the views of Management on certain proposals such as non-filling of certain posts; appropriate reporting line and proper working hours to be set for certain grades, among others. In several of these cases, we were informed by the MOHW that the matter would be looked into administratively.
- 36.24 Due to technical reasons, we could not agree to various proposals relating to restyling of grades; creation of levels; provision of a new salary scale for Specialist/Senior Specialist possessing super specialist qualifications; creation of a subgroup in the medical group; and introduction of new allowances. The Bureau was also unable to accede to the demand for the payment of a night attendance bonus to MHO/SMHOs as the philosophy behind the grant of this allowance is not applicable in their case. Proposals for enhanced conditions of service to be granted to the Medical Group compared to what is obtainable for the whole public sector were also not retained in view of the massive repercussion that this may entail. As regards the payment of an annual equipment allowance to doctors for buying equipment such as stethoscope, ophthalmoscope and others, we are informed that such equipment are provided by the Ministry. The decision to review the allowance for attending Court, on the other hand, rests upon the Judiciary.
- 36.25 For those proposals which we found justified, we have made appropriate recommendations in this Report. These include the creation of a permanent level to head the Ayurvedic Unit; refund of unutilised causal leave to MHO/SMHOs in view of the specificities of the job; lying in time foregone, up to a certain extent, to be taken into account while computing the actual hours of MHO/SMHOs; introduction of incremental credits for specialist qualifications and payment of an appropriate allowance to Specialist/Senior Specialists in scarce fields. We have also extended the allowance payable to Emergency Physicians Cadre for aeromedical retrieval of patients to MHO/SMHOs who are also called upon to participate in such activities. Additionally, we have recommended that consideration be given for the implementation of a three-tier shift system for the MHO/SMHOs in replacement of the present two-tier shift and made provision for them to be rotated in various

units/departments to enable them to develop their skills and enrich their experience. Considerable improvements have also been brought to certain conditions of service which are specific for the Medical Group.

- 36.26 In so far as the upgrading/adjustment of salaries of the different grades are concerned, we have in the course of the present exercise, carried out a fresh assessment of the grades. Further, we have taken into account existing salary relativities; career prospects and the involvement of the officers in containing the COVID-19 pandemic while formulating our recommendations. As regards the grade of MHO/SMHO, the Bureau has, in addition to the foregoing, also considered the fact that it is the only professional grade with the merger of the first and second level which has been granted the salary of a principal professional level; prevailing market rate especially what is earned for a comparable position in the private sector, as well as the findings of our survey on recruitment and retention problems in the public sector while arriving at the recommended salary for the grade. We also expect that this would ease recruitment of more doctors and enable the Ministry to implement a proper shift system for the benefit of patients and staff and enable the latter to work in the utmost interest of the public in accordance with their *Materia Medica*.

Medical and Health Officer/Senior Medical and Health Officer

- 36.27 As recommended in our 1993 Report, MHO/SMHOs are classified as shift workers. However, due to an inadequate number of officers, the MOHW could not effectively implement the shift system earlier and, hence, had to resort to a system of coverage to provide round-the-clock service in the hospitals. The MHO/SMHOs were, therefore, required to put in extra hours for providing coverage at night, for which they were remunerated.
- 36.28 In our last Report, we strongly advocated the implementation of the shift system in view of the number of representations received regarding the arrangement in place which was considered to be too taxing on the officers. Thereafter, a two-tier shift system was introduced on a pilot basis by the MOHW in April 2016 which was later implemented in all hospitals as from October of the same year. The effective implementation of the shift system, however, led to an uproar from the concerned officers who even declared a labour dispute against the Ministry. The matter was heard at the level of the Commission for Conciliation and Mediation and while an agreement was reached by both parties on most of the points in dispute, there were some issues which met with a deadlock. These concern hours of work; hourly rate to be computed on the basis of 33.75 hours; lying in time to be reckoned as working time and payment of risk allowance.

Hours of work of MHO/SMHOs

- 36.29 As mentioned above, one of the main contention of the MHO/SMHOs following the introduction of the shift system related to their working hours. The officers claimed that their hours of work should be 33¾ as it was the case previously and not 40 hours. The Bureau has to highlight that as recommended in its 1993 Report, officers in the grade of MHO/SMHO are classified as shift workers and though, not explicitly

mentioned in the successive Reports, this provision still remains valid, the more so that it has not been superseded by any other provision. Besides, the scheme of service of the grade was amended in October 2016 to reflect this element. **In accordance with existing provision for officers on shift, the standard working week for MHO/SMHOs should, therefore, be based on 40 hours or a multiple of 40 hours, where the shift covers a cycle.**

Allowance equivalent to two increments to MHO/SMHOs in post as at 26 October 2016

36.30 In view of the contention of the MHO/SMHOs following the effective implementation of the shift system, the High Powered Committee (HPC) granted an allowance equivalent to two increments at the incremental point reached to those in post as at 26 October 2016. This provision, which was an additional inducement to ease the effective implementation of the shift system and for continuity of service is, however, time bound. We have, in the course of this exercise, re-examined the whole issue and, on this basis, are making appropriate recommendation for those who are entitled to the said allowance.

Recommendation 6

36.31 We recommend that MHO/SMHOs in post as at 26 October 2016 should, in addition to their normal yearly increment, be granted two increments on conversion for effectively working on shift and the allowance granted by the HPC should, then, lapse.

Risk Allowance

36.32 Another point in dispute on which no agreement could be reached was the payment of risk allowance to MHO/SMHOs. It is to be noted that risk is a compensable factor in our Job Evaluation Scheme and has already been taken into account in arriving at the salary of the grade. It is only in specific circumstances, that is, where the posting of an officer exposes him to higher than normal risk than his colleagues in the same grade, that the payment of a risk allowance has been considered.

36.33 We have taken cognisance of the fact that the proposal for the payment of a risk allowance to MHO/SMHOs was submitted to the Risk Assessment Committee (RAC) set up under the Ministry of Public Service, Administrative and Institutional Reforms (MPSAIR) and the latter, after examination of the case, was of the view that the MOHW should take preventive measures rather than resort to the payment of risk allowance. **The Bureau recommends accordingly.**

Allowance for working beyond normal working hours

36.34 In our last Report, we rationalised the payment of allowances payable to officers of the Medical Group who are required to work beyond their normal working hours and recommended that they be compensated at the normal hourly rate based on the basic salary point reached in their respective salary scale, for every additional hour put in.

- 36.35 Subsequently, with the introduction of the shift system for the MHO/SMHOs, those who were required to work extra hours were entitled to the payment of overtime as per existing provisions. In addition, through an authority granted by the Ministry of Public Service, Administrative and Institutional Reforms (MPSAIR), those who were drawing salary above Rs 56450 and not eligible for the payment of overtime, were compensated at the normal hourly rate. This authority would, however, lapse with the publication of this Report.
- 36.36 We have scrupulously examined the whole issue anew taking on board all associated implications and on the basis thereof, we consider that there are reasonable grounds for special provisions to be made for these category of officers particularly in view of the nature of duties performed. Hence, we consider that MHO/SMHOs should continue to benefit from overtime for work done in excess of 40 hours per week whereas those not qualifying for same should be compensated at hourly rate. These provisions should equally be applicable to other officers of the medical group who are required to work beyond their normal working hours.

Recommendation 7

36.37 We recommend that officers of the Medical Group who are:

- (i) drawing salary up to Rs 62700 and who are required to put in extra hours in excess of 40 hours should be paid overtime as provided at paragraphs 16.5.71 and 16.5.72 of Chapter Working Week, Flexitime, Workers on Shift/Roster/Staggered Hours and Overtime of Volume 1 of this Report; and**
- (ii) drawing salary Rs 64400 and above should be compensated at the normal hourly rate based on the salary point reached in their respective salary scale, for every additional hour put in.**

36.38 We further recommend that:

- (i) 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 for every additional hour put in, inclusive of travelling time;**
- (ii) 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 based on salary point reached in their respective salary scale for every additional hour worked. The provision for working on night shift 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 to the grade of Specialist/Senior Specialist as from 01.01.13; and**

- (iii) the recommendation at sub paragraph (ii) may be extended to other fields, should the need arise.**

Three-Tier shift for MHO/SMHOs

- 36.39 Prior to 2016, the shift system for MHO/SMHOs could not be implemented owing to a shortage of officers on the establishment in spite of availability of qualified candidates on the market. The Bureau then reviewed the mode of payment for the MHO/SMHOs who were required to put in extra hours to provide 24-hour coverage. Presently, a two-tier shift system is in force. However, just like the previous work pattern, it is noted that the present shift system also involves long hours of work for those working on night shift. Besides, the present system also commands a huge cost to enable its proper implementation.
- 36.40 Working for long hours is extremely exhaustive and affects an officer's productivity at work. It also has an incidence on the work life balance of the officer and may lead to burnout. For these reasons and taking into consideration that nowadays there is no longer a dearth of doctors on the market as evidenced by the large number of candidates who applied for the few dozens of vacancies during the last recruitment exercise of the PSC, we consider that the Ministry may be in a position to implement a three-tier shift system in Units/Departments where the demand exists. We are recommending accordingly.

Recommendation 8

- 36.41 We recommend that the Ministry considers the advisability of implementing a three-tier shift for MHO/SMHOs in relevant Units/Departments taking into consideration availability of human capital.**

Rotation of MHO/SMHOs

- 36.42 Currently, not all Units/Departments of the MOHW are required to provide a 24-hour service. As a result thereof, MHO/SMHOs posted to these Units/Departments are presently not required to effectively work on shift although they are classified as shift workers. In a bid to be acquainted with the different aspects of their job and enhance their understanding of the various units/departments as well as acquire other skills and enrich their experience, it is imperative that the MHO/SMHOs be made to rotate. We are, thus, recommending in that direction.

Recommendation 9

- 36.43 We recommend that incumbents in the grade of MHO/SMHO should be made to rotate in various units/departments to enable them to acquire relevant skills and enrich their experience.**

Allowance to acting Specialist/Senior Specialist

- 36.44 Specific provision exists for MHO/SMHOs who are assigned the duties of Specialist/Senior Specialist and are subsequently appointed to the grade in a substantive capacity. This arrangement is being maintained.

Recommendation 10

36.45 We recommend that MHO/SMHOs who are assigned the duties of Specialist/Senior Specialist should hypothetically be granted one increment for each completed year of actingship subject to the top salary of the grade and upon their substantive appointment as Specialist/Senior Specialist, these increments should be used to determine their salary point in their new salary scale.

Lying-in period

36.46 Another moot point raised by the staff side during consultations pertained to the lying-in-time allegedly foregone by the MHO/SMHOs.

36.47 The Bureau has carefully examined this issue and is clarifying same. We are alive to the fact that it is important to enable recovery from intense period of concentration and physical work which may result in reduced work performance. In fact, hours of work are determined by the organisation based on functional requirements. With the present two-tier shift, resting time has been provided in accordance with legal provisions.

36.48 However, the Bureau has been apprised of genuine situations where at times, in the event of emergency, the MHO/SMHOs are unable to benefit from their lying-in period as they are called upon to look after urgent cases. In such circumstances, we consider the arguments advanced for the officers to be compensated up to a certain extent for the hours that they have effectively worked, to be reasonable. However, same needs to be certified by an officer in a position upon whom a certain authority has been conferred.

Recommendation 11

36.49 We recommend that, exceptionally, in the event of emergency or urgency and subject to the approval of the Duty Manager, one hour of the lying-in period foregone by an MHO/SMHO should be taken into account while computing his/her actual hours of work.

Night Duty Allowance

36.50 Since the introduction of the two-tier shift system for MHO/SMHOs in 2016, those officers who are effectively working on night shift are exceptionally being paid a night duty allowance equivalent to 25% of the normal rate per hour including up to a maximum of two hours lying-in-period on the basis of eight hours in respect of the present night shift of 16 hours. The existing provision should be applicable until the introduction of the three-tier shift.

Recommendation 12

36.51 We recommend that MHO/SMHOs who effectively work on night shift should be, exceptionally, paid a Night Duty Allowance equivalent to 25% of the normal rate including up to a maximum of two hours lying-in-period and on the basis of eight hours in respect of the present night shift of 16 hours. This provision should be applicable until the introduction of the three-tier shift.

Refund of Unutilised Casual Leaves

36.52 A case has been made for MHO/SMHOs to be reimbursed their untaken casual leaves during a year as an inducement for them to continue attending duty. In examining this request, we have taken into account the specificities and nature of duties performed by the incumbents in the provision/coverage of a 24-hour service to patients. To this end, we are providing an incentive in relation to untaken casual leave to MHO/SMHOs.

Recommendation 13

36.53 We recommend that, until the next Report, officers in the grade of MHO/SMHO should be refunded untaken casual leave annually at the rate of 1/66 of their last monthly salary per day in the corresponding year.

36.54 We further recommend that the unutilised casual leave should be refunded to MHO/SMHOs on a *pro rata* basis for the year in which the officer proceeds on retirement or passes away while in service.

Incremental Credits for Specialist Qualifications

36.55 Previously, MHO/SMHOs were entitled to the grant of incremental credits on obtention of a specialist qualification provided they met certain set conditions. This provision was in the last Report, replaced by the Higher Qualification Incentive. We are, in this Report, reintroducing the grant of incremental credits for specialist qualifications in fields which are considered as scarce by the MOHW.

Recommendation 14

36.56 We recommend that on obtention of a specialist qualification in a field listed as scarce by the MOHW, MHO/SMHOs, who are appointed in a substantive capacity, should be granted up to two incremental as follows:

- (a) up to two years' study full-time or equivalent - One increment part-time**
- (b) above two years' study full-time or equivalent - Two increments part-time**

36.57 We also recommend that the above incremental credits should be payable either as from the date of appointment in the grade or as from the date of confirmation or as from the date the additional qualification has been awarded, whichever is the latest.

Ayurvedic Unit

- 36.58 The Ayurvedic unit is responsible for providing Ayurvedic medical treatment to the population and promoting therapeutically sound use of Ayurvedic medicine by providers and consumers, among others. Since 2004, the Unit has been providing its services through Ayurvedic Medical Officer/Senior Ayurvedic Medical Officers. Further, the seniormost Ayurvedic Medical Officer/Senior Ayurvedic Medical Officer presently acts as Officer-in-Charge of the Unit against payment of an allowance. The officers are provided support by Nursing Officers and Health Care Assistant/Senior Health Care Assistants (General).
- 36.59 We have been requested by the staff side to provide for a permanent position of Head of Ayurvedic Services to properly manage and oversee the Unit. In addition, they have requested for the provision of the grades of Specialist/Senior Specialist (Ayurvedic Services) and Deputy Director, Comptroller of Ayurvedic Medicine Pharmaceuticals. We have provided for a permanent level to head the Unit on the basis of the evolution of the sector and the increasing role of Ayurveda in building a healthier society. We also deemed it appropriate to carry out a site visit to better assess the existing situation and determine the need for the other levels asked for. We observed that certain patients have a rather complicated health issue which needs to be attended to, may be, by officers possessing a more advanced qualification. We are making appropriate provision to this effect. As regards the creation of the Deputy Director, Comptroller of Ayurvedic, Medicine Pharmaceuticals, we could not accede to same for lack of functional justification. **However, we urge the authorities to look into the issues relating to the import and sale of substandard Ayurvedic medicine in the country.**
- 36.60 The reasons we could not accede to the other proposals, for instance a review of the initial salary of the grade of Ayurvedic Medical Officer/Senior Ayurvedic Medical Officer, were lengthily explained to the parties concerned during the consultations.

Head, Ayurvedic Unit (New Grade)

Recommendation 15

- 36.61 **We recommend the creation of a grade of Head, Ayurvedic Unit. Appointment thereto should be made by promotion, on the basis of experience and merit, of officers in the grade of Ayurvedic Medical Officer/Senior Ayurvedic Medical Officer reckoning at least ten years' service in a substantive capacity in the grade.**
- 36.62 Incumbent in this grade would be required to: organise, administer and manage the Ayurvedic health services; frame and implement appropriate legislations related to Ayurvedic medicine in both public and private health sector; make arrangements for the provision of medical and para-medical staffing and provide necessary training for the smooth running of Ayurvedic health services and promote an interdisciplinary approach to health management and sound managerial processes.

Specialist (Ayurvedic Services)

Recommendation 16

36.63 We recommend that the MOHW considers the advisability of creating a grade of Specialist (Ayurvedic Services) which should be filled by selection from candidates who are fully registered as Ayurvedic Practitioners and as Specialist with the Traditional Medicine Board of Mauritius in accordance with legislation in force in the country.

Allowance to officers entrusted with responsibility of Duty Manager in hospitals after normal working hours

36.64 As per existing arrangements, Medical Superintendents, Senior Emergency Physicians, Emergency Physicians and the seniormost MHO/SMHOs are required to assume the function of Duty Manager during a particular coverage after normal working hours, for which they are remunerated. Their role as Duty Manager is to ensure proper coordination of all managerial and clinical activities in the hospitals.

36.65 In the course of this review, where some Unions requested that the responsibility of Duty Manager be restricted to Medical Superintendents and the seniormost MHO/SMHOs, others have made a case for their grades to be included in the list of officers eligible to act as Duty Manager. Moreover, representations were received to extend the work and responsibilities of the Duty Manager for day duty as well.

36.66 Being given that the responsibilities for ensuring proper coordination of all managerial and clinical activities befall the Regional Health Director and the Medical Superintendent during normal working hours, we could not agree to the proposal for extending same for day duty. As regards the inclusion/exclusion of grades to the present list of those eligible to act as Duty Manager, we sought the views of the MOHW on the matter and on the basis of the information received, consider that it would be more appropriate to maintain the present arrangement.

Recommendation 17

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

On-Call and In-Attendance Allowances

36.68 Presently, Specialist/Senior Specialists; Specialists (Dental Services); Specialist/Senior Specialists known as Consultants; Consultants-in-Charge and Director, Emergency Services are paid an On-Call Allowance whenever they are scheduled to be on call. In addition, they are paid In-attendance allowance whenever they are required to attend hospitals while on-call. Since this arrangement would continue to be in operation in

the foreseeable future, we are maintaining the allowances and revising the quantum thereof.

Recommendation 18

36.69 We recommend that the On-Call Allowances payable to Specialist/Senior Specialists, Specialists (Dental Services), Specialist/Senior Specialists known as Consultants, Consultants-in-Charge and Director, Emergency Services should be revised as hereunder:

| On-Call | Specialist/Senior Specialist and Specialist (Dental Services) (Rs) | Specialist/Senior Specialist known as Consultant (Rs) | Consultant-in-Charge and Director, Emergency Services (Rs) |
|--|---|--|---|
| Weekday 1600 hours to 0900 hours the following day | 1030 | 1085 | 1145 |
| Saturday 1200 hours to Sunday 0900 hours Sunday/Public Holiday 0900 hours to 0900 hours the following day | 1525 | 1635 | 1715 |

36.70 We also recommend that when attending hospitals while 'On-Call', the rate of In-Attendance allowance, inclusive of travelling time, payable to the above officers, should be as follows:

- (i) Specialist/Senior Specialist and Specialist (Dental Services) - Rs 830 per hour**
- (ii) Specialist/Senior Specialists known as Consultant - Rs 880 per hour**
- (iii) Consultant-in-Charge and Director, Emergency Services - Rs 980 per hour**

Allowance at the Hyperbaric Medicine Unit

36.71 The Consultants-in-Charge and Specialist/Senior Specialists posted to the Hyperbaric Medicine Unit are presently paid an all-inclusive allowance for accompanying patients inside the decompression chamber as they are subject to the same risk of trauma to ears, eyes, fire, explosion and other illness related to working in such an environment. We are maintaining the present provisions.

Recommendation 19

36.72 We recommend that the Consultants-in-Charge and the Specialist/Senior Specialists posted to the Hyperbaric Medicine Unit should be paid a monthly *ad hoc* allowance of Rs 2625 for accompanying patients inside the decompression chamber.

Allowance to Regional Public Health Superintendents

36.73 As per established practice, Regional Public Health Superintendents provide coverage at port and airport to ensure that ships and aircrafts entering the port and the airport comply with certain Public Health Regulations in force. They are also required to attend to any public health problems when on-call, including treatment of malaria cases, etc. and to visit patients in private hospitals and/or at their place of residence after normal working hours. We are revising the quantum of the allowance payable to them for providing such services.

Recommendation 20

36.74 We recommend that the monthly allowance payable to the Regional Public Health Superintendents 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 should be revised to Rs 3000.

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

36.75 In addition to the above allowance, provision exists for the Regional Public Health Superintendents to be paid On-Call and In-Attendance allowances in view of the growing movement of passengers at the port and airport which increases the degree of risk to communicable diseases. Further, their services are required in the aftermath of natural disasters. We are hereunder providing the revised quantum of the allowance to be paid to the concerned officers.

Recommendation 21

36.76 We recommend that the Regional Public Health Superintendents should be paid an On-Call allowance as follows:

| Period | On-Call Allowance (Rs) |
|---|-----------------------------------|
| Weekdays: 1600 hours to 0900 hours the following day | 1145 |
| Saturdays: 1200 hours to Sunday 0900 hours Sundays and Public Holidays: 0900 hours to 0900 hours the following day | 1715 |

36.77 We also recommend that the Regional Public Health Superintendent should be paid an In-Attendance allowance of Rs 980 per hour only in situations warranting his physical presence for the management of patients.

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

36.78 Besides their clinical duties, Consultants-in-Charge who are responsible for Specialised Hospitals such as the Subramaniam Bharati Eye Hospital; the Ear, Nose and Throat (ENT) Hospital; Poudre d'Or Hospital and the Brown Sequad Mental Health Care Centre are required to perform certain administrative duties. They are presently being paid a monthly allowance of Rs 2860 for the extra duties perform. Given that there is need for this arrangement to continue, we are maintaining the provision and revising the quantum of the allowance.

Recommendation 22

36.79 We recommend that the monthly allowance payable to Consultants-in-Charge who are responsible for specialised hospitals should be revised to Rs 3000.

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

36.80 Doctors, posted on a tour of service to Agalega, are entitled to 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 whenever they are required to attend duty while on call. We are revising the quantum of these allowances.

Recommendation 23

36.81 We recommend that the monthly On-Call allowance payable to Doctors who are posted on a tour of service to Agalega and are on-call during the whole month should be revised to Rs 23000. The In-Attendance allowance payable to them, whenever they have to attend duty while on call should be revised to Rs 460 per hour.

Allowance for performing aeromedical retrieval of patients

36.82 An allowance is presently payable to Emergency Physicians and Senior Emergency Physicians who are required to perform aeromedical retrieval of patients from Rodrigues and Agalega. We have been informed by the MOHW that as per existing arrangements, MHO/SMHOs who are following their postgraduate training in Emergency Medicine and are posted in the Emergency Services also participate in aeromedical retrieval of patients. In the circumstance, we are extending the allowance for this particular category of officers as well.

Recommendation 24

36.83 We recommend that officers of the Emergency Physician Cadre as well as MHO/SMHOs who are required to perform aeromedical retrieval of patients should be paid an allowance of Rs 1600 per visit for retrieval from Rodrigues and Rs 2415 per visit for retrieval from Agalega.

Insurance Cover

36.84 In our last Report, we recommended that the MOHW considers the advisability of providing insurance coverage to Emergency Physicians and Senior Emergency Physicians going to Agalega and Rodrigues to perform aeromedical retrieval of patients. At the request of the staff side, we are extending this provision to the MHO/SMHOs who are also involved in such transfers.

Recommendation 25

36.85 We recommend that the MOHW considers the advisability of providing insurance coverage to officers of the Emergency Physicians Cadre as well as MHO/SMHOs who are required to perform aeromedical transfers from Rodrigues and Agalega.

Bank of Doctors Scheme

36.86 To palliate the shortage of doctors some 20 years back, the MOHW had put in place a Bank of Doctors scheme whereby Medical Officers and Specialists from the private sector, including retired Medical Officers and Specialists below the age of 70, were enlisted for employment on a sessional basis as and when their services were needed. Given the evolution in the field, we consider that the Bank of Doctor Scheme for the Specialist/Senior Specialist should continue to exist in the future. However, the bank for MHO/SMHOs should be in force only until such time that the three-tier shift is effectively implemented.

Recommendation 26

36.87 We recommend that:

- (a) Doctors operating at the level of Medical and Health Officer/Senior Medical and Health Officer should be paid:**
 - (i) an all-inclusive allowance (excluding travelling) of Rs 2015 per session of three hours during Weekdays and Rs 2425 per session of three hours on Sundays and Public Holidays; and**
 - (ii) the above allowance on a *pro rata* basis whenever they are required to work for more than or less than the specified number of hours.**
- (b) Doctors operating at the level of Specialist/Senior Specialist should be paid:**
 - (i) an all-inclusive allowance (excluding travelling) of Rs 2425 per session of three hours during Weekends and Rs 3030 per session of three hours on Sundays and Public Holidays; and**
 - (iii) On-Call and In-Attendance allowances at the same rate as recommended at paragraphs 36.69 and 36.70 for the grade of Specialist/Senior Specialist.**

36.88 We further recommend that the Bank of Doctors for MHO/SMHO should be discontinued on the implementation of the three-tier shift system.

36.89 Doctors employed under the Bank Scheme who are officially required to attend Courts from their place of posting are paid mileage allowances at approved rate. Besides, they are refunded mileage for the distance from residence to place of posting at approved rates. These arrangements should continue to be applicable.

Recommendation 27

36.90 We recommend that Doctors working under the Bank Scheme:

- (i) who are officially required to attend Courts from their place of posting should be paid mileage allowance at approved rates; and**
- (ii) should be refunded mileage for the distance from residence to place of posting at approved rates.**

Pre-Registration Training Scheme for Doctors

36.91 To have the right to practice, newly qualified Doctors are required to undergo pre-registration training in hospitals. Those undergoing such training in public hospitals are presently being paid a monthly allowance of Rs 25525. In addition, they are refunded travelling by bus. We are maintaining these provisions and revising the quantum of the allowance.

Recommendation 28

36.92 We recommend that Doctors undergoing their pre-registration and practical training in public hospitals should be paid a monthly allowance of Rs 27400 and should be refunded travelling by bus.

Allowance/smart phones for the Medical Cadres

36.93 Members of the Medical Profession are, at present, entitled to an annual allowance of Rs 13500 for incurring expenses for the purchase of medical books, e-materials, journals and other publications needed for updating their knowledge in respect of their fields and for developing new and efficient approaches for the treatment of diseases. Further, we made provision in our previous Report for the officers to be granted a smart phone to keep abreast of latest development in their domain using digital technology.

36.94 We have received representations for the quantum of the book allowance to be revised considerably owing to frequent innovations in the medical field which require Doctors to buy books, journals regularly to keep themselves updated and for the grant of an allowance in lieu of the smart phone as this recommendation has so far not been implemented by the Ministry. Consultations feedback have also revealed that a smart phone would be the most appropriate tool for doctors to perform their job.

36.95 In examining the above proposal, we have taken into account the recommendation made for the setting up of a Digital Library and the existence of the Virtual Health Library at the Mauritius Institute of Health. In fact, upon examination of the existing provisions, we consider that Management should expedite matters for the provision of the smart phones thereby enabling the officers to keep abreast of latest developments instantaneously. As regards the allowance presently payable to the officers for expenses incurred in connection with the purchase of books and others, it should lapse upon the grant of the smart phone. We are recommending in that direction.

Recommendation 29

36.96 We recommend that:

- (i) the MOHW should, at the earliest, make necessary arrangements for the provision of a smartphone of equivalent value to the allowance payable for the purchase of books and other items to every member of the Medical and Dental professions who are appointed in a substantive capacity; and**
- (ii) the concerned officers should continue to be paid an annual allowance of Rs 13500 for the purchase of medical books, e-materials, journals and other publications until such time that they are provided with the smart phone.**

Continuing Professional Development

36.97 Continuing Professional Development (CPD) is essential for allowing members of the Medical Profession keep abreast of latest development in their fields. To provide an assistance to them towards meeting the expenses in relation to their professional development, an annual allowance which is cumulative over a period of three years, is presently payable to the them. Special provision for leave has also been made to enable them to take advantage of CPD Programmes either locally or abroad. We are improving the present provisions.

Recommendation 30

36.98 We recommend that all members of the Medical Profession on the permanent and pensionable establishment of the Ministry should be:

- (i) paid an allowance of Rs 12130 annually, cumulative over a period of three years, to meet the expenses towards their professional development on presentation of documentary evidence. The CPD accumulated for the first year would, however, be forfeited on the fourth year if not benefited from; 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 CPD 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

36.99 Presently, members of the Medical and Dental professions who are not allowed the privilege of private practice are paid a Special Medical Service Allowance. Request has been made for this allowance to be substantially increased.

36.100 While we could not agree for a general increase of the allowance, we consider that the continued payment of this allowance is still justified particularly taking into account the contribution and involvement of the officers in dealing with the prevailing Covid 19 pandemic. In the circumstances, we are maintaining the current provisions until the publication of the next review exercise. It is also apposite to note that according to representations received from Union, this allowance is no longer being paid. However, we have been informed by the MOHW that payment is done according to existing provisions.

Recommendation 31

36.101 We recommend that, until the next Report, 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:

| Category | Special Medical Service Allowance % of monthly salary |
|---|---|
| Officers drawing salary in a scale the maximum of which are Rs 77950 and Rs 82250 respectively and reckoning at least 10 years' service in the grade. | 7 |
| Officers drawing salary in a scale the maximum of which is Rs 91375. | 7 |
| Officers drawing salary in a scale the maximum of which is between Rs 97625 and Rs 103875. | 12 |
| Officers drawing salary more than Rs 103875. | 15 |

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 32

36.102 We recommend that officers of the Medical and Dental Professions in post as at 30 June 2008, 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 as from 01 January 2013, provided that such officers:

- (a) have attained the optional retirement age (that is 60 years);
- (b) reckon at least 30 years of pensionable service; and

- (c) **have opted for the Pension Reforms on 01 July 2008 and contributed effectively to the Pension Scheme.**

All-Inclusive Allowance In lieu of Meal

36.103 Catering facilities are not available at the Dr. Yves Cantin Community Hospital. Hence, doctors who work for 31 hours continuously, from 0900 hours to 1600 hours the following day are paid an all-inclusive allowance of Rs 390 in lieu of meal.

36.104 In respect of the services provided on the specified day and time below, the all-inclusive allowance in lieu of meal is 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.

The above provisions are being maintained and the quantum revised.

Recommendation 33

36.105 We recommend that the 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 450 for that specified number of hours.

