



ABSTRACT

Tamil Nadu Medical Service – Committee constituted to look into demands of Tamil Nadu Government Doctors' Association – Recommendations of committee – Orders – Issued.

HEALTH AND FAMILY WELFARE (B2) DEPARTMENT

G.O.(Ms) No. 354

Dated: 23.10. 2009.

Thiruvalluvar Aandu 2040.

Iypasi : 6

Read:

1. G.O. (Ms) No. 194, Health and Family Welfare Department, dated: 07.07.2009

Read also:

2. From the Special Secretary to Government , Finance Department, letter No: 384 / SS / PK / 2009, dated; 03.08.2009.

ORDER:

The Tamil Nadu Government Doctor's Association (TNGDA) requested the Government that the Government doctors may be provided with Dynamic Assured Career Progression (DACP) due to lack of adequate promotional opportunities and stagnation at various levels in the system.

2. Accordingly, in the Government Order first read above, a committee was constituted to look into promotional opportunities of Government Doctors at various levels headed by the Special Secretary to Government , Finance Department. In the letter second read above, the Committee has submitted its report to the Government .

3. As per the mandate given in the Government order, the committee studied the situation and possible modalities to create better promotional opportunities to the Government doctors and other related issues, and has submitted its recommendations. Financial commitment towards the implementation of these recommendations is approximately estimated at Rs.67.3 crores per annum for Director of Medical and Rural Health Services /Director of Public Health and Preventive Medicine /Director of Medical and Rural Health Services (ESI) side and Rs.51.3 crores per annum for Director of Medical Education side.

4. After detailed examination of the recommendations of the committee, the following orders are issued :-

I. Director of Medical and Rural Health Services / Director of Public Health and Preventive Medicine side:-

- i. All the doctors working in hospitals, dispensaries and primary health centres in the state who do not come under Director of Medical Education side are considered as one unit for the purpose of this order.
- ii. The Director of Medical and Rural Health Services shall maintain the Civil Medical List (CML) and the seniority list of the doctors in this unit. The seniority under the Civil Medical List will be based on Tamil Nadu Public Service Commission selection. The Director of Medical and Rural Health Services will effect promotions in Director of Medical and Rural Health Services / Director of Public Health and Preventive Medicine / ESI / Foreign Service etc
- iii. The Director of Medical and Rural Health Services unit's seniority list shall be of
 - (1).General seniority-

for all those doctors with MBBS degree. (2).Specialist seniority- Speciality wise seniority for those with diploma and master degree The specialities are :-
 1). General medicine 2). General surgery 3) Obstetrics & and Gynaecology 4). Paediatrics 5).Ophthalmology 6).Orthopaedics 7). ENT 8). Psychiatry 9). Radiology 10). Chest medicine. 11).Anaesthesia 12). Dental 13). Dermatology. All other specialists not coming under the above mentioned specialties will be included in the general category, unless ordered otherwise.
 - a. The Post Graduate doctors (i.e. doctors who have done Post Graduate Degree or diploma) in the Director of Medical and Rural Health Services side would get a separate seniority in their specific speciality based on their seniority in the Civil Medical List. After getting their seniority in their speciality, their future promotions would be based on the speciality-specific seniority, and the Civil Medical List for them would be relevant only for the limited purpose of fixing the inter-se seniority relative to those joining their speciality in the Director of Medical and Rural Health Services side. No equivalent promotion can be claimed by any specialist based on inter-se Civil Medical List seniority on account of doctors in some other speciality or in MBBS General list getting promotion. Civil Medical List seniority would after that be relevant only to fix their seniority in the speciality-specific seniority list, and after that it is that seniority list which would operate. Such fixing of speciality-specific seniority based on the Civil Medical List seniority would continue only upto the Senior Civil Surgeon stage, beyond which only the speciality-specific seniority would operate, except for posts common to all specialities. An illustration for fixing the seniority on Civil Medical List basis and for specific specialities is annexed to this order
 - b. The inter-se-seniority of MBBS General candidates on Director of Medical and Rural Health Services and Director of Public Health and Preventive Medicine side and that of the Post Graduate diploma candidates in the Primary Health Centres side would be dealt as common pool and would be based on the Civil Medical List . Their promotion also would be based on the Civil Medical List The MBBS General candidates can go either to Director of Medical and Rural Health Services or Director of Public Health and Preventive Medicine , depending on vacancy available, on promotion. The promotions gained by a specialist, cannot be cited for equivalent promotion by MBBS General (and the Post

Graduate Diploma in the Primary Health Centre) candidates based on inter-se-seniority.

