

Memorandum

to

The Seventh Central Pay Commission

On behalf of

The Nurses of India

July 2014



The Trained Nurses' Association of India, New Delhi

CONTENTS

S.No.	Particulars	Page No	
		From	To
	Preface		
	Acknowledgement		
1.	Introduction on Nursing	1	2
	1.1 Nursing Scenario in India	2	
	1.2 Nursing Staffing and Patient Ratio	3	
2.	Ministry of Health and Family Welfare	3	4
3.	Indian Nursing Council	4	5
4.	Nursing Cadre in Health Care System	5	
	4.1 Nursing Education system in India	5	
	4.2 Cadre in ANM Training School	6	
	4.3 Cadre in School of Nursing	7	
	4.4 Anomalies	7	8
	4.5 Cadre in College of Nursing	8	9
	4.6 Anomalies	9	10
5.	Cadre in Hospital Nursing Services	10	
	5.1 Anomalies	11	12
	5.2 Cadre in Railway Hospital Services	12	13
	5.3 Cadre in ESIC Hospital Services	13	14
	5.4 Cadre in Military Nursing Services	14	15
6.	Cadre in Public Health/Community Health Nursing	15	16
7.	Anomalies and Disparities	17	
8.	Demands of Nursing Personnel	18	
	8.1 Allowances	19	26
	8.2 Facilities	26	
9.	Recommendations	26	32
10.	Migration	32	33
11.	Conclusion	33	34
12.	Annexure - Reply to 7th CPC Questionnaire	1	14

P r e f a c e

After its establishment well over a hundred years ago in 1908, the Trained Nurses' Association of India (TNAI) was registered under the Society Act XXI of 1860 in 1917 (Registration No. 199). It continues to be the only professional body of nurse practitioners in the country representing all categories of nursing personnel including Auxiliary Nurse Midwives, Lady Health Visitors and student nurses in India. TNAI has its Headquarters in New Delhi and branches in almost all the States and Union Territories of the country. Since its inception, the organisation has worked persistently towards upliftment of the nursing profession as well as standardisation of nursing education and nursing service resulting in improved quality of health services. **It has been recognised by the Government of India at par with other service organisations since 1950.**

As integral members of society, Nurses are entitled to same rights and privileges as are available to other sections of the country. The key role played by the nurses in general and in health care settings in particular has amply been recognised and appreciated all over the world. It is now well accepted that participation of nursing/ midwifery personnel is essential for effective implementation of national strategies.

The Policy and Position Statement adopted by TNAI endorses the nurses' rights.

- **A right to equal remuneration for equal qualification and equal professional expertise** as their counterparts, within and outside the profession.
- The right to be included in planning and policy making at all levels of the Health Care system within and outside country.
- Right to access the resources and working conditions, necessary to provide quality care to the clients including in-service training, fair shift assignments, adequate staffing pattern, efficient and effective logistic support and appropriate infrastructure.
- Right to practice in accordance with the nursing legislation of the country, the regulatory body and adopt the national ethical code of professional conduct.
- The right to undertake independent nursing practice within the framework of the professional conduct.
- The right to be accorded dignity and honour as nurses.

As the voice of the nurses, TNAI has prepared a Memorandum in consultation with the nurse leaders and experts representing the various sectors for submission to the VII Central Pay Commission. The Core committee for VII Central Pay Commission Revision and Recommendations constituted by TNAI's Executive Committee consisted of the following members:

Chairperson

Prof. (Sr.) Gilbert, President, TNAI

Members:

- | | |
|---------------------------------------|--|
| 1. Dr. (Mrs.) Bimla Kapoor: | 1st Vice President, TNAI |
| 2. Ms. Surekha Sama: | Hony. Treasurer, TNAI |
| 3. Ms. Madhabi Das | President, West Bengal Branch, TNAI |
| 4. Dr. Jasbir Kaur | President, Punjab State Branch, TNAI |
| 5. Dr. (Mrs.) Josephine Little Flower | Nursing Advisor to the Govt. of India |
| 6. Mr. T. Dileep Kumar: | President, Indian Nursing Council |
| 7. Mrs. Rita Sapra | President, Delhi Nursing Council |
| 8. Representatives from | Military Nursing Services |
| 9. Representative | Indian Railways Hospitals |
| 10. Representative | ESIC Hospitals |
| 11. Mrs. G.K. Khurana | Secretary General, Delhi Nurses Union |
| 12. Mrs. Santosh Mehta | Principal, RAK College of Nursing, New Delhi |
| 13. Mrs. Evelyn P Kannan | Dy. Secretary General, TNAI |
| 15. Col (Retd.) Arun Bala | Asst. Secretary General, TNAI |
| 16. Mrs Sanghamitra Sawant | Asst. Secretary General, TNAI's CIN/ECH |
| 17. Mrs. Sheila Seda | Secretary General, TNAI |

Co-opted Members

- | | |
|------------------------|---|
| 1. Mrs. Anita Malik | Hony Secretary, M&ANM |
| 2. Mr Kaliappan | Consultant Nursing, Nursing Division |
| 3. Dr Latha Venkatesan | Principal, Apollo College Of Nsg, Chennai, TN |
| 4. Ms Neerja Sood | Asst Professor, IGNOU |
| 5. Mrs Anita Panwar | Joint Secretary, DNU, Public Health Branch |

To start with, a meeting was held on 22May 2014 to draw the opinions and inputs from various sectors viz. namely Central and State Govt. bodies, ESIC, Railways, Military, Private, Nurses' Union, hospitals, schools, colleges and institutions. In this meeting, a Core Committee was constituted to take up the various components of the Memorandum. The said Core Committee had several rounds of meetings with members to elicit suggestions and views in the backdrop of their knowledge, vast experience and expertise as well as facts and data received from various sources. I would like to place on record my grateful thanks to all those who provided help in achieving this stupendous task.

We sincerely hope that this esteemed Commission would consider all these factors while fixing the pay scales and allowances of nursing personnel and they would be given their rightful due and proper status.

Sd/-
Prof. (Sr.) Gilbert
Chairperson, Core-Committee
(VII Central Pay Commission)
& President TNAI

Acknowledgements

Wait of 10 long years and comes the Central Pay Commission inviting suggestions, proposals and recommendations from all employees (groups individuals) working in Government establishments.

The arduous and painstaking job of preparation of a Memorandum for consideration of the VII Central Pay Commission was accepted by The Trained Nurses' Association of India (TNAI). Necessary support was sought from many sister organisations and the professional colleagues with stakes in Nursing. TNAI's Executive Committee initiated this task by first constituting a Core Committee for planning and preparing the draft document after the resolution on VII Central Pay Commission was posted on the web. The contact was continuously maintained with the Nursing division in MOHFW, INC, Railways, ESIC, Military Nursing Services, Nurses Union and TNAI's State branches; Nursing Directorates and various other resources rushed the required information. Relevant facts and figures were collected for compiling the Memorandum to be submitted to the Seventh Central Pay Commission.

We are grateful to Prof. (Sr) Gilbert, President TNAI, who heartily accepted the Chairpersonship of the Core Committee entrusted by the TNAI Council on her. We extend our sincere thanks to members of TNAI Executive Committee and Council for their approval for formation of this Core Committee and giving their expert and valuable inputs on the pay structure prevailing in different States/UTs. We particularly thank Dr. Bimla Kapoor, Dr. Josephine Little Flower, Nursing Adviser to the Govt. of India, Mr T. Dileep Kumar, President, Indian Nursing Council. Mrs. Jasbir Kaur, Ms. Madhabi Das, Mrs. Rita Sapra, President, Delhi Nursing Council and Mrs. Santosh Mehta, Principal, RAK College of Nursing, New Delhi, Mr Kaliappan, Consultant Nursing, MoHFW, GoI for sparing their valuable time and whole-hearted involvement at every step in preparation of Memorandum. Our heartfelt thanks are due to the Indian Nursing Council and all State Nursing Registration Councils for their cooperation. At Headquarters, the rigorous and hard ground work done by Mrs. Evelyn P. Kannan, Deputy Secretary General-cum-SNA Adviser and Col.(Retd) Arun Bala, Assistant Secretary General, TNAI from the very beginning in compiling and writing the Memorandum who worked day and night and were deeply engrossed in taking care of minor details deserves to be mentioned. We sincerely commend their commitment towards completion of the task in time bound manner. Dr. (Mrs.) Latha Venkatesan provided valuable inputs on clinical specialist nurse and other information. Mrs G. K . Khurana and Mrs. Anita Panwar helped in providing inputs from Nursing Service and Public Health Nursing.

All the Core-Committee members who put in their best under the vibrant leadership of Prof (Sr) Gilbert deserve our sincere thanks for participating in the rounds of discussions and taking decisions during the meetings. All the Committee members rendered valuable inputs in their respective areas of expertise. We are also grateful to Dr. Josephine Little Flower, MoHFW, Government of India for giving us the opportunity to have consultation with our nurse colleagues and compile and present this Memorandum.

We express our heartfelt gratitude to all nursing colleagues and other friends who have been associated with this work .All the TNAI Headquarters Staff deserve our thanks specially Mrs Kanta Bhoral , Mr Prashant Sharma and Miss Seema Sejwal who provided Administrative and clerical assistance and Mr. H.K. Barthwal, the Consulting Editor TNAI for its editing.