36.106 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 300:

- (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

36.107 For easy accessibility in view of the specific nature of duties performed, officers of the Medical and Dental professions are provided with rent free telephone and free calls. This arrangement should continue to be applicable.

Recommendation 34

36.108 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

36.109 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 their top salary are allowed to move incrementally up to a maximum of two

increments in the Master Salary scale subject to certain conditions. In addition, those reckoning 14 years' service are entitled to enhanced car benefits. These provisions are being maintained and the salary point revised.

Recommendation 35

36.110 We recommend that members of the Medical and Dental professions drawing salary in scales the maximum of which are not less than Rs 77950 and 82250 respectively and not more than Rs 97675, should be allowed to move incrementally up to a maximum of two increments in the Master Salary Scale provided that they satisfy the performance criteria as set out in the Introductory Chapter of this Volume.

36.111 We also recommend that members of the Medical and Dental professions reckoning 14 years' service in their respective grade should be entitled to car benefits as per provision at paragraph 16.2.15 (No. 2) of Volume 1 of this Report though drawing a monthly salary in a scale the maximum of which is less than Rs 94500.

36.112 We further recommend that the above provisions 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

36.113 To encourage our Specialist/Senior Specialists, Specialists known as Consultant and Consultants-in-Charge to obtain further specialisation or double specialist qualifications, a monthly allowance of Rs 5250 is presently being paid to those possessing these subspecialist qualifications subject to certain conditions. As the possession of these subspeciality qualifications would no doubt improve quality of service, we consider that the existing arrangement should continue to be applicable. We are also extending the payment of this allowance to Specialist/Senior Specialists in scarce fields.

Recommendation 36

36.114 We recommend that a monthly allowance of Rs 5670 should be paid to Specialist/Senior Specialists, Specialist/Senior Specialists known as Consultant and Consultants-in-charge possessing subspecialist qualifications which are directly relevant for the performance of their duties and where incumbents do participate in the medical activities relating to their speciality.

36.115 We also recommend that the subspecialty 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 MOHW.

36.116 We further recommend that this allowance be paid to Specialist/Senior Specialists in fields listed as scarce by the MOHW.

Medical and Dental Specialists

- 36.117 With a view to ensuring that the status of Specialist/Senior Specialists and Specialist (Dental Services) is aligned with what obtains internationally, special provision has been made for them to be known as Consultant on reaching the salary point of Rs 86000.
- 36.118 Representations have been received for Specialists/Senior Specialists to be known as Consultant based on a certain number of years of service in the grade rather than on a particular salary point. However, doing so would not be appropriate as it might entail technical problems linked to seniority and salary adjustments. In the circumstance, the present arrangement is being maintained.

Recommendation 37

36.119 We recommend that Specialist/Senior Specialists and Specialists (Dental Services) should be known as Consultant on reaching salary point Rs 94500.

Support Staff

- 36.120 In the 2013 Report, we recommended that the MOHW should make necessary arrangement for officers of the Medical Group to be provided with support services. We have, in the course of this review, been informed by the staff side that this recommendation has not been implemented till now. We, accordingly, sought the views of the Ministry on this matter and were apprised that it could not implement same owing to lack of staff in the General Services grades. We are, therefore, replicating the existing provision so that once the MOHW has the required number of support staff, it may do needful to provide the necessary assistance to the officers of the Medical Group.

Recommendation 38

36.121 We recommend that the MOHW should make necessary arrangement for officers of the Medical Group to be provided support services by officers of the General Services grades.

Leave Without Pay to Medical and Health Officer/Senior Medical and Health Officers

- 36.122 Specific provision for leave without pay is granted to doctors who service the Médecins Sans Frontières (MSF). In view of the benefits to be derived by both the Doctors and the country by servicing such an organisation, we consider that this arrangement should continue to be in force.

Recommendation 39

36.123 We recommend that MHO/SMHOs of the MOHW should exceptionally be granted leave without pay to service the organisation 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 MPSAIR.

MINISTRY OF HEALTH AND QUALITY OF LIFE

SALARY SCHEDULE

| Salary Code | Salary Scale and Grade |
|-------------|--|
| 02 000 120 | Rs 163250 Senior Chief Executive |
| 09 000 118 | Rs 150750 Director-General, Health Services |
| 02 000 114 | Rs 132000 Permanent Secretary |
| 09 000 111 | Rs 122625 Director, Health Services |
| 09 000 110 | Rs 119500 Director, Dental Services Director, Diabetes and Vascular Services Director, Laboratory Services Regional Health Director |
| 09 000 107 | Rs 110125 Consultant-in-Charge Deputy Director, Laboratory Services Deputy Director, Health Services Director, Emergency Services Head, AIDS Unit Head, Ayurvedic Unit (New Grade) Head, Occupational Health Unit Regional Public Health Superintendent |
| 09 000 106 | Rs 107000 National HIV/AIDS Coordinator |
| 09 102 105 | Rs 94500 x 3125 - 103875 Lead Diabetologist |

| Salary Code | Salary Scale and Grade |
|-------------|---|
| 09 091 105 | <p>Rs 68000 x 1800 - 69800 x 2000 - 75800 x 2150 - 82250 x 3000 - 88250 x 3125 - 103875</p> <p>Medical Superintendent</p> |
| 09 089 105 | <p>Rs 64400 x 1800 - 69800 x 2000 - 75800 x 2150 - 82250 x 3000 - 88250 x 3125 - 103875</p> <p>Regional Dental Superintendent Specialist/Senior Specialist Specialist (Dental Services)</p> |
| 09 091 103 | <p>Rs 68000 x 1800 - 69800 x 2000 - 75800 x 2150 - 82250 x 3000 - 88250 x 3125 - 97625</p> <p>NCD Coordinator Officer-in-Charge, Harm Reduction Section Senior AIDS Physician Senior Community Physician Senior Emergency Physician Senior Occupational Health Physician</p> |
| 09 091 102 | <p>Rs 68000 x 1800 - 69800 x 2000 - 75800 x 2150 - 82250 x 3000 - 88250 x 3125 - 94500</p> <p>Diabetes Public Health Coordinator</p> |
| 09 079 101 | <p>Rs 47675 x 1575 - 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 69800 x 2000 - 75800 x 2150 - 82250 x 3000 - 88250 x 3125 - 91375</p> <p>AIDS Physician Community Physician Emergency Physician Occupational Health Physician Registrar</p> |
| 09 074 098 | <p>Rs 41250 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 69800 x 2000 - 75800 x 2150 - 82250</p> <p>Medical and Health Officer/Senior Medical and Health Officer</p> |
| 09 073 096 | <p>Rs 40300 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 69800 x 2000 - 75800 x 2150 - 77950</p> <p>Ayurvedic Medical Officer/Senior Ayurvedic Medical Officer Dental Surgeon/Senior Dental Surgeon</p> |

PHARMACY DIVISION

36.124 The Pharmacy Division, which is headed by the Director, Pharmaceutical Services, is mandated to control the practice of pharmacy and ensure compliance with the provisions of the Pharmacy Act both in the public and the private sector. Officers in the Pharmacy Division fall in two distinct cadres, namely the Pharmacist Cadre and the Pharmacy Technician Cadre. The proposals received with regards to these two cadres are discussed in details in the ensuing paragraphs.

Pharmacist Cadre

36.125 The Pharmacist Cadre, which is the professional cadre, consists of a four-level structure. Its main responsibilities are to ensure compliance with the provisions of the relevant legislations relating to pharmacy; advising relevant authorities on all matters relating to controlled drugs and the importation of medicine and verification of pharmaceuticals, among others.

36.126 In the context of this review exercise, proposals of the staff side for the Pharmacist Cadre pertain to upgrading of salaries; provision of enhanced conditions of service and introduction of new allowances, among others. As regards Management submission, it has proposed the creation of a grade of Pharmacist/Senior Pharmacist (Roster - Day and Night) which had been submitted to the Bureau in September 2019 for salary grading but was deferred for consideration in the context of this overall review.

36.127 We could not accede to the request for the introduction of new allowances for duties and responsibilities which are already prescribed in the schemes of service of the existing grades. However, we have reviewed the quantum of existing allowances to ensure that a fair compensation is being granted. As regards the structure, we are providing for a new level of Pharmacist/Senior Pharmacist (Roster –Day and Night) with a view to improve service delivery.

Pharmacist/Senior Pharmacist (Roster – Day and Night) (New Grade)

36.128 As per existing arrangements, one Pharmacist/Senior Pharmacist in each hospital is presently called upon to work beyond his/her normal working hours up to 2200 hours on Weekdays and Saturdays. Besides, he/she is also required to be on-call on Weekdays and Saturdays from 2200 hours to 0900 hours the following day and on Sundays and Public Holidays from 0900 hours to 0900 hours the following day. The officers are presently compensated at hourly rate for working up to 2200 hours and granted an On-Call Allowance when scheduled to be on-call. Whenever they have to attend duty while on-call, they are paid an In-Attendance Allowance.

36.129 It has been observed that the extended hours of work up to 2200 hours has become a permanent feature and the present mode of providing this service has to be reviewed. Consequently, provision was made for a grade of Pharmacist/Senior Pharmacist (Roster – Day and Night) in the 2018/2019 budget and a proposal for salary grading was submitted to the Bureau. However, in view of associated

implications, we could not accede to the request and deferred the matter for consideration in the context of this Report.

36.130 For the present review exercise, the Ministry has laid emphasis on the need for the normal hours of work at operational level to be reviewed in accordance with their proposal as mentioned above. They further averred that the "on-call" system of coverage would not be required henceforth. During a meeting with Union, this fact was confirmed that the services of those on-call are seldom required.

36.131 After examination of the request, particularly *vis-à-vis* the information and justifications submitted, we consider that the grade of Pharmacist/Senior Pharmacist (Roster – Day and Night) may be granted. However, this would entail consequential changes to be brought concurrently for a smooth management of the division. These pertain to the grade of Pharmacist/Senior Pharmacist to be made evanescent and other related changes. The "on-call" coverage system should also be ceased once the roster system is implemented.

Recommendation 40

36.132 We recommend:

- (i) the creation of a grade of Pharmacist/Senior Pharmacist (Roster- Day and Night). Appointment thereto should be made by selection from candidates who are registered as Pharmacist in accordance with legislation in force in Mauritius;**
- (ii) that the grade of Pharmacist/Senior Pharmacist be made evanescent and officers in post be given the option to join the new grade and be granted one increment upon implementation of the roster system; and**
- (iii) that consequential amendments be brought to the scheme of service of the grade of Principal Pharmacist following the creation of the grade of Pharmacist/Senior Pharmacist (Roster – Day and Night).**

36.133 We further recommend that:

- (i) officers in the grade of Pharmacist/Senior Pharmacist (Personal) 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 based on the salary point reached, for the additional hours put in;**
- (ii) an On-Call Allowance of Rs 415 should be paid, in each hospital, to one Pharmacist/Senior Pharmacist (Personal) who is required to be on-call on Weekdays and Saturdays from 2200 hours to 0900 hours the following day and Rs 905 for being on call on Sundays and Public Holidays from 0900 hours to 0900 hours the following day; and**
- (iii) when attending duty while on-call the Pharmacist/Senior Pharmacist (Personal) should be paid an In-Attendance Allowance of Rs 305 per hour, inclusive of travelling time.**

36.134 We additionally recommend that the above allowances should lapse upon filling of posts in the new grade of Pharmacist/Senior Pharmacist (Roster – Day and Night).

Inspection of private pharmacies and clearance of parcels

36.135 For the purpose of ensuring compliance with the Pharmacy Act, officers of the Pharmacist Cadre are required to carry out inspections of private pharmacies. During these inspections, they examine documents; verify if entries of purchase and sales are recorded appropriately; check for any prescriptions de complaisance and institute proceedings in respect of any offence committed under the Act. Besides, the officers also call at the parcel post office, airport and seaport to inspect and authorise the clearance of all parcels with a view to ensure that the relevant provisions of the Pharmacy Act and related ordinances are adhered to.

36.136 As per current provision, the allowance payable to the officers for each inspection in the private pharmacies or at the parcel post office, airport and seaport, amounts to Rs 500.

36.137 In the course of our consultations with the staff side, we were informed that there is presently no mechanism in place to certify the claims of Pharmacist/Senior Pharmacists who carry out visits at the airport after office hours. As a result thereof, the officers do not benefit from the allowance when effecting visits at the airport after office hours. **We have raised this issue with Management and the latter has agreed to look at the matter administratively.**

36.138 Since these duties are of a permanent nature and in view of the responsibilities involved while carrying out these inspections, the continued payment of this allowance is, therefore, justified and the quantum thereof is being revised.

Recommendation 41

36.139 We recommend the payment of an allowance of Rs 525 to officers of the Pharmacist Cadre for each inspection carried out in private pharmacies outside office hours which may involve submission of a report and/or legal proceeding and for each visit effected at the parcel post office, airport and seaport.

Pre-Registration Allowance

36.140 To be registered as a Pharmacist with the Pharmacy Board and have the right to practice, graduates in pharmacy are required by the law to undergo a one-year pre-registration training course in either a hospital or retail pharmacy. Those undergoing such training in Public Hospital Pharmacies are presently entitled to a monthly allowance of Rs 23975. In addition, they are refunded travelling by bus. We are maintaining these provisions and revising the quantum of the allowance.

Recommendation 42**36.141 We recommend that:**

- (i) the monthly allowance payable to graduates in Pharmacy undergoing pre-registration training in Public Hospital Pharmacies should be revised to Rs 25525; and**
- (ii) these graduates should be refunded travelling by bus.**

Movement beyond top salary

36.142 Presently, provisions exist for Pharmacist/Senior Pharmacists, having reached the top of their salary scale, to move incrementally in the Master Salary Scale up to a certain salary point. This provision should continue to be in force and incumbents should be allowed movement in the Master Salary Scale as recommended at paragraph 9.41 under Chapter Review of Schemes of Service and Qualification in Volume 1 of this Report.

Pharmacy Technician Cadre

36.143 The Pharmacy Technician Cadre comprises the grades of Pharmacy Technician, Senior Pharmacy Technician, Pharmacy Stores Manager, Principal Pharmacy Technician, Regional Pharmacy Technician and Chief Pharmacy Technician. Officers of the cadre are mainly responsible for dispensing, compounding and evaluation of supply/drugs; ordering, receiving and issuing drugs, among others.

36.144 The representations received from the Unions regarding this cadre include a review of the salaries; restyling of the grade of Chief Pharmacy Technician as Director, Pharmacy Technician; creation of a level of Deputy Director, Pharmacy Technician; clear demarcation between the professional and the technical cadres; harmonisation of existing allowances; payment of risk allowance; provision of training facilities, and enhanced conditions of service.

36.145 During consultations with the staff side, we informed them of those representations which pertain to implementation and are normally dealt with by Management. Nevertheless, we raised these issues with Management to ensure that our recommendations are implementable. As regards Risk Allowance, appropriate explanations have been provided thereon in the chapter Risk, Insurance and Compensation. For the harmonisation of allowances, the Bureau explained the reasons thereto related which the Unions took note of.

36.146 The request on which the Union laid greater emphasis was on the restyling of the grade of Chief Pharmacy Technician into Director, Pharmacy Technician and the creation of the grade of Deputy Director, Pharmacy Technician. In the same transparent approach that we have adopted throughout this Report, for this request we provided ample explanations to justify our stand for not giving consideration thereto.

36.147 Overall, we consider the structure of the Pharmacy Technician Cadre to be adequate to ensure an effective delivery of service. Consequently, we are not bringing any change thereto. As regards the existing allowances payable to the officers, same are being revisited so as to ensure greater fairness and equity among the employees themselves.

National Pharmacy Technician Diploma

36.148 The salary scales of the grades of Pharmacy Technician and Senior Pharmacy Technician include a Qualification Bar (QB) and movement beyond that QB is subject to incumbents possessing the National Pharmacy Technician Diploma. This provision should continue to be in force.

Recommendation 43

36.149 We recommend that:

- (i) progression beyond the QB in the salary scales of Pharmacy Technician and Senior Pharmacy Technician should be subject to obtention of the National Pharmacy Technician Diploma or equivalent;**
- (ii) 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, should be allowed to continue to move incrementally in their respective salary scale on a personal basis; and**
- (iii) the MOHW should continue to make provision for the enlistment of Trainee Pharmacy Technicians and for other officers of the Pharmacy Technician Cadre of the Ministry and the Rodrigues Regional Assembly to follow top-up training programmes leading to the National Pharmacy Technician Diploma.**

Allowance to Pharmacy Technicians and Senior Pharmacy Technicians

36.150 Pharmacy Technicians and Senior Pharmacy Technicians are, as per their prescribed schemes of service, required to work on a shift system to provide a 24-hour service in the public pharmacies of the regional and specialised hospitals. However, due to shortage of staff, the shift system has up to now not been implemented. Nevertheless, the officers are required to put in extra hours of work to provide a round the clock service for which they are compensated at appropriate rates.

36.151 Pharmacy Technicians and Senior Pharmacy Technicians who are posted to the Area Health Centres and Community Health Centres are also called upon to work beyond their normal working hours. However, the mode of payment for these officers differs from that of their counterparts posted to the hospitals. To this end, representations were received for a more equitable system where there is no discrimination in rate of payment applied. Given that employees of the Health Sector are generally compensated at hourly rate for additional hours put in, we are receptive to the proposal made and are reviewing the mode of payment for all those concerned.

Recommendation 44**36.152 We recommend that:**

- (i) 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 continue to be compensated at the normal hourly rate based on the salary point reached in their respective salary scale; and**
- (ii) Pharmacy Technicians and Senior Pharmacy Technicians who are required to work after normal working hours at the Area Health Centres and Community Health Centres should also be compensated at the normal hourly rate based on the salary point reached in their respective salary scale.**

Scheme of Service – Chief Pharmacy Technician

36.153 Presently, the grade of Chief Pharmacy Technician is filled by selection from among officers in the grade of Regional Pharmacy Technician who reckon at least two years' service in a substantive capacity in the grade or an aggregate of at least two years' service in a substantive capacity in the grades of Regional Pharmacy Technician and Principal Pharmacy Technician. As we consider that the aggregate length of service required for appointment to the grade is not appropriate, we are addressing this incongruity through an appropriate recommendation.

Recommendation 45

36.154 We recommend that, henceforth, the grade of Chief Pharmacy Technician should be filled by selection from among Regional Pharmacy Technicians reckoning at least two years' service in a substantive capacity in the grade or an aggregate of at least three years' service in the grades of Regional Pharmacy Technician and Principal Pharmacy Technician.

Bank Pharmacy Technician Scheme

36.155 A Bank Pharmacy Technician Scheme was introduced in 2008 allowing retired officers of the Pharmacy Technician Cadre to provide their services on a sessional basis with a view to palliate the acute shortage of staff in the Pharmacy Technician Cadre. Subsequently, the bank scheme was opened to serving officers of the cadre. Presently, officers who are allowed to work under the bank scheme are being paid an allowance of Rs 735 per day session of four hours and Rs 840 per night session of four hours.

36.156 During this review exercise, the staff side have made a representation to the effect that Principal Pharmacy Technicians and Pharmacy Stores Managers are not allowed to work under the Bank Scheme. We sought the views of Management on this matter and have been apprised that since November 2020 these two grades have been included in the Bank Scheme.

36.157 Given that the Bank Scheme has over the years proved to be an effective tool in improving service delivery and in meeting the heavy workload demands, we are,

therefore, recommending that pending the implementation of a proper shift system, the present scheme should continue to apply.

Recommendation 46

36.158 We recommend:

- (i) the payment of an allowance of Rs 770 per day session of four hours and Rs 880 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; and**
- (ii) 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

36.159 Provision exists for seniormost Senior Pharmacy Technicians to take charge of the pharmacy after normal working hours against payment of an allowance. This arrangement is being maintained.

Recommendation 47

36.160 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.

Allowance in lieu of meal at Dr. Yves Cantin Community Hospital

36.161 Officers of the Pharmacy Technician Cadre, who after a night duty are required to attend duty at Dr Yves Cantin Community Hospital the next day where catering facilities are not available, are presently entitled to a daily all-inclusive allowance of Rs 260 in lieu of meal. We are revising the quantum of this allowance.

Recommendation 48

36.162 We recommend that 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 should be paid an allowance of Rs 300 in lieu of meal.

Night Duty Allowance

36.163 Although no proper shift system has so far been implemented for officers in the grades of Pharmacy Technician and Senior Pharmacy Technician, the latter are required to work in a pattern of shift to provide a 24-hour service in our public pharmacies. To this effect, those who effectively work on night shift are paid the night duty allowance. As this practice would continue to be in force in the foreseeable future, we are maintaining the payment of the night duty allowance.

Recommendation 49

36.164 We recommend that officers of the Pharmacy Technician Cadre who effectively 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

36.165 Officers in the grades of Pharmacy Technician and Senior Pharmacy Technician are required to work on shift. This factor has been taken into account in arriving at the recommended salaries of the grades.

PHARMACY DIVISION**SALARY SCHEDULE**

| Salary Code | Salary Scale and Grade |
|--------------------|--|
| 09 102 105 | Rs 94500 x 3125 - 103875 Director, Pharmaceutical Services |
| 09 085 101 | Rs 57600 x 1700 - 64400 x 1800 - 69800 x 2000 - 75800 x 2150 - 82250 x 3000 - 88250 x 3125 - 91375 Deputy Director, Pharmaceutical Services |
| 09 080 096 | Rs 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 69800 x 2000 - 75800 x 2150 - 77950 Principal Pharmacist |
| 09 064 093 | Rs 32350 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 69800 x 2000 - 71800 Pharmacist/Senior Pharmacist (Roster Day and Night) (New Grade) |
| 09 063 092 | Rs 31525 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 69800 Pharmacist/Senior Pharmacist (Personal) |
| 09 073 092 | Rs 40300 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 69800 Quality Control Pharmacist/Chemist |

| Salary Code | Salary Scale and Grade |
|-------------|--|
| 09 075 092 | Rs 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 69800 Chief Pharmacy Technician |
| 09 071 088 | Rs 38400 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 62700 Regional Pharmacy Technician |
| 09 069 085 | Rs 36550 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 57600 Principal Pharmacy Technician |
| 09 064 082 | Rs 32350 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 52550 Pharmacy Stores Manager |
| 09 055 080 | Rs 25525 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 QB 47675 x 1575 - 49250 Senior Pharmacy Technician |
| 09 039 077 | Rs 19225 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 41250 QB 42200 x 1300 - 44800 Pharmacy Technician |
| 09 029 031 | Rs 16525 x 260 - 17045 Trainee Pharmacy Technician |

NURSING GROUP

- 36.166 The Nursing Group consists of grades which work directly with patients, families and communities. As front line care providers, they play an important role in patient care, be it curative or preventive.
- 36.167 The different cadres forming part of the Nursing Group are the: Nursing Officer, Midwife, Public Health Nursing Officer, Nurse Educator and Specialised Nurse Cadres. Besides these, there are a few other grades in this group which provide assistance and auxiliary services.

36.168 In view of the large number of representations received from the Nursing Group, it would have been very cumbersome for the Bureau to list all of them in this Report. Hence, we have mentioned only the salient ones; those that require clarifications and those for which the reasons for not acceding to the requests had to be explained. However, the Bureau wishes to assure all parties concerned that all the proposals received have been duly examined and that wherever we found merit in the case, we have acceded to the demands and made appropriate recommendations.

Nursing Officer Cadre

36.169 The Nursing Officer Cadre, which is principally responsible for providing care to patients and assisting Doctors in medical procedures, consists of an eight-level structure with the Director of Nursing at the apex. Among the representations received for this cadre, there was a proposal for incumbents in the grade of Charge Nurse to be allowed to follow the Clinical Nursing Management and Ward Administration Certificate course which is presently a requirement for Ward Managers. Given the importance of training in improving the knowledge and skills of officers, we solicited the views of Management on this issue and were informed that the latter is envisaging to amend the scheme of service of the grade of Ward Manager so that it is a pre-requisite for Charge Nurses to follow the course.

36.170 As regards the proposal for Ward Managers reckoning only one year in a substantive capacity in the grade to be eligible for the grade of Nursing Supervisor while those possessing a Degree or Master's Degree to be allowed to postulate for the grade of Nursing Administrator and above, same was not supported by Management. Besides, acceding to these requests would have severe repercussions, not only in the cadre but also in other cadres with which the grade has pay parity.

36.171 In so far as the requests of the staff side for the establishment of an appropriate Nurse/Patient ratio and Health Care Assistant/Senior Health Care Assistant/Patient ratio are concerned, although it does not fall within our scope of activities, **we urge Management to give due consideration to these requests with a view to further enhance service delivery in the hospitals and their annexed institutions.**

36.172 The Bureau was also requested to create several specialised grades such as Specialised Nurse (SAMU Services), Specialised Nurse (Haemodialysis), Re-animation Nurse and Specialised Nurse, Blood Bank. Further, proposal was made for specialised training to be provided to Nursing Officers posted to these specialised units. As the Bureau does not advocate the creation of stand-alone grades, we could not agree to the proposals, the moreso that they are not functionally driven. Further, it would not have been in favour of the officers when compared to their existing promotional prospects in the main stream. As regards provision of training, we have made appropriate recommendations related thereto under the Chapter Training and Development in Volume 1 of this Report. **We, therefore, urge Management to look into the possibility of dispensing appropriate training to the officers posted to these specialised units.** In so far as the request for the payment of the Night Attendance Bonus on a *pro rata* basis is concerned, we provided ample explanations during consultations, as to why the proposal could not be favourably considered.

Scheme of Service – Trainee Nurse

- 36.173 At present, Trainee Nurses are enlisted from two streams. Firstly, by selection from among officers in the grade of Health Care Assistant/Senior Health Care Assistant (HCA/SHCA) (General) who are not more than 48 years' of age and who reckon at least two years' service in a substantive capacity in the grade and who possess a Cambridge School Certificate with credit in at least five subjects including one science subject and secondly from candidates who possess a Cambridge School Certificate with credit in at least five subjects including one science subject.
- 36.174 Representations have been made by the staff side for HCA/SHCAs (General) who do not possess a science subject but reckon some years of experience to be given the opportunity to be enlisted as Trainee Nurse. We have carefully examined this issue and consider that although these HCA/SHCAs (General) do not possess a science subject, they have over the years acquired the relevant experience and competence while assisting and understudying the nursing personnel in attending to the basic needs of patients. It is considered that the skills developed together with the experience acquired may weigh much heavier than the mere possession of one science subject obtained years back. Furthermore, as Trainee Nurses they would have to undergo a three-year training in theory as well as in practice. In addition, the organisation culture is already ingrained in them. On the basis of the merit of the case, we are making appropriate recommendation.

Recommendation 50

- 36.175 We recommend that, in future, Trainee Nurses should be enlisted from among:**
- (i) Health Care Assistant/Senior Health Care Assistants (General) who are not more than 48 years of age and who reckon at least two years' service in a substantive capacity in the grade and who possess a Cambridge School Certificate with credit in at least five subjects including one science subject obtained at not more than two sittings or an equivalent qualification acceptable to the PSC;**
 - (ii) Health Care Assistant/Senior Health Care Assistants (General) who are not more than 48 years of age and who reckon at least five years' service in a substantive capacity in the grade and who possess a Cambridge School Certificate with credit in at least five subjects obtained at not more than two sittings or an equivalent qualification acceptable to the PSC; and**
 - (iii) candidates who possess a Cambridge School Certificate with credit in at least five subjects including one science subject obtained on one Certificate or an equivalent qualification acceptable to the PSC.**

Scheme of Service – Nursing Officer

- 36.176 Appointment to the grade of Nursing Officer is presently made from Trainee Nurses who have successfully completed the National Diploma Level 6 in Nursing. In November 2019, the MOHW submitted a proposed scheme of service of the grade where it proposed that in the absence of Trainee Nurses, recruitment to the grade be

made from external candidates who possess the required qualifications and who are registered as Nurse with the Nursing Council.

- 36.177 In view of wide implications, we deferred the matter for consideration in the context of this review exercise. The matter was anew submitted to the Bureau in March this year (2021) and we maintained our stand thereon.
- 36.178 After careful consideration and following discussions with several stakeholders, we staunchly believe that it would not be appropriate to open the grade of Nursing Officer to external candidates for numerous reasons. Firstly, there would be salary implications across the cadres at the MOHW. Secondly, this will also have a bearing on the external parities that exist. Further, the proposed change would also have an impact on the functioning of the School of Nursing, which is mandated to conduct courses for Trainee Nurses. In addition, there is an oversupply of candidates in the market who possess the required qualification for enlistment as Trainee Nurse. Taking all these into account, we consider that instead of opening the grade to external candidates, **Management should in accordance with a well set recruitment plan, ensure that it recruits the right number of Trainee Nurses so that there is no eventual shortage of Nursing Officer. Further, should there be need for additional Nursing Officers, the MOHW may have recourse to recruitment of Nursing Officers on a month to month basis as is presently the case.**
- 36.179 We have, in the course of our examination, also noted that the prescribed scheme of service of the grade of Nursing Officer dates back to 1979. Given that a scheme of service should reflect the actual work being carried out, we believe that Management should initiate prompt action to update same for the grade of Nursing Officer. While doing so, Management should also take on board the observations made by the Bureau in its 2008 Report to the effect that the non-nursing duties carried out by Nursing Officers posted to the Community Health Centres form part and parcel of their role and need to be included in their scheme of service.

Recommendation 51

- 36.180 We recommend that the scheme of service of the grade of Nursing Officer be amended to reflect the actual duties performed as well as the non-nursing duties performed at Community Health Centres.**

Scheme of Service – Nursing Supervisor (Male) Nursing Supervisor (Female)

- 36.181 A case has been made for the entry requirement of the Trainee Nurse to be raised to a Degree. According to the staff side, the qualifications requirement is a degree worldwide and, hence, harmonisation of same is important. After a careful examination of this request, we consider that if ever the Degree is inserted at the base level it will further exacerbate the shortage of Nursing Officers. Besides, the qualification set for a grade should match with the level of duties being performed. To this end, we consider that the inclusion of the Degree would be more appropriate at a higher level in the cadre, to which the MOHW is agreeable. However, while the

latter believes that the degree should be inserted at the level of Nursing Administrator, we consider that same is more appropriate at the level of Nursing Supervisor. We are, accordingly, making recommendation to that effect. With a view not to jeopardise the promotional prospects of existing officers, we have taken care to ensure that they are allowed enough time to acquire the higher qualifications.

