



## ABSTRACT

Tamil Nadu Medical Service – Grant of allowances to the Medical officers in Tamil Nadu Medical Service – Orders - Issued

### HEALTH AND FAMILY WELFARE (A1) DEPARTMENT

G.O.(Ms).No 293

Dated: 18.06.2021

பிலை, ஆணி - 04

திருவள்ளூர் ஆண்டு-2052

#### Read:-

1. G.O.(Ms).No.354, Health and Family Welfare Department, dated 23.10.2009.
2. G.O.Ms.No 245, Health and Family Welfare department dated 30.10.2013
3. From the Director of Medical Education, letter No. 40634/E1/3/2014, dated 13.01.2017.
4. Representation dated 20.06.2019 of Tamil Nadu Government Doctors Association.
5. Representation dated 09.07.2019 of Federation of Government Doctors Association.

#### ORDER:

In Government Orders first and second read above, orders were issued for granting Time Bound Promotion to the post of Senior Assistant Surgeon (SAS), Civil Surgeon (CS), Senior Civil Surgeon (SCS) and Chief Civil Surgeon (CCS) in 8 /15/17 /20 years respectively, irrespective of acquiring higher qualifications or availability of vacancies.

2. The Associations of Government Doctors have now represented to review the number of years in which time bound promotion is given to Medical officers and have sought for reducing the number of years of such time bound promotion. Regarding the request of the Doctors Associations on pay hike, a Committee was formed by the Finance department under the Chairmanship of Special Secretary (PK) to examine the issue and the Committee has submitted its report.

3. In its report, the Committee has analyzed the request of the Government Doctors Association. The demand from doctors' associations for advancing the Dynamic Assured Career Progression (DACP) further has arisen on the ground that Government of India awards PB4 in the 13<sup>th</sup> year itself. Pay and allowances depend on the qualifications prescribed, conditions of service and requirement of the State to attract personnel and retain them. With these factors varying significantly from State to State, comparisons can only be made with States offering similar conditions, or in the alternative, adjustments would have to be made accordingly to account for these differences. Further, Government of India and most other States do not permit private practice and instead offer non practicing allowance in lieu. The Government of Tamil Nadu permits private practice and the doctors therefore are in a position to enhance their income substantially from the same, in addition to the Government emoluments. It is desirable to continue this practice in order to enable cross learning

and exchange of ideas from health services between the public and private sectors. The doctors' associations also are in favour of the same. Since discontinuing private practice is not under consideration, the question of comparison with Government of India or States which do not permit private practice does not arise at all. Tamil Nadu offers the highest levels of pay at both point of entry and superannuation. Only Maharashtra is comparable at point of entry, but not at the highest scale. In comparison with other States which permit private practice, Tamil Nadu already offers higher emoluments and hence this cannot be a ground for advancing DACP. While the UGC scales are slightly higher than the scales offered to doctors on the Director of Medical Education side, the two are not comparable. The fundamental point of distinction is that UGC Regulations expressly prohibit college and University faculty from engaging in private tuitions, whereas Medical officers in Tamil Nadu are permitted private practice. The assured career progression awarded to Medical officers and that governing Professors are also significantly different. Under the DACP (Dynamic Assured Career Progression) for Medical Officers, the only condition to be fulfilled for promotion to the relevant pay scale is that of experience, without regard to availability of promotional vacancies. Thus, Medical Officers with 20 years of service will necessarily attain the pay scale of PB4 without regard to acquiring any higher qualification or undergoing training or performance. On the contrary, the career progression of faculty in colleges/universities is conditional. For every promotion to the next stage, they have to attain the prescribed Academic Performance Indicators (API) which includes minimum number of teaching hours, research publications, mandatory attendance of training programmes and workshops, co-curricular activities. Most critically, even on completion of 19 years of service, promotion to Professor is not possible unless the Associate Professor has acquired a Ph.D. Hence, the two are not comparable. There is also a claim of 'double duty' on the Director of Medical Education side, i.e. doctors work in the hospital and teach. It needs to be noted that this is their work profile and this is within the regular duty hours only. The question of 'double' or 'extra' duty doesn't arise. The DACP, as presently structured, works to the advantage of the general Medical Officer rather than the Specialist. An MBBS graduate, who enters the system, say at the age of 23, avails the highest pay scale at the age of 43, even if he/she doesn't acquire any additional higher qualification. In contrast, a doctor, who acquires specialist/super specialist qualifications and then joins Government service, can do so only at about the age of 30. Such a specialist would avail of the highest scale only at the age of 50. Further, since the general MO who has already enjoyed the benefit of assured progression, he/she would in fact earn more than the specialist, which runs counter to the qualifications they possess and the nature of work they turn out. Even in the case of a Medical Officer who acquires PG Degree while in service, the only difference in emoluments between the specialist and general Medical officer who entered service at the same time, would be two increments. Advancing the DACP further would only exacerbate this distortion, with general MOs attaining the highest scales much faster than specialists who enter directly. Moreover, as per para 4 I (xiv) in Government Order first read above, would apply when substantive posts are available and the eligibility and period of service mentioned would be the qualifying criteria. Availability of general MOs and specialists, and the greater need of the public health system to attract and retain specialists, the emolument structure should be designed in favour of the specialist and not the general Medical officer. Therefore, since further advancement of the DACP would only work counter to this objective, status quo should be maintained with regard to DACP. The additional expenditure on account of advancing DACP is a burden that the State can ill afford at this juncture, given its high revenue deficit. There is no justification to advance