The nurses throughout the country are hopeful and confident that the existing conditions of nurses and the suggestions and recommendations contained in this Memorandum would merit the attention of the Hon'ble Members of the VIIth CPC and be accorded due consideration in the prospective salary structure of nursing personnel.



(Mrs) Sheila Seda
Secretary General TNAI
Nodal Officer, Member, Core Committee
(VII Central Pay Commission)

**MEMORANDUM
TO
The 7th CENTRAL PAY COMMISSION (CPC)**

“Nurses: A force for change-A vital resource for health”

-International Council of Nurses

1. Introduction

Nursing, as a profession, with its own identity, is the largest, the most diverse, and one of the most respected among the health care professions. The scope of Nursing services and educational amenities in India have expanded considerably, since Independence. The scope of nursing includes primarily working in hospitals and public health as service providers, as nurse educators in schools/colleges of nursing and as nurse administrators and nurse researchers in both areas.

The **unique identity** of Nursing should be reflected in all planning papers, documents and policy statement of Government and non-Govt. organisations with the view to strengthening development of nursing, otherwise, this sector of the health system will get neglected and status of nursing services will get further deteriorated.

Nurses are the largest and an important human resource. They have a primary and pivotal role in the delivery of comprehensive health care and medical services at all levels of the country's health care system. Nurses as professional practitioners are responsible for providing leadership to nursing services, coordinate all kinds of health services provided by other health professionals and people in a given healthcare setting, including round the clock in-patient services and attending to people in the community all the time, even at odd hours and in remote, risky and difficult areas. Hospitals and health establishments will come to a standstill, if the nursing services are withdrawn.

Absence of governance structure in nursing, untrained personnel working as nurses, untrained personnel working as Nurses, lay people under the garb of “nurses”. Lack of co-ordination between states and the centre on matters related to nursing and skill levels of nurses to match the trends in health care delivery remains the major issues. Measures to absorb the existing nurses to close the issue of nursing shortages, creation of newer nursing cadres to absorb and utilise the potentials of higher qualified nurses with B.Sc. nursing, M.Sc. nursing and Ph.D. nursing. Regulating the nursing service through nursing practice acts, standardisation of nursing care through quality assurance and nursing accreditation, restructuring of nursing education from scientific-based to competency-based education with instructional reforms are steps taken for professional development of nurses. The mandatory continuing nursing education linked with renewal of their licenses at prescribed intervals is the suggested measure to be taken forward.

It is disappointing to learn that Sixth Central Pay Commission in para 3.6.15 of its Report included the age old and century driven nursing profession under the recently developed category of para-medical cadres. However, the **Gazette of India-Extraordinary (Part-II-Sec 3(i)- Page No.46), relating to 6th CPC refers to**

the nursing profession and para-medical cadres as separate cadres. In actual practice, nursing profession has not been given its due recognition by the policy makers as a distinct profession. Such an attitude towards Nursing has done considerable harm and lowered the image and status of the profession. The Nurses across the country with the great hope and anxiety are eagerly looking forward to the 7th Central Pay Commission (CPC) to set right this perception and take a conscionable and just position regarding a separate identity to the nursing profession and give due recognition for the professional status of nurses, who are responsible and committed to holistic patient care in all health settings despite continuous exposure to risk and health hazards.

1.1 Nursing scenario in India

All the nurses in the service hold a diploma and some hold a Bachelor's degree in nursing and midwifery. Specialist nurses in clinical practice are few and far between. Nurses and midwives do not have much opportunity for continuing education, as no such system exists in most hospitals. In the interest of patient care, the National Health Policy (NHP) emphasizes the need for an improvement in the Nurse- Doctor/Nurse-Patient ratios. It also emphasizes on improving the skill level of nurses and increasing the ratio of degree-holding nurses versus diploma holding nurses. It further recognizes the need for establishing advance courses for developing super-specialty nurses for tertiary care institutions.

Many States in India face a shortage of nurses and midwives. Most of the states have no system of re-registration of nurses. About 13-28 lakh nurses and 6.18 lakh ANMs have been registered with the various State Nursing Councils. However, only 40 percent of registered nurses in India are in service, the said figure includes all the nurses who have been trained since 1947 (Source: Address by Shri T. Dileep Kumar, President, INC published in The Nursing Journal of India, Jan.-Feb., 2013 Vol.CIV No.1).

In India, there are approximately 21-24 lakh registered nurses and out of which only 8.496 lakh nurses are in active service. Every year 52864 ANMs, 1,18,914 GNMs, 4085 Post Diploma candidates, 84,275 B.Sc. (N), 10788 M.Sc.(N), 24,120 P.B.B.Sc. The number of M.Phil. (Nursing) and Ph.D. (N) candidates being enrolled in various universities across the country is also increasing.

Table-1 Nurse to Population/Patient Ratio in India

Country	Nurse to Doctor	Nurses and Midwives/population	Nurses midwives/ patient
India	1.5:1	1:1100	1:40

One human resource feature common to India and China is the low ratio of nurses to doctors. India has approximately one nurse and one nurse-midwife per allopathic doctor, while in most countries nurses and midwives outnumber doctors. Nurses have been found to be more amenable to government employment and work in rural areas. In addition they cost the government less in terms of both salary and training (Rao et al, 2011). It is imperative for the Central and State governments to look into strengthening the nurses and also their training in the health system and giving them a greater degree of responsibility than traditionally assigned.

1.2 Nursing staffing and patient care

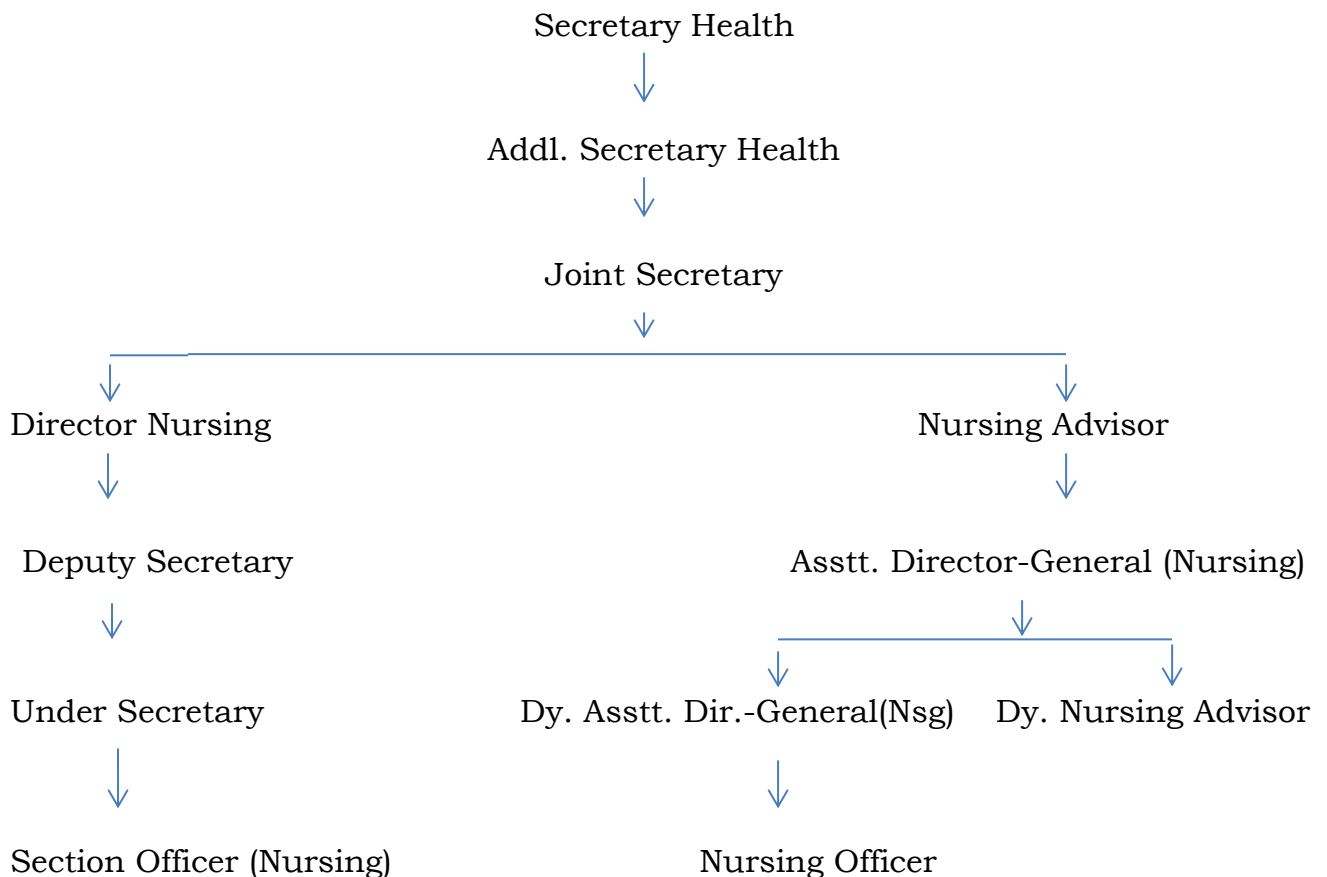
Excessive workload on nurses has significant implications. There is evidence that a heavy nursing workload adversely affects patient safety. Furthermore, it negatively affects nursing job satisfaction and, as a result, contributes to high turnover and perpetuates the nursing shortage. In addition to the higher patient acuity, work system factors and expectations also contribute to the nurses' workload. Nurses are expected to perform non-professional tasks such as delivering and retrieving food trays; housekeeping; transporting patients; and ordering, coordinating, maintaining hospital consumable and non-consumable logistic or performing ancillary services.