Recommendation 52

36.182 We recommend that, as from 01 January 2026, appointment to the grade of Nursing Supervisor (Male) and Nursing Supervisor (Female) should be made by selection from among officers in the grade of Ward Manager (Male) and Ward Manager (Female) respectively possessing a Degree in Nursing or an equivalent qualification and who:

- (i) reckon at least an aggregate of four years' service in a substantive capacity in their respective grade and in the grades of Charge Nurse (Male) and Charge Nurse (Female); and**
- (ii) have successfully completed the local Hospital Nursing Administration Course.**

These elements have been considered in arriving at the recommended salary of the grades of Nursing Supervisor (Male) and Nursing Supervisor (Female).

Diploma in General Nursing

36.183 The salary scales of certain grades in the Nursing group include a Qualification Bar (QB) and movement beyond that QB is subject to incumbents possessing the National Diploma Level 6 in Nursing. This provision should continue to be in force.

Recommendation 53

36.184 We recommend that:

- (i) progression beyond the QB in the respective salary scale of the grades of Nursing Officer, Charge Nurse (Male), Charge Nurse (Female), Nursing Officer (Psychiatric), Charge Nurse (Psychiatric) (Male), Charge Nurse (Psychiatric) (Female), Specialised Nurse and Blood Bank Officer should be subject to obtention of the National Diploma Level 6 in Nursing;**
- (ii) 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 and Blood Bank Officer who have already crossed the QB though not possessing the Diploma should be allowed to continue to move incrementally in their respective salary scale, on a personal basis; and**
- (iii) the MOHW should continue to make provision for officers of the Nursing Officer Cadre of the Ministry as well as that of the Rodrigues Regional Assembly to follow the top up training programmes leading to a National Diploma Level 6 in Nursing.**

Nursing Officer (Psychiatric) Cadre**Trainee Nurse (Psychiatric) (New Grade)**

- 36.185 The grade of Nursing Officer (Psychiatric), which is filled from among candidates who are fully registered as Mental Nurse in accordance with section 23 of the Nursing Council Act, is presently vacant. The MOHW has reported that it is having difficulties to fill in the vacant posts as no qualified candidate applied for the post during the last recruitment exercises carried out by the Public Service Commission. It has also been notably averred that Nursing Officers in service who do possess the required qualifications requirement, are not willing to join the grade of Nursing Officer (Psychiatric) in view of the limited promotional prospects in this cadre compared to the general stream.
- 36.186 In this perspective, the MOHW has requested that the levels of Trainee Nurse (Psychiatric) and Nursing Supervisor (Psychiatric) be provided to ease recruitment and provide better career prospects to officers joining the cadre. To circumvent the recruitment problem being encountered since 2016 and on the basis of the merit of the case, we subscribe to the views of Management for the establishment of the Trainee Nurse (Psychiatric). As regards the creation of the higher position, we could not accede to the request as no new function has emerged warranting its creation at this juncture. As an inducement for officers to join the Psychiatric field, we are also maintaining the grant of incremental credit to officers of the cadre who possess the Diploma in Mental Nursing. However, same should lapse following enlistment of Trainee Nurses (Psychiatric).

Recommendation 54

- 36.187 We recommend the establishment of the position of Trainee Nurse (Psychiatric) to be filled from:**
- (i) Health Care Assistant/Senior Health Care Assistants (General) who are not more than 48 years of age and who reckon at least two years' service in a substantive capacity in the grade and who possess a Cambridge School Certificate with credit in at least five subjects including one science subject obtained at not more than two sittings or an equivalent qualification acceptable to the PSC;**
 - (ii) Health Care Assistant/Senior Health Care Assistants (General) who are not more than 48 years of age and who reckon at least five years' service in a substantive capacity in the grade and who possess a Cambridge School Certificate with credit in at least five subjects obtained at not more than two sittings or an equivalent qualification acceptable to the PSC; and**
 - (iii) candidates who possess a Cambridge School Certificate with credit in at least five subjects including one science subject obtained on one Certificate or an equivalent qualification acceptable to the PSC.**

36.188 We further 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) possessing the Diploma in Mental Health Nursing should be granted one increment at the point reached in their salary scale subject to the top salary of their respective grade.

36.189 The above provision should, however, lapse upon enlistment of Trainee Nurses (Psychiatric).

Specialised Nurse Cadre

36.190 Presently, there exist three categories of Specialised Nurse namely Specialised Nurse, Specialised Nurse (Diabetes) and Specialised Nurse (Diabetes Foot Care). The staff side have requested that the structure of the first two cadres, that is, Specialised Nurse and Specialised Nurse (Diabetes) be reinforced through the creation of the levels of Principal and Chief. As regards the field of diabetes foot care, demands have been made for the creation of the level of Senior in addition to the Principal and Chief as presently only the grade of Specialised Nurse (Diabetes Foot Care) exists.

36.191 On the other hand, Management considers the structure of the Specialised Nurse and Specialised Nurse (Diabetes) to be appropriate. It has, however, supported the request for the creation of the grade of Senior Specialised Nurse (Diabetes Foot Care) against abolition of the grade of Podiatrist which has remained vacant since its creation.

36.192 Having examined the structure of the Specialised Nurse and Specialised Nurse (Diabetes) Cadres, we concur with the views expressed by Management regarding their adequacy in providing an efficient delivery of services in these respective field. However, with regard to the field of diabetes foot care, we have noted that there is, presently, no proper supervision of the work being undertaken by Specialised Nurses (Diabetes Foot Care). In view of the importance of the diabetes foot care unit in preventing and reducing diabetes related amputations, we believe that the creation of the grade of Senior Specialised Nurse (Diabetes Foot Care) against abolition of the grade of Podiatrist is justified.

Recommendation 55

36.193 We recommend:

- (i) the creation of a grade of Senior Specialised Nurse (Diabetes Foot Care). Appointment thereto should be made by promotion, on the basis of experience and merit, of officers in the grade of Specialised Nurse (Diabetes Foot Care) who reckon at least four years' service in a substantive capacity in the grade; and**
- (ii) that the grade of Podiatrist be abolished.**

36.194 Incumbents in the grade of Senior Specialised Nurse (Diabetes Foot Care) would be required, among others, to: ensure the implementation of all policies relating to diabetic foot care; supervise the work of Specialised Nurse (Diabetes Foot Care); maintain and supervise the smooth running of diabetes of non-healing foot ulcer nursing service at hospital and primary health care levels; and coordinate the care of diabetic foot care patients and organise community participative sessions for prevention of diabetes complications in relation to foot care.

Nurse Educator Cadre

Scheme of Service - Nurse Educator

36.195 The Nurse Educator Cadre comprises the grades of Nurse Educator, Senior Nurse Educator, Principal Nurse Educator and the Head, School of Nursing who is at the apex. The core function of this cadre is to conduct courses, demonstrate nursing practice and teach the application of theory to practice in the relevant field.

36.196 The reasons for not acceding to the request for restyling the grade of Nurse Educator to that of Nurse Lecturer were lengthily explained to the parties concerned during consultations. As regards the representation received to the effect that the Head, School of Nursing should be involved in all nursing education committees and matters pertaining to nursing education and curriculum, we consider that this is an administrative issue that has to be dealt with by the MOHW.

36.197 Both Management and the staff side have also requested that the qualifications requirement of the source grade be raised from Diploma to Degree. In support of the request, it has been argued that the incumbents are required to teach up to Diploma Level 6 whereas according to the framework of the Mauritius Qualification Authority, a trainer needs to possess a qualification higher than a Diploma to be able to teach at that level. It has further been averred by the MOHW that the academic qualification required for the grade of Nurse Educator is no longer recognised by the Nursing Council of Mauritius since 2013. On the basis of the merit of the arguments put forward, we are reviewing the qualifications requirement.

Recommendation 56

36.198 We recommend that the grade of Nurse Educator should, henceforth, be filled by selection from among candidates possessing a Degree in Nursing or an equivalent qualification and reckoning at least seven years' post-registration experience as a general nurse including at least one year experience in both medical and surgical wards and two years' experience in any two or more of the different units namely Accident and Emergency, Orthopaedics, Cardiology, Obstetrics and Gynaecology and Paediatrics, Burns or Oncology.

36.199 The recommended salary scale of the grade reflects the new qualifications requirement.

Midwife Educator Cadre**Scheme of Service - Midwife Educator**

- 36.200 The Midwife Educator Cadre is a two-level structure comprising the grades of Midwife Educator and Senior Midwife Educator. The main role of the officers is to train Nursing Officers in midwifery or any other categories of trainees undergoing training in connection with the management of pregnant woman, deliveries and newborn babies.
- 36.201 In our last Report, we recommended that the scheme of service of the grade of Midwife Educator be amended to ease recruitment problems given the non-availability of candidates possessing the prescribed qualifications requirement. We have been informed that both grades are still vacant. In line with the arguments advanced for upgrading the qualifications requirement of the grade of Nurse Educator, the MOHW has proposed that, henceforth, the grade of Midwife Educator should be filled from candidates possessing a Degree in Nursing or an equivalent qualification and reckoning at least two years' post-registration experience as a general nurse and three years' experience as Midwife.
- 36.202 While examining this request, we have noted that the proposed qualification of the grade is restricted to the field of nursing and does not cater for officers of the Midwife Cadre possessing the required experience in the domain. For these reasons, we consider that Management should review the proposed qualifications requirement with a view to ensuring that it matches with duties to be performed. Thereafter, same should be submitted to the Bureau for re-examination.

Scheme of Service - Health Promotion Officer/Senior Health Promotion Officer

- 36.203 The grade of Health Promotion Officer/Senior Health Promotion Officer which was created in our 2008 Report is to be filled by selection from among officers not below the grade of Senior Specialised Nurse previously known as Senior Health Promotion Nurse reckoning at least five years' service in a substantive capacity in the grade.
- 36.204 The scheme of service of this grade has till date not yet been prescribed. In 2018, the MOHW submitted a proposed scheme of service of the grade to the Bureau wherein it proposed to fill the grade from among officers in the grade of Charge Nurse reckoning at least 10 years' working experience in Non-Communicable Diseases (NCD) and Health Promotion activities. As the proposed amendments would have had salary implications, we deferred the matter for consideration in the context of this Report.
- 36.205 In its submission for the present exercise, Management has reviewed its initial proposal and requested that the grade be filled from Senior Specialised Nurse. In the absence of qualified officers, it has proposed that the grade be filled from incumbents in the grade of Ward Manager reckoning at least 10 years' working experience in NCD and Health Promotion activities. We have examined the proposal and consider that it would not be appropriate to extend eligibility to the Ward Managers. We are, however, making appropriate recommendation regarding the qualifications requirement of the grade.

Recommendation 57

36.206 We recommend that the grade of Health Promotion Officer/Senior Health Promotion Officer should, in the future, be filled by selection from among officers in the grade of Senior Specialised Nurse reckoning at least five years' service in a substantive capacity in the grade.

Public Health Nursing Officer Cadre

36.207 The Public Health Nursing Officer Cadre, which is responsible for the provision of community health nursing services including home nursing care and immunisation services, is made up of a three-level structure comprising the grades of Public Health Nursing Officer (PHNO), Senior PHNO and Principal PHNO.

36.208 The proposal for the restyling of the grades could not be favourably considered by the Bureau in view of salary implications. A request was also made for the creation of a grade of Public Health Nursing Supervisor following an observation made by the World Health Organisation in its 2018 Report on Comprehensive National Immunisation Programme Review (Mauritius) for regular supervisory visits to be set up. We could not accede to the request as the grade of Senior PHNO is already required to carry out supervisory function. However, in view of the observation of the WHO and so as to ensure effective service delivery, we strongly believe that the MOHW should ensure that it has an adequate number of Senior PHNOs on its establishment so that there is proper supervision of the work carried out by PHNOs. We are making appropriate recommendation to that effect and replicating the provision for officers of the PHNO Cadre to follow the top up training programme leading to the National Diploma Level 6 in Nursing.

Recommendation 58

36.209 We recommend that the MOHW should:

- (i) ensure that its staff size in relation to the grade of Senior Public Health Nursing Officer is adequate enough to exercise effective supervision over the work of Public Health Nursing Officers as recommended by the World Health Organisation; and**
- (ii) continue to make necessary provision for officers of the Public Health Nursing Officer Cadre to follow the top up training programme leading to the National Diploma Level 6 in Nursing.**

36.210 We also 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.

Permanencier/Senior Permanencier Cadre

36.211 The Permanencier/Senior Permanencier Cadre comprises the grades of Permanencier/Senior Permanencier and Principal Permanencier. Both Management and the staff side have made a case for the cadre to be strengthened with a level of Chief Permanencier. However, as the level of duties proposed for this grade does not justify

its creation, we could not accede to the request. We have also, after examination, not agreed for the payment of the night attendance bonus as requested given that the policy behind the grant of such allowance is not applicable in their case.

36.212 As regards the introduction of a bank scheme for Permanencier/Senior Permanenciers to cope with the shortage of staff, particularly during night shifts, the Bureau considers that the proposed course of action would not be practical in view of the present staffing position. However, as revealed during our site visit that was effected at the request of the staff side, there is indeed a shortage of staff in this grade. As a result thereof, the officers in post are called upon to put in extra hours on a regular basis. After careful consideration, we are proposing an alternative arrangement to compensate those officers who are willing to put in extra hours to palliate the problem of shortage of staff so that there is no disruption in the delivery of services.

Recommendation 59

36.213 We recommend that incumbents in the grade of Permanencier/Senior Permanencier 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 salary scale, for every additional hour put in.

Health Care Assistant/Senior Health Care Assistant (General)

36.214 Officers in the grade of HCA/SHCA (General) provide assistance to nursing personnel in attending to the basic needs of patients. Request was made to appoint as Specialised Health Care Assistant, all the HCA/SHCAs (General) who are posted to specialised units. Acceding to the request would be tantamount to promoting the officers, which does not fall within our jurisdiction. We have, therefore, refrained from doing so. Upon thoroughly examining the request of the Unions to review the appellation of the grade, we could not agree to same as we consider the existing one to be more suitable than the proposed one in the light of the functions devolving on them.

36.215 We have, however, based on the merit of the case, acceded to the request for HCA/SCHAs not possessing a science subject to be considered for enlistment as Trainee Nurse as recommended at paragraph 36.175(ii). Regarding the request for the mounting of a top up course for HCA/SCHAs who have followed only a six-month training programme, it is being favourably considered.

Top up Course

36.216 HCA/SHCAs (General) were previously required to follow a six-month in-service training course prior to their appointment in a substantive capacity. Given that this training programme has been raised to one year as from 2014, the staff side has requested that a top up programme be mounted for all those who followed the six-month course so that they are kept abreast of latest development in the field. We discussed this issue with Management and the latter is receptive to the request of the staff side. We are, hence, making appropriate recommendation to that effect.

Recommendation 60

36.217 We recommend that the MOHW considers the advisability of mounting an appropriate top up course for those HCA/SHCAs (General) who have followed only the six-month in-service course with a view to ensuring that they are kept abreast of latest developments in the field.

Midwifery Cadre

36.218 The Midwifery Cadre comprises the grades of Midwife, Senior Midwife, Principal Midwife and the Chief Midwife. We have received representations from the staff side for Principal Midwives to be posted to hospitals and not to Area Health Centres. Although posting of officers does not fall within our purview, we sought the views of Management on this particular issue and were apprised that as per present arrangements, Principal Midwives are indeed posted to Area Health Centres (AHCs) only.

36.219 In examining the above request, we have also scrutinised the scheme of service of the grade of Principal Midwife and noted that incumbents in this grade are required to work in both hospitals and other health institutions. Taking this into consideration as well as the level of responsibilities assigned to the grade and the amount of activities at the hospitals in contrast to AHCs, we believe that Principal Midwives should be posted to hospitals as well.

Recommendation 61

36.220 We recommend that the MOHW should make necessary arrangements for Principal Midwives to be posted to hospitals as well as other health institutions as provided in the scheme of service of the grade.

36.221 Representations were also made by the staff side for recruitment of Midwives to be done on a regular basis and to increase the establishment size of the different levels in the cadre as it is considered that the inadequate workforce is adversely impacting on service delivery. This shortage of staff was particularly noted during the site visit effected by officers of the Bureau following a request from the Union. To circumvent the problem, **we urge Management to conduct a Human Resource Planning exercise as recommended at paragraph 36.9.** Moreover, we have, after consideration, acceded to the request for Trainee Midwives to be granted risk allowance and for Principal Midwives to be included in the bank scheme.

Diploma in Midwifery and Obstetrical Nursing

36.222 In our last Report, we recommended that the MOHW considers the advisability of introducing a Diploma in Midwifery and Obstetrical Nursing for Trainee Midwives instead of a General Certificate in Midwifery. Upon enquiry regarding the implementation of this recommendation, we have been informed that a committee has been set up under the *aegis* of the Mauritius Institute of Health to review the curriculum of the Diploma Course and that pending the review, procedures have been initiated for the conduct the course by another body.

36.223 In view of the imminent introduction of the Diploma course, we are bringing necessary amendment to the mode of appointment of the grade of Midwife. We are also making provision for a Qualification Bar (QB) in the salary scale of certain grades in the cadre. Progression beyond the QB would be subject to obtention of the Diploma in Midwifery and Obstetrical Nursing.

Recommendation 62

36.224 We recommend that:

- (i) appointment to the grade of Midwife should, in the future, be made by selection from among Trainee Midwives who have successfully completed the Diploma in Midwifery and Obstetrical Nursing;**
- (ii) progression beyond the QB inserted in the salary scales of the grades of Midwife and Senior Midwife would be subject to obtention of the Diploma in Midwifery and Obstetrical Nursing; and**
- (iii) the MOHW should ensure that arrangements are made for serving officers of the Midwifery Cadre to follow a top up training programme leading to the Diploma in Midwifery and Obstetrical Nursing.**

Physiotherapy Assistant Cadre

36.225 The Physiotherapy Assistant Cadre, which is a two-level structure, provides assistance to the Physiotherapists in the performance of physiotherapeutic treatments. We could not accede to the requests for the creation of the grades of Chief Physiotherapy Technician and Principal Physiotherapy Technician as they do not meet the set criteria for the creation of new levels. As regards the restyling of the grade of Physiotherapy Assistant to Physiotherapy Technician, we could not retain this proposal as well. In so far as upgrading of the Certificate course to a Diploma level is concerned, it should be noted that a site visit was conducted at the Victoria Hospital at the request of the staff side. We made certain observations, listened to the jobholders, interviewed the Chief Physiotherapist and studied the Job Description Questionnaires as well as the scheme of service. In the light of all these, we consider that an upgrading of the qualifications requirement is not warranted at this stage.

Occupational Therapy Assistant Cadre

36.226 Officers in the grades of Occupational Therapy Assistant and Senior Occupational Therapy Assistant carry out rehabilitation treatment of patients in general/psychiatric or other institutions, among others. The grade of Occupational Therapy Assistant is currently filled from candidates possessing a Cambridge School Certificate with credit in at least five subjects including English Language, French, Mathematics or Principle of Accounts. The selected candidates are also required to undergo a one-year training course, following which they are appointed to the grade.

36.227 A case has been made for the qualifications requirement of the grade to be raised from School Certificate to Higher School Certificate. It has also been submitted that in view of the nature of duties performed by the incumbents, it is mandatory for them to have knowledge in a science subject for better understanding of the para-medical

field. Further, it has been averred that those Occupational Therapy Assistants who were recruited with no science subject had difficulties with both the theoretical examination and also during the one-year training programme.

- 36.228 After analysis of the prescribed scheme of service and having scrutinised the freshly written Job Description Questionnaires, we consider that the duties performed do not warrant an upgrading of the qualifications requirement. However, based on the strength of the arguments put forward for inclusion of a science subject, we are making appropriate recommendation in that direction.

Recommendation 63

- 36.229 We recommend that appointment to the grade of Occupational Therapy Assistant should, henceforth, be made by selection from among candidates possessing a Cambridge School Certificate with credit in at least five subjects including English Language, French, Mathematics or Principles of Accounts and a science subject.**

Movement beyond top salary

- 36.230 Physiotherapy Assistants and Occupational Therapy Assistants are presently allowed to move incrementally in the salary scales of the grades of Senior Physiotherapy Assistant and Senior Occupational Therapy Assistant respectively up to salary point Rs 33425 subject to satisfying certain conditions. These officers are required to assume the duties of the higher position once they have been allowed to move incrementally in the higher salary scale. We are reviewing the existing provision.

Recommendation 64

- 36.231 We recommend that officers in the grades of Occupational Therapy Assistant and Physiotherapy Assistant in post as at the eve of the publication of the 2021 Report should be allowed to proceed incrementally in the Master Salary Scale up to salary point of Rs 38400 on a personal basis on the same conditions prevailing previously provided that they satisfy the performance criteria as set out in the Introductory Chapter of this Volume.**

Blood Bank Officer Cadre

Blood Bank Assistant/Senior Blood Bank Assistant

- 36.232 The core functions of the officers of the Blood Bank Officer Cadre are to register blood donors, assess their suitability for blood donation and bleed patients. For lack of functional justifications, we could not provide for a level of Principal Blood Bank Officer.
- 36.233 As regards the grade of Blood Bank Assistant/Senior Blood Bank Assistant, which is required to provide assistance to the Blood Bank Officer Cadre, we lengthily explained to the officers the reasons for not acceding to certain of their proposals. After further study, we could not also agree to the proposal for the grade to be restyled to that of Phlebotomist. We also sought the views of Management regarding the acute

shortage of staff reported for this level and were informed that recruitment thereto has recently been made.

Specific Conditions of Service

Notional Time

36.234 Notional time is considered as effective working time. We are, accordingly, maintaining the compensation for handing over time to eligible officers.

Recommendation 65

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

Retention Allowance

36.236 In our previous Report, we recommended that the payment of Retention Allowance to some categories of officers of the nursing group be discontinued as from 01 January 2017 as we had observed that the attrition rate to these grades had lessened significantly. Further, there is no dearth of candidates in the market who possess the required qualification to join these grades. The need, therefore, to pay an allowance to induce officers to stay was no longer reasonable. However, the requirement for the officers to refund the retention allowance in case they left the service before reaching the age at which they could retire without the approval of the Public Service Commission was maintained as the underlying philosophy for the grant of retention allowance was to encourage the nursing personnel to stay in service until their compulsory retirement age.

36.237 We have received representations from various quarters for the provision regarding the refund of the retention allowance to be waived. Considering that the attrition rate in these grades has fallen down and taking into account the contribution of the officers in the health sector, we subscribe to the submission made.

Recommendation 66

36.238 We recommend that officers who have benefitted from the Retention Allowance up to 31 December 2016 and are leaving or retiring from the service will no longer be required to refund the sum obtained as allowance.

36.239 We further recommend that all officers who have left or retired from the service as from 01 January 2021 and who have been required to refund the allowance should be reimbursed the amount refunded by them.

Night Duty Allowance

- 36.240 Officers of the Nursing Group who effectively work on night shift are 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.
- 36.241 The Night Duty Allowance is, however, computed exceptionally at the rate of 25% on the basis of eight hours in respect of the present night shift of 13½ hours for officers in the Nursing Officer Cadre as well as Health Care Assistant/Senior Health Care Assistants (General) and Senior Midwives, Midwives and Trainee Midwives. These provisions would continue to be in force.

Recommendation 67

- 36.242 We recommend that officers of 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.**
- 36.243 We further recommend that the Night Duty Allowance should be exceptionally computed 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), Senior Midwife, Midwife and Trainee Midwife.**

Night Attendance Bonus

- 36.244 A monthly Night Attendance Bonus is presently payable to officers in certain grades provided they attend duty on all scheduled night shifts during the month. This provision should continue to be applicable.

Recommendation 68

- 36.245 We recommend that incumbents in the grades listed below should be paid a monthly Night Attendance Bonus, until the next review exercise, provided they attend duty on all scheduled night shifts during the month.**

| Grades | Night Attendance Bonus (Rs) |
|-------------------------|--------------------------------|
| Trainee Nurse | 305 |
| Trainee Midwife | 305 |
| Nursing Officer: | |
| Up to 10 years' service | 615 |
| Over 10 years' service | 765 |
| Charge Nurse: | |
| Up to 5 years' service | 765 |
| Over 5 years' service | 920 |

| Grades | Night Attendance Bonus (Rs) |
|--|--------------------------------|
| Nursing Supervisor | 1155 |
| Midwife: Up to 10 years' service Over 10 years' service | 430 615 |
| Senior Midwife: Up to 10 years' service Over 10 years' service | 615 765 |
| Health Care Assistant/Senior Health Care Assistant (General) Up to 10 years' service Over 10 years' service | 345 500 |

Lying-in time

- 36.246 Representations have been received from the Nursing Group for lying-in time not taken to be considered as actual working hours. Lying-in time is provided for those working long shift hours to have some rest and this is not effective working time. This explains why, for computation of overtime, it is not taken into consideration.
- 36.247 However, there may be genuine situations where the concerned officers are unable to benefit from their lying-in time as they are called upon to attend to urgent/emergency cases. In such circumstances, we believe that the officers need to be compensated up to a certain extent for the hours that they have effectively worked, subject to the approval of the Duty Manager.

Recommendation 69

- 36.248 We recommend that, exceptionally, in the event of any emergency or urgency and subject to the approval of the Duty Manager, one hour of the lying in time foregone by officers of the Nursing Group should be taken into account while computing their actual hours of work.**

Bank Nurse Scheme

- 36.249 The Bank Nurse scheme was introduced more than 20 years ago to palliate the acute shortage of Nursing Staff and ensure effective service delivery. The scheme as it stands comprises an in service scheme for serving officers in the grades of Nursing Officer, Charge Nurse, Ward Manager, Nursing Supervisor, Nursing Administrator, Senior Midwife and Midwife whereas under the external scheme, Registered Nurses and qualified Midwives not in the Government Service are employed. All these officers operate at the level of Nursing Officer and are paid an all-inclusive allowance of Rs 735 per day session of four hours and Rs 840 per night session of four hours.

- 36.250 We have received various representations to review the mode of computation of the all-inclusive allowance so that officers in different grades are paid according to the level they occupy and not a uniform rate. In justification for the request, it is submitted that the officers are paid the bank rate even when they are called to perform their own duties after normal working hours. The Bureau has to highlight that **the bank rate is meant for operating at the level of Nursing Officer.**
- 36.251 As the Bank Nurse scheme would continue to exist in the foreseeable future to make up for the shortage of nursing staff from time to time, we are revising the quantum of the allowance. However, we strongly advise Management to ensure the proper implementation of the recommendation. Based on submission received and on the merit of the case, we are including the grade of Principal Midwife in the bank nurse scheme.

Recommendation 70

- 36.252 **We recommend the payment of an all-inclusive allowance (excluding travelling) of Rs 770 per day session of four hours and Rs 880 per night session of four hours to serving Nursing Officers, Charge Nurses, Ward Managers, Nursing Supervisors, Nursing Administrators, Principal Midwives, 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 service.**
- 36.253 **We additionally recommend that the allowances paid under the Bank Nurse 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.**

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

- 36.254 Nursing Officers serving the Emergency Medical Services Units (SAMU) are paid a monthly allowance of Rs 775 for performing additional duties. Besides this allowance, the senior most Nursing Officer is paid an allowance of Rs 960 for performing extra duties such as organising work, preparing a roster plan, taking charge of and control drugs, dressings, instruments and equipment as well as ensuring the maintenance of these equipment. As this practice is important for the continued provision of the service, we are maintaining same.

Recommendation 71

- 36.255 **We recommend that the monthly allowance payable to the Nursing Officers posted to the SAMU for performing extra duties be revised to Rs 815 and the additional allowance payable to the senior most Nursing Officer for organising the work and preparing roster, taking charge and controlling drugs, dressings, instruments and equipment as well as ensuring its maintenance be revised to Rs 1010.**

Allowances for performing duties of ECG Technician

36.256 Normally, electrocardiogram services to patients are provided by ECG Technicians during normal working hours. On the other hand, emergency cases outside normal working hours and during Weekends at the Emergency Department, ICU, Cardiac Wards and SAMU are attended by Charge Nurses and Nursing Officers against the payment of appropriate allowances. This allowance was further extended to Charge Nurse, Nursing Officers and HCA/SHCAs (General) posted to Area Health Centres and Community Health Centres by the EOAC. We are maintaining the existing provisions.

Recommendation 72

36.257 We recommend the continued 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 night, on Saturdays, Sundays and Public Holidays.

36.258 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 officers in the grade of Health Care Assistant/Senior Health Care Assistant (General) posted to the Area Health Centres/Community Health Centres/Mediclinics 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

36.259 Nursing Officers posted to the Hyperbaric Medicine Unit are presently entitled to an allowance for attending to cases of diving accident patients as well as other emergency cases such as near hanging, sudden deafness and carbon monoxide poisoning, both during and beyond normal working hours. Given that the present arrangement is convenient, we are maintaining the allowance while revising the quantum thereof.

Recommendation 73

36.260 We recommend that the *ad hoc* monthly allowance payable to Nursing Officers posted at the Hyperbaric Medicine Unit for the treatment of diving accident patients and other relevant emergencies both during and beyond normal working hours, should be revised to Rs 2520.

Allowance for Answering Calls on the Hotline at the AIDS Unit

36.261 Officers who are posted to the Aids Unit and required to answer calls and provide service information on the hotline outside their normal working hours are presently entitled to an *ad hoc* allowance of Rs 620 for 53 hours. As this arrangement would continue to be in force, we are maintaining the provision and revising the quantum thereof.

Recommendation 74

36.262 We recommend that:

- (i) the *ad hoc* allowance payable to officers posted to the AIDS Unit who are required to answer calls and provide service information on the hotline should be revised to Rs 650 for 53 hours; and**
- (ii) 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

36.263 Nursing Officers performing night shifts/three shifts continuously at the Dr Yves Cantin Community Hospital are at present paid an all-inclusive allowance of Rs 260 in lieu of meal to compensate them for facilities available at other hospitals and not at the Dr Yves Cantin Community Hospital. Those 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. As such arrangement would continue to exist in the foreseeable future, we are revising the quantum thereof.

Recommendation 75

36.264 We recommend that Nursing Officers posted to the Dr Yves Cantin Community Hospital as well as Nursing Officers posted to the neighbouring Community Health Centres who, after a normal day shift, are required to do night duty at the Dr Yves Cantin Community Hospital which is followed by a day shift should be paid an allowance of Rs 300, provided that they work for three shifts continuously i.e. a day shift, a night shift and a day shift.

Allowance to Trainee Nurses and Trainee Midwives working on shift

36.265 A monthly allowance of Rs 780 is paid to Trainee Nurses and Trainee Midwives who effectively work on shift, that is at night, on Saturday afternoons, Sundays and Public Holidays. The quantum of this allowance is being revised as hereunder.

