

Counter to the committee on revision of pay / allowances for MOs (For the WP of 1657/2020 by the Legal coordination committee for TN service doctors)

First of all what is the committee? What's the purpose of the committee? Who formed the committee? What's the time duration given to the committee? Who are all members? (It's said that a committee was formed consisting of Special secretary to the government, Finance department and three directors of health department)

What's the agenda given to the committee? When it was formed? When it has given its report? What are all the suggestions? Instead of (the health Secretary) giving his reply to the honourable court, he has given the reply in the name of committee report which is factually not. Formation of this four member committee by the HS is legally invalid. It's unwarranted because already there was a committee under Nagarajan IAS at 2018 by the same HS. That committee has recommended the implementation of GO 354. Why the HS hasn't taken in to account of that committee report?

1. We're are neither TNGDA nor FOGDA. We're Legal coordination committee (LCC) for TN Service doctors which is a new independent organisation arising out of SDPGA cadres. We demand only implementation of GO 354 which states that PB4 @ 12 years (**5, 9, 11, 12 years – Para XIV of GO 354**).
2. According to the GO 354/ 23.10.2009 why the time bound pay scale was not implemented so far?
3. **Regarding Private practice, we're putting forward our views as follows.**
 - A) Doctors are asking decent pay during govt work timings. What they are doing after that like gardening, farming, writing, reading a novel, being an artist or running a private clinic or hospital is none of the business.
 - B) Government should give option of practice or non- practice while implementing the GO 354. Government shall very well hold NPA (Non practising allowance) for those who give in writing to forego it and practice. For others govt should pay NPA in par with central govt.
 - C) Doing private practice (especially consultants), they will exceed 30% tax liability and paying tax to the government. Government is in no way at loss. Instead it gains.
 - D) According to Park Community medicine, apart from govt sector private sector is also an important pillar of health care. The government doctors allocate our extra time to strengthen the pillar of health, because of which we are able to run the show even during pandemic.

- E) Knowledge and experience of a doctor who has learnt for 10 years is a national asset and it should be put in to fullest use in developing countries like India. This is evident during this pandemic, all the northern states which have restricted private practice foolishly are suffering in front of our eyes. So at the cost of work – life balance government doctors are also strengthening the private sector.
- F) Moreover if the government desires to continue the Private practice then why it is wasting the court time unnecessarily?
4. In page no.3, TN offers significantly higher emoluments. We challenge in the court of law that can the government be able to say what are all those higher emoluments? In fact citing Covid crisis, the government withheld the DA arrears, Earned leave surrender, Covid mortality fund, Covid monetary incentive of 30,000 rupees as well as pension and other settlements for Covid and Non-Covid martyrs (**Enclosure attached**) as well as Corpus fund which is absolutely from the contribution of our 18000 doctors from our monthly salaries.
5. As for as Haryana, Karnataka and Telangana states have hiked their pay after the Covid crisis to honour the doctors and their selfless service. So instead of comparing these states, shall the government is willing to give us too?
6. **“any decisions on pay to the doctors or conditions of service of any one cadre has ramifications on the entire Government machinery and political implications which has to be evaluated at the highest level, the issue is yet to reach a finale”**..... This a statement the HS is consistently giving his response throughout in his nine years of HS post. The Honourable court kindly note that the above states have honored their state government doctors equal to that of CGHS without any concession to the any of the other departments. Nothing was happened. Even the TN veterinary doctors have sanctioned with central parity. No government section is claiming central parity by quoting this. Further we are demanding and struggling for pay equal with CGHS from 2009. Therefore we humbly say that it’s all the imagination of the HS only.
7. In the same P.3, paragraph 2, the government says that since it’s giving higher emoluments, it can’t be a ground for advancing DACP. If so, then why the government promulgated GO 354?