iv. The posts of Assistant Surgeon (AS), Senior Assistant Surgeon (SAS), Civil Surgeon (CS) and Senior Civil Surgeon (SCS) shall continue to be in the existing pay Band and Grade Pays, which are equivalent to the pre-revised scales of Rs.8000/-, Rs. 9100/-, Rs. 10,000/- and Rs.12000/- respectively, as laid down in the G.O.(Ms). No. 234 Finance (Pay Cell) Department, dated: 1.06. 2009.

v. A new rank of Chief Civil Surgeon (CCS) carrying salary in Pay Band -IV, with grade pay of Rs. 8700/- shall be created. The post of Chief Civil Surgeon is only a rank and the designation of Chief Civil Surgeon does not mean the person is head of an administrative Unit.

vi. The pay band and grade pay for Joint Director, Additional Director and Director level posts pay shall remain at the same level as they exist now. An additional allowance of Rs. 500/- per month shall be paid to the Joint Director. This allowance would be a standalone allowance and would not be eligible to be counted for calculating any other salary item such as Dearness Allowance and other allowances.

vii. The distribution of MBBS general and Post Graduate Diploma doctor posts on Director of Public Health and Preventive Medicine side is as per Annexure I to this order. The Director of Medical and Rural Health Services shall effect promotion and will be the officer responsible for maintaining the number of posts at each level. The Director of Public Health and Preventive Medicine shall be responsible for posting and also ensuring numbers in each level.

viii) The MBBS General and Diploma doctors on Primary Health Centre side would be considered equivalent for promotion purposes. 100 Upgraded Primary Health Centres would be headed by Chief Civil Surgeon level doctors. The Director of Public Health and Preventive Medicine may decide which 100 Primary Health Centres to be chosen based on the level of activity in Primary Health Centres. The selection and distribution of other level doctors amongst various categories of Primary Health Centres is left to the Director of Public Health and Preventive Medicine, to be calculated based on the volume of work in each Primary Health Centre. The Director of Public Health and Preventive Medicine would have to ensure that the total number of posts at each level in the entire Department is not more than the total posts fixed above, and that not more than the prescribed strength, speciality wise, are posted in any Primary Health Centre. Thus, in any Primary Health Centre the total strength would remain the same as prescribed through Government orders, but the level of doctors in any specific Primary Health Centre can be fixed by the Director of Public Health and Preventive Medicine. However, while fixing the level, the Public Health and Preventive Medicine has to ensure that the total number of posts in the department as a whole at each level are not altered.

ix. The distribution of MBBS general in Director of Medical and Rural Health Services / ESI side shall be as in Annexure-II to this order.

x. The department wise distribution of specialists post in Director of Medical and Rural Health Services / Director of Medical and Rural Health Services (ESI) and Foreign services shall be as per Annexure -III to this order, The institution vise break up of specialists post is as per Annexure – IV to this order.

xi. The Director of Medical and Rural Health Services shall redistribute the total strength at each level as given in Annexure II, III and IV. The choice of redistributing the same amongst various district / taluk / non-taluk hospital/ other hospitals shall be done by the Director of Medical and Rural Health Services. However, while fixing the level of posts, the total number of posts in each level for MBBS General and each Speciality in the Department cannot be altered. Further, the total number of MBBS General and speciality posts, as per restructured plan in Director of Medical and Rural Health Services and as per norms for various categories of Primary Health Centre in Director of Public Health and Preventive Medicine , in each institution cannot be altered. Further, the total number of MBBS General and speciality posts, as per restructured plan in Director of Medical and Rural Health Services and as per norms for various categories of Primary Health Centre in Director of Public Health and Preventive Medicine, in each institution cannot be altered. If in any hospital any speciality post is upgraded to a higher level, it should be accompanied by a simultaneous downgrading of an equivalent post in the same speciality in some other hospital.

xii. The allotment of specialist post in each hospital under restructuring plan vide G.O (Ms) No 255, Health and Family Welfare Department, dated: 20.08.2009 should not be altered, in these exercises.

xiii. The total number of common posts would remain at 563 (438 High level and 125 lower levels). They would be continued to be available to all specialities (including MBBS General candidates, except for 125 low level posts in ESI which would be available only to specialities) based on seniority. The present common Senior Civil Surgeon 354 posts and 44 Deputy Director posts are refixed at the Chief Civil Surgeon level. Accordingly the common post distribution shall be as in Annexure V to this order

xiv. The Government also fix the eligibility for promotion to a higher level in Director of Public Health and Preventive Medicine / Director of Medical and Rural Health Services / ESI/ Foreign service / other institutions as follows:-