Overworked and underpaid nursing staff member are demotivated and dissatisfied and have impact on patient safety issues; patient care suffers and lack of time can lead to poor patient nurse communication. Quality of care also suffers. Understaffing and the consequent additional workload on nurses have been shown to:

- Stress and burnout among nursing personnel
- Violations or work-around by nurses
- Have a significant impact on nosocomial infections
- Reduce time nurses have to help other nurses.
- Difficulty in training or supervision of new nurses.

2. Ministry of Health and Family Welfare, Govt. of India

Nursing Structure at Ministry of Health and Family Welfare



In the Ministry of Health and Family Welfare, the post of Nursing Advisor to the Govt. of India is the highest nursing position. The job summary of Nursing Adviser to the Government of India (to be re-designated as Director General of Nursing) is as under:

“Nursing Adviser is the Chief Executive Officer for all policy matters pertaining to all matters concerning and is responsible to the Government of India for all matters related to Nursing service, Public Health Nursing, Nursing Education and Research.”

The memorandum submitted by TNAI to the Vth and VIth Central Pay Commissions highlighted that the Nursing Advisor advises the Govt. of India in all policy matters related to nursing profession, at national and international level and recommended that the post should be kept at par with Joint Secretary in Govt. of India.(the qualification would also be enhanced to PhD as mandatory). However, as per the recommendations of the Sixth Pay Commission, the Nursing Adviser was placed in the Pay Band 4 and grade pay of Rs. 8700/- as applicable to the post of Director in the Ministry.

The post of Nursing Adviser is at present filled up on the basis of deputation. The post has to be included as a cadre post in the Ministry of Health and Family Welfare and keeping in view the fact that the post is the highest in Nursing in the Ministry of Health and Family Welfare, Govt. of India and keeping in view the fact that post is topmost in Nursing in the Ministry of Health and Family Welfare, Govt. of India representing nearly 9 lakh nurses and the higher duties and responsibilities attached to the post, it must carry grade pay higher than that of a Principal of the College of Nursing.

In the light of the above, the following recommendations are made:

- The post of Nursing Advisor to be kept at par with Joint Secretary of MoHFW, GoI. (the qualification would also be enhanced to PhD as mandatory).
- The post of Assistant Director General (N) to be kept at par with Director of a Ministry/Department, GoI.
- Dy. Nursing Advisor and Deputy Assistant Director General (N) to be kept at par with Deputy Secretary in the Ministry/Department, GoI.
- Nursing Officer to be kept at par with Under Secretary of the Ministry/Department, GoI.

3. Indian Nursing Council (INC)

The Indian Nursing Council established under the Act of Parliament (1947) is an autonomous body under the Government of India, Ministry of Health and Family Welfare. Indian Nursing Council Act, 1947 was enacted by giving statutory powers to maintain uniform standards and regulation of nursing education all over the Country. It is the Apex Nursing Regulatory Body in India and all the State Nursing Councils are functioning under the umbrella of the Indian Nursing Council.

The prime responsibility of Indian Nursing Council is to set the norms and standards for nursing education, training, research and practice within the ambit of the relevant legislative framework.

The INC monitors 6,491 nursing institutions across the country. The major responsibilities include: arranging of inspection, monitoring standards of nursing education, development of curriculum for various nursing courses and approval for establishment of nursing institutions.

4. Nursing Cadre in Health care System

Nurses play important role in the health delivery system. Nursing profession is broadly divided into three distinct categories depending upon their area of work. These are:

1. Nursing Directorate/Division at the Ministry of Health and Family Welfare, GoI
2. Nursing Education and Research
3. Hospitals services
4. Public/Community Health.

4.1 Nursing Education/Research system in India

The nursing education, in tune with National Health Policy, is continuously being monitored, certified and accredited. Thus uniformity, order and control are brought to nursing education and training so as to prepare them to work in various health sectors and National Health programmes in the country.

The nursing education programmes at the entry level are diploma and degree education. Diploma education is provided through a network of schools of nursing. Degree education is by colleges of nursing in India affiliated to various deemed central/state universities. Some of the schools and colleges are attached to medical colleges and hospitals while others are affiliated. **Table 2** below provides a glimpse of the educational programmes of the country.

Table-2

Nursing Courses	Minimum education requirements / eligible criteria	Duration	Examining Authority
Auxiliary Nurse & Midwife	10 + 2 in passing out from recognized Board	2 years	Nursing Examination Board
General Nursing & Midwifery	10+2 class passed preferably Science	3½ years	Nursing Examination Board
B. Sc (Basic)	10+2 class passed with Science	4 years	University
B.Sc (Post Basic)	Obtained a certificate in General Nursing and Midwifery	Regular: 2 yrs Distance: 3 yrs	University
M. Sc.	B.Sc. Nursing/B.Sc. Hons. Nursing/Post Basic B.Sc. Nursing with minimum one year of work experience.	2 years	University
M. Phil	The candidate should be post graduate in nursing.	1 year (Full time) 2 years (part time)	University
Ph D	The candidate should be post graduate in nursing.	3-5 years	University

4.2 Cadre in ANM Training Centre

ANM Training Centres/School under Central Govt. i.e. Rural Health Training Centre (RHTC), Najafgarh and Lady Reading Health School (LRHS), Delhi that prepare auxiliary nurse midwives. These training institutions are imparting training to ANM and LHV to man the Sub-centres, Primary Health centres, Community Health Centres and Rural Family Welfare Centre. The duration of training programme of the ANM is for 2 years and admission requirement for this course is 12th pass. Senior ANM with 5 years of experience is given 6 months promotional training to become LHV/Health Assistant (female). Health Assistant (female) provides supportive supervision and technical guidance to the ANMs. Curricula of these training courses are provided by the Indian Nursing Council. The promotion and resultant change in pay scales is also non-existent in these training centres/schools.

Table-3

Nomenclature	Educational Qualification and experience as prescribed by INC *	Pay scale existing (6th CPC)	Proposed Equivalent to existing
PHN	B.Sc. Nursing/ Diploma in Nursing Education & Administration/Diploma in Public Health Nursing with 2 years clinical experience.	PB-2, Rs.9300-34800 GP Rs. 4800	PB-3, GP-Rs. 6600
PHN Senior/Sister Tutor/Nursing Tutor	GNM with PBDip. and 5 years' of experience. BSC with PBDip, and 3 years of experience MSc (N).	PB-3, Rs.15,600-39100 GP Rs. 5400	GP-Rs. 7600
Senior Tutor*	B.Sc. Nursing/ Diploma in Nursing Education & Administration/Diploma in Public Health Nursing with 2 years clinical experience. MSc(N) -1 year experience	PB-3, Rs.15,600-39100 GP Rs. 5400	GP-Rs. 8700
Superintendent	M.Sc. Nursing with 3 years of teaching experience or B.Sc(N) with 5 years of teaching experience.	PB-3, Rs.15,600-39100 GP Rs. 6600	GP-Rs. 8900
Principal/PNO	M.Sc. Nursing with 3 years of teaching experience or B.Sc(N) with 5 years of teaching experience. Ph.D	PB-3, Rs.15,600-39100 GP Rs. 6600	GP-Rs. 10000

*(The existing Senior Tutors may be allowed to continue. All future vacancies at the level of Senior Tutor may be abolished and in-lieu of that equal number of Tutors in the School of Nursing and Lecturer in the Colleges of Nursing may be created.)

4.3 Cadre in School of Nursing

The nursing education programmes at the entry level are diploma. Diploma education is provided through a network of schools of nursing. Some of the schools are attached to medical colleges and hospitals while others are affiliated.

Table-4

Nomenclature	Educational Qualification and experience as prescribed by INC *	Pay scale existing (6th CPC)	Proposed Equivalent to existing
Clinical Instructor	B.Sc. Nsg./P.B.B.Sc. Nsg.	PB-2, 9300-34,800 GP 4,800	PB-3 GP-6600
Sister Tutor	M.Sc Nursing or B.Sc Nursing (Basic / Post Basic) or Diploma in Nursing Education and Administration or its equivalent with 2 years of professional experience.	PB-3 15,600-39,100 GP 5,400	GP-7600
Senior Tutor*	B.Sc. Nursing with P.B. Diploma in Nursing with 5 years' experience/MSc Nursing 1 year experience	PB-3 15,600-39,100 GP 5,400	GP-8700
Vice principal cum Assistant Professor	MSc Nursing then 10 years of experience. Ph D then only 3 years of experience with total UG and PG experience above 15 years	PB-3 15,600-39,100 GP 6,600	GP-8900
Principal cum Associate Professor	experience after M.Sc.(N) 10 years' If Ph D then only 3 years' experience with total UG and PG experience above 20 years	PB-3 15,600-39,100 GP 6,600	GP-10000

* The existing Senior Tutors may be allowed to continue. All future vacancies at the level of Senior Tutor may be abolished and in-lieu of that equal number of Tutors in the School of Nursing and Lecturer in the Colleges of Nursing may be created.