Recommendation 76

36.266 We recommend that Trainee Nurses and Trainee Midwives who effectively work on shift, that is at night, on Saturday afternoons, Sundays and Public Holidays should be paid a monthly allowance of Rs 820. They should also continue to be paid the Night Duty Allowance as recommended at paragraph 36.243.

Travelling Allowance for Trainee Nurse

36.267 In our last Report, we recommended that eligible Trainee Nurses be refunded travelling for at least 10 working days monthly. We have been informed by the staff side that Trainee Nurses who are posted to hospitals are required to work on shift comprising a cycle of 40 hours per week and as such they work at least 15 days a month. Moreover, those posted to Specialised units work for more than 20 days.

Hence, request was made for the travelling allowance to be paid for 15 working days instead of 10. We are making appropriate recommendation to that effect.

Recommendation 77

36.268 We recommend that the travelling allowance payable to eligible Trainee Nurses should be computed on a 15 working days basis, monthly.

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

36.269 Pending any administrative arrangement by the Ministry, members of the Nursing staff who carry out administrative duties in connection with dead bodies received/delivered at the Mortuary in 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 are paid an allowance of Rs 100. This provision should continue to prevail until the necessary arrangements are made.

Recommendation 78

36.270 We recommend that, pending any administrative arrangement, members of the Nursing Staff 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) should be paid an allowance of Rs 105.

Allowance to Nursing/Midwife Staff posted to Agalega Islands

36.271 Male Nursing Officers, Female Nursing Officers qualified in Midwifery, Charge Nurses (Female), Senior Midwives as well as officers of the Nursing Group who are qualified in Midwifery are paid a monthly allowance of Rs 5250 when posted to Agalega Island as they are required to provide round the clock coverage and regularly work beyond their normal working hours over there. We are maintaining the existing provision whilst revising the quantum.

Recommendation 79

36.272 We recommend that a monthly allowance of Rs 5515 should 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 and are 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 posted to the Renal Dialysis Unit

36.273 In view of the increasing number of patients in need of dialysis treatment, nursing staff posted to the Unit are called upon to put in additional hours of work from 1700 hours to 2100 hours against payment of allowances. Besides, they are paid an on-call allowance and an in-attendance allowance whenever they attend duty while on call.

As the present arrangement would continue to be in force, we are maintaining the existing provision and revising the quanta of the allowances.

Recommendation 80

36.274 We recommend that Charge Nurses, Nursing Officers and officers in the grade of Health Care Assistant/Senior Health Care Assistant (General) who are posted to the Renal Dialysis Unit should be remunerated for extra hours performed as follows:

| Extra hours of work | Charge Nurses and Nursing Officers (Rs) | Health Care Assistant/ Senior Health Care Assistant (General) (Rs) |
|--------------------------|--|--|
| 1700 hours to 1800 hours | 195 | 135 |
| 1800 hours to 2100 hours | 660 | 455 |

36.275 We also recommend that the above 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.

36.276 We further recommend:

- (i) the payment of an On-Call Allowance of Rs 250 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 720 for being On- Call on Sundays or Public Holidays from 0700 hours to 0700 hours the following day; and
- (ii) that when attending duty while being On-Call, the Nursing Officer or Charge Nurse should be paid an In-Attendance Allowance of Rs 290 per hour, inclusive of travelling time.

Risk Allowance

36.277 Officers in certain grades in the health sector working in constant and close contact with mental patients, T.B. patients and drug addicts are entitled to a risk allowance equivalent to one and a half increments at the initial of their salary scales. We have received in the context of this review, numerous demands for the extension of the risk allowance to other grades of the nursing group.

36.278 This issue is lengthily discussed under the chapter Risk, Insurance and Compensation in Volume 1 of this Report. As regards the request for a risk allowance to be paid for exposure to radioactivity, we have been informed by the relevant authorities that such exposure to a certain degree is not harmful.

36.279 Hereunder, we are reproducing the recommendation for risk allowance to those officers who are already entitled to same by virtue of existing provisions.

Recommendation 81

36.280 We recommend that the undermentioned officers, who are required to work in close and constant contact with mental patients, TB patients and drug addicts, should continue to be paid a Risk Allowance equivalent to one and a half increments at the initial of their respective salary scale:

- (i) Trainee 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) 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) 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, including Trainee Midwives, posted to the pre-natal, labour and post-natal wards.**

However, in the event the quantum of the above allowance payable is lower than that drawn as at the eve of the publication of this Report, incumbent should continue to be paid the higher quantum on a personal basis.

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

36.281 The Bank scheme for HCA/SHCAs (General) was introduced in 2011. As per existing provisions, HCA/SHCAs who are employed under this scheme are paid an all-inclusive allowance of Rs 505 per day session of four hours and Rs 580 per night session of four hours. Given that the arrangement has proven to be effective in improving service delivery and as it would continue to be in operation, we are revising the quantum thereof.

Recommendation 82

36.282 We recommend:

- (i) the payment of an all-inclusive allowance (excluding travelling) of Rs 530 per day session of four hours and Rs 610 per night session of four hours to**

Health Care Assistant/Senior Health Care Assistants (General) who work on sessions in Government Health Institutions; and

- (ii) **the above allowance 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) posted to the AIDS Unit

36.283 Pending the filling of the grade of Specialised Health Care Assistant, HCA/SHCAs (General) who are posted to the AIDS Unit to carry out Needle Exchange Programme are being paid a monthly Special Duty Allowance equivalent to one increment at the initial of the salary scale. The present provision should continue to be applicable.

Recommendation 83

36.284 We recommend that:

- (i) **Health Care Assistant/Senior Health Care Assistants (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. However, in the event the quantum of the allowance payable is lower than that drawn as at the eve of the publication of this Report, incumbent should continue to be paid the higher quantum on a personal basis; and**
- (ii) **the payment of above allowance should be discontinued with the filling of the post of Specialised Health Care Assistant.**

Allowance to HCA/SHCA (General) posted to Ayurvedic Clinics

36.285 As mentioned earlier, we have not acceded to request for HCA/SHCAs (General) posted to specialised unit to be appointed as Specialised Health Care Assistant. Still, we have carefully examined the duties performed by the officers in these different specialised units and have noted that most of them are related to their role and fall within their normal scope of activities and are already incorporated in the prescribed scheme of service of the grade.

36.286 The Bureau has to highlight that during a site visit that was conducted at the Belvedere Mediclinic at the request of the staff side, we observed that the HCA/SHCAs (General) posted over there are required to put in extra physical effort while performing Panchkarma therapies consisting of snehan, swedan, basti, shiro, netra-basti, nasya, among others. In view of the specific nature of duties performed, the officers are also required to follow an in-service training course in Ayurvedic medicine to acquire the necessary knowledge and develop the relevant skills. We are, accordingly, compensating the officers for the performance of the extra duties.

Recommendation 84

36.287 We recommend that at the Ayurvedic Clinics, Health Care Assistant/Senior Health Care Assistants (General) who are required to perform Panchkarma Therapies should be paid a monthly allowance of Rs 520.

Refund of Vacation Leave and Casual Leave

36.288 Specific provisions exist for officers of the Nursing Officer Cadre to be allowed to accumulate their vacation leave over and above their authorised ceiling as well as their unutilised casual leave. Such leave can either be taken as leave prior to retirement or is refunded in the event the officers opt to work during the excess accumulated period.

36.289 Prior to the last Report, both the vacation leave and the casual leave were refunded at the rate of 1/30 at the time of retirement. In our last Report, we reviewed the mode of refund for casual leave to a yearly basis. For this review exercise, we are improving further on the existing conditions for those proceeding on retirement or who pass away while in service.

Recommendation 85

36.290 We recommend that until the publication of the next Report:

- (i) officers of the Nursing Officer Cadre should continue to be allowed to accumulate their vacation leave over and above the 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;**
- (ii) the unutilised casual leave of officers of the Nursing Officer Cadre should be refunded annually at the rate of 1/66 of their last monthly salary per day in the corresponding year;**
- (iii) unutilised casual leave should be refunded to officers of the Nursing Officer Cadre on a *pro rata* basis for the year in which the officer proceeds on retirement or passes away while in service; and**
- (iv) 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 86**

36.291 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.

Shift/Staggered

36.292 Officers in the grades listed below are required to work either on shift or at staggered hours. This factor 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 |
| Health Care Assistant/Senior Health Care Assistant (General) | 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 | |
| Principal Permanencier | |

NURSING GROUP**SALARY SCHEDULE**

| Salary Code | Salary Scale and Grade |
|--------------------|---|
| 09 098 101 | Rs 82250 x 3000 - 88250 x 3125 - 91375 Director, Nursing |
| 09 082 099 | Rs 52550 x 1650 - 54200 x 1700 - 64400 x 1800 - 69800 x 2000 - 75800 x 2150 - 82250 x 3000 - 85250 Deputy Director, Nursing |

| Salary Code | Salary Scale and Grade |
|-------------|---|
| 09 078 096 | <p>Rs 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 69800 x 2000 - 75800 x 2150 - 77950</p> <p>Regional Nursing Administrator</p> |
| 09 073 092 | <p>Rs 40300 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 69800</p> <p>Nursing Administrator (Female) Nursing Administrator (Male)</p> |
| 09 067 088 | <p>Rs 34825 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 59300 QB 61000 x 1700 - 62700</p> <p>Nursing Supervisor (Female) Nursing Supervisor (Male)</p> |
| 09 062 082 | <p>Rs 30700 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 52550</p> <p>Ward Manager (Female) Ward Manager (Male)</p> |
| 09 055 080 | <p>Rs 25525 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 QB 47675 x 1575 - 49250</p> <p>Charge Nurse (Female) Charge Nurse (Male)</p> |
| 09 040 077 | <p>Rs 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 41250 QB 42200 x 1300 - 44800</p> <p>Nursing Officer</p> |
| 09 029 031 | <p>Rs 16525 x 260 - 17045</p> <p>Trainee Nurse</p> |
| 09 082 099 | <p>Rs 52550 x 1650 - 54200 x 1700 - 64400 x 1800 - 69800 x 2000 - 75800 x 2150 - 82250 x 3000 - 85250</p> <p>Head, School of Nursing</p> |

| Salary Code | Salary Scale and Grade |
|-------------|---|
| 09 077 094 | <p>Rs 44800 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 69800 x 2000 - 73800</p> <p>Principal Nurse Educator</p> |
| 09 071 092 | <p>Rs 38400 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 69800</p> <p>Senior Nurse Educator</p> |
| 09 066 088 | <p>Rs 34000 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 55900 QB 57600 x 1700 - 62700</p> <p>Nurse Educator</p> |
| 09 071 091 | <p>Rs 38400 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 68000</p> <p>Senior Midwife Educator</p> |
| 09 066 084 | <p>Rs 34000 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 55900</p> <p>Midwife Educator Principal Public Health Nursing Officer</p> |
| 09 061 082 | <p>Rs 29875 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 52550</p> <p>Senior Public Health Nursing Officer</p> |
| 09 053 080 | <p>Rs 24475 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 QB 47675 x 1575 - 49250</p> <p>Public Health Nursing Officer</p> |
| 09 062 083 | <p>Rs 30700 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200</p> <p>National Dialysis Co-ordinator</p> |
| 09 031 071 | <p>Rs 17045 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 38400</p> <p>Health Care Assistant (Haemodialysis)</p> |

| Salary Code | Salary Scale and Grade |
|-------------|--|
| 09 061 082 | Rs 29875 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 52550 Chief Midwife |
| 09 058 080 | Rs 27400 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 Principal Midwife |
| 09 050 077 | Rs 23025 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 43500 QB 44800 Senior Midwife (shift) |
| 09 048 073 | Rs 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 40300 Senior Midwife (Personal) |
| 09 036 073 | Rs 18375 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 38400 QB 39350 x 950 - 40300 Midwife |
| 09 029 031 | Rs 16525 x 260 - 17045 Trainee Midwife |
| 09 062 082 | Rs 30700 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 52550 Ward Manager (Psychiatric) (Female) Ward Manager (Psychiatric) (Male) |
| 09 055 080 | Rs 25525 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 QB 47675 x 1575 - 49250 Charge Nurse (Psychiatric) (Female) Charge Nurse (Psychiatric) (Male) |
| 09 040 077 | Rs 19575 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 41250 QB 42200 x 1300 - 44800 Nursing Officer (Psychiatric) |

| Salary Code | Salary Scale and Grade |
|-------------|--|
| 09 029 031 | Rs 16525 x 260 - 17045 Trainee Nurse (Psychiatric) (New Grade) |
| 09 062 082 | Rs 30700 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 52550 Harm Reduction Coordinator Senior Specialised Nurse Senior Specialised Nurse (Diabetes) Senior Specialised Nurse (Diabetes Foot Care) (New Grade) |
| 09 055 080 | Rs 25525 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 Specialised Nurse (Diabetes) Specialised Nurse (Diabetes Foot Care) |
| 09 055 080 | Rs 25525 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 QB 47675 x 1575 - 49250 Specialised Nurse |
| 09 067 086 | Rs 34825 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 59300 Health Promotion Officer/Senior Health Promotion Officer |
| 09 043 072 | Rs 20500 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 39350 Specialised Health Care Assistant |
| 09 060 080 | Rs 29050 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 Senior Blood Bank Officer |
| 09 045 078 | Rs 21150 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 43500 QB 44800 x 1300 - 46100 Blood Bank Officer |

| Salary Code | Salary Scale and Grade |
|-------------|---|
| 09 030 071 | Rs 16785 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 38400 Blood Bank Assistant/Senior Blood Bank Assistant |
| 09 053 075 | Rs 24475 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 42200 Principal Permanencier |
| 09 043 072 | Rs 20500 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 39350 Permanencier/Senior Permanencier |
| 09 031 071 | Rs 17045 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 38400 Health Care Assistant/Senior Health Care Assistant (General) |
| 09 043 072 | Rs 20500 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 39350 Senior Occupational Therapy Assistant Senior Physiotherapy Assistant |
| 09 029 067 | Rs 16525 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 34825 Occupational Therapy Assistant Physiotherapy Assistant |

MEDICAL SUPPORT GROUP

- 36.293 Grades in the Medical Support Group provide supporting services to the professional and paramedical groups. They are essential for the effective delivery of both curative and preventive medical and health services.
- 36.294 In the context of this review exercise, the most recurring request emanating from officers of this group has been the payment of risk allowance. Our stand on this particular issue has been provided under the Chapter Risk, Insurance and Compensation in Volume 1 of this Report. Similarly, provision for training, for which many demands were made, is treated in the Chapter Training and Development of the same Volume. We have also, in the course of our examination of the proposals, noted

that many of them pertain to administrative issues which do not fall within our terms of reference. In such cases, we have advised the officers on the appropriate course of action to be taken. The specific proposals received in respect of the different cadres and grades are discussed in details in the following paragraphs.

Linen Health Officer Cadre

- 36.295 The Linen Health Officer Cadre is mainly responsible for ordering, receiving and issuing hospital linen as well as laundering services and certification of claims in connection thereof. The cadre consists of the grades of Linen Health Officer and Senior Linen Health Officer. In the context of this review, the staff side requested for the creation of a grade of Head Linen Officer, which we could not accede to for want of functional justification. A request was also made to restyle the existing positions. However, as no proposed job appellations were submitted to the Bureau, we have maintained the current ones.
- 36.296 At the request of the staff side, we also conducted a site visit at the SSRN Hospital in November 2019 to take cognisance of the work being performed by the officers. During that visit, we observed heaps of linen stacked in the linen room and were informed that the officers are required to deal with soiled linen on a daily basis. Further, we also observed that most of the duties performed by the officers were in accordance with their prescribed schemes of service. As regards the claim made by the Senior Linen Health Officer to the effect that they are shouldering additional duties pertaining to procurement of linen/raw materials, we have carried out a fresh job evaluation exercise and upon assessment, have found that the extra duties have no bearing on the salary grading of the grade. Nevertheless, given that the existing scheme of service dates back to 1980, we consider that it should be updated to reflect the actual duties being performed by the incumbents. In the same vein, the scheme of service of the Linen Health Officer should also be amended.
- 36.297 A proposal was also received for the qualifications requirement of the grade of Linen Health Officer to be raised on the ground that the existing requirement that is "proof of having sat for Cambridge School Certificate" and Certificate in sewing and cutting are not adequate to enable the officers to perform their duties effectively. We have examined this proposal in depth following which we view that Management should consider the advisability of raising the qualifications requirement so as to ensure that it matches with the level of duties performed. We are making appropriate recommendation in that direction.

Recommendation 87

- 36.298 We recommend that the schemes of service of the grades of Senior Linen Health Officer and Linen Health Officer should be amended to reflect the actual duties being performed by the incumbents.**
- 36.299 We further recommend that Management considers the advisability of raising the qualifications requirement of the grade of Linen Health Officer to ensure that it matches with the level of duties performed.**

Conducive Work Environment

36.300 Representation was made by the staff side to the effect that there is poor ventilation in certain linen room, which is detrimental to the health of the officers. We, accordingly, sought the views of Management on this issue and were apprised that the Linen departments are fully equipped with heavy duty fans/wall fans and that no issue of poor ventilation has been reported in any hospital. Nevertheless, based on the findings of our site visit and taking into consideration that the officers are required to deal with soiled linen in the performance of their duties, we believe that Management should, to the extent possible, carry out inspections with a view to ensuring that the officers have properly ventilated rooms and a conducive working environment. We are recommending accordingly.

Recommendation 88

36.301 We recommend that Management considers the advisability of conducting periodic inspections, with the assistance of the Occupational Safety and Health Unit if need be, with a view to ensuring that the officers are provided with a conducive working environment.

Movement beyond top salary

36.302 Linen Health Officers are allowed to move incrementally in the salary scale of the grade of Senior Linen Health Officer up to salary point Rs 29400 and to assume the duties of the higher position once they have been allowed to move incrementally in the higher salary scale. We are reviewing the existing provisions.

Recommendation 89

36.303 We recommend that officers in the grade of Linen Health Officer in post as at the eve of the publication of the 2021 Report should be allowed to move incrementally in the Master Salary Scale up to salary point Rs 34000 on a personal basis, on the same terms and conditions prevailing previously provided that they satisfy the performance criteria as set out in the Introductory Chapter of this Volume.

Health Surveillance Officer Cadre

36.304 The Health Surveillance Officer Cadre is responsible, among others, for visiting households, incoming passengers, schools, health institution as well as taking blood smears and collect specimen. It consists of a three-level structure comprising the grades of Health Surveillance Officer, Senior Health Surveillance Officer and Principal Health Surveillance Officer.

36.305 In the context of this Report, the staff side have requested for an increase in establishment size; payment of mileage allowances and enhancement of existing conditions of service. During consultations, the latter were provided with appropriate explanations regarding those proposals that could not be acceded to due to technical reasons. As regards the request for the officers to be allowed to work on a roster system and visit passengers on Sundays, we have been apprised by Management that

the present work arrangement, which is in line with established protocol, is appropriate.

- 36.306 Representations were also made to the effect that certain officers, though reckoning many years of service, have never benefitted from any type of training throughout their whole career. As mentioned earlier, ample provision for training to upskill officers and enhance service delivery have been made in the Chapter Training and Development in Volume 1 of this Report. **Management may, therefore, make necessary arrangements with the relevant authorities for the provision of the relevant training to these officers.**

Allowance to Health Surveillance Officers and Senior Health Surveillance Officers

- 36.307 Presently, officers belonging to the Health Surveillance Cadre, are entitled to an all-inclusive allowance of Rs 335 per day whenever they are required to attend work on Sundays and Public Holidays to dispense anti-malaria drugs and/or monitor malaria positive cases. Given that this arrangement would continue to exist in the foreseeable future, we are maintaining the allowance and revising the quantum thereof.

Recommendation 90

- 36.308 We recommend that the daily all-inclusive allowance (excluding travelling) payable 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 should be revised to Rs 350.**

Community Health Care Officer Cadre

- 36.309 The Community Health Care Officer (CHCO) Cadre is mainly involved in motivating the population through home/sites of work visits, talks, group discussions to adopt lifestyles conducive to better health; ensuring follow up of patients in matters relating to community health and providing support through health education. The cadre comprises the grades of CHCO, Senior CHCO and a Principal CHCO at the apex.
- 36.310 For the current review exercise, the staff side has pressed for the creation of a grade of Chief CHCO. However, for lack of functional justification, we could not accede to this request. Further, as provisions already exist regarding several of the proposals submitted for example payment of mileage allowance, we so apprised the parties and advised them to channel their request to the relevant authorities.
- 36.311 During consultations, it was also reported that the course in Community Health Care, which is a requirement for appointment to the grade of CHCO, has not been mounted by the MOHW since long. Hence, many CHCOs are being unduly penalised as they are operating in a temporary capacity for quite some time. Although, this issue does not fall within our ambit, we considered it appropriate to enquire on the matter and were informed by Management that the course has recently been mounted. Upon completion of the course, the officers would subsequently be appointed. Representation was also made to the effect that CHCOs are required to provide

assistance in Health Records Departments, which is not in accordance with their scheme of service. The MOHW, on its part, has submitted that this was a temporary measure, meant to cope with work fluctuations during the Covid-19 Pandemic and that since November 2020, the problem has been resolved.

36.312 As we view the present organisational structure of the CHCO Cadre to be appropriate, we are not bringing any change thereto.

Dental Assistant Cadre

36.313 The Dental Assistant Cadre, which is made up of a three-level structure comprising the grades of Principal Dental Assistant, Senior Dental Assistant and Dental Assistant, is mainly involved in receiving, registering and preparing patients for treatment; assisting the Dental Surgeon/Senior Dental Surgeons in their day-to-day activities and disseminating oral health education to the public.

36.314 Besides the above mentioned grades, the EOAC Report had also provided for the grades of Dental Assistant and Senior Dental Assistant on roster to attend to the Dental Emergency Service after normal working hours. However, these grades are yet to be filled. Staff side, on its part, requested for these grades to be abolished. A proposal was also made to include the two years' training course that Dental Assistants are required to follow in the scheme of service of the grade. So, we sought the views of Management on the matter. However, for want of the requested information, we are unable to make any recommendation thereto.

36.315 As regards the proposals for the creation of the grades of Chief Dental Assistant and Community Oral Health Care Officer, the parties were informed that new grades are established depending on the functional needs of the organisation. At the request of the staff side, we also conducted a site visit to take cognisance of the nature of work and environment within which the incumbents are called upon to operate. During that visit, the officers complained about the acute shortage of staff being faced in dental clinics, which is hampering effective service delivery. We informed them that the issue needs to be addressed by a proper Human Resource Planning Exercise to be conducted by the Ministry. We also observed that the nature of duties performed by the officers in both the General and Specialised Units are in line with the duties as per the existing schemes of service save for the one posted to the Oral Surgery. The latter, in addition to her normal duties, is called upon to prepare roster for Dental Surgeon/Senior Dental Surgeons working at the clinic and manage their leave account. Based on the findings of our visit, we consider that there is a case for compensating the incumbent for the additional duties performed. We are, hence, making appropriate recommendation in that direction. This provision should also apply to other Dental Assistants who are performing similar duties in other dental clinics.

Recommendation 91

36.316 We recommend that Dental Assistants who are required to perform additional duties such as preparing roster for Dental Surgeons/Senior Dental Surgeons working at the clinics and managing their leave account, should be paid a monthly allowance of Rs 390.

Psychiatry Rehabilitation and Welfare Officer/Senior Psychiatry Rehabilitation and Welfare Officer

36.317 Officers in the grade of Psychiatry Rehabilitation and Welfare Officer/Senior Psychiatry Rehabilitation and Welfare Officer (Male and Female) are required, among others, to help in-patients to adapt themselves to the institutional environment through social, recreational and cultural activities in order to facilitate therapy.

36.318 The proposals received for this grade in the context of this review exercise were mainly focused on administrative issues which do not fall within our scope of activities such as recruitment of additional staff and training. During the consultative meetings, we also received verbal submission for the creation of a level of Principal Psychiatry Rehabilitation and Welfare Officer. Having carefully examined this request, we consider that the new level is not warranted for the time being as no additional activities or functions have arisen.

Risk Allowance

36.319 Psychiatry Rehabilitation and Welfare Officer/Senior Psychiatry Rehabilitation and Welfare Officers are, presently, entitled to the payment of a Risk Allowance for working in close and constant contact with mental patients, T.B patients and drug addicts. Representation has been made for the allowance to be reviewed on the ground that the actual quantum is inadequate. As already explained to the parties during the consultative meeting, the mode of computation of the risk allowance is examined in a holistic manner as it cuts across the public sector.

36.320 Generally, we have not acceded to demands for extension of Risk Allowance in the context of this review exercise. However, given that incumbents in the grade of Psychiatry Rehabilitation and Welfare Officer/Senior Psychiatry Rehabilitation and Welfare Officer (Male and Female) are already entitled to the payment of same, we are recommending the continued payment of the allowance to them.

Recommendation 92

36.321 We recommend that officers in the grades of 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) working in close and constant contact with mental patients, T.B patients and drug addicts should be paid a Risk Allowance equivalent to one and a half (1½) increments at the initial salary point in their respective salary scale. However, in the event the quantum of this allowance payable is lower than that drawn as at the eve of the publication of this Report, incumbent should continue to be paid the higher quantum on a personal basis.

Medical Imaging Assistant Cadre

- 36.322 The officers in the Medical Imaging Assistant Cadre are principally involved in giving appointment for X-Ray examinations and relevant instructions to patients; preparing and directing patients in the X-Ray or echography room and assisting Medical Imaging Technologists in their tasks.
- 36.323 Previously, the cadre used to comprise Medical Imaging Assistants, Senior Medical Imaging Assistants and Principal Medical Imaging Assistants. Subsequently, the grades of Medical Imaging Assistant and Senior Medical Imaging Assistant (on shift) were created with a view to providing round the clock service. However, due to shortage of staff, the shift system is yet to be implemented.
- 36.324 The main proposal made by the staff side for this cadre pertains to creation of a grade of Chief Medical Imaging Assistant, which we could not agree to as it does not meet our set criteria for the creation of a new level. The request for restyling was also not retained as the job titles proposed were considered to be inappropriate. After careful consideration, we could not also agree to the proposal of Management to merge the grades of Medical Imaging Assistant (Personal) and Senior Medical Imaging Assistant and that of the Medical Imaging Assistant (on shift) with that of Senior Medical Imaging Assistant (on shift).
- 36.325 Overall, we consider the existing set up to be appropriate to enable the officers to operate effectively. Hence, we are not bringing any change thereto. The allowance payable to Medical Imaging Assistant (Personal) for working beyond normal hours, pending the implementation of the shift system, is being maintained.

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

- 36.326 As mentioned above, the shift system has so far not been implemented in view of shortage of staff. As a result thereof, incumbents in the grades of Medical Imaging Assistant (Personal) and Medical Imaging Assistant (on shift) are required to work beyond their normal working hours against the payment of appropriate allowances. This arrangement would continue to be in force until the proper implementation of the shift system.

Recommendation 93

36.327 We recommend that:

- (i) 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 based on the salary point reached in their respective salary scale for the additional hours put in; and**
- (ii) the payment of this allowance should lapse with the implementation of a proper shift system in this Cadre.**

Community Health Rehabilitation Officer Cadre

- 36.328 The accountability, among others, for undertaking rehabilitation exercises for the physically/mentally disabled persons referred by institutions, organisations, and individual; and guiding and counselling family members of the disabled persons about basic rehabilitation techniques rests upon officers of the Community Health Rehabilitation Officer (CHRO) Cadre.
- 36.329 For this review exercise, the staff side has urged for the creation of a grade of Principal Community Health Rehabilitation Officer to act as a link between the Ministry and the Senior CHROs. In examining this proposal, we have taken note that the CHROs report to the Senior CHROs who in turn are responsible and accountable to Community Physicians for the performance of their duties. Given that there exists a well-established working relationship, we consider that the need for the higher level is not warranted, the more so the functions for which the creation of the grade is being proposed may not occur that frequently.
- 36.330 The Union also made a case for the grant of duty remission which, in principle, is based on the findings of our Survey on Travelling and Car Benefits. It was also averred during consultations that at the inception of the unit, the officers were called upon to work in pair due to the nature of their duties whereby they are often unwelcomed while visiting patients. However, since recruitment to the grade has not been made for quite some time and with officers going on retirement, many CHROs now find themselves working alone. Generally, increase in establishment size is the prerogative of Management. However, in view of the apprehensions expressed by the staff side, **we urge Management to consider re-examining the case of these officers with a view to mitigating such factors that may be a safety hazard. Should the need for additional officers be required, Management should then consider filling the vacant positions.**

Shift/Roster/Staggered

- 36.331 The officers in the undermentioned grades are required to work either on shift, roster or staggered hours. This factor 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) | Psychiatry Rehabilitation and Welfare Officer/Senior Psychiatry Rehabilitation and Welfare Officer (Male) | Community Health Development Motivator |
| | Psychiatry Rehabilitation and Welfare Officer/Senior Psychiatry Rehabilitation and Welfare Officer (Female) | Community Health Rehabilitation Officer |
| | Senior Dental Assistant (Roster – Day and Night) | Motivator (Community Health) |
| | | Senior Community Health Rehabilitation Officer |

MEDICAL SUPPORT GROUP

SALARY SCHEDULE

| Salary Code | Salary Scale and Grade |
|-------------|--|
| 09 054 076 | Rs 25000 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 43500 Principal Dental Assistant |
| 09 048 071 | Rs 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 38400 Senior Dental Assistant (Roster – Day and Night) |
| 09 046 069 | Rs 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 36550 Senior Dental Assistant |
| 09 031 069 | Rs 17045 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 36550 Dental Assistant (Roster – Day and Night) |
| 09 029 067 | Rs 16525 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 34825 Dental Assistant |
| 09 053 074 | Rs 24475 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 41250 Principal Community Health Care Officer |
| 09 041 070 | Rs 19850 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 Senior Community Health Care Officer |
| 09 030 067 | Rs 16785 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 34825 Community Health Care Officer |

| Salary Code | Salary Scale and Grade |
|-------------|---|
| 09 052 073 | <p>Rs 23950 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 40300</p> <p>Senior Community Health Rehabilitation Officer</p> |
| 09 032 070 | <p>Rs 17305 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450</p> <p>Community Health Rehabilitation Officer</p> |
| 09 053 075 | <p>Rs 24475 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 42200</p> <p>Principal Medical Imaging Assistant</p> |
| 09 046 072 | <p>Rs 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 39350</p> <p>Senior Medical Imaging Assistant (on shift)</p> |
| 09 043 069 | <p>Rs 20500 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 36550</p> <p>Senior Medical Imaging Assistant</p> |
| 09 028 067 | <p>Rs 16265 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 34825</p> <p>Medical Imaging Assistant (on shift)</p> |
| 09 027 065 | <p>Rs 16005 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 33175</p> <p>Medical Imaging Assistant (Personal)</p> |
| 09 052 071 | <p>Rs 23950 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 38400</p> <p>Principal Health Surveillance Officer</p> |
| 09 038 067 | <p>Rs 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 34825</p> <p>Senior Health Surveillance Officer</p> |

| Salary Code | Salary Scale and Grade |
|-------------|---|
| 09 022 063 | <p>Rs 14725 x 250 - 15225 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 31525</p> <p>Health Surveillance Officer</p> |
| 09 038 067 | <p>Rs 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 34825</p> <p>Senior Community Health Development Motivator</p> |
| 09 025 063 | <p>Rs 15485 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 31525</p> <p>Community Health Development Motivator Motivator (Community Health)</p> |
| 09 043 074 | <p>Rs 20500 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 41250</p> <p>Psychiatry Rehabilitation and Welfare Officer/Senior Psychiatry Rehabilitation and Welfare Officer (Male) Psychiatry Rehabilitation and Welfare Officer/Senior Psychiatry Rehabilitation and Welfare Officer (Female)</p> |
| 09 052 071 | <p>Rs 23950 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 38400</p> <p>Senior Supervisor, Rodent Control</p> |
| 09 038 067 | <p>Rs 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 34825</p> <p>Supervisor, Rodent Control</p> |
| 09 022 063 | <p>Rs 14725 x 250 - 15225 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 31525</p> <p>Assistant Supervisor, Rodent Control</p> |
| 09 038 067 | <p>Rs 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 34825</p> <p>Senior Linen Health Officer</p> |

| Salary Code | Salary Scale and Grade |
|-------------|---|
| 09 022 063 | Rs 14725 x 250 - 15225 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 31525 Linen Health Officer |

HEALTH RECORDS GROUP

- 36.332 Comprehensive and accurate medical records empower healthcare professionals to treat patients to the best of their ability. Every single available detail is important as all accumulated information can contribute to the effective diagnosis and treatment of patients. The Health Records Group aims to maintain medical records of patients' medical history in a standardised, professional and confidential manner whilst promoting quality patient care. Officers of the Health Records Group are at the forefront of the health services as they are the first contact for patients attending public health institutions and provide a round-the-clock service.
- 36.333 A Chief Health Records Officer is the Head of the Health Records Department. He is supported by officers in the grades of Principal Health Records Officer, Senior Health Records Officer, Health Records Technician, Health Records Officer, Senior Health Records Clerk, Higher Health Records Clerk and Health Records Clerk.
- 36.334 Submissions from Management were geared towards an upgrading of qualifications requirement to a Degree in Health Informatics for the grades of the Chief Health Records Officer and the Principal Health Records Officer and on several aspects of the general conditions of service. The main representations from Union pertain to additional posts for certain grades due to acute shortage of staff in the Health Records Cadre, amending the schemes of service of a few grades, regular medical check-up, increase in salary, enhancing the rate of existing allowances, reviewing of certain provisions of the general conditions of service; specific training courses to officers of the Health Records Group and the non-implementation of existing provisions.
- 36.335 During consultative meetings all parties were informed that issues pertaining to general conditions of service would be dealt with holistically. As request for additional post does not fall under the purview of the Bureau, same was relayed to Management for redress. It should be highlighted that union members were appreciative of the various measures and recommendations made in our previous Report. They also acknowledged that provisions already exist in the Report especially that which relates to transport arrangement, however, same is not being implemented by Management.