- (i) An Assistant Surgeon shall put up 5 years of service for promotion as Senior Assistant Surgeon.
- (ii) A Senior Assistant Surgeon shall put up 4 years of service in the post of Senior Assistant Surgeon for promotion as Civil Surgeon.
- (iii) A Civil Surgeon shall put up 2 years of service in the post for promotion as Senior Civil Surgeon.
- (iv) A Senior Civil Surgeon shall put up 1 year of service in the post for promotion as Chief Civil Surgeon.

xv. The above eligibility is prospective i.e. for future promotions and it is not applicable to the existing structure. The Medical Officers on whom disciplinary action is pending / punishments given are not eligible for the above exercise.

- a. However, the above minimum periods would be for future promotions only, and would not be applicable while refitting the existing structure into the proposed structure. This refitment will be done based on the restructured posts, with the postulate that those who have completed 20 years may be fitted in the Chief Civil Surgeon level, those who have completed 15 years may be fitted in the Civil Surgeon level and those who have completed 8

years may be fitted in the Senior Assistant Surgeon level without taking into reckoning the minimum experience prescribed above for each level.

- b. The Director of Medical and Rural Health Services will be empowered to do the refitment and effecting the promotions upto the level of Chief Civil Surgeon, on the guidelines above. However, the district level higher administrative posts should be prepared and sent to the Govt. for approval.

xvi. Approximately 1/28th of the total number of posts should be filled up every year to ensure that there is a smooth transition from each level to the next one. The Director of Public Health and Preventive Medicine as the common recruitment officer will ensure this.

xvii. The first general as well as speciality wise review of the above proposed structure may be undertaken after 3 years and thereafter general as well as speciality wise review may be taken up every 5 years as this would ensure that any distortions caused by the above exercise are corrected.

xviii. Suitable modifications to the above proposed structure be carried out from time to time whenever number of certain posts are increased or reduced.

II. Director of Medical Education side:-

- (i) The Medical Officers working in the Medical College Hospitals, Institutions and dispensaries under the control of Directorate of Medical Education shall come under the Director of Medical Education unit. .
- (ii) The Director of Medical Education will maintain the seniority list of the doctors in this unit and will effect the promotions.
- (iii) The Director of Medical Education unit's seniority list will be of two categories (1).General seniority- for all those doctors with MBBS and diploma degree. (2).Specialist seniority- Speciality wise seniority for those with master degree and or super speciality degree
- (iv) Both the general seniority and speciality seniority will be based on their seniority in Civil Medical List. After getting the seniority in their speciality, their future promotions would be based on the speciality-specific seniority and they would not have further lien on their seniority in Civil Medical List for the purpose of promotion. However seniority in Civil Medical List would be relevant only for the limited purpose of fixing inter-se seniority relative to those joining their speciality in the Director of Medical Education side. No equivalent promotion can be claimed by any specialist based on inter-se Civil Medical List seniority on account of doctors in some other speciality. Civil Medical List seniority would after that be relevant only to fix the seniority in the speciality specific seniority list, and after that, it is that seniority list which would operate as illustrated in the annexure to this order.

- (v) For higher level posts and posts in common pool, the Civil Medical List seniority will be the basis for promotion.
- (vi) Entry into Director of Medical Education side against particular vacancy in any speciality should strictly be on the basis of Civil Medical List seniority, provided the person is eligible otherwise.
- (vii) Once a person joins any speciality under Director of Medical Education, his inter-se seniority in the speciality would depend on the person's seniority in the Civil Medical List . The Civil Medical List would continue to decide the speciality specific seniority, till the Associate Professor level. However, any person getting promoted under any speciality would not entitle other persons in other specialities to be promoted similarly, if they are senior in the Civil Medical List to such a person. Similarly, any person in any speciality would not be entitled to get a promotion, based on a junior in the same speciality having got such a promotion in the Director of Medical and Rural Health Services, Director of Medical and Rural Health Services, (ESI) and Director of Public Health and Preventive Medicine side.
- (viii) A new grade viz., 'Senior Assistant Professor' equivalent to Civil Surgeon (CS) shall be created and a Medical Officer should have spent at least three years as Assistant Professor to become a Senior Assistant Professor.
- (ix) The combined grade of Associate Professor / Professor is split into two, namely, Associate Professor and Professor corresponding to Senior Civil Surgeon and Chief Civil Surgeon on Director of Medical and Rural Health Services, Director of Public Health and Preventive Medicine side, respectively. Thus, Assistant Professor, Senior Assistant Professor, Associate Professor and Professor would be in the Pay band and Grade Pays laid down in the G.O.(Ms). No. 234 Finance (Pay Cell) Department. Dated 1.06.2009, corresponding to the pre-revised scales of Rs. 9100/-, Rs.10000/-, Rs. 12000/- and Rs.14300/- respectively.
- (x) The distribution of 4566 specialists posts on Director of Medical Education side shall be as given in Annexure VI to this order.
- (xi) There are 264 MBBS/Diploma Doctors as per pre-revised scale of Rs. 8000/- working on Director of Medical Education side who do not have any promotional opportunity above Tutor/Assistant Surgeon level on Director of Medical Education side as per Medical Council of India norms. They shall be allowed to be part of Civil Medical List. Their promotion will be on par with their immediate juniors in Civil Medical List in general (MBBS) category on the Director of Medical and Rural Health Services / Director of Public Health and Preventive Medicine side. Less qualified and not eligible for promotion as Assistant Professor and above as per the guidelines of the Medical Council of India, they shall be moved to Director of Medical and Rural Health Services / Director of Public