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DACP, since it would only serve to enhance emoluments of general Medical officers rather than specialists. In contrast to the position of general Medical officers, there is a shortage in availability of specialists, particularly in scarce specialities. It is also necessary to devise a compensation structure as follows which recognizes and rewards higher qualification but not general qualification

- i. Specialists and Super Specialists
- ii. Doctors to work in difficult areas
- iii. Doctors to work in functionally difficult positions

4. The Government have examined the request of the doctors association along with the report of the Committee headed by the Special Secretary (PK), Finance department. After examination, the Government have decided to accept the report of the Committee and accordingly ordered as follows:-

- i. To grant two special increments to the Medical Officers on acquiring higher qualification as follows -

Post Graduate Diplomas in all specialities	One special increment
Post Graduate degree viz., M D/M S	Two special increments
Super Specialities viz., DM /MCh	Additional Two special increments

These special increments shall count for pay fixation, dearness allowance and pension etc.

- ii. An allowance of Rs. 14,000 per month is granted for all Super Specialists.
- iii. An allowance of Rs. 9,000/- per month is granted for PG degree holders in the following scarce specialities

S. No.	Scarce Speciality
1	Anaesthesia
2	Forensic Medicine
3	Obstetrics and Gynaecology
4	Paediatrics
5	Radiodiagnosis
6	Radiotherapy
7	Thoracic Medicine
8	General Medicine
9	General Surgery
10	Orthopedics
11	Psychiatry

- iv. An allowance of Rs. 5,500/- per month is granted for PG degree holders in other Non scarce specialities.
- v. An allowance of Rs 5,000/- per month is granted for PG diploma holders in the following scarce specialities:

S. No	Scarce Speciality
1	Anaesthesia
2	Forensic Medicine
3	Obstetrics and Gynaecology
4	Paediatrics
5	Radiodiagnosis
6	Radiotherapy
7	Thoracic Medicine
8	General Medicine
9	General Surgery
10	Orthopedics
11	Psychiatry

- vi. An allowance of Rs 3,000/- per month is granted for PG diploma holders in other non-scarce specialities.
- vii. An Allowance of Rs. 3000/- per month to the Medical officers (Medical officers, Specialists and Super Specialists) working in Primary Health Centres / Hospitals in the difficult areas in Hills, Plains and Remote areas as notified in G O (Ms) No 86, Health and Family Welfare (MCA-1) Department dated 06 03 2019.
- viii. An Allowance of Rs 3000/- per month to all Medical officers working in the following functionally difficult assignments:
- Trauma/Accident/Emergency care Unit
  - CEmONC Centres
  - SNCU (Sick new born care unit)
  - NBSU (New born stabilization unit)

The allowance for Difficult Areas and Functionally Difficult Assignment shall be in addition to any other allowance they draw.

(BY ORDER OF THE GOVERNOR)

J.RADHAKRISHNAN,  
PRINCIPAL SECRETARY TO GOVERNMENT.

To

The Director of Medical Education, Chennai 600 010.

The Director of Medical and Rural Health Services, Chennai 600 006.

The Director of Public Health and Preventive Medicine, Chennai 600 006.

All Deans in Government Medical Colleges.

All Joint Director of Health Services.

The Accountant General, Chennai - 600 018 / 35/ 9.

All Pay and Accounts Officer / All Treasury officers.

Copy to:

The Hon'ble Chief Minister's Office, Chennai – 600 009.

The Special Personal Assistant to Hon'ble Minister (Medical & Family Welfare),  
Chennai-600 009.

Finance (H-II) department, Chennai-600 009.

Health and Family Welfare (DC/B) department, Chennai-600 009.

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18/6/21  
SECTION OFFICER

**ANNEXURE to G.O.(Ms) No.293, dated.18.06.2021**

**1. Aggregation of allowances**

The allowance for Difficult Areas and Functionally Difficult Assignment shall be in addition to any other allowances they draw

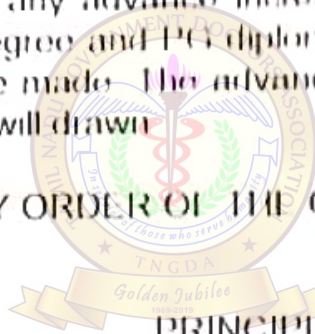
**2. Illustration:-**

A Medical officer working in a CI (MCH) centre in Orissa would be eligible for three allowances, i.e., Rs 9,000/- for being a PG degree holder in scarce speciality, Rs.3,000/- for working in a difficult area and Rs 3,000/- for being posted in functionally difficult assignment. She would be eligible to draw a total allowance Rs.15,000/- per month on these accounts

**3. Clarification for sanction of Special Increments**

Medical officers those who have already been sanctioned advance increments for completion of their degree in viz., superspeciality, PG degree and diploma are not eligible for special increments. Only those Medical officers who have not been sanctioned any advance increments for completion of their degree viz., superspeciality, PG degree and PG diploma are eligible for special increments. Double claim should not be made. The advance increment already availed by such medical officers will not be drawn.

(BY ORDER OF THE GOVERNOR)



J RADHAKRISHNAN,  
PRINCIPAL SECRETARY TO GOVERNMENT

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*2025/18/121*  
SECTION OFFICER