Filling of log books and making transport arrangement

- 36.336 In our previous Report, we recommended that the schemes of service of grades in the Health Records Clerk Cadre be amended to waive the duties relating to filling of log books and making transport arrangement for patients as the grade of Supervisor,

Operation Support Services has been created for this purpose. Union members represented that although the post of Supervisor, Operation Support Services has already been filled, the duties of filling of log books and making transport arrangements are still being carried out by the officers of the Health Records Clerk Cadre. To this end, Management has informed that a request for funds for the creation of additional posts of Supervisor, Operation Support Services has already been made to the relevant authorities and approval is being awaited to fill the vacancies. It has further highlighted that with the filling of all the posts of Supervisor, Operation Support Services, the services of officers of the Health Records Clerk Cadre would no longer be required to perform the duties relating to filling of log books and making transport arrangements. Against this backdrop, we are reiterating the prevailing provisions.

Recommendation 94

36.337 We recommend that with the filling of the post of Supervisor, Operation Support Services, the duties pertaining to filling of log books and making transport arrangements should be performed by incumbent in the grade.

36.338 We further recommend that the schemes of service of the Health Records Clerk Cadre be amended to waive the duties relating to filling of log books and making transport arrangements.

Shift Work

36.339 Officers in the grades of Health Records Clerk and Higher Health Records Clerk are required to work on a shift basis so as to provide for a round-the-clock service. **This element has been taken into consideration in determining the recommended salaries of the grades.**

Night Duty Allowance

36.340 Generally, officers in the grades of Health Records Clerk and 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 upholding the present arrangement.

Recommendation 95

36.341 We recommend that Health Records Clerk and 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.

Specific Conditions of Service

Health Surveillance

36.342 Union members have made a request for regular medical check-ups to be provided to officers of the Health Records Group owing to health ethics, workload and ergonomic factors. We subscribe to their proposal and are making a recommendation to that effect.

Recommendation 96

36.343 We recommend that Management should make the necessary arrangements for officers of the Health Records Group:

- (i) to undergo a medical examination once every two years; and**
- (ii) who are aged 60 and above to undergo a medical examination every year to certify their fitness for continued employment.**

36.344 We further recommend that arrangement should be made in line with provisions laid down at paragraph 16.5.53(c)(i) and (ii) of Volume I of this Report.

HEALTH RECORDS GROUP

SALARY SCHEDULE

| Salary Code | Salary Scale and Grade |
|-------------|--|
| 09 077 092 | Rs 44800 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 69800 Chief Health Records Officer |
| 09 069 087 | Rs 36550 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 61000 Principal Health Records Officer |
| 09 054 080 | Rs 25000 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 Senior Health Records Officer |
| 09 051 078 | Rs 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 Health Records Technician |
| 09 051 077 | Rs 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 44800 Health Records Officer |

| Salary Code | Salary Scale and Grade |
|-------------|---|
| 09 049 075 | Rs 22625 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 42200 Senior Health Records Clerk |
| 09 047 072 | Rs 21850 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 39350 Higher Health Records Clerk |
| 09 033 070 | Rs 17565 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 Health Records Clerk |

MEDICAL TECHNICIAN, TECHNOLOGIST AND PARAMEDIC GROUP

- 36.345 This group ensures the provision of technical support to the medical profession at the Ministry of Health and Wellness, by offering a wide range of services such as Medical Laboratory; Radiography; Radiotherapy; ECG; EEG; Blood Donation; Nuclear Medicine; Medical Social Service; Occupational Therapy; Physiotherapy; Speech Therapy and Audiology; and services in the Orthopaedic and Surgical Units.
- 36.346 Representations received from Unions and Management of this group mainly focus on the creation, restyling and merging of grades, increase in salary, grant of several allowances as well as reviewing the quantum of existing ones, upgrading of qualifications requirement and amending the schemes of service, increasing the establishment size, providing training courses, mileage refund, car loan and duty free facilities and issues pertaining to general conditions of service.
- 36.347 All proposals have duly been examined by the Bureau and only those deemed meritorious have been favourably considered. **However, to address issues relating to increasing the establishment size and other HR related issues, Management should conduct a Human Resource Planning exercise.**

Medical Laboratory Services

- 36.348 The activities of the Medical Laboratory Services (MLS) are generally coordinated at the Central Health Laboratory. The MLS are rendered by officers of the Medical Laboratory Technologist (MLT) Cadre. Their duties, basically, involve the collection and processing of specimens and analysing results for the accurate diagnosis of diseases.
- 36.349 As stipulated in their present scheme of service, officers in the grade of Medical Laboratory Technologist/Senior Medical Laboratory Technologist (MLT/SMLT) are required to provide a 24-hour coverage. Notwithstanding this fact, some officers in

this grade lodged a case at the Commission for Conciliation and Mediation (CCM) with regards to the hours of work. However, this case has remained unresolved at the level of the CCM which referred same to the Employment Relations Tribunal (ERT). The officers withdrew their case soon after the ERT delivered the award on the labour dispute lodged by the Medical Imaging Technologists which had the same intent of dispute.

Change in appellation

36.350 Union has made a request for a change in appellation of the grades of the Medical Laboratory Technologist Cadre to Biomedical Scientist Cadre to better reflect their work as well as to be in line with international jurisdictions and more specifically with the Health and Care Professions Council (HCPC), United Kingdom. However, Management has submitted that the proposed appellation is not in accordance with the Allied Health Professional Council (AHPC) Act 2017. The Bureau was further apprised that the appellation does not conform to international jurisdiction as same is only used in the United Kingdom and that, MLTs in Mauritius are, nonetheless, eligible to register with the Institute of Biomedical Science (IBMS) UK, subject to holding the required qualifications. After examination of this proposal, the Bureau considers that it would not be in order to change the appellation if the Act provides otherwise.

Medical Laboratory Technologist/Senior Medical Laboratory Technologist

36.351 During consultative meetings, Union members averred that, in addition to their normal schedule of work, Medical Laboratory Technologist/Senior Medical Laboratory Technologists are also required to interpret findings and perform molecular biology techniques such as polymerase chain reaction (PCR) amongst others.

36.352 Besides, Management has also relayed that Medical Laboratory Technologist/Senior Medical Laboratory Technologists, are now required to operate sophisticated and state-of-the-art laboratory equipment for automated testing procedure; work on the Laboratory Information Management System; interpret, authorise and report laboratory results; develop and implement new investigation methods and keep pace with latest diagnostic innovations and so forth.

36.353 The Bureau has further been apprised that Medical Laboratory Technologist/Senior Medical Laboratory Technologists are now required to perform additional duties in terms of conducting new analyses such as that of Covid-19 and operating sophisticated equipment, among others. Taking into account the particulars given in the Job Description Questionnaires as well as the observations made during the site visit at the Victoria Hospital, the grade of Medical Laboratory Technologist/Senior Medical Laboratory Technologist has been re-assessed. We are, thus, making the necessary provision.

36.354 It should also be pointed out that the above elements have been taken into consideration in arriving at the recommended salary for the grade of Medical Laboratory Technologist/Senior Medical Laboratory Technologist.

Recommendation 97

36.355 We recommend that the Ministry should make the necessary arrangement to update the duties in the scheme of service of the grade of Medical Laboratory Technologist/Senior Medical Laboratory Technologist.

36.356 Incumbents would, henceforth, be required to perform general duties, which include, *inter alia*, performing analyses on human samples; operating sophisticated and state of the art laboratory equipment for automated testing procedures; working on the Laboratory Information Management System (LIMS); interpreting, authorising and reporting laboratory results and taking appropriate actions; developing and implementing new investigation methods and keeping up to date with diagnostic innovations; and supervising, mentoring trainee and other support staff; as well as performing specific duties while being posted to the National Blood Transfusion Service; Bacteriology Laboratory; Haematology; Virology; Molecular Biology Laboratory; Cytology Laboratory; Histology Laboratory; Biochemistry Laboratory; Parasitology Laboratory; Peripheral Laboratories/Mediclinic; and Rodrigues Laboratory.

36.357 We further recommend that:

- (i) officers in the grade of Medical Laboratory Technologist/Senior Medical Laboratory Technologist, in post as at the eve of the publication of this Report, should be granted one increment upon conversion, subject to the top salary of the grade for performing the additional duties; and**
- (ii) officers in the grade of Medical Laboratory Technologist/Senior Medical Laboratory Technologist possessing a Degree in Biomedical Science should be allowed to move incrementally in the Master Salary Scale up to salary point Rs 59300 provided they satisfy the performance criteria as set out in the Introductory Chapter of this Volume.**

Principal Medical Laboratory Technologist

36.358 Recommendations were made in our previous Reports, 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 Biomedical 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 Wellness could deem it appropriate to amend the qualifications requirement.

36.359 A Qualification Bar (QB) was inserted in the 2013 salary scale of the grade of Principal Medical Laboratory Technologist, progression beyond which would be subject to having a Degree in Biomedical Science. However, in the wake of the EOAC Report 2013, the QB was waived from the salary scale thereby allowing unqualified officers to move incrementally beyond the QB. This led to frustration amongst officers and those who are qualified felt that their efforts and sacrifices were not compensated.

36.360 On the grounds that it is technically incorrect to allow both qualified and non-qualified officers to draw the same salary, the Bureau reinserted the QB in the salary scale of the grade of Principal Medical Laboratory Technologist in our previous Report. The Bureau is upholding the present provision.

Recommendation 98

36.361 We recommend that, in future, progression beyond the QB in the salary scale of the grade of Principal Medical Laboratory Technologist should be subject to obtention of a Degree in Biomedical Science.

Service during Nights, Weekends and Public Holidays

36.362 At present, officers in the grade of Medical Laboratory Technologist/Senior Medical Laboratory Technologist who continue to work in a pattern of 'in-attendance', beyond their normal working hours in order to provide a 24-hour service during nights, Weekends and Public Holidays, are paid an allowance at the normal hourly rate at the salary point reached in their respective salary scale, for every additional hour put in. This provision is still valid.

Recommendation 99

36.363 We recommend that officers in the grade of Medical Laboratory Technologist/Senior Medical Laboratory Technologist who are effectively required to work beyond their normal working hours 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 scale, for every additional hour put in.

36.364 However, should the quantum of the allowance recommended at the above paragraph be lower than what officers in the grade of the Medical Laboratory Technologist/ Senior Medical Laboratory Technologist in post as at the eve of the publication of this Report are currently drawing, they should continue to draw, on a personal basis, the amount to which they were entitled prior to the 2016 PRB Report.

Bank Scheme - Medical Laboratory Technologist

36.365 Presently, the Ministry of Health and Wellness runs a Bank Scheme whereby retired officers of the Medical Laboratory Technologist Cadre as well as qualified persons from outside the service, are employed on a sessional basis to provide assistance to the officers of the Medical Laboratory Technologist Cadre in Government Health Institutions, in order to palliate for short term absences of officers and also to cater for the increase in work load in the Medical Laboratories. They are paid an allowance of Rs 750 per day session of four hours and Rs 850 per night session of four hours. The Bureau views that the existing arrangement should continue.

Recommendation 100

- 36.366 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 be paid an allowance of Rs 790 for day session of four hours and Rs 890 for night session of four hours.**
- 36.367 We further recommend that the allowances under the bank scheme should thereafter be paid on a *pro rata* basis for any additional hour put in.**

Emergency Service in Microbiology**Bacteriology/Malaria (Sundays and Public Holidays)**

- 36.368 Generally, Medical Laboratory Technologist/Senior Medical Laboratory Technologists who attend work at the Microbiology Section, over and above their normal working hours, 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 at an enhanced rate.

Recommendation 101

- 36.369 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 hours on Sundays and Public Holidays from 0900 hours to noon should be paid an allowance of Rs 420.**
- 36.370 Should the officer be required to work beyond noon, this allowance should continue to be paid on a *pro rata* basis.**

Blood Donor Service**Blood Transfusion/Virology (Sundays and Public Holidays)**

- 36.371 At present, Medical Laboratory Technologist/Senior Medical Laboratory Technologists 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 hours, are paid an allowance of Rs 400. We are upholding the provision whilst revising the quantum.

Recommendation 102

- 36.372 We recommend that the allowance payable to Medical Laboratory Technologist/Senior Medical Laboratory Technologists for attending work at the Blood Transfusion/Virology Section over and above their normal working hours, on Sundays and Public Holidays from 0900 hours to noon, be revised to Rs 420.**
- 36.373 This allowance should continue to be paid on *pro rata* basis whenever the officer is required to work beyond noon.**

Blood Donor Coordinator

36.374 The Blood Donor Coordinator is in charge of organising and delivering educational meetings and talks, lectures and sensitisation campaigns on blood donation/collection related issues after normal office hours, during Weekends and Public Holidays and is paid a monthly allowance of Rs 3800 in that respect. Moreover, to perform his duties, the Blood Donor Coordinator is required to travel extensively and provision was made in our last Report for the payment of an additional compensation of Rs 800 for expenditure incurred in the maintenance of his car and to which the union member expressed his appreciation. For this review, we are re-emphasising on the provisions and revising the quantum concurrently.

Recommendation 103

36.375 We recommend that the monthly allowance payable to the Blood Donor Coordinator for carrying out sensitisation campaigns on blood donation/collection after normal working hours, during Weekends and Public Holidays be revised to Rs 3990.

36.376 We additionally recommend the payment of an additional compensation of Rs 840 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.

36.377 Joint submission for the creation of a grade of Deputy Blood Donor Coordinator was made by Union and Management. The Bureau has examined the request and considers that the current structure is fit for purpose.

Dr Yves Cantin Community Hospital and Mediclinics**Meal Allowance**

36.378 A daily allowance of Rs 260 in lieu of meals is, currently, paid to Medical Laboratory Technologist/Senior Medical Laboratory Technologists 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. Union members have requested that the provision be extended when they have to attend to other public health institutions where meals are not provided. Management has conveyed its concurrence for the provision to be extended to Mediclinics. The Bureau, is recommending, accordingly.

Recommendation 104

36.379 We recommend that Medical Laboratory Technologist/Senior Medical Laboratory Technologists who, after a night service have to attend to Dr Yves Cantin Community Hospital as well as Mediclinics the following day, where they are not provided with meals and/or where such facilities are not available, should be paid a daily meal allowance of Rs 300.

Radiography Services

- 36.380 Two distinct services, namely the Therapeutic Radiography and the Diagnostic Radiography Services are provided by the X-Ray Department. This service comprises officers of the Radiation Therapist Cadre and Medical Imaging Technologist Cadre who make use of state-of-the-art radiography equipment to treat patients whilst providing psychological support to them.
- 36.381 In the context of the 2016 review exercise, Management apprised the Bureau that it was in the process of running a training programme leading to a Diploma in Radiotherapy and Radiography for Trainee Radiation Therapist and Trainee 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 that regard, a Qualification Bar (QB) was provided in the respective salary scale, progression beyond which was subject to obtention of the Diploma qualifications. Union members have informed the Bureau that the training programmes are run by the MIH. However, it holds back the training course due to the small size of the batch for the training programme. This, consequently, affects the movement in the salary progression for many officers. We have carefully studied the issue and are making the appropriate recommendation.

Recommendation 105

- 36.382 We recommend that progression beyond the QB in the respective salary scale for the grades of 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, respectively.**
- 36.383 Furthermore, we reiterate that the Ministry of Health and Wellness should make the necessary arrangements for the enlistment of Trainee Medical Imaging Technologists, Trainee 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 the top up training programmes leading to a Diploma in Radiography and Radiotherapy, respectively.**
- 36.384 Both Management and Union have made representation for the creation of a grade of Chief Radiation Therapist owing to the opening of the New Cancer Centre (NCC) at Solferino. The Bureau has examined the request and considers that given the structure, **it would be more appropriate to increase the establishment size of the grade of Principal Radiation Therapist to service the NCC for the time being.**

Risk Allowance to officers of the Radiation Therapist Cadre

- 36.385 Officers of the Radiation Therapist Cadre are presently paid a risk allowance for working in a high energy radiation risk area. **We recommend the payment of a Risk Allowance equivalent to one and a half increments at the initial of their respective salary scale to all officers of the Radiation Therapist Cadre. However, in the event the quantum of the above allowance payable is lower than that**

drawn as at the eve of the publication of this Report, incumbents should continue to be paid the higher quantum on a personal basis.

Bank Scheme - Radiation Therapist

36.386 Retired officers previously in the grade of Radiation Therapist recruited under the Bank Scheme of Radiation Therapist are paid an allowance of Rs 610 per day session of three hours and Rs 710 per night session of three hours. We are retaining this provision whilst revising the quantum.

Recommendation 106

36.387 We recommend that retired officers in the grade of Radiation Therapist recruited under the Bank Scheme of Radiation Therapist should be paid an all-inclusive allowance (excluding travelling) of Rs 640 per day session of three hours and Rs 740 per night session of three hours.

36.388 We further recommend that the allowances under the Bank Scheme should thereafter be paid on a *pro rata* basis for any additional hour put in.

Service during Nights, Weekends and Public Holidays

36.389 By virtue of the present provision, 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 a 24-hour coverage during nights, Weekends and Public Holidays are paid an allowance at the normal hourly rate at the salary point reached in their respective salary scale, for every additional hour put in. This arrangement should continue.

36.390 It should be highlighted that some officers in the grades of Medical Imaging Technologist and Senior Medical Imaging Technologist had lodged a case at the ERT contending the fact that they should not be classified as shift workers as the shift system has not been implemented. However, the case was set aside by the ERT.

Recommendation 107

36.391 We recommend that officers in the Medical Imaging Technologist Cadre, who are effectively required to work beyond their normal working hours 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 scale, for every additional hour put in.

36.392 However, should the quantum of the allowance recommended at the above paragraph be lower than what officers of the Medical Imaging Technologist Cadre in post as at the eve of the publication of this Report are currently drawing, they should continue to draw, on a personal basis, the amount to which they were entitled prior to the 2016 PRB Report.

Risk Allowance to Medical Imaging Technologist posted at Chest Clinic

36.393 Medical Imaging Technologists and Senior Medical Imaging Technologists who are posted at the Chest Clinic and Poudre D'or Hospital are, currently, paid a risk allowance equivalent to one and a half increments at the initial of their respective salary scale as they work in close and constant contact with mental patients, TB Patients and drug addicts. We are upholding the present provision.

Recommendation 108

36.394 We recommend that Medical Imaging Technologists and Senior Medical Imaging Technologists 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 at the initial of their respective salary scale as they work in close and constant contact with mental patients, TB patients and drug addicts. However, in the event the quantum of the above allowance payable is lower than that drawn as at the eve of the publication of this Report, incumbents should continue to be paid the higher quantum on a personal basis.

X-Ray of Dead Bodies

36.395 The prevailing provision caters for 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 to be paid an allowance of Rs 245 per case. The payment of this allowance should continue.

Recommendation 109

36.396 We recommend that the allowance payable 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 be Rs 260 per case.

Radiation Protection Duties

36.397 Generally, 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 re-emphasising on this provision as well as revising the quantum.

Recommendation 110

36.398 We recommend that the monthly allowance payable to Senior Medical Imaging Technologists who are required to perform radiation protection duties where no Principal Medical Imaging Technologist is posted should be Rs 860.

Bank Scheme – Medical Imaging Technologist

36.399 The Ministry of Health and Wellness runs a Bank Scheme whereby retired officers of the Medical Imaging Technologist Cadre serve on a sessional basis so as to palliate for short term absences of officers in the Medical Imaging Technologist Cadre and also to cater for an increase in work load. Presently, these retired officers are paid an allowance of Rs 610 per day session of three hours and Rs 710 per night session of

three hours. The Bureau views that the existing arrangement should continue and is recommending accordingly.

Recommendation 111

36.400 We recommend that retired officers of the Medical Imaging Technologist Cadre who are employed to serve on a sessional basis under the Bank Scheme should be paid an all-inclusive allowance (excluding travelling) of Rs 640 per day session of three hours and Rs 740 per night session of three hours.

36.401 We further recommend that the allowances under the Bank Scheme should thereafter be paid on a *pro rata* basis for any additional hour put in.

Dr Yves Cantin Community Hospital and Mediclinics

36.402 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 260, as they are not provided with meals and/or where no such facilities are available. The Bureau has been apprised that officers have to attend to other public health institutions where no meals are provided. We are making the appropriate recommendation.

Recommendation 112

36.403 We recommend that Medical Imaging Technologists who, after a night service, have to attend to Dr Yves Cantin Community Hospital as well as Mediclinics the following day, where they are not provided with meals and/or where such facilities are not available, should be paid a daily meal allowance of Rs 300.

Nuclear Medicine Department

36.404 Nuclear Medicine is a specialised area of radiology that uses small amounts of radioactive materials, or radiopharmaceuticals, to diagnose, evaluate or treat a variety of diseases. At present, there are two departments which are offering the services pertaining to Nuclear Medicine, one is found at the Jawaharlal Nehru Hospital (JNH) and another one at the New Cancer Centre at Solferino. At the request of the staff side, the Bureau conducted a site visit at the Nuclear Medicine Department (JNH) to assess the evolution of the field of nuclear medicine in respect of the work of the officers in the Nuclear Medicine Technologist Cadre. Consultative meetings were also held at the Bureau for the same purpose.

36.405 The main representations made by the staff side were: creation of a level in the Cadre; and increasing the rate of existing allowances as well as the grant of new allowances. All proposals have duly been examined. Moreover, during meeting, Management was apprised of the Bureau's site visit to the Nuclear Medicine Department (JNH).

Principal Nuclear Medicine Technologist (New Grade)

36.406 With the opening of the New Cancer Centre at Solferino, request has been received for a new level in the present structure for better service delivery. Management is also agreeable with the proposal that a new grade of Principal Nuclear Medicine

Technologist would now be necessary especially with the growing number of cancer patients in Mauritius. We are recommending accordingly.

Recommendation 113

36.407 We recommend the creation of a grade of Principal Nuclear Medicine Technologist. Promotion to the grade should be made, on the basis of experience and merit, of officers in the grade of Senior Nuclear Medicine Technologist who reckon at least four years' service in a substantive capacity in the grade and who are well versed in Nuclear Medicine software and protocols.

36.408 Incumbents would be required, *inter alia*, to: be responsible to the Regional Health Director, through the Nuclear Medicine Physician in charge of the Nuclear Medicine Department to organise and coordinate the activities of the nuclear medicine services; maintain discipline and technical control; coordinate work with the senior staff of different nuclear medicine departments; carry out inspection and submit reports; plan and implement training; receive, process and submit annual statistics for all nuclear medicine departments; submit proposals for new equipment, furniture, materials (radioactive and non-radioactive) and supplies to all nuclear medicine services; liaise with foreign suppliers and airliners to ensure delivery of radioactive materials in a timely manner; manage used Radioactive Generators and other spent radioactive sources in collaboration with Physicist; plan and implement approved developments for the nuclear medicine services; and sit in Committee and Examination Boards.

Allowance for work beyond normal working hours

36.409 Nuclear Medicine Technologists are paid an 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. For this Report, union members have requested that the quantum be reviewed and extended to the Senior Nuclear Medicine Technologist. We are reviewing the existing provision and revising the quantum as well as extending same to the Senior Nuclear Medicine Technologist.

Recommendation 114

36.410 We recommend that Nuclear Medicine Technologists and Senior Nuclear Medicine Technologists be paid an all-inclusive allowance (excluding travelling) of Rs 590 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 at initial of the respective salary scale.

Special Allowance for Nuclear Medicine Technologist

36.411 The staff side has made representations that officers of the Nuclear Medicine Technologist Cadre are constantly handling unsealed radioactive sources and are thereby prone to contamination. During the site visit at the Nuclear Medicine

Department at the Jawaharlal Nehru Hospital it was observed that officers are exposed to radioactivity although they are provided with protective equipment.

Recommendation 115

36.412 We recommend that Nuclear Medicine Technologists who are constantly exposed to radioactivity and handling unsealed radioactive sources should be paid a monthly allowance equivalent to one and a half increments at the initial point of the salary scale.

Movement in Salary Scale

Recommendation 116

36.413 We recommend that officers in the grade of Nuclear Medicine Technologist in post as at the eve of the publication of this Report should be allowed to move incrementally in the Master Salary Scale up to salary point Rs 59300 on a personal basis, provided that they satisfy the performance criteria as set out in the Introductory Chapter of this Volume.

Orthopaedic Appliances Workshop

36.414 To help them cope with their disabilities, the Orthopaedic Appliances Workshop provides the appropriate orthopaedic appliances to patients all over the island.

36.415 In view of the increasing number of patients requiring appliances due to a high rise in the number of diabetic patients, high accident rates and increases in other Non-Communicable Diseases, the diversity of appliances needed and the development in technology, a new structure was provided to the Orthopaedic Appliances Workshop in our last Report.

36.416 Currently, the Orthopaedic Appliances Workshop comprises officers in the grades of Superintendent, Orthopaedic Appliances Workshop, Orthopaedic Technician (Podo Orthosis), Orthopaedic Technician (Orthosis Prosthesis), Assistant Orthopaedic Technician (Podo Orthosis), Assistant Orthopaedic Technician (Orthosis Prosthesis), Trainee Assistant Orthopaedic Technician (Podo Orthosis), Trainee Assistant Orthopaedic Technician (Orthosis Prosthesis) as well as Orthopaedic Appliance Maker, Orthopaedic Appliance Maker (Leather), Orthopaedic Appliance Maker (Metal), and Orthopaedic Appliance Maker (Wood).

36.417 The proposals from officers of this Cadre were mainly for a change in appellation, additional posts for a few grades, creation and merging of grades and the grant of some allowances. After in-depth study, we are making the appropriate recommendations.

Manager, Orthopaedic Appliances Workshop

formerly Superintendent, Orthopaedic Appliances Workshop

36.418 Union has represented that the duties of the Superintendent, Orthopaedic Appliances Workshop have evolved considerably both in complexity and responsibility. Incumbent has to look into matters pertaining to budget, procurement, renovation

and maintenance of building and participate in various meetings and thereafter report to a Deputy Permanent Secretary of the Ministry of Health and Wellness. In this respect, request has been received to restyle the grade of Superintendent, Orthopaedic Appliances Workshop to which Management has conveyed its concurrence. The grade has been assessed in light of the new duties and responsibilities and we are recommending accordingly.

Recommendation 117

36.419 We recommend that the grade of Superintendent, Orthopaedic Appliances Workshop be restyled Manager, Orthopaedic Appliances Workshop.

36.420 We further recommend that, henceforth, appointment to the grade of Manager, Orthopaedic Appliances Workshop formerly Superintendent, Orthopaedic Appliances Workshop should be made by selection from among officers in the grades of Orthopaedic Technician (Orthosis-Prosthesis) and Orthopaedic Technician (Podo-Orthosis) who reckon at least five years' service in a substantive capacity.

36.421 Incumbent would be required, *inter alia*, to be responsible to the Medical Superintendent through the Regional Health Director to plan and organise the work of the Orthopaedic Appliances Workshop; supervise the design, manufacture, maintenance and repairs of orthoses, prostheses and other orthopaedic appliances; advise on policy formulation regarding the philosophy, objectives and standards of orthopaedic appliances; prepare plan of work of Orthopaedic Technicians; interact with professionals such as Doctors, Physiotherapists and Occupational Therapists to give best care to patients; participate in professional, technical and administrative committees/meetings as and when required with a view to keeping abreast with development in the field of orthopaedic appliances; ensure the supply of necessary materials; prepare and monitor sectional budget; provide and organise training to staff; and advise on projects relating to the maintenance and renovation of the Orthopaedic Appliances Workshop.