Health and Preventive Medicine side at the time of first promotion, instead of they being promoted over time to Chief Civil Surgeon level for doing work which is basically a non- teaching support work.

- (xii) The post of Principal of Dental College shall be upgraded to Chief Civil Surgeon grade provided that he has a Post Graduate qualification. In addition, as the incumbent heading an institution having other professors in Pay Band 4, they would get an additional administrative allowance of Rs. 500/- per month, which would be a standalone allowance and would not be eligible for being counted for purpose of other allowances.
- (xiii) 20 posts of Deputy Directors of Medical Education and Deputy Director (King Institute) are brought under Pay Band 4 with grade pay of Rs. 8700/- .
- (xiv) As a onetime measure to be followed at the time of refitment after creation of the posts, to address the problem of stagnation at Assistant Professor level for large number of doctors at present, all those who have done 20 years of total service from the time of entering into the TN Medical service shall be promoted as Professors, provided they are eligible as per Medical Council of India norms.
- (xv) As a onetime measure while exercising the above restructuring, the Director of Medical Education shall do the exercise as per the Medical Council of India guidelines.
- (xvi) All the promotions will be issued strictly on acquiring adequate minimum teaching experience as per Medical Council of India norms. In no case, Medical Council of India norms should be relaxed for giving promotions.
- (xvii) The Medical Officers on whom disciplinary action is pending / punishment given shall not be eligible for promotion.
- (xviii) Movement of a person from Director of Medical and Rural Health Services / Director of Public Health and Preventive Medicine side to Director of Medical Education side should be only on the basis of seniority of a person in Civil Medical List. Approximately 1/20th of the total number of posts in the speciality should be filled up every year to ensure that there is a smooth transition from each level to the next one.
- (xix) The Director of Medical Education shall review the above promotional structure at regular intervals. The first speciality wise review shall be undertaken after 3 years and thereafter speciality wise review shall take place every 5 years.
- (xx) Suitable modifications to the above structure shall be carried out from time to time whenever number of certain posts are increased or reduced.

III. Person –Oriented Promotions as Safeguard measure in both Director of Medical and Rural Health Services / Director of Public Health and Preventive Medicine side / Director of Medical Education side:-

- i. Considering the fact that medical expertise is a rare expertise and it is in the interest of the government to avoid exodus from the system. Hence, in addition to restricted Voluntary Retirement Service Scheme to achieve this, following remedies are ordered as a safeguard, if in certain cases promotions do not occur at 8,15 and 20 years even after providing enough promotional opportunities as above.
- ii. In the Director of Medical and Rural Health Services and Director of Public Health and Preventive Medicine side, if individuals are not promoted to the rank of Senior Assistant Surgeon, Civil Surgeon and Chief Civil Surgeon after 8, 15 and 20 years of service respectively, then they will be given person-oriented promotions to the rank of Senior Assistant Surgeon, Civil Surgeon and Chief Civil Surgeon after 8,15 and 20 years of service respectively.
- iii. In the Director of Medical Education side, if promotions are not obtained by Assistant Professor to the levels of Senior Assistant Professors and Professors respectively in Civil Surgeons period equivalent to 15 and 20 years of joining the Medical Service, person-oriented promotions will be given as Senior Assistant Professor and Professor at the end of 15 and 20 years of joining the Tamil Nadu Medical Service respectively, subject to the condition that the person is otherwise eligible for such promotion as per Medical Council of India norms.
- iv. If some of them are not eligible for promotion to these posts as per Medical Council of India norms, they will be given person-oriented promotion in the scales of Civil Surgeons and Chief Civil Surgeons. An Assistant Professor at the end of 15 years of total service will be promoted as Civil Surgeon-Assistant Professor and at the end of 20 years, Chief Civil Surgeon-Assistant Professor or Chief Civil Surgeon -Senior Assistant Professor or Chief Civil Surgeon–Associate Professor depending on the total years of service on person oriented promotion.
- v. These posts created due to person-oriented promotions will automatically be downgraded to the original cadre after the particular person gets promoted or retires from the promoted posts.
- vi. Such person oriented promotion should be given only if no vacancies are available to promote the person in normal course. If such vacancies are there, and the person cannot be promoted due to other reasons, then such person oriented promotion cannot be given.
- vii. Any such promotion cannot be claimed by others as a right by any other person by virtue of higher inter-se seniority in the Civil Medical List or in speciality-specific seniority list. The total service from the date of joining will be applicable for these person-oriented promotions.
- viii. Other restrictions, such as those under Tamil Nadu Civil Services (Discipline and Appeal) Rules, will also be applicable to person-oriented promotions.