4.4 Anomaly

After the implementation of the recommendations of the 6th CPC, there has been no difference in the grade pays between Sister Tutor and Senior Tutor, both getting same grade pay of Rs. 5400/- in schools of nursing, which is not logical.

Rectification leads to cascading effect of same grade pay for Senior Tutor and Vice Principal, and for Principal and Vice principal.

Currently, Sister Tutors are promoted after 10 or so years of experience to the post of senior tutor in schools of nursing. It was observed that the 6th CPC has given same grade pay between the cadres of sister tutor and senior tutor. Currently the pay band is 3 for both the cadre and GP is Rs.5400/- only. This anomaly can be resolved by enhancing the GP as Rs. 7600/- for Sister Tutor and Rs. 8700/- for the senior tutor. Due to cascading effect, it is essential to increase the grade pay of Vice Principal and Principal also. Hence, the GP of Vice Principal to be increased to Rs. 8900/- and for Principal as Rs. 10,000/-.

4.5 Cadre in College of Nursing

The Rajkumari Amrit Kaur College of Nursing, New Delhi, a subordinate organization of the Ministry of Health and Family Welfare was established in 1946 with the object of developing and demonstrating model programmes in Nursing Education. The college provides advisory and consultative services on nursing education matters to the States, Union Territories and some Developing Countries. Currently, there are around 14 central Government Colleges of Nursing. The Colleges work in close association with health centres, hospitals, medical centres and allied agencies for teaching undergraduates, post-graduates and also for continuing education of Nursing personnel.

Table-5

Nomenclature	Educational Qualification and experience as prescribed by INC *	Pay scale existing (6th CPC)	Proposed Equivalent to existing
Clinical Instructor	MSc (N)/ B.Sc. Nsg./ P.B.B.Sc. Nsg.with one year experience	PB-2, 9300-34,800 GP 4,800	GP-6600
Sister Tutor/ Nursing Tutor	Tutor M.Sc.(N) B.Sc.(N)/P.B.B.Sc.(N) with 3 year experience	PB-3 15,600- 39,100 GP 5,400	GP-7600
Senior Tutor*/ Lecturer	M.Sc.(N) 1 year experience B.Sc. Nursing with P.B. Diploma in Nursing with 5 years' experience	PB-3 15,600- 39,100 GP 5,400	GP-8700
Sr. Lecturer/ Asst. Professor	MSc Nursing -10 years of experience, If MPhil.5 years of experience If Ph D then only 3 years of experience with total UG and PG experience above 15 years	PB-3 15,600-39,100 GP 6,600	GP-8900

Reader/ Associate Professor	MSc Nursing -10 years of experience. MPhil- 5 years experience, If Ph D then only 3 years' experience with total UG and PG experience above 20 years	PB-3 15,600-39,100 GP 7,600	GP-10000
Professor	MSc. (N) with 14 years of experience. Ph. D essential-if PhD then experience of 3 years along with UG/PG experience not less than 20 years	PB-4, 37400- 67000 GP Rs. 8700	GP-12000
Vice- Principal	MSc. (N) with 14 years of experience. Ph. D essential-if PhD then experience of 3 years along with UG/PG experience not less than 20 years	PB-4 37400-67000 GP 8700	GP-12000
Principal principal cum Professor(only if PhD)	MSc (N) with PhD essential and UG/PG experience not less than 25 years	PB-4 37400-67000 GP 8700	HAG+Scale 75500- (annual increment@3%)- 80000

The existing Senior Tutors may be allowed to continue. All future vacancies at the level of Senior Tutor may be abolished and in-lieu of that equal number of Tutors in the School of Nursing and Lecturer in the Colleges of Nursing may be created.

4.6 Anomaly

There is no difference in the grade pays between and the Sister Tutor and Senior Tutor resulting in both categories getting same grade pay of Rs.5400/- in colleges of nursing. The Senior Tutors/Lectures have to be granted the grade pay of Rs. 7600/- and Rs. 8700/- respectively to rectify the anomaly. Rectification leads to cascading effect of same pay:

Nursing faculty of all Colleges of Nursing should be granted UGC Scales and nomenclatures.

Currently the Sister Tutors are promoted nearly after 10 years of experience to the post of Senior Tutor in Colleges of Nursing. It was observed that the 6th CPC has given same grade pay between the cadres of Sister Tutor and Senior Tutor. Currently the pay band is 3 for both the cadre and GP is Rs.5400/- only. This anomaly can be resolved by enhancing the GP to Rs. 7600/- for Sister Tutor and Rs. 8700/- for the Senior Tutor. Due to cascading effect, it is essential to increase the grade pay of Lecturer/Asst. Professor, Associate Professor and Professor. Hence the GP of lecturer/Asst Professor needs to be increased to Rs 8900/-, Associate Professor to Rs. 10,000 under PB 4, Professor PB4 with GP Rs. 12,000/-.

Nursing faculty of all Colleges of Nursing should be granted UGC Scales and nomenclatures.

Principal has to be 'Professor cum Principal'- if Ph.D qualification is there. Professor has to be with PhD qualifications only

Cadre of teachers in Colleges of Nursing in Autonomous institutions

At present there is no career ladder for the teachers in autonomous institutions. In order to maintain high standards of education the teachers of College of Nursing of Autonomous institutions such as seven AIIMS, JIPMER, PGIMER, NIMHANS need to have parity with each other and have to be given UGC Scales as per the qualifications.

Starting with assistant professor, associate professor and professor , principal cum Professor and PhD qualification is mandatory for becoming Professor and Principal.

The Teachers of Colleges of Nursing need to have parity with each other and have to be given UGC Scales as per the qualifications. A career ladder with appropriate cadre needs to be given to teachers.

5. Cadre in Hospital Nursing Services:

Majority of all nurses prepared in the country are employed in hospitals, health clinics, nursing homes, diagnostics centers, dispensaries, wellness centres, poly-clinics etc. All these nurses are Registered Nurse and Registered Midwife (RN, RM) i.e., 3½ years diploma in General nursing and midwifery (GNM), few are with B.Sc. Degree (4 years) and very few are Auxiliary Nurse Midwives. However, the trend has changed in recent past with more number of nurses with BSc. Degree getting employed in hospitals. This is due to great demand of nurses working in the clinical settings of hospitals all over the world. This factor is also causing in adverse impact on the teaching institutions, as many nursing professional with B.Sc. Nursing are otherwise also eligible to take up entry level positions in Schools/College of Nursing. In the Hospitals, nurses work in the ratio of 1: 20 to 60, often against the stipulated norms of 1:5 in general wards, 1: 3 in special wards and 1:1 in critical units.

At the time of second pay commission(1966), the basic pay of Senior Resident doctor at entry level was Rs.110/- in against the basic pay of staff nurse at entry level, as Rs.150/-. The corresponding pay band and grade pay of resident doctor now (as per 6th pay commission) is Rs. 15600/-+6600/- whereas the pay scale of staff nurse starts at Rs.9300/- +4600/-. This re-placement grade of resident doctors is substantial higher than that of the nurses. Infact the pay of senior resident doctor (Rs.15600/-+ 6600/-) is equal to the scale of the Nursing Superintendent which is the 4th level promotion of staff nurse if at all she gets it. More over the avenue of promotion to the post of Nursing Superintendent is highly restrictive. There is just one Nursing Superintendent to every thousand nurses which makes her supervisory responsibilities more difficult and ultimately affects the delivery of quality patient care. The disparities in the pay scales became more pronounced in the 6th pay commission.

Table 6

Post	2th Pay commission 1966	6th Pay commission 2006
Senior Resident	Rs.110/-	Rs.15600+6600
Staff Nurse	Rs.150-	Rs.9300+4600
Nursing Superintendent	Rs. 590/-	Rs.15600+6600

Table-7

Nomenclature	Educational Qualification and experience prescribed by INC *	Pay existing (6th CPC)	scale	Proposed Equivalent to existing
Staff Nurse	GNM / B.Sc. Nursing	PB-2, 9300-34,800	GP 4,600	PB-3 GP-5400
Nursing Sister	Staff Nurse with 5 years of experience	PB-2, 9300-34,800	GP 4,800	GP-6600
Asst. Nursing Superintendent	Nursing Sister with 5 years' experience	PB-3 15,600-39,100	GP 5,400	GP-7600
Dy. Nursing Superintendent	Asst. Nursing Superintendent with 5 years' experience	PB-3 15,600-39,100	GP 5,400	GP-8700
Nursing Suptd.	Dy. Nursing Suptd. With 5 years' experience	PB-3 15,600-39,100	GP 6,600	GP-8900
Chief Nursing Officer	Nursing Superintendent with 5 years' experience	PB-3 15,600-39,100	GP -7600	GP-10000

Staff Nurses, the crucial functionary working in hospitals are eligible to the next promotion after completion of 5 years of regular service but they hardly get promotion even after completion of 20-30 years of services. Some of them even retire as staff nurses. Staff Nurses are the direct care providers to the patients in the hospitals. They work in round the clock in shift (24x7) 365 days, even during odd hours difficult times, disaster, calamities, riots, during national and on govt. holidays, festivals and even when the Govt. transport facilities are not available. Nurses are over worked, over stressed and under paid & suffer in silence. It is the high time that the 7th CPC and the Govt. realize their contributions and commitment and consider for their enhanced pay structure and allowances.