Assistant Orthopaedic Technician (Podo Orthosis)

Assistant Orthopaedic Technician (Orthosis Prosthesis)

36.422 Submission has been received to restyle the grade of Assistant Orthopaedic Technician and to create a senior position as a means of promotion for officers in the grade owing to the fact that they have no career prospect. The Bureau has examined this issue and could not agree for an additional level as supervision is being done by Orthopaedic Technicians. We are, however, providing for a mechanism for career earnings. It is to be pointed out that, henceforth, no supervisory grade would be created.

Neonatal and Paediatric Respiratory Therapist (New Grade)

36.423 Mechanical ventilation is a potentially lifesaving intervention for neonates with respiratory insufficiency. Respiratory care has to be individualised and needs to be adapted to a patient's characteristics and clinical conditions. The MOHW has reported

that there is an urgent need for a professional grade to provide assistance to the medical staff for proper ventilation management especially in high risk cases where neonates require resuscitation. In view to ensure quality healthcare service to neonates suffering from respiratory problems, we are agreeable to this proposal.

Recommendation 118

36.424 We recommend the creation of a grade of Neonatal and Paediatric Respiratory Therapist. Appointment thereto should be made by selection from among candidates who are fully registered as a nurse in accordance with legislation in force in Mauritius, possessing a Degree in the field of Respiratory Therapy or Respiratory Care and a Certificate in Thermoregulation Cooling Therapy for neonates (Therapeutic Hypothermia) from a recognised institution and reckoning two years' experience in Neonatal Intensive Care Unit.

36.425 Incumbents would be responsible to the Consultant-in-Charge, Paediatrics and Coordinator, Neonatal Services and would be required, among others, to make diagnosis by obtaining and analysing physiological specimens; interpret physiological data; perform tests and studies; provide therapy, including the application and monitoring of medical gases and environmental control systems, mechanical ventilator management, insertion and care of artificial airways, bronchopulmonary hygiene, administration of pharmacological agents, prescription of pharmacological agents used in the treatment of respiratory diseases and in the support mechanical ventilation; assess, examine, monitor, care and perform ventilator management for neonates/infants/children who need respiratory support referred by paediatricians; and assist doctors to attend to high risk new-born who may need resuscitation.

Occupational Therapist Cadre

Physiotherapist Cadre

Speech Therapist and Audiologist Cadre

36.426 Common representations have been received from members of the Occupational Therapist Cadre, Physiotherapist Cadre and the Speech Therapist and Audiologist Cadre, for the creation of a principal level in each of the Cadre; an increase in salary; travel benefits and mileage refund; and various allowances as well as to be considered in either the medical or scientific cluster rather than the Medical Technician, Technologist and Paramedic Group.

36.427 The Bureau has studied all requests, taking into account the nature and the specificities of each Cadre. We consider that the present classification is appropriate and are creating a few grades to enhance service delivery.

Principal Occupational Therapist (New Grade)

Principal Physiotherapist (New Grade)

Principal Speech Therapist and Audiologist (New Grade)

36.428 Unions have submitted that the problem in respect of supervision, monitoring and control of work, continues to linger and there is need for an additional level to assist the Chief in the Occupational Therapist Cadre, Physiotherapist Cadre and the Speech

Therapist and Audiologist Cadre in the daily supervision of the work devolving upon this group. We are, thus, strengthening the structure with the creation of an additional level in each of the aforementioned Cadres.

Recommendation 119

36.429 We recommend the creation of a grade of Principal Occupational Therapist. Promotion to the grade should be made, on the basis of experience and merit, of officers in the grades of (i) Senior Occupational Therapist reckoning at least five years' service in a substantive capacity in the grade; and (ii) Occupational Therapist/Senior Occupational Therapist having at least ten years' service in a substantive capacity in the grade.

36.430 Incumbent would be responsible to the Chief Occupational Therapist for planning and coordinating work and activities of the Occupational Therapy department in different regional hospital and would be required, *inter alia*, to be in-charge of inventory and to advise on procurement of new equipment for continuous upgrading of the rehabilitation services; responsible for maintenance and repair of equipment; coordinate and collaborate with other Ministries/Departments/Organisations involved in rehabilitation work; supervise and monitor the work of Occupational Therapist/Senior Occupational Therapists and other junior staffs; responsible for trainees attending clinical training as well as mentoring and training of subordinate staff; and provide advice to Occupational Therapist/Senior Occupational Therapists and other related professionals with regards to Occupational Therapy services.

Recommendation 120

36.431 We recommend the creation of a grade of Principal Physiotherapist. Promotion to the grade should be made, on the basis of experience and merit, of officers in the grade of Physiotherapist/Senior Physiotherapist reckoning at least ten years' service in a substantive capacity in the grade.

36.432 Incumbent would be responsible to the Chief Physiotherapist for planning and coordinating work and activities of the Physiotherapy department in different regional hospital and would be required, among others, to be in-charge of inventory and advise on procurement of new equipment for continuous upgrading of the rehabilitation services; responsible for maintenance and repair of equipment; supervise and monitor the work of Physiotherapist/Senior Physiotherapists and other junior staffs; responsible for trainees attending clinical training as well as mentoring and training of subordinate staff; and provide advice to Physiotherapist/Senior Physiotherapists and other related professionals with regards to Physiotherapy services.

Recommendation 121

36.433 We recommend the creation of a grade of Principal Speech Therapist and Audiologist. Promotion to the grade should be made, on the basis of experience and merit, of officers in the grade of Speech Therapist and Audiologist/ Senior

Speech Therapist and Audiologist reckoning at least ten years' service in a substantive capacity in the grade.

36.434 Incumbent would be responsible to the Chief Speech Therapist and Audiologist for the establishment and management of administrative duties of the Speech Therapy and Audiology Unit and would be required, *inter alia*, to supervise the Speech Therapist and Audiologist/Senior Speech Therapist and Audiologist, Speech and Hearing Therapy Assistants and Senior Speech and Hearing Therapy Assistants; ensure the proper management of equipment and updated specification sheets for equipment procurement; liaise with stakeholders through the Chief Speech Therapist and Audiologist for relevant Speech Therapy and Audiology services; provide advice to Speech Therapist and Audiologist/Senior Speech Therapist and Audiologists and other related professionals with regards to Speech Therapy and Audiology services; ensure the implementation protocols in Speech Therapy and Audiology Units; and identify research work in the field as well as plan training and professional development programs for officers in the Unit.

Chief Occupational Therapist

Chief Physiotherapist

Chief Speech Therapist and Audiologist

36.435 With the creation of a principal level, there is need to bring consequential amendments to the schemes of service of the grades of Chief Occupational Therapist, Chief Physiotherapist and Chief Speech Therapist and Audiologist. We are, therefore, recommending accordingly.

Recommendation 122

36.436 We recommend that, henceforth, promotion to the grade of Chief Occupational Therapist should be made, on the basis of experience and merit, of officers in the grade of Principal Occupational Therapist who reckon at least three years' service in a substantive capacity in the grade.

36.437 We also recommend that promotion to the grade of Chief Physiotherapist should be made, on the basis of experience and merit, of officers in the grade of Principal Physiotherapist who reckon at least three years' service in a substantive capacity in the grade.

36.438 We similarly recommend that promotion to the grade of Chief Speech Therapist and Audiologist should be made, on the basis of experience and merit, of officers in the grade of Principal Speech Therapist and Audiologist who reckon at least three years' service in a substantive capacity in the grade.

36.439 Besides, it should be pointed out that, with the creation of an additional level in the respective Cadre, the allowance paid to assume team leadership role and to supervise the professionals in the above Cadres, would lapse.

Speech Therapy and Audiology Department

- 36.440 The Speech Therapy and Audiology Department plays a crucial part in the Mauritius Health Service by offering its services in two specialities namely Speech Therapy and Audiology. It provides a wide range of services in terms of diagnosis, assessment and therapeutic treatment to persons suffering from communication disorders and hearing problems. The present staffing structure of this Department consists of officers in the grades of Chief Speech Therapist and Audiologist, Speech Therapist and Audiologist/Senior Therapist and Audiologist, Senior Speech and Hearing Therapy Assistant, Speech and Hearing Therapy Assistant and Trainee Speech and Hearing Therapy Assistant.
- 36.441 Representations received from both Management and the staff side were mainly geared towards upgrading of qualifications requirements, creation and merging of grades, eligibility for various allowances, change in appellation of certain grades and for an enhanced salary.
- 36.442 All requests have been examined by the Bureau and we are making appropriate recommendations in line with submissions from both Management and the Union.

Trainee Speech and Hearing Therapy Assistant

- 36.443 Union has submitted that there is a high turnover rate for Trainee Speech and Hearing Assistants owing to the present entry requirement and has made request for an upgrading from School Certificate to Higher School Certificate. Management has also indicated that it is having difficulty to recruit and retain officers in the grade and has conveyed its concurrence for an upgrading. The Bureau has examined the issue thoroughly and in view of the high turnover rate, the difficulty to recruit and retain officers in the grade and the evolution in this field, we are making the necessary recommendation.

Recommendation 123

- 36.444 We recommend that, henceforth, appointment to the grade of Trainee Speech and Hearing Therapy Assistant should be made by selection from among candidates holding a Higher School Certificate.**
- 36.445 We further recommend that Trainees already in post as at the eve of the publication of this Report and possessing the required qualifications should draw the initial of the revised salary.**

Senior Speech and Hearing Therapy Assistant Speech and Hearing Therapy Assistant

- 36.446 Presently, Speech and Hearing Therapy Assistants are appointed from Trainee Speech and Hearing Therapy Assistant who have successfully completed their training leading to a Certificate. The Bureau has received representations from union members to upgrade the training course from Certificate to Diploma in the relevant field. The main arguments put forward were that the field of Speech Therapy and Audiology is still a very scarce one and very often the Speech and Hearing Therapy Assistants have to

work on their own to provide health care to patients. The moreso, an upgrade in qualifications requirement would enable the officers to be better equipped. Management has agreed to upgrade the training programme from Certificate Level to Diploma Level in as much as this would also lead to a high retention rate. Following an examination of the Job Description Questionnaires, we subscribe to the request and so recommend.

Recommendation 124

36.447 We recommend that, henceforth, Speech and Hearing Therapy Assistants should be appointed from Trainee Speech and Hearing Therapy Assistants who have successfully completed their training course leading to a Diploma in Speech and Hearing Science.

36.448 We also recommend that Trainee Speech and Hearing Therapy Assistants possessing the Diploma in Speech and Hearing Therapy Science should join the grade of Speech and Hearing Therapy Assistant at salary point Rs 18925.

36.449 We further recommend that Management should make the necessary arrangement to upgrade the training course from Certificate to Diploma level in order to equip the Speech and Hearing Therapy Assistants to provide better patient care.

36.450 Incumbents would, *inter alia*, be required to be responsible to the Chief Speech Therapist and Audiologist in assisting in diagnosing, assessing and providing therapeutic treatment for disorders of speech, language and hearing; participating in habilitation and rehabilitation of persons with speech and hearing disabilities; fitting hearing aids and providing orientation, guidance and counselling to hearing aid users; attending ward cases, including swallowing disorder cases; performing speech audiometry tests such as Speech Recognition Test; troubleshooting of Hearing Aids; performing audiometric neonatal screening tests; dispensing of awareness programs in the various Area Health Centres and Community Health Centres across the island; and performing screening test in BERA.

36.451 We additionally recommend that:

- (i) incumbent in post as at the eve of the publication of this Report possessing the Diploma in Speech and Hearing Therapy Science should join the recommended salary scale at salary point Rs 18925 or above whichever is the higher;**
- (ii) Speech and Hearing Therapy Assistants, currently in post, should be allowed to cross the Qualification Bar (QB) on obtention of the qualifications required; and**
- (iii) the Senior Speech and Hearing Therapy Assistant, currently in post, should move beyond salary point of Rs 41250 only after obtention of the Diploma in Speech and Hearing Science.**

Dental Technician

36.452 At present, Dental Technicians are selected from among candidates holding a School Certificate and a Certificate in Dental Mechanics. Representatives of the grade of Dental Technician have made proposal for an upgrade in qualifications requirement as the Certificate in Dental Mechanics has become obsolete, per se, no longer relevant. Management was consulted on this matter and has agreed for an upgrade to a Diploma.

Recommendation 125

36.453 We recommend that, henceforth, appointment to the grade of Dental Technician should be made by selection from among candidates holding a Higher School Certificate and a Diploma in Dental Mechanics/Dental Technology/Dental Technician from a recognised institution.

36.454 Incumbents in the grade would, *inter alia*, be required to be responsible to the Director, Dental Services through the Consultant-in-Charge (Orthodontics) for designing, preparing, fabricating and repairing various types of dental appliances; indenting, receiving and keeping records of materials, stores and equipment; compiling and submitting statistical returns; and assisting in administrative work.

36.455 We further recommend that officers already in post and possessing the required qualifications should draw the initial of the revised salary.

Medical Social Service

36.456 The Medical Social Service of the Ministry of Health and Wellness includes the grades of Principal Medical Social Worker and Medical Social Worker/Senior Medical Social Worker. Officers in this Cadre are responsible for offering the support and resources that patients and their immediate relatives need so as to overcome a medical illness or injury as well as the consequential emotional, physical or psychological concerns caused. Representations received from this Cadre pertain to the creation and restyling as well as amending the schemes of service of the grades, payment of a risk allowance, mileage refund and sponsored training courses. The staff side was apprised of issues that do not fall under the ambit of the Bureau. All other requests have duly been analysed and being given that the current structure is fit-for-purpose, we are upholding same. Furthermore, the fact that the Bureau is not in a position to determine the degree of risk being exposed by incumbents, we consider that the request for a risk allowance should be referred to the Departmental Safety and Health Committee in line with provision made in Chapter Conditions of Service – Risk, Insurance and Compensation of Volume 1 of this Report.

ECG Technician Cadre

36.457 The duties of performing electrocardiogram tests in order to monitor and record electrical impulses devolve upon ECG Technicians. Representations from this Cadre were focused towards the creation of a principal level, providing a training course leading to a Diploma, increasing the establishment size and reviewing the current hours of work. During meetings, Unions were apprised on issues that do not fall under

our purview. The request for the creation of a principal level could not be acceded to as same would lead to duplication of duties with other grades. We are, thus, maintaining the present structure.

Healthcare Technologist Cadre formerly Surgical Technologist Cadre

36.458 Presently the Surgical Technologist Cadre comprises a three-level structure with the grades of Superintendent, Surgical Technology Workshop; Senior Surgical Technologist; and Surgical Technologist. This group ensures the correct setting of operating rooms as well as the adequate and appropriate surgical supplies both pre and post surgeries. For this review, representations from Union were for: a change in appellation; creation of additional level; upgrading of qualifications requirement; and the introduction of allowances. Management has also proposed a change in appellation given that the officers of the Surgical Technologist Cadre are, presently, following a course in Healthcare Technology Management.

Recommendation 126

36.459 We recommend that the following grades be restyled as hereunder to better reflect the nature of duties and responsibilities devolving upon incumbents:

| From | To |
|---|---|
| Superintendent, Surgical Technology Workshop | Superintendent, Healthcare Technology Workshop |
| Senior Surgical Technologist | Senior Healthcare Technologist |
| Surgical Technologist | Healthcare Technologist |

Night Duty Allowance

36.460 It has been represented that, no proper shift system has been implemented for officers of the Medical Laboratory Technologist Cadre and Medical Imaging Technologist Cadre and yet they are called upon to work as if on a shift pattern to provide 24-hour coverage to ensure better patient care. Request has, therefore, been received for the payment of a night duty allowance. In view of the exigency and urgency, coupled with the shortage of staff in providing the services, we are, exceptionally, making an appropriate provision.

Recommendation 127

36.461 We recommend that officers of the Medical Laboratory Technologist Cadre and Medical Imaging Technologist 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/Staggered

36.462 Although same is stipulated in relevant schemes of service as well as in our previous Reports, various cases of labour dispute, with regards to the element of 'hours of work', were received by the Bureau from several cadres of this Group. In order to avoid any future litigation on this issue, the Bureau is emphasising on the grades, as listed below, which 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 |
|--|---|
| ✓ Medical Imaging Technologist | ✓ Nuclear Medicine Technologist |
| ✓ Senior Medical Imaging Technologist | ✓ Senior Nuclear Medicine Technologist |
| ✓ Medical Laboratory Technologist/ Senior Medical Laboratory Technologist | ✓ Physiotherapist/Senior Physiotherapist |
| | ✓ Neonatal and Paediatric Respiratory Therapist (New grade) |

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

| Salary Code | Salary Scale and Grade |
|--------------------|--|
| 09 080 096 | Rs 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 69800 x 2000 - 75800 x 2150 - 77950 Chief Occupational Therapist Chief Physiotherapist Chief Speech Therapist and Audiologist |
| 09 073 094 | Rs 40300 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 69800 x 2000 - 73800 Blood Donor Coordinator |
| 09 072 094 | Rs 39350 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 69800 x 2000 - 73800 Principal Occupational Therapist (New Grade) Principal Physiotherapist (New Grade) Principal Speech Therapist and Audiologist (New Grade) |
| 09 072 092 | Rs 39350 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 69800 Senior Occupational Therapist (Personal to officers in post as at 31.12.12) |

| Salary Code | Salary Scale and Grade |
|-------------|---|
| 09 075 092 | <p>Rs 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 69800</p> <p>Chief Medical Imaging Technologist Chief Medical Laboratory Technologist</p> |
| 09 063 092 | <p>Rs 31525 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 69800</p> <p>Ophthalmic Optician/Senior Ophthalmic Optician</p> |
| 09 059 092 | <p>Rs 28225 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 69800</p> <p>Occupational Therapist/Senior Occupational Therapist Physiotherapist/Senior Physiotherapist Speech Therapist and Audiologist/Senior Speech Therapist and Audiologist</p> |
| 09 069 089 | <p>Rs 36550 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 61000 QB 62700 x 1700 - 64400</p> <p>Principal Medical Laboratory Technologist</p> |
| 09 071 088 | <p>Rs 38400 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 62700</p> <p>Principal Nuclear Medicine Technologist (New Grade)</p> |
| 09 068 088 | <p>35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 62700</p> <p>Principal Radiation Therapist</p> |
| 09 066 088 | <p>Rs 34000 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 62700</p> <p>Manager, Orthopaedic Appliances Workshop <i>formerly Superintendent, Orthopaedic Appliances Workshop</i></p> |
| 09 059 088 | <p>Rs 28225 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 62700</p> <p>Neonatal and Paediatric Respiratory Therapist (New Grade)</p> |
| 09 069 087 | <p>Rs 36550 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 61000</p> <p>Senior Nuclear Medicine Technologist</p> |

| Salary Code | Salary Scale and Grade |
|-------------|--|
| 09 068 086 | <p>Rs 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 59300</p> <p>Principal Medical Imaging Technologist</p> |
| 09 066 086 | <p>Rs 34000 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 59300</p> <p>Principal Medical Social Worker Superintendent, Healthcare Technology Workshop <i>formerly Superintendent, Surgical Technology Workshop</i></p> |
| 09 047 084 | <p>Rs 21850 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 55900</p> <p>Medical Laboratory Technologist/Senior Medical Laboratory Technologist</p> |
| 09 062 084 | <p>Rs 30700 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 50900 QB 52550 x 1650 - 54200 x 1700 - 55900</p> <p>Senior Medical Imaging Technologist</p> |
| 09 062 083 | <p>Rs 30700 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200</p> <p>Nuclear Medicine Technologist</p> |
| 09 062 083 | <p>Rs 30700 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 50900 QB 52550 x 1650 - 54200</p> <p>Senior Radiation Therapist</p> |
| 09 047 083 | <p>Rs 21850 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200</p> <p>Medical Social Worker/Senior Medical Social Worker</p> |
| 09 058 080 | <p>Rs 27400 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250</p> <p>Orthopaedic Technician (Orthosis Prosthesis) Orthopaedic Technician (Podo Orthosis) Senior Healthcare Technologist <i>formerly Senior Surgical Technologist</i></p> |

| Salary Code | Salary Scale and Grade |
|-------------|---|
| 09 045 079 | <p>Rs 21150 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 43500 QB 44800 x 1300 - 46100 x 1575 - 47675</p> <p>Medical Imaging Technologist</p> |
| 09 047 078 | <p>Rs 21850 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100</p> <p>Dental Technician</p> |
| 09 045 078 | <p>Rs 21150 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 43500 QB 44800 x 1300 - 46100</p> <p>Radiation Therapist</p> |
| 09 053 076 | <p>Rs 24475 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 43500</p> <p>Senior ECG Technician (Female) Senior ECG Technician (Male) Senior EEG Technician</p> |
| 09 049 076 | <p>Rs 22625 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 43500</p> <p>Healthcare Technologist <i>formerly Surgical Technologist</i></p> |
| 09 035 076 | <p>Rs 18100 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 43500</p> <p>Senior Speech and Hearing Therapy Assistant</p> |
| 09 032 074 | <p>Rs 17305 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 36550 QB 37450 x 950 - 41250</p> <p>Speech and Hearing Therapy Assistant</p> |
| 09 043 073 | <p>Rs 20500 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 40300</p> <p>Assistant Orthopaedic Technician (Orthosis Prosthesis) Assistant Orthopaedic Technician (Podo Orthosis)</p> |

| Salary Code | Salary Scale and Grade |
|-------------|---|
| 09 035 070 | Rs 18100 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 Assistant Medical Laboratory Technologist |
| 09 032 069 | Rs 17305 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 36550 ECG Technician (Female) ECG Technician (Male) EEG Technician |
| 09 031 034 | Rs 17045 x 260 - 17825 Trainee Medical Imaging Technologist Trainee Medical Laboratory Technologist Trainee Speech and Hearing Therapy Assistant |
| 09 031 033 | Rs 17045 x 260 - 17565 Trainee Assistant Orthopaedic Technician (Orthosis Prosthesis) Trainee Assistant Orthopaedic Technician (Podo Orthosis) |
| 09 029 031 | Rs 16525 x 260 - 17045 Trainee Radiation Therapist <i>formerly Trainee Student Radiation Therapist</i> |

SPECIFIC RECOMMENDATIONS FOR OTHER MAJOR GROUPS

GOVERNMENT ANALYST DIVISION

- 36.463 The Government Analyst Division (GAD) is responsible, among others, to conduct physico-chemical analysis of foodstuffs, toxicological and body fluids, as well as pharmaceutical products and drinking water.
- 36.464 A Chief Government Analyst is the head of the GAD. Assistance is provided to him by officers of professional and technical cadres.
- 36.465 In the context of this Report, representations were made, *inter alia*, for the payment of an allowance for performing duties related to ISO certification and accreditation. This proposal could not be examined due to want of information.
- 36.466 Additionally, requests were made for an upgrading of the entry requirement for the grade of Technical Officer (Chemical Laboratory) as well as for merging of the grades of Technical Officer (Chemical Laboratory) and Senior Technical Officer (Chemical

Laboratory). After examining the duties and responsibilities elaborated in the Job Description Questionnaires, the Bureau found that an upgrading of the entry requirements would not be appropriate as the level of duties performed by incumbents in the said grade has not gone through considerable changes. As regards the merging of the two levels, we have observed that officers in the grades of Technical Officer (Chemical Laboratory) and Senior Technical Officer (Chemical Laboratory) perform distinct duties and as such a merger of the grades would not be appropriate.

- 36.467 Union members also requested for the creation of the grade of Deputy Chief Government Analyst. In the absence of proper justifications for the creation of this additional level, the Bureau could not accede to the request. Furthermore, union members proposed that an additional post of Principal Government Analyst be created to shoulder more responsibilities in view of the developments at the GAD and that henceforth, appointment to the grade of Principal Government Analyst be made by promotion instead of by selection. These issues are normally dealt with by Management which we stated to the union members.
- 36.468 As the current organisation structure is adequate to enable the GAD to meet its mandate, we are maintaining it.

Incremental Movement for Technical Officers (Chemical Laboratory)

- 36.469 With a view to providing enhanced career earnings to Technical Officers (Chemical Laboratory) on account of their long years of experience and knowledge acquired, we allowed incumbents in the last Report to move beyond their top salary up to salary point Rs 46900. We are reviewing this provision.

Recommendation 128

36.470 We recommend that Technical Officers (Chemical Laboratory):

- (i) in post as at the eve of the publication of the 2021 Report should be allowed to move incrementally in the Master Salary Scale up to salary point Rs 52550 on a personal basis;**
- (ii) who joined the grade as from the date of publication of the 2021 Report, should be allowed to move incrementally in the Master Salary Scale by one increment,**

provided that they satisfy the performance criteria as set out in the Introductory Chapter of this Volume.

BIOMEDICAL ENGINEERING UNIT

- 36.471 The Biomedical Engineering Unit is responsible for the effective and efficient management of health care technology within the Ministry of Health and Wellness. It oversees and manages all medical equipment in the regional hospitals, Area Health Centres, Community Health Centres, Mediclinics and Dental Clinics throughout the island. The Unit is manned by Biomedical Engineers who are in turn supported by officers of the Biomedical Engineering Technician Cadre.

- 36.472 For this Review exercise, the Union made several representations for the Biomedical Engineering Technician Cadre, which consisted in, among others: restyling the grade of Biomedical Engineering Technician to Biomedical Medical Engineering Technologist; creating a grade of Trainee Biomedical Engineering Technologist; reviewing the qualifications requirement of the grade of Biomedical Engineering Technician owing to technological evolution in the field; payment of a Uniform Allowance to officers of the whole cadre; and granting some form of compensation for working beyond normal working hours on a regular basis to attend to emergencies.
- 36.473 The Biomedical Engineers (Health) equally made a few requests pertaining to: a restyling of the grade of Biomedical Engineer to Biomedical Engineer/Senior Biomedical Engineer; creation of a grade of Lead Biomedical Engineer; reviewing the qualifications requirement of the grade of Trainee Biomedical Engineer by enlarging the fields in which a degree in Engineering is required; payment of a Retention Allowance; and payment of a Risk Allowance for working in an environment which comprises electrical hazards, ionising radiation as well as radioactive materials. Remaining requests from the Biomedical Engineers related to the grant of enhanced conditions of service.
- 36.474 During consultations, Management did not make specific proposal but mainly provided its views on the various representations made by the staff and Union. However, we were apprised that there was a dire need to review the salary package for officers of the Biomedical Engineering Unit owing to a serious dearth of candidates in the field and to provide a proper structure with sufficient staff to enable a smoother functioning of the Unit.
- 36.475 Further to the requests made to the Bureau, we carried out two site visits namely at the Biomedical Engineering Unit of Dr A. G. Jeetoo Hospital and Victoria Hospital to take stock "*de visu*" of the working conditions of the officers concerned. We mainly noted that the physical working environment in which the officers are called upon to operate lacked basic amenities, space and storage facilities. In addition, we observed that there were many health and safety issues, which according to the officers concerned, were further aggravated by the non-provision of personal protective equipment.
- 36.476 In the light of the various proposals made, we consider that job appellations should be in consonance with the nature and level of duties performed; grades are created based on functional needs; the request for the payment of a risk allowance to the officers concerned should be forwarded to the Departmental Safety and Health Committee; and issues related to implementation should be dealt with administratively.

Biomedical Engineer Cadre

- 36.477 Further to the various representations made by parties concerned regarding the strengthening of the Biomedical Engineering Unit, we are restyling the grade of Biomedical Engineer (Health) to a more appropriate appellation and creating a

supervisory level. With regard to the request for the payment of a retention allowance to the Biomedical Engineers (Health), we were unable to take stock of any genuine problem of recruitment and retention, given that Management did not participate in the survey on Recruitment and Retention problems in the public sector.

Biomedical Engineer/Senior Biomedical Engineer (Health)
formerly Biomedical Engineer (Health)

36.478 The staff side has requested for a restyling of the grade of Biomedical Engineer (Health) in line with what obtains in other quarters for grades in the engineering fields. We view the request to be meritorious and are therefore restyling the grade.

Recommendation 129

36.479 We recommend that the grade of Biomedical Engineer (Health) be restyled Biomedical Engineer/Senior Biomedical Engineer (Health) with a view to better reflect the level of duties being performed.

Lead Biomedical Engineer (Health) (New Grade)

36.480 The staff side as well as Management has requested for a new level of Lead Biomedical Engineer at the apex of the Unit, to demarcate the functional responsibility and ensure unity of command. The latter would be responsible for the overall management of the Biomedical Engineering Unit, covering all the five regional hospitals across the island.

36.481 After examining the proposal and obtaining the views of Management on this issue, we hold that there is enough substance in the claim, the moreso the seniormost Biomedical Engineer/ Senior Biomedical Engineer (Health), *formerly Biomedical Engineer (Health)*, has been entrusted higher duties as Officer-in-Charge of the Biomedical Engineering Unit for the five regional hospitals. In addition, this new level would allow for more transparency and accountability at decision making level. We are therefore recommending in that direction.

Recommendation 130

36.482 We recommend the creation of a grade of Lead Biomedical Engineer (Health). Appointment thereto should be made by promotion, on the basis of experience and merit, of Biomedical Engineer/Senior Biomedical Engineers (Health), *formerly Biomedical Engineer (Health)*, who reckon at least five years' service in a substantive capacity in the grade.

36.483 Incumbent would be responsible to the Director, Health Services for expense management, budget development and annual biomedical equipment requirements and would be called upon, among others, to: supervise the work of officers of the Biomedical Engineering Unit and ensure that they perform effectively and efficiently, complete assignments and submit reports on time; advise the Ministry on matters relating to Biomedical Engineering; prepare technical specifications and evaluate bids for the purchase/repair of Biomedical Equipment; prepare budget proposals for the section under his responsibility; participate in research work in connection with

biomedical equipment; and carry out survey, investigation, research and study on complex issues related to biomedical engineering and submit reports thereon.

Human Resource Planning Exercise

36.484 The Bureau has been apprised that often officers of the Biomedical Engineering Technician Cadre are being called upon to attend duty on various sites after normal working hours. In this respect, proposal has been made by the Union to provide some sort of compensation to these officers. After duly examining the request and obtention of additional information from Management, we consider that the Ministry should conduct a Human Resource Planning exercise, as per provision made in Chapter Recruitment, Promotion and Retention in Volume 1 of this Report, with a view to identifying the need for additional HR requirements prior to increasing the establishment size of the Biomedical Engineering Technician Cadre.