5. The Government also gives sanction for upgradation of 1803 posts from Pay Band III to Pay Band IV to tackle the problem of stagnation.

6. Voluntary Retirement Scheme:-

Based on the recommendations of the Committee, the Government have decided to accept the following:-

- i. to accept Voluntary Retirement as per Government Rules of all doctors except those in non-clinical side and in case of rare specialities in principle and to identify the rare / specific specialities to be excluded from Voluntary Retirement Scheme separately.
- ii. to allow the Medical Officers who are in Pay Band IV to go on Voluntary Retirement after a cool- off period of 5 years of service after reaching Pay Band IV.

7. This order shall take effect from the date of issue of orders.

8. The Director of Medical and Rural Health Services / Director of Medical Education are directed to send necessary proposals to Government for amendment to the Special Rules for Tamil Nadu Medical Service, wherever necessary.

9. This order issues with the concurrence of the Finance Department vide its U.O. No.336 / DS (VP) 2009, dated: 23.10.2009.

(BY ORDER OF THE GOVERNOR)

**V.K. SUBBURAJ
PRINCIPAL SECRETARY TO GOVERNMENT**

To

The Director of Medical Education, Chennai – 10.

The Director of Medical and Rural Health Services Chennai -6.

The Director of Public Health and Preventive Medicine, Chennai -6.

The Director of Medical and Rural Health Services (ESI), Chennai -6.

The Accountant General, Chennai -18.

The Pay and Accounts Officer (South) , Chennai – 35.

The Pay and Accounts Officer (East) , Chennai – 5.

The Pay and Accounts Officer (North) , Chennai – 1.

The Pay and Accounts Officer, Madurai

All District Treasury Officers

Copy to:-

The Tamil Nadu Government Doctors' Association

The Chief Minister's Office, Chennai -9.

The Special Personal Assistant to Minister (Health)Chennai -9.

The Finance (HE II) Department, Chennai -9.

The Health and Family Welfare (A,E,F)Department, Chennai -9.

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/Forwarded By Order/

SECTION OFFICER

Annexure I**Distribution of MBBS General Posts in Director of Public Health and Preventive Medicine wing**

Details	AS	SAS	CS	SCS	CCS	Total
Distribution of doctors in Primary Health Centres	1893	1112	477	636	100	4218

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Annexure II

Distribution of General posts in Director of Medical and Rural Health Services, Director of Medical and Rural Health Services (ESI), Foreign Service and other Institutions

Category	No. of Doctors required as per restructuring formula	AS	SAS	CS	SCS	CCS	Total
Director of Medical and Rural Health Services	680	191	139	85	180	85	680
Foreign Service	174	47	47	0	0	80	174
Other Institutions	23	12	11	0	0	0	23
Director of Medical and Rural Health Services (ESI)	318	110	118	50	0	40	318
Grand Total	1195	360	315	135	180	205	1195

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Annexure III**Distribution of Specialist posts in Director of Medical and Rural Health Services / Director of Medical and Rural Health Services (ESI) / Foreign Service side**