Reply for Comparison with UGC scales

8. **We, the government doctors from the beginning never ask UGC scale of pay.** It has been deliberately and falsely included. Because demanding UGC scale will divide the doctor’s community. Only the DME side will be benefitted. A huge majority of our community is working under DMS and DPH side. Since they are not in teaching side, they will be not be benefitted. It’s an attempt to divide and rule our community which is misleading our demand and condemnable therefore.
9. Regarding double duty on the DME side, we are not putting this argument. The health secretary himself fantasised about this double duty. Again and again we’re simply asking

why GO 354 is not implemented so far. Instead the same health secretary who is the longest serving HS is instrumental in putting numerous GOs like GO 245/2013, 301/2015 and 293/2021. **We are asking through the honourable court that GO 354 is neither abrogated nor modified. But it has been kept at suspended animation from the last 12 years. We are asking why and for what reason?**

10. Reply to distortion in DACP

We (the legal coordination committee) are humbly bringing the attention of the honourable court that a MBBS graduate entering in to the govt service at the age of 23 years without any PG qualification until 43 years is extremely rarest of rare only. It will be less than 10 % of the entire 19000 doctors. Therefore the govt is attempting to divert the DACP issue.

CGHS gives pay band 4 scale at the completion of 13 years for their MMBS doctors whereas it gives pay band 4 scale at the completion of 6 years for their Speciality doctors and 3 years for their Super speciality doctors.

Here in Tamil Nadu, we the state government doctors are asking pay band 4 scale at the completion of 13 years for all. All means MBBS, Speciality and Super speciality. Getting pay scale 4 is different from promotion which is vacancy based.

11. Regarding incorrect interpretation of GO 354 (P.No.6), the HS says about the difference between eligibility and entitlement. **Does he think that all the associations or all the 19000 doctors are incapable of proper interpretation except himself?** Eligibility is a mother who bears the child of entitlement. Entitlement or right of a doctor comes once he attains his eligibility. The promotion entitlement comes only if there is vacancy even though he attains his eligibility. This we agree. But the pay scale refitment entitlement comes immediately once a doctor attains his eligibility. Promotion is based on vacancy. But pay scale refitment doesn't based on vacancy. It's based on the completion of the required duration only. Is that after completion of 12 years, every doctor is entitled for his pay band 4 and not of promotion which depends upon the availability of the vacancies.

12. Reply to financial and systemic implications

The years we demand for time bound scale of pay is 5, 8, 11, 12 years. The expenditure for this scale was deliberately avoided. Instead the HS has put unwanted years and expenditure. A proper counter should be telling the exact expenditure for the scale of pay we are demanding. Our statement to the honourable high court is an additional 300 crores per year. Even that revenue also will be generated by CM health insurance scheme which is 1200 C per year. Therefore the term deficit is not acceptable

The demand of DACP by other government employees is not known. Even if so, our pattern of work (working in holidays also), qualification, work load (Only 19000 doctors for 8 Crore population), nature of work especially during this Covid times should be taken in to account which is incomparable.

13. Unemployment is increasing in every field. Everyone in every field chooses govt sector. It doesn't mean that the govt will keep the GO which it only promulgated in to suspended animation. It doesn't meant that it will deny our rights by comparing with private sector.
14. Regarding Incentives for scarce specialties in Page No.9 our reply is this will divide the doctor's community and therefore we need the status of GO 354 only. After removing the disparities in our pay scale on the basis of GO 354 only any incentive can be added but that too uniformly among the specialities and general Medical officers.
15. The separation of specialities in to scarce and Non-scarce is based upon which evidence? The health secretary says that of extensive demand and serving maximum no of patients in P.No.11. This type of differentiation is nowhere in India. It's arbitrary, fallacious and in fact prejudices. Again we are asking about the GO 354. But this type of argument leads to distraction from the original reason for the legal fight.
16. The word Just MBBS in Page No.14 is an insult to us. These young and energetic doctors who have just finished their under graduation are working hard in the PHCs from 8 to 4 PM. Because of their contribution only all the health indices are improved. More over most of these doctors will go to PG course and shifted to DMS or DME side.
17. Arguing that incentive structure brings a quietus to the demand of compression of DACP (page 14) means the GO 354 will not be implemented. How can one GO 293 inhibit the functionality of another GO? Is it legally valid? A GO should be either abrogated or modified only.
18. Finally, spending 894906000 annually for allowances for those doctors who are working in difficult areas and functionally difficult assignments is the duty of the government. Honourable court should reject this special allowance expenditure statement because it involves only a small segment. A large majority of the doctors are deprived. Therefore this financial statement should be rejected as it deviates the attention of the court from the main contention of implementation of a GO.