Hospital Administrator Cadre

36.485 The Hospital Administrator Cadre is headed by a Chief Hospital Administrator who is responsible for the non-medical aspects of administration and the management of hospitals and annexed health institutions. In the discharge of his functions, the Chief Hospital Administrator is assisted by the Deputy Chief Hospital Administrator and Regional Health Services Administrator and supported by the Hospital Administrator and staff belonging to other occupational categories. Representations from the staff side pertain mainly to restyling of grades, creation of additional level; grant of duty free facilities and alignment of salary. Both Management and staff side have requested to restyle the grade of Chief Hospital Administrator to Director, Hospital Administration.

36.486 During discussions, parties were apprised of requests having technical implications which cannot be acceded to. The Bureau was informed that though the nature of duties of officers in the grades of ECG Technician and EEG Technician is related to medical services, they are presently under the responsibility of the Hospital Administrator Cadre. Staff side, therefore, requested that these two grades be placed under the responsibility of the Nursing Cadre. Given that the request seemed to be justified, the views of Management were sought on this administrative issue. The latter concurred with the views of the staff side.

36.487 The Bureau has duly examined the proposals and views that the present structure is appropriate. To address issues relating to HR, **it is recommended that Management should carry out a Human Resource Planning exercise.** As regards enhanced travelling benefits, general recommendations are being made in that respect. Additionally, the grades of Chief Hospital Administrator and Hospital Administrator have been re-assessed based on the information submitted in the Job Description Questionnaires. **All these elements have been taken into consideration in arriving at the salary recommended for the respective grade.**

Project Coordinator (AIDS)

- 36.488 The post of Project Coordinator (AIDS) is a promotional route for serving officers of the AIDS Secretariat possessing a Cambridge Higher School Certificate and a Degree in Social Science with specialisation in Psychology or Degree with Psychology as a major component or a Degree in Psychology or Management or Nursing.
- 36.489 Management has requested to amend its qualifications requirement such that the selection criteria be enlarged to include serving officers of the Nursing Cadre of the Ministry who reckon at least 10 years' service in a substantive capacity as Nursing Officer and possess the core qualifications as presently prescribed for the grade. We are agreeable to the proposal and making appropriate recommendation to this effect.

Recommendation 131

36.490 We recommend that, henceforth, the grade of Project Coordinator (AIDS) should be filled by selection from:

- (i) serving officers of the AIDS Secretariat possessing a Degree in Social Science with specialisation in Psychology or a Degree with Psychology as a major component or a Degree in Psychology or Management or Nursing; and**
- (ii) serving officers of the Nursing Cadre of the Ministry of Health and Wellness reckoning at least 10 years' service in a substantive capacity in the grade of Nursing Officer and possessing the core qualifications as listed at (i) above.**

Hospital Executive Assistant (on Shift)

- 36.491 The main demands from the staff side were geared towards waiving the element of shift as incumbents are not operating on shift; upgrading of salary; and provision of specific allowance. Ample explanations were provided, during consultations, for requests which would be addressed by way of general policy. Management has submitted that the shift system has so far not been implemented due to inadequate number of officers in this post and in the meantime, incumbents are being granted payment of overtime for work performed beyond normal working hours as well as on Sundays and Public Holidays. **Management was advised that this practice should be redressed as incumbents are benefitting a salary which includes the element of shift though not operating on a shift system, to which Management was agreeable.**
- 36.492 The staff side also requested that the post of Hospital Administrative Assistant be filled from the Hospital Executive Assistant (on Shift) in view of the fact that they assist the latter in the performance of their duties. This issue has, however, already been addressed, on an *ad hoc* basis. Additionally, the Hospital Executive Assistants (on Shift) stated that they have to resume duty at 06 00 hours when public transport is not available and consequently, incumbents residing far from their place of work face difficulty to attend duty on time.

- 36.493 Management, on its side, has submitted that the Ministry is facing difficulties to retain the Hospital Executive Assistants (on Shift) as the new recruits cannot adapt to the working environment. Hence, request was made for the creation of a dedicated grade of Hospital Services Clerk to provide support services to the Hospital Executive Assistants (on Shift) who could ultimately join the latter grade after acquiring the relevant experience in the job. Presently, the clerical duties are being performed by Management Support Officers (MSOs) and officers employed under the Youth Empowerment Programme who are not on permanent and pensionable establishment of the Ministry and their transfer to other organisations hinders the service delivery. Management also reported that the number of MSOs posted in the hospitals is not adequate. As their posting falls under the responsibility of the Ministry of Public Service, Administrative and Institutional Reforms, Management was advised to take up the issue with the latter Ministry.
- 36.494 The requests of both Management and staff side have been analysed and the Bureau considers that the present structure is fit for its purpose and no amendment is therefore being envisaged. **We are, however, making provision for the grant of loan facilities to the Hospital Executive Assistants (on Shift) for the purchase of an autocycle/motorcycle.**

Central Sterile and Supply Department

- 36.495 The Central Sterile and Supply Department (CSSD) comprises the grades of Superintendent, CSSD; Supervisor, CSSD; and CSSD Assistant. Staff side has made a request for the creation of a grade of Regional Superintendent, CSSD to head the sterile services of the regional hospitals to which the Bureau was not agreeable and ample explanations were provided during the consultative meeting. Request was also made to increase the number of post of Superintendent, CSSD to cater for all the District and Specialised Hospitals. Parties were apprised that the onus for determining the number of post rests with Management. Additionally, union members requested for a change in appellation of the CSSD Cadre in line with the services provided by the Ministry and this request has been supported by Management. We are, therefore, restyling the grades in the Central Sterile and Supply Department to appropriate job appellations.

Recommendation 132

- 36.496 We recommend that the grades in the Central Sterile and Supply Department be restyled as hereunder:**

| From | To |
|--|---|
| Superintendent, Central Sterile and Supply Department | Health Sterile Services Superintendent |
| Supervisor, Central Sterile and Supply Department | Health Sterile Services Supervisor |
| Central Sterile and Supply Department Assistant | Health Sterile Services Assistant |

Catering Cadre

- 36.497 The hierarchical structure of the Catering Cadre comprises five levels namely Catering Manager, Senior Catering Officer, Catering Officer, Assistant Catering Officer and Catering Supervisor. Representations of staff side related to the creation of additional posts and grades; provision of training; grant of specific protective clothing, payment of risk allowance; and revision of salary. During meeting, union members were informed that creation of additional posts rests with Management and that a new level of Regional Catering Officer is not warranted, the moreso, the post of Catering Manager is still vacant.
- 36.498 Further, the Bureau was apprised that the Assistant Catering Officers should be provided with a one-year approved training by the Mauritius Institute of Health which is a requirement to be eligible for the post of Catering Officer. They reported that the previous batch of approved training dated back to 2006. Once again, the Bureau emphasised that provision of the sponsorship courses rests with Management. The views of the latter were sought on the issue of personal protective equipment and Risk Allowance whereby they acknowledged that officers of the Catering Cadre are not provided with personal protective equipment and this confirmed the veracity of the averment made by officers of the Catering Unit during the site visit which was conducted by officers of the Bureau. Management has assured that the Occupational Safety and Health Division would be requested to conduct an assessment thereon. The request for a Risk Allowance was, however, not supported by Management on account that the officers of the Catering Cadre are not directly involved in cooking.
- 36.499 After an in-depth analysis of the submissions, the Bureau concludes that the actual structure should continue to prevail. However, the Bureau strongly views that **Management should carry out a Human Resource Planning exercise to address issues relating to HR and fill in vacant posts to ensure continuity for the effective service delivery.**

BIOCHEMISTRY DEPARTMENT

- 36.500 One of the key functions of the Biochemistry Department is the technical and scientific management of clinical biochemistry services, in all regional and peripheral hospitals, including those in Rodrigues.
- 36.501 The Department is manned by a Head Biochemistry Services, who is supported by officers in professional grades.
- 36.502 In the context of this Report, some of the requests made refer to the grant of special leave with pay to take advantage of professional development programmes locally or abroad; the payment of an allowance to meet expenses for membership subscription to international bodies and to attend conferences; and the grant of yearly medical or clinical book allowance and an internet allowance. As these issues are applicable to officers in various other grades across the whole public sector, related decisions thereto were taken in a holistic manner.

- 36.503 During consultations, proposals were also made to upgrade the qualifications requirement of the grade of Clinical Scientist/Senior Clinical Scientist (Biochemistry) from degree to a postgraduate. Upon examination of the duties and responsibilities as per the Job Description Questionnaire and scheme of service, the need for a higher qualification is not warranted. Additionally, request was made for the creation of a grade of Deputy Head Biochemistry Services. The Bureau found that in view of the current span of control, it will not be appropriate to create another level at this stage between the Head Biochemistry Services and Principal Clinical Scientist.
- 36.504 As the present organisation structure is adequate to enable the Biochemistry Department to meet its mandate, we are, therefore, maintaining the present structure.

VIROLOGY DEPARTMENT

- 36.505 The Virology Department is responsible for diagnostics and surveillance of notifiable diseases such as HIV, Hepatitis and Rubella. The Department runs about 50,000 tests yearly. A few functions of the Department are to maintain an updated stock of reagents for any eventual outbreak; ensure implementation of set programmes such as surveillance of HIV; and coordinate with regional and international institutions to ensure the soundness and stability of our surveillance system.
- 36.506 The Department is manned by a Principal Clinical Scientist (Virology), who is supported by officers in the grade of Clinical Scientist/Senior Clinical Scientist (Virology).
- 36.507 During consultations, request was made for the payment of an allowance for internet package and Union was apprised that this issue may be dealt with by Management. As to the renewal period of duty free remission that are granted to Clinical Scientist/Senior Clinical Scientist (Virology) from seven to five years, union members were informed that this request will be looked into by the Bureau by way of the policy evolved on same. Request was further made that a book and professional development allowance be paid to officers in the Clinical Scientist (Virology) Cadre. These requests were examined by the Bureau using a holistic approach.
- 36.508 Proposals were further made to create a grade of Head of the Virology Department to oversee the work of the cadre and facilitate the link between the operational level and Management. The Bureau did not accede to this request as these functions are already being performed by the Principal Clinical Scientist (Virology). Representations were also made for an upgrade of the qualifications requirement for the grade of Clinical Scientist/Senior Clinical Scientist (Virology) from degree to a postgraduate level. Further to discussion with Management, the Bureau considers that the current qualification should be maintained at this stage.
- 36.509 In light of the above, we are of the view that the present structure is adequate and is thus being maintained.

VECTOR BIOLOGY AND CONTROL DIVISION

- 36.510 The role of the Vector Biology and Control Division (VBCD) is to carry out 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, chikungunya, dengue, among others.
- 36.511 At the apex of the VBCD, there is the Head, Vector Biology and Control Division, who oversees the proper running of the Division. Assistance is provided by officers in professional and semi-professional grades.
- 36.512 In the context of this Report, request was made for the refund of mileage covered to attend trainings, workshops or meetings, Risk Allowance and payment of an expert witness allowance. As regards to the payment of Risk Allowance, they were informed of the existing procedures to be followed. Both Union and Management were informed that since these issues concern several organisations, decisions pertaining to these requests will be taken in pursuance of a policy stand of the Bureau. Proposals were also made with respect to the upgrading and restyling of the grades of Head, VBCD, and Vector Biology and Control Laboratory Technician. After analysing the proposals, the Bureau considers that the duties of these grades are in consonance with the prescribed qualifications requirement, hence an upgrading in terms of qualifications requirement is not warranted. Besides, justifications for the proposed restyling were not convincing enough for the requests to be favourably considered.
- 36.513 Request was also made for the creation of the grade of Principal Scientific Officer and to amend the scheme of service for the grade of Scientific Officer/Senior Scientific Officer, VBCD such that recruitment, thereto, be henceforth made from incumbents with adequate knowledge at Master's level in Molecular Biology. These two requests are discussed in the ensuing paragraphs.

Principal Scientific Officer

- 36.514 Presently, the professional cadre of the VBCD has a two-level structure with the grades of Head, VBCD and Scientific Officer/Senior Scientific Officer, VBCD. With the expansion of activities at the VBCD, proposals were made for the creation of the grade of Principal Scientific Officer to understudy the Head, VBCD and replace the latter during his absence.
- 36.515 However, after examination of the present structure of the VBCD and its staffing, against the background of the activities devolving upon it, the Bureau found that the creation of the said level would, at least for the time being, not be appropriate. **The problem is related to workload and can, therefore, be addressed differently. Hence, Management may review its establishment size in line with the volume of its activities.**

Provision of Training

- 36.516 During consultations, the Bureau has been apprised that owing to the rapid pace at which the VBCD is evolving, in certain cases, the knowledge and skills possessed by officers are not sufficient, which in turn impedes service delivery. Proposals were made to the effect that the scheme of service of the grade of Scientific Officer/Senior Scientific Officer, VBCD be amended to include Master's level in fields like Molecular Biology.
- 36.517 The Bureau considers that given the dynamic nature of the scientific field and the need for a rapid, efficient and timely delivery of services, the regular dispensing of training to officers to update their knowledge and skills should be mandatory. An upgrade in qualifications requirement may not necessarily empower the incumbents in terms of skills and exposure so that they may cope with the problems which are perpetually changing. **In the circumstance, Management should rather ensure that officers are provided opportunities to follow competency-based training which will be more appropriate so that they remain updated in their field and ensure an efficient delivery of service.**

Vector Biology and Control Laboratory Technician Cadre

- 36.518 Officers in the Vector Biology and Control Laboratory Technician Cadre who possess a Diploma in Medical Laboratory Technology are allowed to move beyond their top salary. We are reviewing this provision.

Recommendation 133

36.519 We recommend that officers in the grade of Vector Biology and Control Laboratory Technician possessing a Diploma in Medical Laboratory Technology and who:

- (i) were in post as at the eve of the publication of the 2021 Report should be allowed to move incrementally in the Master Salary Scale up to salary point Rs 38400 on a personal basis; and**
- (ii) join the grade as from the date of publication of the 2021 Report, should be allowed to move incrementally in the Master Salary Scale by one increment,**

provided that they satisfy the performance criteria as set out in the Introductory Chapter of this Volume.

Clinical Psychologist

- 36.520 Representations were made by Unions to the effect that the number of Clinical Psychologists on the establishment of the Ministry is not adequate to cope with the increasing workload. The Bureau considers that the issue at hand concerns implementation. Though not strictly falling under the ambit of the Bureau, we did raise the issue with Management which took note.
- 36.521 At present, Clinical Psychologists possessing a specialised post graduate Degree in Clinical Psychology or an equivalent qualification 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 134

36.522 We recommend that Clinical Psychologists possessing a specialised post graduate Degree in Clinical Psychology or an equivalent qualification 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 77950 provided they satisfy the performance criteria as set out in the Introductory Chapter of this Volume.

Nutritionist Cadre

36.523 The Nutrition Unit is under the responsibility of a Chief Nutritionist and the latter is assisted by officers in the grades of Principal Nutritionist and Nutritionist/Senior Nutritionist.

36.524 In the context of this Report, union members submitted that support staff from the Ministry of Health and Wellness be attached to the Nutrition Unit and that officers of the Nutritionist Cadre be provided with appropriate working tools and training, with a view to provide an enhanced service delivery to patients. Management was apprised of these requests for appropriate action to be taken at their end. Furthermore, proposal was made for a book allowance and as recommendations already exist in the 2016 PRB Report, the Bureau's attention was not required. Concerning the request for the grant of duty free facilities, union members were informed that decisions related thereto will be determined on the basis of findings of the Survey on Travelling and Car Benefits.

36.525 Representations have also been made both by staff associations and Management for the restyling of the grade of Chief Nutritionist to Director, Nutrition Unit and subsequently for the creation of the grade of Deputy Director, Nutrition Unit. After examining both requests, the Bureau found that the justifications submitted in support of the proposals do not satisfy the criteria for favourable consideration.

36.526 Additionally, Management made proposal for the restyling of the grade of Nutritionist to Dietitian so as to reflect the actual duties being performed by officers in the cadre and in line with the Allied Health Professional Council Act 2017. On the basis of a close examination of the issue at hand, the Bureau considers that it would not be appropriate at this stage to restyle the grade.

Medical Physicist Cadre

formerly Hospital Physicist Cadre

36.527 The Hospital Physicist Cadre comprises a two-level structure with the grades of Hospital Physicist/ Senior Hospital Physicist and Principal Hospital Physicist.

36.528 In the context of this review exercise, representations have been made for payment of a Risk Allowance and provision of specialised training. During consultations, parties were informed that these issues will be looked into by Bureau in a holistic manner. As

regards request for grant of duty free facilities, union members were informed that findings of the Survey on Travelling and Car Benefits would serve as a basis to determine eligibility for same.

- 36.529 Proposal was also made for the upgrading of salaries as a means to address retention problems. However, no problem of retention was observed as evidenced by the findings of the survey carried out on recruitment and retention problems. Also, following the job evaluation exercise based on the information retrieved from the Job Description Questionnaires, the Bureau found no justification for an upward review of salaries. As to the creation of additional level above the Principal Hospital Physicist, both parties were apprised that grades are created depending on functional need in the organisation and in view of the limited scope of activities in the Hospital Physicist Cadre, this request could not be acceded to.
- 36.530 It was further submitted to change the appellation of the Hospital Physicist Cadre to Medical Physicist Cadre. As the proposed appellation was found to reflect the nature of duties performed by incumbents, we are, therefore, recommending accordingly.

Recommendation 135

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

| Grade | Restyled to |
|---|---|
| Hospital Physicist/Senior Hospital Physicist | Medical Physicist/Senior Medical Physicist |
| Principal Hospital Physicist | Principal Medical Physicist |

Pathological Laboratory Technician Cadre formerly Pathological Laboratory Assistant Cadre

- 36.532 Officers of the Pathological Laboratory Assistant Cadre are responsible to examine slides collected by field workers and detect any presence of malarial parasites.
- 36.533 Currently, the Pathological Laboratory Assistant Cadre comprises the grades of Pathological Laboratory Assistant, Senior Pathological Laboratory Assistant and Principal Pathological Laboratory Assistant.
- 36.534 In the context of this Report, a few representations were received from the Union. As not all of them fall under the purview of the Bureau, they were accordingly informed during the consultation. For those that require consideration by the Bureau, we apprised them which ones would be treated in line with a general policy of the Bureau.
- 36.535 The Union laid emphasis on the need to upgrade the basic qualifications requirement for the grade of Pathological Laboratory Assistant from HSC to Diploma as well as review the salary of all grades in the cadre. After closely examining the case of the Pathological Laboratory Assistants, we consider that the entry qualifications requirement is appropriate as they are in consonance with the duties performed. As

regards the salary review, a study was carried out *vis-à-vis* comparable grades before arriving at the recommended salary.

- 36.536 Moreover, Union made proposal for the creation of the grade of Chief Pathological Laboratory Assistant. However, since no functional justification was noted for the creation of the grade, the request could not be acceded to. The present structure of the cadre is considered adequate and requires no change.

Change in Appellation

- 36.537 Union members requested for the restyling of all grades in the Pathological Laboratory Assistant Cadre. Taking into account the duties performed by incumbents of the grades in the cadre, we consider that an appellation reflecting same may be granted.

Recommendation 136

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

| Grade | Restyled to |
|--|---|
| Pathological Laboratory Assistant | Pathological Laboratory Technician |
| Senior Pathological Laboratory Assistant | Senior Pathological Laboratory Technician |
| Principal Pathological Laboratory Assistant | Principal Pathological Laboratory Technician |

HEALTH INFORMATION, EDUCATION AND COMMUNICATION UNIT

- 36.539 The design and implementation of information, education and communication programmes of the Ministry rests upon officers of the Health Information, Education and Communication Unit. A Chief Health Information, Education and Communication Officer is at the apex of the Unit and he is supported by officers in the grades of Health Information, Education and Communication Officer (HIECO), Senior HIECO and Principal HIECO.
- 36.540 We consider the existing structure to be adequate to enable the Unit deliver on its mandates, the moreso no submission relating thereto was submitted by either Management or the staff side. As regards the proposal for the qualifications requirement of the first level to be raised from a Diploma to Degree, we could not accede to same as the level of duties performed do not warrant the possession of a higher qualification. As to the numerous representations regarding shortage of staff at the different levels, Management is advised to ensure that the manpower requirements matches the prevailing workload.

NCD AND HEALTH PROMOTION UNIT

- 36.541 The Non-Communicable Diseases (NCD) and Health Promotion Unit is responsible for sensitising the Mauritian population on various health issues through a panoply of activities. The Unit is presently headed by a Chief Health Promotion and Research Coordinator who is assisted by Health Promotion Coordinators as well as other category of professional, technical and supporting staff.
- 36.542 As certain additional duties were being performed by the Chief Health Promotion and Research Coordinator, the MOHW made a case to the HPC in 2017 for an appropriate allowance to be paid to him. The extra duties performed pertain to advising on the formulation of health policies; responsible for the conduct of studies and surveys, organisation and coordination of events; and assisting in the framing and enforcement of NCD related legislations, among others. The HPC recommended that the matter to be referred to the Bureau and subsequently an allowance equivalent to two increments at the salary point reached was granted to the incumbent.
- 36.543 We have re-examined the whole issue in the context of this Report and in view of the scope of duties and responsibilities which is of a permanent nature befalling the incumbent, we consider that the Ministry should amend the scheme of service of the grade to reflect the additional duties being performed. We have also, re-assessed the grade on the basis on the new set of duties and are making appropriate recommendations to that effect.

Recommendation 137**36.544 We recommend that:**

- (i) the scheme of service of the grade of Chief Health Promotion and Research Coordinator should be amended to include the additional duties being performed by the incumbent. This element has been taken into account in arriving at the recommended salary of the grade; and**
- (ii) the incumbent should be granted one additional increment on conversion and consequently the allowance currently payable to him for performing the extra duties should lapse.**

Specific Provision for Principal Health Information, Education and Communication Officer**Recommendation 138**

- 36.545 We recommend that officers in the grade of Principal Health Information, Education and Communication Officer possessing a Degree in Health Education or Communication Studies or an equivalent qualification should be allowed to move incrementally in the Master Salary Scale up to salary point Rs 64400 provided they satisfy the performance criteria as set out in the Introductory Chapter of this Volume.**

HEALTH INSPECTORATE UNIT

- 36.546 The Public Health and Food Safety Inspectorate Division is responsible, among others, to: ensure the safety of food on the market; provide an environment which is free from the risk of communicable diseases by enforcing the Public Health Act; investigate and initiate action in communicable disease cases; and involve in the control of the COVID-19 Pandemic through the disinfection of contaminated premises.
- 36.547 Several laws are enforced by the Public Health and Food Safety Inspectorate Cadre, namely the Food Act 1998/Food Regulations 1999 and its amendments; Public Health Act/Regulations; Quarantine Act/Regulations; International Health Regulations; Dangerous Chemicals Control Act; Rivers and Canal Act; among others.
- 36.548 The Director, Public Health and Food Safety is responsible for the management of the Public Health and Food Safety Division. He is assisted by a Deputy Director, Public Health and Food Safety. The Division is also manned by officers in the grades of Principal Public Health and Food Safety Inspectors; Senior Public Health and Food Safety Inspectors and Public Health and Food Safety Inspectors.
- 36.549 The Bureau had consultative meetings with both the Unions and Management for the Health Inspectorate Unit. The main representations of the Union were, *inter alia*, reviewing the salary scale of Public Health and Food Safety Inspectors; an upwards review of existing allowances; and the grade of Deputy Director Public Health and Food Safety to be eligible to 100% duty free remission. Management, thereafter, provided its views on the requests of the Unions.
- 36.550 Both parties were apprised during consultative meetings that salaries would be looked into by the Bureau; any upgrading would be considered if there is an enhancement in the level of responsibility/complexity following re-assessment of the grade; and consideration for duty remission is based on the results of the Survey on Travelling and Car Benefits. They were also provided with appropriate justifications for those requests which could not be entertained.
- 36.551 The existing structure of the Health Inspectorate Unit is presently apt to deliver on its mandate. We are, therefore, bringing no change to the current structure.

On-Call Allowance/Issue of Cremation Permit

- 36.552 Presently, Public Health and Food Safety Inspectors who are posted in regional offices are paid an On-Call Allowance when they are called upon to stay on call on Saturdays from noon to 1700 hours and an Attendance Allowance which is inclusive of travelling when they have to issue a cremation permit. In our last Report, provision was made to extend the aforementioned allowances for Sundays and Public Holidays from Noon to 1700 hours.
- 36.553 The Bureau has been apprised that the existing arrangements are still valid and should prevail. We are, in this Report, revising the quantum of the allowance.

Recommendation 139

36.554 We recommend that the On-Call Allowance and Attendance Allowance being paid to officers in the grade of Public Health and Food Safety Inspector posted in regional offices, when they are called upon to stay on call during Weekends and Public Holidays from Noon to 1700 hours and for the issue of cremation permits respectively, be revised as hereunder: -

| Grade | On-Call Allowance for being on call on Weekends and Public Holidays from Noon to 1700 hours | Attendance Allowance inclusive of travelling for the issue of cremation permit |
|--|--|---|
| Public Health and Food Safety Inspector | Rs 250 | Rs 475 |

36.555 Public Health and Food Safety Inspectors are also called upon to attend 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. **This arrangement is still effective and should continue.**

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

36.556 Presently, incumbents in the grades of Public Health and Food Safety Inspector, Senior Public Health and Food Safety Inspector and Principal Public Health and Food Safety Inspector, posted at the Airport and the Port, are paid an In-Attendance Allowance as they are called upon to provide regular services outside their normal working hours depending on the arrival and departure time of aircrafts and ships. We are revising the quantum of the allowance.

Recommendation 140

36.557 We recommend that the In-Attendance Allowance being paid to incumbents in the grades of Public Health and Food Safety Inspector, Senior Public Health and Food Safety Inspector and Principal Public Health and Food Safety Inspector, posted at the Airport and the Port, for regularly working outside their normal working hours be revised to Rs 160; Rs 225; and Rs 275 per hour respectively.

Squad Operation

36.558 Officers in the grades of Public Health and Food Safety Inspector, Senior Public Health and Food Safety Inspector and Principal Public Health and Food Safety Inspector who form part of the Central Flying Squad and Regional Flying Squad for conducting Squad Operation outside normal working hours to effect, among others, sanitary control with respect to food preparation premises, food vendors and bakeries are paid an In-Attendance Allowance at an hourly rate of Rs 135, Rs 195 and Rs 240 respectively. We are, in this Report, revising the quantum of the allowance.

Recommendation 141

36.559 We recommend that the In-Attendance Allowance payable to officers who form part of the Central Flying Squad and the Regional Flying Squad for conducting Squad Operation outside normal working hours be revised as hereunder: -

| Grade(s) | Rate payable per hour (Rs) |
|--|-----------------------------------|
| Public Health and Food Safety Inspector | 140 |
| Senior Public Health and Food Safety Inspector | 205 |
| Principal Public Health and Food Safety Inspector | 255 |

THE ENVIRONMENTAL HEALTH ENGINEERING UNIT

- 36.560 The Ministry of Health and Wellness is the enforcing agency with respect to Drinking Water Quality Control, Noise and Odour under the Environment Protection Act of 2002. The monitoring as well as the enforcement pertaining to same are undertaken by officers of the Environmental Health Engineering Unit (EHEU). The main objective of the EHEU is the control of factors in our physical environment which may exercise a deleterious effect on our physical development and health and make recommendations for the implementation of appropriate remedial engineering measures to ensure safe environmental sanitary conditions.
- 36.561 In broad terms, the EHEU is responsible, among others, to: monitor drinking water quality to ensure that water being distributed to the public is safe for drinking purposes in line with Drinking Water Standards of the Environment Protection Act and WHO Guidelines; monitor environmental noise to ensure that its emanation is within the permissible limits as prescribed under the Environment Protection Act; and carry out ex-post investigation to ascertain successful completion of engineering works based on remedial measures taken to abate environmental nuisances such as noise pollution, wastewater disposal, odour as well as drinking water treatment and supply.
- 36.562 The EHEU comprises the professional Cadre namely officers in the grades of Director, Environmental Health Engineering Unit; Deputy Director, Environmental Health Engineering Unit, Lead Sanitary Engineer and Sanitary Engineer/Senior Sanitary Engineer and the Technical Cadre, that is, the Head, Health Engineering Services; Principal Health Engineering Officer; Senior Health Engineering Officer and Health Engineering Officer.
- 36.563 The main requests of the Union pertained to reviewing the qualifications requirement of some grades in the Cadre; alignment of the salary of Head, Health Engineering Services with that of Director, Public Health and Food Safety; and provision of additional increment to incumbents possessing degree; among others. Management, thereafter, provided its views on the requests of the Union.

36.564 Both parties were apprised that upgrading of qualifications should be justified by an evolution in the complexity and nature of duties performed. Salary is based on our Job Evaluation Exercise and a restyling is considered in instances where the appellation of a grade is not in consonance with the nature of duties performed. Appropriate explanations were also provided for all the requests which could not be acceded to.

36.565 The Bureau has examined all the requests and, wherever justifiable, we are, in this Report, making appropriate recommendations.

Health Engineering Officer Cadre

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

36.566 Officers in the grades of Health Engineering Officer, Senior Health Engineering Officer and Principal Health Engineering Officer who form part of the flying squad for the monitoring of noise and odour are paid a monthly allowance and an hourly In-Attendance Allowance, inclusive of travelling time, as they are called upon to work outside normal working hours. We are, in this Report, revising the quantum of the allowance.