SNo	Specialty	No.of Doctors required as per restructuring formula	AS	SAS	CS	SCS	CCS	Total
1	General Medicine	317	95	83	36	48	55	317
2	General Surgery	341	102	90	38	51	60	341
3	OG	633	190	167	71	96	109	633
4	Paediatrics	356	107	94	40	53	62	356
5	Ophthalmology	90	27	23	11	13	16	90
6	Orthopaedics	161	48	42	19	24	28	161
7	ENT	101	30	27	11	15	18	101
8	Psychiatry	31	9	8	3	5	6	31
9	Radiology	48	14	13	5	7	9	48
10	Chest Medicine	63	19	16	7	9	12	63
11	Anaesthesia	345	104	91	39	52	59	345
12	Dental	201	60	53	23	30	35	201
13	Dermatology (including STD)	112	35	28	12	17	20	112
		2799	840	735	350	420	489	2799

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Annexure IV

Institution wise Distribution of Specialists posts

General Medicine

Category	No. of doctors required as per restructuring formula						
		AS	SAS	CS	SCS	CCS	Total
DMS	307	95	83	36	48	45	307
Foreign	0	0	0	0	0	0	0
Other Institutions	0	0	0	0	0	0	0
ESI	10	0	0	0	0	10	10
Grand Total	317	95	83	36	48	55	317

General Surgery

Category	No. of doctors required as per restructuring formula						
		AS	SAS	CS	SCS	CCS	Total
Total DMS	329	101	90	38	51	49	329
Foreign	0	0	0	0	0	0	0
Other Institutions	1	1	0	0	0	0	1
ESI	11	0	0	0	0	11	11
Grand Total	341	102	90	38	51	60	341

O&G

Category	No. of doctors required as per restructuring formula						
		AS	SAS	CS	SCS	CCS	Total
Total DMS	622	189	167	71	96	99	622
Foreign	0	0	0	0	0	0	0
Other Institutions	1	1	0	0	0	0	1
ESI	10	0	0	0	0	10	10
Grand Total	633	190	167	71	96	109	633

Paediatrics

Category	No. of doctors required as per restructuring formula	AS	SAS	CS	SCS	CCS	Total
Total DMS	334	93	94	40	53	54	334
Foreign	14	14	0	0	0	0	14
Other Institutions	0	0	0	0	0	0	0
ESI	8	0	0	0	0	8	8
Grand Total	356	107	94	40	53	62	356

Ophthalmology

Category	No. of doctors required as per restructuring formula	AS	SAS	CS	SCS	CCS	Total
Total DMS	87	26	23	11	13	14	87
Foreign	0	0	0	0	0	0	0
Other Institutions	1	1	0	0	0	0	1
ESI	2	0	0	0	0	2	2
Grand Total	90	27	23	11	13	16	90

Orthopaedics

Category	No. of doctors required as per restructuring formula	AS	SAS	CS	SCS	CCS	Total
Total DMS	156	45	42	19	24	26	156
Foreign	0	0	0	0	0	0	0
Other Institutions	3	3	0	0	0	0	3
ESI	2	0	0	0	0	2	2
Grand Total	161	48	42	19	24	28	161

ENT

Category	No. of doctors required as per restructuring formula	AS	SAS	CS	SCS	CCS	Total
Total DMS	98	29	27	11	15	16	98
Foreign	0	0	0	0	0	0	0
Other Institutions	1	1	0	0	0	0	1
ESI	2	0	0	0	0	2	2
Grand Total	101	30	27	11	15	18	101

Psychiatry

Category	No. of doctors required as per restructuring formula	AS	SAS	CS	SCS	CCS	Total
Total DMS	28	8	8	3	5	4	28
Foreign	0	0	0	0	0	0	0
Other Institutions	1	1	0	0	0	0	1
ESI	2	0	0	0	0	2	2
Grand Total	31	9	8	3	5	6	31

Radiology

Category	No. of doctors required as per restructuring formula	AS	SAS	CS	SCS	CCS	Total
Total DMS	47	15	13	5	7	8	48
Foreign	0	0	0	0	0	0	0
Other Institutions		0	0	0	0	0	0
ESI	1	0	0	0	0	1	1
Grand Total	48	14	14	5	6	8	48

Chest Medicine

Category	No. of doctors required as per restructuring formula							Total
		AS	SAS	CS	SCS	CCS		
Total DMS	42	7	16	7	0	12		42
Foreign	0	0	0	0	0	0		0
Other Institutions	21	12	0	0	9	0		21
ESI	0	0	0	0	0	0		0
Grand Total	63	19	16	7	9	12		63

Anaesthesia

Category	No. of doctors required as per restructuring formula							Total
		AS	SAS	CS	SCS	CCS		
Total DMS	343	104	91	39	52	57		343
Foreign	0	0	0	0	0	0		0
Other Institutions	0	0	0	0	0	0		0
ESI	2	0	0	0	0	2		2
Grand Total	345	104	91	39	52	59		345