5.1 Anomalies

After the implementation of the 6th CPC, the post of ANS and DNS have been placed in pay band-3 with in the same grade pay of Rs. 5400/-.

Currently, the Assistant Nursing superintendents are promoted after 5 years of experience to the post of Deputy Nursing Superintendent. It was observed that the 6th CPC has given no difference in the grade pay between the cadres of ANS and DNS. The Assistant Nursing superintendents is feeder cadre for promotion of

Deputy nursing superintendent which is only 1% of total nursing cadre and essentials required for better management of health delivery system in hospitals.

Due recognition must be given to graduate nurses and postgraduate nurses so as to retain higher degree nurses to stay in clinical-services side to upgrade the standard of nursing practice.

5.2 Cadre in Railway Hospitals

The Government played a leading role in the development of Railway Hospitals. Indian Railways has 9 zonal hospitals, 56 divisional, 37 Sub-divisional hospitals and 586 health units in its setup and provide medical and nursing facilities to 65 lakh working and retired railway employees.

There is no separate administrative setup for nursing cadre, which has about 5,000 nurses working in the Railway Hospitals. However, for only 2500 doctors working in the Indian Railways across the country, a separate administrative set up in the form of Health Directorate has been established.

Even though, Indian Railway is a central Public Sector Undertaking, it does not follow the staffing norms and nomenclature of the Central Government. TNAI strongly recommends that the staffing pattern and nomenclature of the Central Government should be followed in the Indian Railways for bringing uniformity.

Table-8

Nomenclature	Educational Qualification and experience as prescribed by INC *	Pay existing (6th CPC)	scale	Proposed Equivalent to existing
Staff Nurse	GNM / BSc. Nursing	PB-2 34800 GP 4600	9300-	PB-3 G.P. Rs.5400/-
Nursing Sister	GNM / BSc. Nursing/PBSc (N) Staff Nurse with 5 years of experience (may be amended as 2 years as per DOPT guidelines)	PB-2 34800 GP 4800	9300-	G.P. Rs.6600/-
Matron	GNM / BSc. Nursing/PBSc (N) with 5 years experience	PB-3, 39100 G.P. 5400	15600-	G.P. Rs. 7600/-
Chief Matron*	GNM / BSc. Nursing/PBSc (N) with 5 years experience	PB-3, 39100 G.P. 5400	15600-	G.P. Rs. 8700/-
Asstt. Nursing Officer**	GNM / BSc. Nursing/PBSc (N) with 5 years experience	PB-3, 39100 GP 5400	15600-	G.P. Rs. 8900/-
Chief Nursing Officer (CNO) (Not existing)	-----	-----	-----	-----

*The posts in hierarchy above Nursing Sister in the Central Government Hospitals are Assistant Nursing Superintendent, Deputy Nursing Superintendent and Nursing Superintendent and Chief Nursing Officer respectively. However, in the Indian Railways, the three promotional posts in hierarchy above Nursing Sister are Matron, Chief Matron and Assistant Nursing Officer respectively. The posts of Matron, Chief Matron and Assistant Nursing Officer in the Indian Railways can be considered to correspond with the posts of ANS, DNS and NS in the Central Government Hospitals. However, the posts of Matron, Chief Matron and Assistant Nursing Officer in the Indian Railways have been placed in PB-3 with a grade pay of Rs. 5400/-. Nursing Sister is the feeder post for Matron, Matron is the feeder post for Chief Matron and Chief Matron is the feeder post for Assistant Nursing Officer in the Indian Railways. Higher the post, higher the duties and responsibilities attached to it. Therefore, it is strongly recommended that their nomenclatures/designations should be revised on the lines of Central Government Hospitals and they should also be given the Grade Pay of Rs. 6600/-, Rs. 7600/-, Rs. 8700/- and Rs. 8900 respectively.

** The next hierarchical post in Central Government Hospitals is Chief Nursing Officer and there is no corresponding post in Indian Railways.

Working Hours in Railway Hospitals

All the nurses in the Central Government Hospitals work for 40 hours per week, whereas the Nurses in the Indian Railways work for 50 hours per week. According to ILO and WHO standards and INC norms, the nurses have to work 40 hours in a week only. The long working hours reduce the efficiency and efficacy of the nurses in providing proper care to patients. It is recommended that the working hours for nurses employed in the Indian Railways should be fixed as 40 hours per week as followed in the Central Government Hospitals.

5.3 Cadre in Employees' State Insurance Corporation (ESIC) Hospitals

Employees' State Insurance is a self-financing social security and health insurance scheme for Indian workers. For all employees earning Rs. 15000 or less per month as wages, the employer contributes 4.75 percent and employee contributes 1.75 percent, total share 6.5 percent. This fund is managed by the ESI Corporation (ESIC) according to rules and regulations stipulated in the ESI Act 1948, which oversees the provision of medical and cash benefits to the employees and their family through its large network of branch offices, dispensaries and hospitals throughout India. The corporation can setup hospital either independently or in collaboration with state government or other private entities. But most of the dispensaries and hospitals are run by concerned state governments.

The ESI Act was enacted in India in 1948, but came into effect from 25 February 1952. Initially, hospitals were established in Kanpur and Delhi. For workers in factories and companies only. It is now applicable to all establishments including educational institutions, hospitals, etc. having 10 or more workers, now it is covering 15.5 million employees under about 450,000 employers. Total beneficiaries as of 2011-12 were above 65.5 million.

The employees registered under the scheme are entitled to medical treatment for themselves and their dependents, unemployment cash benefit in certain contingencies, and maternity benefit in case of women employees.

Outpatient medical facilities are available in 1398 ESI dispensaries, and through 1,678 empanelled private medical practitioners. Inpatient care is available in 145 ESI Hospitals and 42 Hospital annexes; there are a total of 19387 beds. In addition, several state government hospitals also have beds for earmarked ESI beneficiaries. Cash benefits can be availed in any of 783 ESI centres throughout India.

- Upgradation of Nursing Cadre from Group C to Group B:-

Nurses working in most of the department of the central govt.(i.e. AIIMS,PGIMER, ICMR , MNS etc.) Staff Nurse and Nursing Sister have been upgraded from Group C to Group B but ESIC has not upgraded the Nursing Cadre till date. It is injustice to the entire nursing cadre of ESIC.

So we strongly recommend upgrading the Nursing cadre from Group C to Group B for which this cadre deserves.

- Deputation/Study Leave for Higher Education, Specialization, Continuing Education Programmes etc. are not permitted to Nurses working in ESIC' Hospital.

5.4 Cadre in Military Nursing Services

The Military Nursing Service is covered under Indian Military Finance 1943, Rule 1944 and the Army Act 1950. The Military Nursing Service forms a part of Armed forces. The military nursing personnel are trained and bound to undergo such training and in such a manner to perform duties in connection with the Indian Military Forces, as may be laid down by regulations. The education of Military Nursing Officers is also governed by syllabi, Rules and regulations prescribed by Indian Nursing Council; after obtaining the required educational qualification they get registered/ licensed by State Nursing Councils on commissioning. There are approximate 4600 Military Nursing Officers besides about 78 on Administrative posts. Considering the service conditions and important duties performed by Military Nursing Officers in varied settings during peace and war, they deserve equal status, pay scales, allowances, facilities etc. as that of other Army officers of equivalent rank.

In addition to this Military Nursing Officers in all health settings of Armed forces (Army, Navy, Air Force and Civil settings with army as applicable) be considered for all other allowances and facilities as available to their counterparts in civil nursing services should be extended.

- (a) Pay Band – 4 to be made applicable for Lt. Col. of Military Nursing Services as is applicable to the Lt. Col. of other armed services.
- (b) Same Grade Pay should be made applicable to MNS Officers of the same rank as is applicable to the officers of other Armed Services.
- (c) The same rate of Military Service Pay (MSP) should be made applicable for MNS Officers.
- (d) MNS Officers are registered nurses, technically proficient and legally competent to practice nursing. Hence, it is proposed that the NPA should be made admissible to Officers of MNS also.
- (e) The MNS officers remain in close contact with patients for long hours and often their uniform gets soiled due to various nursing care procedures. They

are required to change the uniform frequently leading to increased wear and tear. Hence, same rate of outfit allowance initial & renewal, be made admissible to MNS Officers, as is applicable to other Army officers.

- (f) It is proposed that leave encashment limit be increased to 400 days from the 300 days at present.

In foreign countries, mostly male nurses are recruited in Defence services. Further, private Hospitals in India do not favour male nurses in their recruitment. As a result, Indian male nurses go abroad in large number in search of employment. It is therefore recommended that Male Nurses should also be granted commission with their counterparts to enable them to utilise their skills and professionalism in patient care in consonance with the core values of the Indian Army.