Recommendation 142

36.567 We recommend that the monthly Commuted Allowance and hourly In-Attendance Allowance being paid to incumbents in the grades of Health Engineering Officer, Senior Health Engineering Officer and Principal Health Engineering Officer who form part of the Flying Squad for the monitoring of noise and odour outside their normal working hours be revised as follows:

| Grade | Monthly Commuted Allowance (Rs) | In-Attendance Allowance (inclusive of travelling time per hour) (Rs) |
|---|--|---|
| Principal Health Engineering Officer | 1505 | 305 |
| Senior Health Engineering Officer | 1325 | 275 |
| Health Engineering Officer | 1090 | 220 |

Allowance for exposure to raw sewerage and foul odour

36.568 Officers of the Sanitary Engineering Cadre and Health Engineering Officer Cadre who are regularly exposed to raw sewerage and foul odour are currently being paid a special allowance equivalent to two increments at the salary point reached in their respective salary scale, subject to approval of the Responsible Officer. **This arrangement should continue to prevail.**

Sanitary Engineering Cadre

- 36.569 A set of requests common to all Engineers in the Civil Service was submitted by the Union and discussed lengthily during consultative meetings. The requests related mainly to the review and upgrading of salaries, Travelling and Car Benefits, Continuous Professional Development and Special Professional Retention Allowance. These proposals have been analysed and addressed in the Chapter dealing with the Ministry of National Infrastructure and Community Development of this Volume, under the part on Engineering Cadre.
- 36.570 Requests specific to this cadre related to the creation of additional posts of Sanitary Engineer/Senior Sanitary Engineer and filling of the post of Deputy Director, Environmental Health Engineering Unit. The Union was informed that these are implementation issues and need to be addressed by their Management.
- 36.571 A submission was also made during meeting for the restyling of the grade of Head, Health Engineering Services to Chief, Health Engineering Services. The Bureau requested the Union to submit the proposal in writing together with the appropriate justifications. As the information sought for was not provided, the Bureau was not in a position to process the request which consequently could not be entertained.
- 36.572 For other representations concerning provision for Extra Duty/Special Duty Allowance, book allowance, Travelling and Car Benefits, the staff side was apprised that for these issues, a general policy would, in principle, be evolved, which would apply across the whole public sector. Whereas for issues pertaining to upward review of salaries of grades in the Sanitary Engineering Cadre, the Union was informed that the Bureau will look into it after a scrutiny of the Job Description Questionnaires and taking into consideration all relevant factors. Accordingly, factors such as duties and level of responsibility have been considered in determining the recommended salaries for the grades.

Special Professional Retention Allowance

- 36.573 Provision was previously made for officers of the Sanitary Engineering Cadre to draw the Special Professional Retention Allowance (SPRA) up to 31 December 2016. One of the conditions attached thereto was that beneficiaries should refund same if they retire or leave the service before their retirement date on grounds of age. In this Report, provision is being made for officers retiring or leaving the service before their compulsory retirement age, to cease refunding the SPRA. **A recommendation has been made to that effect in the Introductory Chapter of this Volume, which is applicable in this case as well.**

OPERATIONS SUPPORT SERVICES

- 36.574 The Operation Support Services (OSS) of the Ministry has under its responsibility the maintenance of hospital buildings, workshop services, support services and workshops at outstations as well as the fleet management system.

- 36.575 Presently, the wide array of functions catered for by this Unit devolve on grades belonging to different classes. For instance, the Unit is headed by a Senior Manager, OSS who is assisted by officers in the professional grades and support is also given by staff of the General Services grades as well as manual grades.
- 36.576 In the context of this Report, Management has submitted that a grade of Director, OSS be created. A close scrutiny has revealed that there is no functional justification to support the present request. Nevertheless, the duties and responsibilities proposed for this grade is already prescribed in the schemes of service of other grades. On the other hand, it is also believed that a proper establishment size may help to address their present day problem. Hence, the creation of this grade could not be entertained at this stage.

Programme Officer (National Aids Secretariat)

- 36.577 The staff side has requested, among others, for the provision of loan facilities and 70% duty exemption on the purchase of a car to the Programme Officer (National Aids Secretariat) as incumbent is called upon to perform field duties, carry out site visits, attend workshops/seminars and dispense training to officers of the Ministry as well as representatives of Non-Governmental Organisations. The proposal was supported by Management. We wish to point out that provisions exist in Volume 1 of this Report for the grant of 70% duty remission to a few categories of officers, provided they satisfy certain conditions. Furthermore, Management did not participate in our Survey on Travelling and Car Benefits and therefore the proposal could not be considered.

Telephonist (Health) (Shift)

- 36.578 In the context of this review exercise, the Union has proposed for: an increase in the salary of the grade of Telephonist (Health) (Shift) due to a rise in the standard of living; enhanced travelling benefits; provision of a Risk Allowance to the Telephonist (Health) (Shift) owing to a high probability of hearing being affected due to using the telephone on a long term basis; the creation of a grade of Senior Telephonist (Health); a change in the classification of the grade from minor grade to the clerical group; payment of a Night Attendance Bonus provided that all scheduled night shifts are attended during the month; and the provision of training courses to officers in the grade.
- 36.579 Management on its side, requested for the creation of a grade of Senior Telephonist (Health) (Shift) due to various difficulties being encountered by the Ministry of Health and Wellness in posting the seniormost Telephonist (Health) (Shift) for general supervision in various hospitals.

Site Visit

- 36.580 The Bureau equally carried out a site visit at the Sir Seewoosagur Ramgoolam National Hospital further to a request made by the Union to take cognisance of the duties being performed by the Telephonists (Health) (Shift). This exercise enabled us to better examine the representations made.

- 36.581 During the site visit, we noted that the duties of incumbents mainly consisted in: responding to telephone calls and channelling same to persons concerned; writing information on a daily basis regarding doctors and specialists who are on duty on white boards located at their work station; updating records on details of doctors and specialists working on that day or placed on call; and keeping records of faults in telephone lines in a Register as well as making necessary arrangements with authorities concerned to attend to same. After taking into account the various duties being performed by the Telephonists (Health) (Shift) based on the site visit conducted and the newly duly filled-in Job Description Questionnaires by incumbents, we consider that there is no ground to classify the grade in the clerical group as the duties being performed are essentially those of a Telephonist.
- 36.582 With respect to the various submissions made, the Bureau wishes to point out that: in the context of a general review exercise, the change in the cost of living, among others, is considered prior to arriving at the revised salaries; general recommendations have been made regarding conditions of service; and many requests pertain to implementation, which should be dealt with by Management.
- 36.583 In addition, we opine that the grant of a Risk Allowance would not solve the problem of incumbents' hearing being potentially affected. In lieu, we are providing for health surveillance to be carried out on a regular basis. As regards the creation of a level of Senior Telephonist (Health), we view the proposal as meritorious and are, therefore, making a recommendation to that end.

Senior Telephonist (Health) (Shift) (New Grade)

- 36.584 At present, the seniormost officers in the grade of Telephonist (Health) (Shift) are called upon to assume higher responsibilities and exercise general supervision of the Telephonists (Health), over and above their normal duties against the payment of a monthly allowance equivalent to one increment at the point reached in the scale or Rs 460, whichever is the higher.
- 36.585 Management has however informed that the above arrangement is not working effectively. In this context, the creation of a grade of Senior Telephonist (Health) (Shift) has been proposed, to which we subscribe.

Recommendation 143

- 36.586 We recommend the creation of a grade of Senior Telephonist (Health) (Shift). Appointment thereto should be made by promotion on the basis of experience and merit of officers in the grade of Telephonist (Health) (Shift), who reckon at least five years' service in a substantive capacity in the grade.**
- 36.587 Incumbent would be required, among others, to: plan, organise, supervise and control the work of Telephonists (Health) (Shift) and employees working under his responsibility; provide training and guidance to subordinate staff; ensure that the telephone switchboard (PABX) is properly maintained at a good standard; report to his immediate supervisor any problem or difficulty noted and advice on remedial action, where appropriate; and guide visitors as and when required.

36.588 We further recommend that pending the implementation of the preceding recommendation, the seniormost officers in the grade of Telephonist (Health) (Shift), including those posted at the Brown Sequard Mental Health Care Centre and Subramaniam Bharati Eye Hospital, who are shouldering higher responsibilities as well as exercising general supervision of employees in the grade of Telephonist (Health) (Shift), besides performing their normal duties, should continue to be paid a monthly allowance equivalent to one increment at the point reached in the scale or Rs 485 whichever is the higher.

Health Surveillance

Recommendation 144

36.589 We recommend that Management should make necessary arrangements to enable officers in the grades of Telephonist (Health) (Shift) and Senior Telephonist (Health) (Shift), to undergo regular medical/health check-up free of charge.

Transport Services Facilitator (Shift)

36.590 Union members, at the outset, expressed their appreciation of the improvement made to their conditions of service in the previous Report. Thereafter, they requested, among others, for an upgrading of entry qualifications; increase in salary and quantum of allowances; payment of Risk Allowance when posted to the Poudre D'Or Hospital; creation of a grade of Senior Transport Services Facilitator and duty free facilities. During consultations, staff side was sounded on their requests and was also informed that grades are created by organisation subject to operational/functional needs while upgrading is entertained when the complexity of the duties has evolved and warrants upgraded qualification/skill. Additionally, they were advised to channel their request for risk to the Departmental Safety and Health Committee.

Allowance for Transport Arrangement

36.591 Management has submitted that the grade of Supervisor, Operations Support Services (Shift) has been created to cater, among others, duties related to transport arrangement. But, due to budget constraint, there is a shortage of officers in this grade. At present, Transport Services Facilitators (Shift) are called upon to plan and make transport arrangement against payment of a monthly allowance. Pending such time that sufficient number of the posts in the grade of Supervisor, Operations Support Services (Shift) are filled, the present arrangement should continue.

Recommendation 145

36.592 We recommend that Transport Services Facilitators (Shift) be paid a monthly *ad hoc* allowance equivalent to one increment at the point reached in the salary scale of the grade for planning and making transport arrangement. However, the payment of this allowance should lapse with filling of the vacant posts in the grade of Supervisor, Operations Support Services (Shift).

Allowance when posted at Poudre D'Or Hospital

36.593 Transport Services Facilitators (Shift) posted at Poudre D'Or Hospital are granted a monthly allowance of Rs 355 for attending to phone calls in the absence of the Telephonist. The quantum of this allowance is being revised.

Recommendation 146

36.594 We recommend the payment of a monthly *ad hoc* allowance of Rs 375 to Transport Services Facilitators (Shift) posted at Poudre D'Or Hospital for attending to phone calls in the absence of the Telephonist.

General Recommendation**Payment of Overtime to Workers on Shift/Roster on officially declared cyclone days**

36.595 As per existing arrangements, officers on shift or roster who are eligible for overtime are remunerated at twice hourly rate 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.

36.596 Moreover, officers in certain grades, who are not eligible for overtime but are also required to work during cyclone warning class III or IV, are compensated at hourly rate. These provisions should continue to prevail.

Recommendation 147

36.597 We recommend that:

- (i) 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; and**
- (ii) officers in certain grades for instance Specialist/Senior Specialist; MHO/SMHO and those performing the duties of Duty Manager who do not qualify for overtime, should be compensated at the normal hourly rate computed on the basis of 40 hours at the salary point reached in their respective salary scale whenever their services are required during cyclone warning III and IV.**

SPECIFIC CONDITIONS OF SERVICE FOR HEALTH SECTOR

36.598 Officers 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); 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; Telephonist (Health) (Shift) and Ward Assistant (Male and Female)

are paid in cash any unutilised sick leave beyond the 16 days at the discounted rate of 50%. This arrangement should continue to be in force.

Recommendation 148

36.599 We recommend that:

- (i) incumbents in the grades listed at paragraph 36.598 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 16.4.43(iii) of Volume 1 of this Report; and
- (ii) upon request, the Ministry of Public Service, Administrative and Institutional Reforms, in consultation with the relevant parties and subject to approval of the Bureau, may consider the inclusion of new grades from the health sector in the above list of grades of shift workers effectively working on shift.

Hours of Attendance

Recommendation 149

36.600 We recommend that the Responsible Officer of the Ministry of Health and Wellness should continue to determine the hours of attendance of work of its employees to meet the operational needs of the organisation.

SALARY SCHEDULE

| Salary Code | Salary Scale and Grade |
|-------------|---|
| 02 058 088 | Rs 27400 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 62700 Programme Officer, National Aids Secretariat |
| 02 059 088 | Rs 28225 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 62700 Administrator |
| 19 101 104 | Rs 91375 x 3125 - 100750 Chief Government Analyst |
| 19 080 096 | Rs 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 69800 x 2000 - 75800 x 2150 - 77950 Principal Government Analyst |

| Salary Code | Salary Scale and Grade |
|-------------|--|
| 19 059 092 | <p>Rs 28225 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 69800</p> <p>Government Analyst/ Senior Government Analyst</p> |
| 19 060 092 | <p>Rs 29050 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 69800</p> <p>Epidemiologist/Senior Epidemiologist</p> |
| 19 091 102 | <p>Rs 68000 x 1800 - 69800 x 2000 - 75800 x 2150 - 82250 x 3000 - 88250 x 3125 - 94500</p> <p>Principal Medical Physicist <i>formerly Principal Hospital Physicist</i></p> |
| 19 059 092 | <p>Rs 28225 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 69800</p> <p>Medical Physicist/Senior Medical Physicist <i>formerly Hospital Physicist/Senior Hospital Physicist</i></p> |
| 19 091 102 | <p>Rs 68000 x 1800 - 69800 x 2000 - 75800 x 2150 - 82250 x 3000 - 88250 x 3125 - 94500</p> <p>Head Biochemistry Services</p> |
| 19 080 096 | <p>Rs 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 69800 x 2000 - 75800 x 2150 - 77950</p> <p>Principal Clinical Scientist (Biochemistry) Principal Clinical Scientist (Virology)</p> |
| 19 059 092 | <p>Rs 28225 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 69800</p> <p>Clinical Scientist/Senior Clinical Scientist (Biochemistry) Clinical Scientist/Senior Clinical Scientist (Virology)</p> |
| 19 085 101 | <p>Rs 57600 x 1700 - 64400 x 1800 - 69800 x 2000 - 75800 x 2150 - 82250 x 3000 - 88250 x 3125 - 91375</p> <p>Chief Nutritionist</p> |
| 19 080 096 | <p>Rs 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 69800 x 2000 - 75800 x 2150 - 77950</p> <p>Principal Nutritionist</p> |

| Salary Code | Salary Scale and Grade |
|-------------|---|
| 19 059 092 | <p>Rs 28225 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 69800</p> <p>Nutritionist/Senior Nutritionist</p> |
| 19 082 098 | <p>Rs 52550 x 1650 - 54200 x 1700 - 64400 x 1800 - 69800 x 2000 - 75800 x 2150 - 82250</p> <p>Head, Vector Biology and Control Division</p> |
| 19 059 092 | <p>Rs 28225 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 69800</p> <p>Scientific Officer/Senior Scientific Officer, Vector Biology and Control Division</p> |
| 19 069 092 | <p>Rs 36550 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 69800</p> <p>Clinical Psychologist</p> |
| 02 063 092 | <p>Rs 31525 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 69800</p> <p>Monitoring and Evaluation Specialist</p> |
| 19 060 079 | <p>Rs 29050 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 47675</p> <p>Principal Pathological Laboratory Technician <i>formerly Principal Pathological Laboratory Assistant</i> Principal Vector Biology and Control Laboratory Technician</p> |
| 19 053 074 | <p>Rs 24475 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 41250</p> <p>Senior Vector Biology and Control Laboratory Technician</p> |
| 19 032 069 | <p>Rs 17305 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 36550</p> <p>Vector Biology and Control Laboratory Technician</p> |
| 01 080 102 | <p>Rs 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 69800 x 2000 - 75800 x 2150 - 82250 x 3000 - 88250 x 3125 - 94500</p> <p>Lead Health Analyst</p> |

| Salary Code | Salary Scale and Grade |
|-------------|--|
| 01 062 092 | <p>Rs 30700 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 69800</p> <p>Analyst/Senior Analyst (Health)</p> |
| 19 071 088 | <p>Rs 38400 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 62700</p> <p>Principal Technical Officer (Chemical Laboratory)</p> |
| 19 065 083 | <p>Rs 33175 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200</p> <p>Senior Technical Officer (Chemical Laboratory)</p> |
| 19 047 079 | <p>Rs 21850 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 47675</p> <p>Technical Officer (Chemical Laboratory)</p> |
| 19 031 034 | <p>Rs 17045 x 260 – 17825</p> <p>Trainee Technical Officer (Chemical Laboratory)</p> |
| 19 053 074 | <p>Rs 24475 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 41250</p> <p>Senior Pathological Laboratory Technician <i>formerly Senior Pathological Laboratory Assistant</i></p> |
| 19 033 069 | <p>Rs 17565 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 36550</p> <p>Pathological Laboratory Technician <i>formerly Pathological Laboratory Assistant</i></p> |
| 19 033 073 | <p>Rs 17565 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 40300</p> <p>Chemical Laboratory Assistant/Senior Chemical Laboratory Assistant</p> |
| 18 080 097 | <p>Rs 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 69800 x 2000 - 75800 x 2150 - 80100</p> <p>Head, Health Engineering Services</p> |

| Salary Code | Salary Scale and Grade |
|-------------|---|
| 18 077 094 | Rs 44800 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 69800 x 2000 - 73800 Principal Health Engineering Officer |
| 18 072 090 | Rs 39350 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 66200 Senior Health Engineering Officer |
| 18 066 087 | Rs 34000 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 61000 Health Engineering Officer |
| 18 096 099 | Rs 77950 x 2150 - 82250 x 3000 - 85250 Director, Public Health and Food Safety |
| 18 072 090 | Rs 39350 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 66200 Deputy Director, Public Health and Food Safety |
| 18 065 085 | Rs 33175 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 57600 Principal Public Health and Food Safety Inspector |
| 18 058 081 | Rs 27400 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 50900 Senior Public Health and Food Safety Inspector |
| 18 047 078 | Rs 21850 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 Public Health and Food Safety Inspector |
| 11 091 102 | Rs 68000 x 1800 - 69800 x 2000 - 75800 x 2150 - 82250 x 3000 - 88250 x 3125 - 94500 Chief Hospital Administrator |
| 11 080 097 | Rs 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 69800 x 2000 - 75800 x 2150 - 80100 Deputy Chief Hospital Administrator (Personal) |

| Salary Code | Salary Scale and Grade |
|-------------|---|
| 11 080 096 | Rs 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 69800 x 2000 - 75800 x 2150 - 77950 Deputy Chief Hospital Administrator |
| 11 075 092 | Rs 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 69800 Chief Hospital Supplies Officer |
| 11 073 092 | Rs 40300 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 69800 Regional Health Services Administrator |
| 11 059 088 | Rs 28225 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 62700 Hospital Administrator Project Co-ordinator (AIDS) |
| 11 060 079 | Rs 29050 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 47675 Hospital Administrative Assistant |
| 11 061 080 | Rs 29875 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 Health Sterile Services Superintendent <i>formerly Superintendent, Central Sterile Supply Department</i> |
| 11 043 076 | Rs 20500 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 43500 Health Sterile Services Supervisor <i>formerly Supervisor, Central Sterile Supply Department</i> |
| 11 044 073 | Rs 20825 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 40300 Hospital Executive Assistant (on shift) |
| 11 043 072 | Rs 20500 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 39350 Executive Officer (Health Services) (Personal to officers in post as at 30.06.03) |

| Salary Code | Salary Scale and Grade |
|-------------|--|
| 11 066 088 | <p>Rs 34000 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 62700</p> <p>Catering Manager</p> |
| 11 065 084 | <p>Rs 33175 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 55900</p> <p>Senior Catering Officer</p> |
| 11 060 079 | <p>Rs 29050 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 47675</p> <p>Catering Officer Catering Officer (Ex-SPI) (Personal to officers in post as at 31.12.12)</p> |
| 11 051 074 | <p>Rs 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 41250</p> <p>Assistant Catering Officer</p> |
| 11 033 067 | <p>Rs 17565 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 34825</p> <p>Catering Supervisor</p> |
| 10 000 110 | <p>Rs 119500</p> <p>Director, Health Promotion and Research</p> |
| 10 073 092 | <p>Rs 40300 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 69800</p> <p>Chief Health Information, Education and Communication Officer</p> |
| 10 069 088 | <p>Rs 36550 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 62700</p> <p>Principal Health Information, Education and Communication Officer</p> |
| 10 062 081 | <p>Rs 30700 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 50900</p> <p>Senior Health Information, Education and Communication Officer</p> |

| Salary Code | Salary Scale and Grade |
|-------------|---|
| 10 047 077 | <p>Rs 21850 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 44800</p> <p>Health Information, Education and Communication Officer</p> |
| 10 073 098 | <p>Rs 40300 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 69800 x 2000 - 75800 x 2150 - 82250</p> <p>Chief Health Promotion and Research Co-ordinator</p> |
| 10 064 088 | <p>Rs 32350 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 62700</p> <p>Health Promotion Coordinator</p> |
| 10 047 079 | <p>Rs 21850 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 47675</p> <p>Communication Officer, National Aids Secretariat</p> |
| 22 080 098 | <p>Rs 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 69800 x 2000 - 75800 x 2150 - 82250</p> <p>Lead Biomedical Engineer (Health) (New Grade)</p> |
| 22 069 092 | <p>Rs 36550 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 69800</p> <p>Biomedical Engineer/Senior Biomedical Engineer (Health) <i>formerly Biomedical Engineer (Health)</i></p> |
| 22 056 059 | <p>Rs 26050 x 675 - 27400 x 825 - 28225</p> <p>Trainee Biomedical Engineer</p> |
| 22 062 079 | <p>Rs 30700 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 47675</p> <p>Principal Biomedical Engineering Technician</p> |
| 22 050 076 | <p>Rs 23025 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 43500</p> <p>Senior Biomedical Engineering Technician</p> |

| Salary Code | Salary Scale and Grade |
|------------------------------------|--|
| 22 033 069 | Rs 17565 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 36550 Biomedical Engineering Technician |
| 22 042 067 | Rs 20175 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 34825 Senior Telephonist (Health) (Shift) (New Grade) |
| 22 027 064 | Rs 16005 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 32350 Telephonist (Health) (Shift) |
| HEALTH STATISTICS UNIT | |
| 20 080 096 | Rs 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 69800 x 2000 - 75800 x 2150 - 77950 Chief Health Statistician |
| 20 073 092 | Rs 40300 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 69800 Senior Health Statistician |
| 20 058 088 | Rs 27400 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 62700 Health Statistician |
| DEMOGRAPHIC/EVALUATION UNIT | |
| 20 080 096 | Rs 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 69800 x 2000 - 75800 x 2150 - 77950 Chief Demographer |
| 20 058 088 | Rs 27400 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 62700 Demographer |
| 20 062 080 | Rs 30700 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 Principal Statistical Officer |

| Salary Code | Salary Scale and Grade |
|--|--|
| 20 053 076 | <p>Rs 24475 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 43500</p> <p>Senior Statistical Officer</p> |
| 20 041 070 | <p>Rs 19850 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450</p> <p>Statistical Officer</p> |
| ENVIRONMENTAL HEALTH ENGINEERING UNIT | |
| 26 000 107 | <p>Rs 110125</p> <p>Director, Environmental Health Engineering Unit</p> |
| 26 085 099 | <p>Rs 57600 x 1700 - 64400 x 1800 - 69800 x 2000 - 75800 x 2150 - 82250 x 3000 - 85250</p> <p>Deputy Director, Environmental Health Engineering Unit</p> |
| 26 080 098 | <p>Rs 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 69800 x 2000 - 75800 x 2150 - 82250</p> <p>Lead Sanitary Engineer</p> |
| 26 065 092 | <p>Rs 33175 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 69800</p> <p>Sanitary Engineer/Senior Sanitary Engineer</p> |
| Operations Support Services | |
| 11 072 097 | <p>Rs 39350 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 69800 x 2000 - 75800 x 2150 - 80100</p> <p>Senior Manager, Operations Support Services</p> |
| 11 063 092 | <p>Rs 31525 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 64400 x 1800 - 69800</p> <p>Manager, Operations Support Services</p> |
| 23 062 088 | <p>Rs 30700 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 62700</p> <p>Programme Officer (Ex-NATReSA) (Personal)</p> |

| Salary Code | Salary Scale and Grade |
|-------------|---|
| 26 058 088 | <p>Rs 27400 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200 x 1700 - 62700</p> <p>Head, Transport, Maintenance and Workshop Services</p> |
| 26 049 083 | <p>Rs 22625 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 49250 x 1650 - 54200</p> <p>Coordinator (Operations Support Services)</p> |
| 23 047 079 | <p>Rs 21850 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 46100 x 1575 - 47675</p> <p>Assistant Programme Officer (Ex-Natresa) (Personal)</p> |
| 01 053 076 | <p>Rs 24475 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 43500</p> <p>Accounts Officer (Ex-NATReSA) (Personal)</p> |
| 26 035 072 | <p>Rs 18100 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 39350</p> <p>Supervisor, Operations Support Services (Shift)</p> |
| 23 039 074 | <p>Rs 19225 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 41250</p> <p>Life Care Officer</p> |
| 01 041 070 | <p>Rs 19850 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450</p> <p>Accounts Clerk (Ex-NATReSA) (Personal)</p> |
| 10 048 070 | <p>Rs 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450</p> <p>Audio-Visual and Documentation Officer (Ex-NATReSA) (Personal)</p> |
| 23 028 067 | <p>Rs 16265 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 34825</p> <p>Welfare Assistant</p> |

| Salary Code | Salary Scale and Grade |
|-------------|--|
| 08 046 076 | <p>Rs 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450 x 950 - 42200 x 1300 - 43500</p> <p>Confidential Secretary (Ex-NATReSA) (Personal)</p> |
| 08 041 070 | <p>Rs 19850 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450</p> <p>Executive Officer (Ex-NATReSA) (Personal)</p> |
| 08 030 067 | <p>Rs 16785 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 34825</p> <p>Clerk/Word Processing Operator (Ex-NATReSA) (Personal)</p> |
| 08 029 066 | <p>Rs 16525 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 34000</p> <p>Receptionist/Word Processing Operator (Ex-NATReSA) (Personal)</p> |
| 08 025 063 | <p>Rs 15485 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 31525</p> <p>Receptionist (Health Services) Transport Services Facilitator (Shift)</p> |
| 25 052 070 | <p>Rs 23950 x 525 - 26050 x 675 - 27400 x 825 - 35650 x 900 - 37450</p> <p>Workshop Supervisor</p> |
| 25 044 067 | <p>Rs 20825 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 34825</p> <p>Chief Mechanic Chief Tradesman Foreman</p> |
| 25 028 061 | <p>Rs 16265 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 29875</p> <p>Orthopaedic Appliance Maker (Leather) Orthopaedic Appliance Maker (Metal) Orthopaedic Appliance Maker (Wood)</p> |
| 25 027 060 | <p>Rs 16005 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 29050</p> <p>Orthopaedic Appliance Maker (Seamstress) <i>formerly Orthopaedic Appliance Maker</i></p> |

| Salary Code | Salary Scale and Grade |
|-------------|--|
| 25 026 059 | <p>Rs 15745 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 28225</p> <p>Automobile Electrician Cabinet Maker Carpenter Coach Painter Electrician General Assistant Maintenance Assistant Mason Motor Diesel Mechanic Motor Mechanic Painter Panel Beater Plumber and Pipe Fitter Welder Tailor</p> |
| 25 022 052 | <p>Rs 14725 x 250 - 15225 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 23950</p> <p>Maintenance Handy Worker (Personal)</p> |
| 25 019 049 | <p>Rs 13975 x 250 - 15225 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 22625</p> <p>Maintenance Handy Worker Tradesman's Assistant Tradesman's Assistant (Seamstress)</p> |
| 24 043 068 | <p>Rs 20500 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 35650</p> <p>Senior Health Laboratory Auxiliary</p> |
| 24 027 064 | <p>Rs 16005 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 32350</p> <p>Health Laboratory Auxiliary (on Roster) (New Grade)</p> |
| 24 030 063 | <p>Rs 16785 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 31525</p> <p>Leading Hand/Senior Leading Hand</p> |

| Salary Code | Salary Scale and Grade |
|-------------|--|
| 24 026 063 | Rs 15745 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 31525 Health Laboratory Auxiliary (Personal) |
| 24 033 062 | Rs 17565 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 30700 Ambulance Driver (Shift) |
| 24 033 061 | Rs 17565 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 29875 Driver (Heavy Vehicles above 5 tons) |
| 24 028 061 | Rs 16265 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 29875 Driver (on shift) |
| 24 029 060 | Rs 16525 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 29050 Operator Waste Water Pumping Station (on shift) |
| 24 026 060 | Rs 15745 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 29050 Ward Assistant (Male and Female) |
| 24 034 060 | Rs 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 29050 Senior Cook |
| 24 030 058 | Rs 16785 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 Field Supervisor |
| 24 026 059 | Rs 15745 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400 x 825 - 28225 Driver/Handyworker (Skilled) (Ex-NATReSA) (Personal) Handy Worker (Skilled) (Health) Incinerator Operator (Health Services) Mortuary Attendant (on roster) |

| Salary Code | Salary Scale and Grade |
|-------------|---|
| 24 026 058 | <p>Rs 15745 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400</p> <p>Attendant (Haemodialysis) (Shift) Health Sterile Services Assistant <i>formerly</i> CSSD Assistant Senior Attendant (Hospital Services) (Shift)</p> |
| 24 025 058 | <p>Rs 15485 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 27400</p> <p>Driver (ordinary vehicles up to 5 tons)</p> |
| 24 027 057 | <p>Rs 16005 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050 x 675 - 26725</p> <p>Cook (Roster)</p> |
| 24 026 056 | <p>Rs 15745 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 26050</p> <p>Pool Attendant (Hydrotherapy Unit)</p> |
| 24 025 054 | <p>Rs 15485 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 25000</p> <p>Ambulance Care Attendant (Shift) Attendant Nursing School (Personal) Attendant (Hospital Services) (Shift)</p> |
| 24 023 053 | <p>Rs 14975 x 250 - 15225 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 24475</p> <p>Waste Water Pipe Cleaner (Roster)</p> |
| 24 022 052 | <p>Rs 14725 x 250 - 15225 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425 x 525 - 23950</p> <p>Attendant Nursing School Gardener/Nursery Attendant Insecticide Sprayer Operator</p> |
| 24 021 051 | <p>Rs 14475 x 250 - 15225 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23425</p> <p>Laundry Attendant (Roster) Surveillant (Shift) <i>formerly</i> Security Guard (Shift)</p> |

| Salary Code | Salary Scale and Grade |
|-------------|---|
| 24 020 050 | <p>Rs 14225 x 250 - 15225 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23025</p> <p>Handy Worker (Special Class) Handy Worker (General) (Health)</p> |
| 24 019 050 | <p>Rs 13975 x 250 - 15225 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 22225 x 400 - 23025</p> <p>Rodent Control Attendant Stores Attendant</p> |
| 24 018 047 | <p>Rs 13745 x 230 - 13975 x 250 - 15225 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21475 x 375 - 21850</p> <p>Lorry Loader Sanitary/Cleaning Attendant</p> |
| 24 001 045 | <p>Rs 10250 x 175 - 10775 x 200 - 11775 x 205 - 12595 x 230 - 13975 x 250 - 15225 x 260 - 17825 x 275 - 18925 x 300 - 19525 x 325 - 21150</p> <p>General Worker General Worker (Ex-SMEDA) (Personal)</p> |