Dental

Category	No. of doctors required as per restructuring formula							Total
		AS	SAS	CS	SCS	CCS		
Total DMS	195	57	53	23	30	32		195
Foreign	0	0	0	0	0	0		0
Other Institutions	0	0	0	0	0	0		0
ESI	6	3	0	0	0	3		6
Grand Total	201	60	53	23	30	35		201

Dermatology (including STD)

Category	No. of doctors required as per restructuring formula	AS	SAS	CS	SCS	CCS	Total
Total DMS	101	25	29	12	17	18	101
Foreign	0	0	0	0	0	0	0
Other Institutions	9	9	0	0	0	0	9
ESI	2	0	0	0	0	2	2
Grand Total	112	35	28	12	17	20	112

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Annexure V**Common posts at Higher level and Lower level**

Category	AS/ SAS/ CS/SCS	High level posts						Grand total
		CCS	DD (CCS)	JD	Add. Dir	Direc tor	Total	
Director of Medical and Rural Health Services	0	215	44	33	5	1	298	298
Director of Public Health & Preventive Medicine	0	0	0	0	0	0	0	0
Foreign Service	0	0	0	0	0	0	0	0
Other Institutions	0	0	0	0	0	0	0	0
Director of Medical and Rural Health Services (ESI)	125	139	0	0	1	0	140	265
Grand total	125	354	44	33	6	1	438	563

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Annexure VI**Distribution of 4566 specialists posts in Director of Medical Education side**

SNo	Speciality	Assistant Professor	Senior Assistant Professor	Associate Professor	Professor	Total
		PB3/ 5700	PB3/ 6600	PB3/ 7600	PB4/ 8700	
1.	Anatomy	32	33	60	61	186
2.	Bio Chemistry	18	19	33	35	105
3.	Community Medicine	23	25	44	45	137
4.	Forensic Medicine	17	18	33	33	101
5.	Microbiology	22	23	41	42	128
6.	Pathology/Blood bank/Tumour Pathology	45	48	85	88	266
7.	Pharmacology	22	24	42	43	131
8.	Physiology	30	32	56	58	176
9.	Anaesthesia	49	52	93	95	289
10.	Cardiology	12	12	22	23	69
11.	Cardiothoracic Surgery	9	9	16	17	51
12.	Dental/Community Dentist	14	15	27	28	84
13.	Dermatology/ Mycology/STD/ Venerology	20	21	36	38	115
14.	Diabetology	3	3	5	6	17
15.	ENT	16	17	29	30	92
16.	General Medicine	81	85	151	157	474
17.	General Surgery/Geriatric Surgery	72	76	136	140	424
18.	Geriatric Medicine	0	1	1	1	3

19.	Haematology	1	1	2	2	6
20.	Medical Oncology	2	2	3	3	10
21.	Medical Gastro Enterology	4	4	7	8	23
22.	Nephrology	7	8	13	14	42
23.	Neurosurgery	9	9	16	17	51
24.	Neurology	8	8	14	15	45
25.	Nuclear Medicine	0	0	0	1	1
26.	O&G / Postpartum programme/ Urogynaecology	64	67	121	124	376
27.	Operative Dentist	0	0	1	1	2
28.	Ophthalmology	19	20	35	36	110
29.	Oral Pathology	0	0	1	1	2
30.	Oral Surgery	0	1	1	1	3
31.	Orthodontia	0	1	1	1	3
32.	Ortho/Spine Surgery/Accident& Emergency	26	27	48	49	150
33.	Paediatric Surgery	6	6	11	11	34
34.	Paediatric Cardiology	0	0	0	1	1
35.	Paediatric Neurology	0	0	1	1	2
36.	Paediatric Gastro enterology	0	0	0	1	1
37.	Paediatric Haematology	0	0	0	1	1
38.	Paediatric nephrology	0	0	1	1	2
39.	Paediatric Urology	0	0	0	1	1
40.	Paediatrics / Child Nutrition / Genetics / Medical Genetics / Neonatology	56	59	107	109	331
41.	Periodontia	0	1	1	1	3
42.	Physical Medicine	4	4	7	7	22

43.	Plastic Surgery	10	11	18	19	58
44.	Prosthetics	0	1	1	1	3
45.	Psychiatry	10	11	19	20	60
46.	Rheumatology	1	1	2	2	6
47.	Radio Diagnosis	26	28	49	50	153
48.	Radio Therapy	6	6	11	11	34
49.	Surgical Gastroenterology	3	3	6	6	18
50.	Surgical endocrinology	1	1	1	1	4
51.	Surgical oncology	0	1	2	2	5
52.	Thoracic Medicine	9	10	17	18	54
53.	Urology	8	8	14	15	45
54.	Vascular Surgery	3	3	6	6	18
55.	RMO/ARMO (Psychiatry, Paediatrics, O & G, Ophthalmic, Chest)	6	7	12	13	38
	Total	774	822	1459	1511	4566