6. Cadre in Public/Community Health Nursing Services

“The nurse working in Public Health is a voice for members of the community to voice their problems and desires.”

This stream constitutes a vital segment of the community health services delivery system, in implementing primary health and school health care related programs in sub-urban, rural and remote area. It consists of Public Health Nurses, Health Visitors (LHV) and Auxiliary Nurse Midwives (ANM). All the national health programs are implemented successfully through public/community health nursing personnel. One such example is in respect of polio eradication program. A strong community health programme will reduce the burden on Hospital's services. So a competent workforce of community/public health nurses is required for overall improvement of health of India.

Community Health Nursing is a nursing aspect of organized community health programme and is the specialized area of professional nursing practice. It is the unique blend of nursing and community health woven into a service which, when properly implemented, can have tremendous impact on human health. Like Community Health, the field of Community Health Nursing is dynamic and diversified.

The country has developed an extensive network of primary health centres and sub-centres to provide basic medical care to huge (80%) rural population. In the rural health care system, the ANM is the key field level functionary who interacts directly with the community and has been the central focus of all the reproductive child health programs. The services of ANM are considered essential to provide safe and effective care and as a vital resource to achieve the health-related targets.

The training of Health Visitors was discontinued from September 1977 onwards. Six months promotional training is given to ANMs with at least five years' experience. The curriculum for six months promotional course is prescribed by INC. They supervise the work of ANMs.

The Public/Community Health Nursing cadre comprising of ANMs, LHVs, PHN, School Health Nurse, District Public Nurse etc. play a vital role in implementing the various health programmes of the Government of India, in the promotion of sanitation and environmental hygiene, facilitate RMNCH+A interventions and provide promotive, preventive, curative and rehabilitative services to the community in the said areas.

The present concern in the country is to provide accessible, affordable, accountable, equitable, effective and reliable health care, especially to poor and vulnerable sections of population in rural areas. However the BSc nurses must be given DPHNO post.

Table-8

Nomenclature	Educational Qualification and experience as prescribed by INC*	Pay scale existing (6th CPC)	Proposed Equivalent to existing
Auxiliary Nurse Midwife	10 + 2 in passing out from recognized Board	PB-1, Rs. 5200- 20200 GP-2400	PB-2 GP-4600
Lady Health Visitor	10 + 2 in passing out from recognized Board with 6 months of promotional training after ANM	PB-1, Rs. 5200- 20200 GP-2800	GP-4800
School Health Nurse/ Occupational Health Nurse/ Industrial Health Nurse*	B.Sc. Nursing / Diploma in Nursing Education & Administration/Diploma in Public Health Nursing with 2 years clinical experience.	PB-2, Rs. 9300- 34,800 GP 4,800	PB-3 GP-6600
Public Health Nurse	B.Sc. Nursing / Diploma in Nursing Education & Administration/Diploma in Public Health Nursing with 2 years clinical experience.	PB-2, Rs. 9300- 34,800 GP 4,800	PB-3 GP-6600
Sr. Public Health Nurse/PHN Supervisor/Block PHN/Block midwifery practitioner	ANM with 5 years' experience and 6 months training course + one year qualification and 4 years of experience (CP) LHV with one year additional course with 9 years' experience (CP) GNM with PBDip. and 5 years' experience B.Sc. with PB Diploma, and 3 year experience MSc (N)	PB-3, Rs. 15,600- 39,100 GP 5400	PB-3 GP-7600
Dist. Public Health Nurse	LHV with one year additional course with 25 years' experience. GNM with PBDip. and 15 years' experience .BSC (N) with PBDip and 10 years' experience MSc with 5 years' experience	PB-3 15,600- 39,100 GP 6,600	PB-3 GP-8700

*School Health Nurse/ Occupational Health Nurse/Industrial Health Nurses are working in different states.

7. Anomalies and disparities:

a) Anomalies in Nursing Education

After the implementation of the recommendations of the 6th CPC, there is no difference in the grade pays between Sister Tutor and Senior Tutor. As a result both the categories are getting same grade pay of Rs.5400/- in schools of nursing. Rectification leads to cascading effect of same grade pay for Senior tutor and Vice principal, and for Principal and Vice principal.

There is no difference in the grade pays between and the Sister Tutor and Senior Tutor resulting in both categories getting same grade pay of Rs.5400/- in colleges of nursing. The Senior Tutors/Lectures have to be granted the grade pay of Rs. 7600/- and Rs. 8700/- respectively to rectify the anomaly. Rectification leads to cascading effect of same pay:

Sr. Tutor/Lecturer and Sr. Lecturer/Asst. Professor
Sr. Lecturer/Asst. Professor and Reader/Associate Professor
Reader/Associate Professor and Reader.

b) Anomalies in Nursing Service

Currently, the Assistant Nursing superintendents are promoted after 5 years of experience to the post of Deputy Nursing Superintendent. It was observed that the 6th CPC has given no difference in the grade pay between the cadres of ANS and DNS. The Assistant Nursing superintendents is feeder cadre for promotion of Deputy nursing superintendent which is only 1% of total nursing cadre and essentials required for better management of health delivery system in hospitals.

After the implementation of the 6th CPC, the post of ANS and DNS have been placed in pay band-3 with the same Grade Pay of Rs. 5400/-.

c) Anomalies in Public Health Service

The feeder post of PHN (N) and the promotional post PHN Senior in the Central Government institutions are given Grade Pay of Rs. 4800/- and Rs. 5400/- respectively. However, the post of PHN in AIIHPPH, Kolkata has been given the Grade Pay of Rs. 4800/- and the promotional post of PHN Supervisor could not be extended the higher grade pay of Rs. 5400/-, on account slight difference in the nomenclature of the post.

The Grade Pay for the ANM and LHV being meagre, is required to be stepped up.

8. Demands of Nursing personnel

8.1 Allowances:

Table 9

S.No. (1)	Allowances (2)	Existing (6 th CPC) (3)	Proposed (4)
All categories of Nurses			
1.	Nursing Allowance (NA)	Rs.3,200 per month 1.1.2011- 4000/ month 1.1.2014- 4800/ month	It should be increased 3 times of the present allowance and it should be a part of the pay for all purposes .
2.	Non-Practicing Allowance (NPA)	Not received	25% of basic pay
3.	Qualification allowance	two non-absorbable increments of 3% of basic	Should be included in the basic pay
4.	Incentives for Ph.D and M.Phil Qualification	-----	M.Phil/Ph.D qualification increments shall be part of the pay.
5.	HRA	As implemented under 6th CPC	As applicable to Government employees
6.	Newspaper Allowance		As applicable to Govt. employees
7.	Telephone/mobile/ internet allowance	Rs 700/ month	To be to all nursing personnel and to be enhanced accordingly
8.	Local conveyance Allowance for the nurses	Doctors are getting conveyance allowance apart from Transport allowance Rs. 4500/ month	It should be given to all the Nursing Personnel working in the field area.
9.	Continuing Education Allowance	Nil	Registration fee, travel and DA
10.	Uniform Allowance (UA)	1.1.2006-Rs. 6000 1.1.2011 -Rs.7500 1.1.2014-Rs.9000/- year	Rs.22500 per year
11.	Washing Allowance	1.1.2006-Rs.300 1.1.2011 -Rs.375 1.1.2014Rs.450 /month	Rs.2000/- per month
12.	Overtime Allowance	-----	As admissible to Govt. employees

Nurses working in special units			
13.	Special Allowance (to the nurses working in special units viz. ICU, CCU, NICU, Emergency dept, OT, Labour Room, Transplant Unit, Burns Unit, Isolation Wards, Post operative ICU)	Rs.240 per month	To be enhanced
Nurses exposed to bio-medical hazards, commnicable diseases, occupational hazards			
14.	Risk Allowance	*Other health professionals medicals are getting risk allowance Rs. 2086/ month	To be enhanced and to be given to all Nursing Personnel
Nurses working in Public Health/ Community Health			
15.	Field Allowance for the nurses working in the public health / community health at par with the Special Allowance in the hospital	---	To be given at par with Govt. employees
Nurses working in hilly, difficult, remote, disturbed and disaster prone areas			
16.	Hill area / Difficult Area Allowance	Rs.900/ per month	To be enhanced
Nursing faculty			
17.	Learning Resource Allowance	Rs.60,000/year only in limited institutions	To be enhanced and to be given to all institutions.
Nursing personnel working in Apex Bodies (Nursing Adviser, Secretary, INC, Principal and Vice-Principal of CON)			
18.	Administrative allowances		
		Nursing Adviser, MoHFW	As applicable to other Govt. employees
		Secretary, INC	As applicable to other Govt. employees
		Rs. 1500 for Principal, College of Nursing	As applicable to other Govt. employees
		Rs.3000 for Vice-Principal, College of Nursing	As applicable to other Govt. employees

Justification and details of Allowances:

1. Nursing Allowance (NA)

In the VIth Pay Commission, nursing allowance was enhanced from Rs.1600 to Rs.3200 per month. Presently, nursing allowance is Rs. 4800 p.m. In this memorandum again it is demanded that the provision of nursing allowance to all the nurses at all levels, irrespective of their status and nature of job may be made and it should be increased 3 times of the present allowance i.e. further, **it should be a part of the pay for all purposes** .

2. Non-Practicing Allowance (NPA)

All the Nursing services justifies for providing NPA because it will affect the regular services provided to the consumers. Further in order to ensure that the services in the hospital and in the community do not suffer further due to mobility of nurses towards this trend, their services should receive attention and consideration of the policy makers.

The non-practicing allowances to be granted to the tune of 25% of basic pay and should also be counted for all other benefits like DA, pension, travel etc. as with medical practitioners.

The appropriate rationale for the NPA and nurses' exclusion from paramedical as follows:

- Nurses are registered with the councils in the states where they obtain education and also in the state where they practice like the medical professionals.
- Nurses are registered to practice their profession as nurse, midwife (in some states even as psychiatry nurse, pediatric, geriatric, operation theatre nurse). Registration with State Nursing Council is a statutory requirement to practice.
- Nurses are not only licensed to practice independently but also are practicing as they are equipped with a professional qualification, possess skills to provide wide spectrum of health/nursing service to individuals/clients in the health agency and/or at home and/or at other health establishments like ambulatory clinics, diagnostic centres, therapeutics clinics, maternity and child health centres, schools, industrial units. They cover a wide spectrum of nursing services:
 - Nurses independently conduct and manage the package of health services for mothers and children provided at the sub-centre level, even at block level and in schools.
 - Pay visits to individuals requiring services like assessment and treatment of minor ailments, physical examination, assess blood glucose levels, measures Hb, BP, urine for acetone and sugar, administer prescribed medicines and immunisation (oral, parental), dress and bandage wounds, provide first-aid, monitor patients on continuous peritoneal dialysis, ventilator, incubator, cardiac monitoring etc.

- Provide health education and counselling on contraception, family welfare services, prevention and treatment of malaria, TB, HIV/AIDS, IDD, Nutrition, RTI/STI, Sex-education to adolescents. Thereby nurses are strengthening the health practices of the individuals/ family towards self-care and make community at large self-reliant.
 - Provide post-hospital services to cancer patients e.g. chemotherapy, colostomy care, colonic irrigation, giving insulin injection etc. to patients with diabetes mellitus care to the new born child and mother.
 - Provide extended services in old age homes, hospice care nursing care in prison and to the sports person.
 - Assist surgeons in performing various complicated, non-complicated, basic and advanced surgeries, even cosmetic and transplant surgeries.
 - Undertake education and teaching at coaching centres, educational institutes, have opportunities to practice as guest faculty at more than one institutes.
 - Undertake medical transcription
 - Practice alternative systems of medicine namely Reiki, yoga, acupuncture and acupressure, stress management, naturopathy etc.
 - Provide services at obesity control centre and mental retardation centres, well baby clinics, child guidance clinics.
- Nurse's work hand in hand during management of disaster situations and epidemics. In addition nurses are put on duty during red alert and for unforeseen circumstance to manage any exigency. The deployment of nurses is at all levels and in addition to the shift staff on duty.

The scope for such nurse practitioners has increased manifold especially in the last one-two decades and is further increasing e.g. with current Govt. policy on Medical Tourism. It may be noted that out of all services listed above most focus on prevention aspects and therefore it lessens the patient load in the hospital. In order to provide dignity and honour to the services rendered by the nurses in their practitioners' role given above, requires consideration for grant of non-practicing allowances.

The nurses are providing the above mentioned services in addition to their existing job responsibilities in order to get the supplementary income. Many nurses after retirement also actively participate in providing these services.

3. Qualification allowance:

At present nursing personnel are getting two non-absorbable increments for acquiring additional higher qualification in nursing, both for Graduation and Post-Graduation and Post Certificate. Both are treated same there is none of the benefit for Post-Graduation holder. The Post-Graduation holder should be granted one extra increment over the Graduate Nurse. This allowance should be absorbed with basic pay. Nurses should continue to receive their pay scales, irrespective of their

place of work. Additional qualification in nursing facilitates quality-nursing care. In the present state of medical and technological advancement at rapid rate, nurses need to upgrade themselves and thereby keep abreast with these advancements in order to provide quality health care services. Recognising this need nurses are increasingly seeking higher education in nursing. This trend needs to be encouraged by giving opportunities and incentives such as qualification allowance.

There is no provision of additional increment for Nursing Staff who possess Post Certificate Diploma (1 year duration recognised by Indian Nursing Council) Nurses should continue to receive as per their pay scales, irrespective of their place of work. Additional qualification in nursing facilitates quality-nursing care. In the present state of medical and technological advancement at rapid rate, nurses need to upgrade themselves and thereby keep abreast with these advancements in order to provide quality health care services. Recognising this need nurses are increasingly seeking higher education in nursing. This trend needs to be encouraged by giving opportunities and incentives such as qualification allowance.

4.Incentives for Ph.D and M.Phil Qualification

The persons having completed Ph.D qualification should be entitled to 3 non-compounded increments. The M. Phil degree holders shall be entitled to 2 non-compounded increments.

Academic Grade Pay (AGP) to be followed as per UGC pattern.

Assistant Professor with completed service of 5 years shall be eligible for Academic Grade Pay.

5. House Rent Allowance

At present the satisfactory level of nursing personnel towards allotment of accommodation is only 15-20% whereas the other categories have 40-45% satisfactory level.

Nursing services are considered as part of essential hospital services. On the basis of the shift duties the steps were suggested by the Vth pay Commission to improve hospital accommodation to the satisfaction of nurses. At the behest of recommendations of the VIth Pay Commission due to shift duties performed by nurses.

As Nursing staff welfare measure, it is proposed to continue allotment of accommodation on priority basis, provide residential accommodation within the hospital premises so that they are available during any kind of emergency to atleast 40-50% of the total number of nurses within the hospital premises/ campus or closer to the hospital, i.e. within radius of 1 km of the hospital. Atleast 40-50% of the total number of nurses may be considered for allotment of accommodation from General pool as per their entitlement or else more colonies for the nurses may be built in the pattern of residential colony in Shri Niwaspuri in Delhi for nurses working of the city. **The land for construction of residential colonies for nurses to be identified and allotted in other regions to cater nurses working in a cluster of hospitals.**

6. Newspaper Allowance

All the employees working in Government setup at par with Nursing staff are getting Newspaper allowance. The provision to be made for the Nursing personnel also.

7. Telephone/mobile/ internet allowance

To be given to all nursing personnel and to be enhanced accordingly.

8. Conveyance Allowance

PHNs cover wider area in performance of their duties. They cater large number of population at their doorstep in implementation of National Health Programme. Many times they carry out emergency duties during disasters such as fire, flood etc. At times they carry logistics to field while the transport allowance does not take care of inflationary increase towards cost of transport over the years.

Nurses travel to their place of work at different hours of the day often follow arduous routes, use poor transport facilities in certain hours of the day (late evening, early morning) and subjected to other dislocations in the services caused by strikes, bandhs, riots etc. facing lot of inconvenience. As a relief measure, transport system may be provided to the nurses for their safe, smooth journey, better work performance and effective patient care. The transport system (pick and drop) may be arranged in such a manner that it coincides their shift duty timings. The driver and vehicle arrangement may be done to protect the modesty of nurses. This was recommended by the Fourth Pay Commission also.

9. Continuing Nursing Education/In-service education

The Government of India has made it mandatory to undergo 150 hours of CNE training programmes every five years for the purpose of re-registration. However, sufficient number of CNE training programmes are not available and the Nurses are not deputed to such training programmes on the pretext of shortage of staff. As a result, the nurses are not in a position to update their knowledge and skills in the emerging areas of specialisation in the field of health and nursing. With the emerging demand for super specialisation in the health sector, there is an urgent need to increase the number of super specialty skill-based courses. For continuous updating of the skills, it will be beneficial to have a separate Continued Nursing Education (CNE) Cell, both at the Centre and state levels.

Nurse midwives do not have much opportunity for continuing education as no such system exists in most hospitals. Improvement in nursing and midwifery education is linked with health of people and therefore efforts need to be undertaken in this area.

In the light of the above, it is recommended that the institutions and authorities should allow the nursing personnel adequate opportunities to undergo such training programmes and the trainees should be granted CNE allowance to cover registration fee, travel and boarding & lodging.

10. Uniform Allowance (UA):

Nurses' uniform adds to their identity and honour. Wearing uniform protects them from infection and also protects others, i.e. their family and community from getting infected. Therefore, wearing uniform should remain one of their essential service conditions.

The VIth Pay Commission recommended that the Uniform Allowance may be given annually at the rate of Rs. 1000 to 3000 as a lump sum amount.

A look at the price index of commodities forces us to believe that the amount paid is not at all sufficient to maintain uniform, round the year especially due to tropical conditions. Often the uniform gets soiled due to the lack of supply of protective devices as mentioned earlier. In order to maintain the uniform in a dignified way a reasonable cost has been worked out.

Considering the above, it is proposed that the yearly uniform allowance should be revised from Rs.9000/- to 22, 500/-.

11. Washing Allowance

The existing washing allowance of Rs.450/- per month is too meager. It needs to be revised to above Rs.2000/- per month considering the increase in cost of living (washing, ironing, dry-cleaning etc.). The benefit of uniform and washing allowance given to the Central Govt. nurses should also be extended to the nurses working in State Govt. hospitals all over the country.