V.K. SUBBURAJ
PRINCIPAL SECRETARY TO GOVERNMENT

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SECTION OFFICER

Director of Medical and Rural Health Services / Director of Public Health and Preventive Medicine Illustration to fix seniority in the CML

Illustration 1

A-MBBS with CML 1050 Joins service on 1-2-98.

B-MBBS with MD(GM) with CML 1120 joins service on 1-2-98.

A –joins MD(GM) in 2003 and qualifies in MARCH 2006.

On implementation of this Government Order on 1-11-2009;

A- has completed 11 yrs and he is a specialist

B- has completed 11 yrs and he is a specialist

On 1-11-09 they will be fitted as SAS in specialist category with special seniority

A- CML-1050- Special Seniority -1

B- CML-1120- Special Seniority -2

Illustration-2

C- MBBS –CML-2550 joins service in 2007

D- MBBS with MD(GM) –CML-2750 joins service in 2007

on 1-11-09

C-will be fitted as general category

D-will be fitted as special category with Special Seniority 14

C joins MD(GM) in 2010 and completes by 2013

in 2015

C will be promoted as SAS special with seniority-12

D will be promoted as SAS special with seniority 15

Illustration 3

E-MBBS with D.ORTHO – CML- 1150

F-MBBS with MS (Ortho) -CML-1250

As per GO they will be fitted in specialist category as

E- D.Ortho- CML-1150-specialist Seniority -3

F- MS(Ortho)-CML-1250- specialist Seniority -5

Both Diploma and PG degree will be on par and considered as Specialist and their seniority is fixed in the Specialist category based on CML Seniority.

Illustration 4:

G – a person with MBBS CML 6000 – Joined Service in 2003.

H – a person with DCH CML 6300 – Joined Service in 2004.

H- by virtue of his specialist seniority gets promoted as Senior Assistant Surgeon in March 2009.

G - though senior in CML, do not get promotion because he is in general category and gets his promotion as Senior Assistant Surgeon in March 2010.

G- goes to do DCH in march 2010 and gets degree in march 2012.

As on april 2012, both G and H will be in pediatric seniority list, G with CML 6000, being senior in CML, but junior to H in SAS promotion. So, H being the panel senior will be eligible for further promotions as senior to G.

ie, panel seniority will hold good after first promotion for further promotions. After first promotion CML seniority will be valid only to decide on inter-se seniority among the specialist in the same panel.

Director of Medical Education Side

Illustration to fix seniority in the CML

A – CML No. 1050

In March 1998, joins Director of Medical Education's side as Tutor in Physiology with DLO. No specialty seniority number is assigned.

Join's MD Physiology Course in 2007. Will complete in March 2010.

B – CML No. 5000

In 2005 joins service in Director of Medical and Rural Health Services side.

In 2007 joins MD(Physiology course) will complete in March 2010

Specialty Seniority number for A will be 50 } will be assigned in March 2010
 Specialty Seniority number for B will be 51 } after passing the university exam

Illustration – 2

Person A:

Qualified DCH. CML 2550. Joined service in 1997 in PHC. Worked in PHC till 2002. Then he was released to DME as Tutor. Though qualified with a diploma he will not be eligible to be enter in DME side Speciality Seniority (Pediatrics) list.

Person B:

Qualified MD (Ped). CML 3000. Joined PHC in 2000 and released to Pediatrics Department in 1991. He gets into the DME side Speciality Seniority (Pediatrics) list with a seniority number of say 55. Working till date.

When this Government Order is implemented, for a vacancy in the Pediatrics as Senior Assistant Professor, only Person B is eligible.

Though CML senior, person A is not eligible as specialist in DME side.

Illustration – 3**Person C:**

Joins DME service as Tutor in Radiology with DMRD in 2000. In 2008 joins MD (Radiodiagnosis) PG course after working for 8 years in Radiology Department. Will complete in 2010. CML No is 1800

Person D:

Gets into DME service in Radiology department as Tutor with DMRD qualification in 2005. In 2008 joins MD (Radiodiagnosis) course. Will complete in 2010. CML no. is 1500.

Person D: Speciality Seniority No 45

Person C: Speciality Seniority No. 47