12. Overtime Allowance

On account of acute shortage of Nurses, Nurses have to perform overtime duty on many occasions so that delivery of health care to needy patients is not affected. In the Indian Railways, Nurses are being paid overtime allowance. In the light of the above, it is recommended that Nurses doing overtime may be paid overtime allowance at the rate admissible to Government employees.

13. Special Allowance:

The VIth Central Pay Commission recommended to enhance special allowances of Rs.120/- per month to Rs. 960/- to nurses working in special units viz. ICU, CCU, NICU, Operation Theatre, dialysis, burns subject to the condition that it shall not be granted to more than 35% of the total nursing staff. In the present scenario almost all Central Govt. hospitals have special as well as super-specialty units.

Nurses with special training (such as oncology, neonatal intensive care, critical care prescribed and recognised by the Indian Nursing Council) in super-specialty units are already working in many Central Govt. hospitals in India. These doctors and nurses are equipped with adequate skills by virtue of their special training and work as a team to manage patients in these units.

Keeping in view this situation it is evident that the strength of nurses working in these (specialty and super-specialty units) with prescribed ratio of 1:1 (nurses to patient) in central government hospitals would be far more than 35%. Therefore, this ceiling limit of 35% may be removed. However, it is also strongly recommended that nurses deployed in these areas need to be suitably paid with special allowance.

14. Risk Allowance

Nurses are exposed to more occupational hazards than other health professionals owing to the continuous/ long hours of direct contact with the patients, unsafe environment, inadequate supply of bare essential items like soap antiseptics and sanitisers, needle destroyer, protective devices like gloves, plastic aprons/ gowns, sleepers. Adding to the irony is dry taps, often the water is stored in buckets with mugs and require assistance to wash hands. The adverse unsatisfactory ratio of Doctor to nurse (3:1) and patient to nurse (200:1) expose nurses to multiple risks.

Most common risks are needle stick injuries (resulted in many nurses becoming Hbs Ag+ve, HIV +ve) while providing direct care (e.g. starting IV infusions, administering medicines [oral and parenteral], assisting in invasive procedures, collection of blood samples and body fluids, carrying out of nursing procedures viz., oxygen administration (air borne infections like Tuberculosis), nasogastric feeding, suctioning (nasal/oral, tracheal), aerosol, therapy, catheterisation etc. during which nurses are working in close contact with the patient. Many of these procedures are performed at regular intervals and thereby not only increase the frequency of exposure but also add to the time period spent to carry out the procedure on a patient.

Demographical changes have also resulted in resurfacing of many new air-borne infections (bird-flue, meningococemia, encephalities) and vector-borne diseases (malaria, dengue haemorrhagic fever).

15. Field Allowance

There are instances of high risk involved in discharge of duties instantly, hardships faced by the field staff in comparison to office environment regarding general facilities & utilities even the non-availability of drinking water, toilet and public assault. Field allowance to be given to Public health nursing staff working in Community/Public health such as OT allowance is given to nursing staff in hospitals.

16.Rural/ Hill/Difficult Area Allowance

The Nursing personnel working in rural/ difficult areas (e.g., forest belts, hilly areas, islands etc.) and semi-urban areas should be given a special allowance to cover additional expenses due to inadequate transport facilities, lack of educational facilities, and other parameters relating to the quality of life. This allowance should be at par with other professionals working in Rural/Difficult areas similar to those of nurses.

Therefore, it is justified that all the nursing professionals be given risk allowance of 15% of the basic pay.

Indirectly the nurses are also exposed to tremendous amount of physical, psychological and emotional risk due to shift duties, gender discrimination, lack of transport facilities. In such instances fatigue can result in break of practices related to universal precautions, thereby adding on to the risk of getting infected.

As the same time, the nursing professionals' frequent exposure to highly infectious, dangerous diseases, as they are exposed to the various communicable or non-communicable, like HIV/AIDS, Hepatitis A, B, C, D and E and other

untreatable diseases has life threatening consequences during their job causing life time morbidity and mortality. This also keeps whole family at high risk.

Many evidence-based research studies support the increased incidence of needle-stick injuries, HIV infection, Hepatitis B & C infection among nurses.

17. Learning Resource Allowance

If the individuals submits the concept/research paper and it is accepted they should be permitted to participate in 2 National and 2 international conferences alternately.

18. Administrative allowances

Nursing personnel working in Apex Bodies e.g. Nursing Adviser to the Govt. India, MoHFW, Secretary- INC, Principal and Vice-Principal of SON/CON

- As applicable to other Govt. employees

8.2 Facilities

a) Crèche facility

Majority of the nurses are women who enter the service at the age of 21 years. Almost 45% of nurses are in the reproductive age group. Being women the onus of rearing the children and looking after the family is with them. Many of the nurses, thus either leave the job to take care of the children and family or remain absent frequently to perform family responsibilities. These practices add to the problem of manpower shortage and affects nursing services adversely.

It is also recommended by Central Govt. that there should be crèche facility in the working place where a minimum of 30 women are employed. To maintain regularity, undivided attention and improved quality of nursing services, an organized crèche facility should be made available round the clock.

b) Facility during Night Duty

Nurses on night duty remain in the ward for almost twelve (12) hours. The working conditions in the wards are generally poor and inadequate to meet the needs of the nursing personnel on duty at night. On account of the poor working conditions in the wards, the nurses are subjected to lot of inconveniences and find it difficult to carry on their difficult duties. Suitable infrastructural facilities such as nurses duty room, provision for easy chair/recliner in the ward for taking rest at least for 3 hours while on night duty and provision for refreshments should be made which will have direct implication on patient care.

9. Recommendations

- a) Employment:** Uniformity in employment procedure to be made and Recruitment rules to be uniformly made for all the categories of nursing posts.
- b) Job description** for all categories of nursing personnel (prepared by TNAI Action Core Committee) to be approved and circulated to all the hospitals/institutions with the strict guidelines to implement these.

c) Working hours: Pattern of working hours should be uniformed in all the hospitals/institutions. Extra working hours to be compensated either with leave or extra remuneration/emoluments depending on the Centre/State policy.

d) Workload and working facilities

- Staffing norms to be adopted and followed uniformly.
- Nursing norms for patient care are to be followed strictly.
- Non-nursing job to be handled by other group/employees.

In most of the health settings nurses are compelled to do non-nursing job supervision of housekeeping, linen supply, security staff, controlling the visiting hours, attending the recording of medico legal cases. As a result direct patient care suffers.

e) Uniform pay scale for all posts in nursing cadre

The nursing cadre has different responsibilities and accountabilities according to the posts in nursing cadre. Higher posts has higher responsibility and more accountability for the nursing services so lower post and higher posts should not be clubbed for the purposes of Grade Pay.

f) Deputation to Higher education/specialization in nursing/ CNE programmes

It is well known that due to the shortage of nursing manpower/understaffing, nurses are not deputed for higher education and specialisation, and continuing nursing education/in-service education. This factor hampers in keeping the nurses updated with the latest trends in the field of health/nursing.

The Central and State Regulatory bodies have prescribed 150 hours of mandatory CNE programmes to be undertaken in a span of 5 years for the purpose of re-registrations. It is therefore, recommended that the nurses should be compulsorily deputed/sponsored for CNE programmes of not less than 30 credit hours in a year.

It is recommended that study /deputation leave to be provided to all categories of nursing personnel as applicable to the other Govt employees.

g) Uniformity in providing MACP

The nursing personnel working in the Central Government and Central Government organizations/institutions are deprived of regular promotions. They hardly get one or two promotions in the entire service of 33 years.

The present MACP scheme, introduced from the year 2008, assures three promotions, but falls short of the aspirations of the employees. The MACP Scheme has to be implemented in its true spirit uniformly irrespective of the place of work.

h) Re-entry to Service

The responsibilities on women are more towards their children and family. Majority of the women have to take care of their household chores in addition to their job responsibilities.

The service conditions do not allow women/nurses at large to discontinue their service to re-enter their service after certain period of time with the result that many nurses are forced to leave their job in order to attend to their children and family. After their family responsibilities get reduced, though many nurses would like to re-enter their service but the service condition rules do not permit them to do so.

If the provision is made in the service rules to re-enter along with certain conditions (like undergoing refresher course of specified duration, renewal of their registration etc.), then the current shortage of nurses can be overcome to some extent.

In addition a provision in the service rules is also proposed to relax the upper age limit of nurses to enter into service.

i) Extension of retirement age

Since there is shortage of nurses and professional competencies and with the increase in life expectancy, the retirement age may also be extended from the existing 60 years to 65 years for all categories of nurses working at all levels provided they are medically fit to perform their job responsibilities effectively as is allowed to other professionals as per their service rules.

j) Time bound promotions:

There are hardly any promotional avenues or incentive for nurses. On an average, the nurses remain in one post for almost 10-15 years, before they get next promotion. Some of them retire with only 1 or 2 promotions. It leads to stagnation and ineffective individual performance, resulting in demoralisation and demotivation.

Therefore it is justified to give promotion at least every 7 years to nursing personnel to boost up their morale and motivate them to work with more interest and enthusiasm.

k) Re-instatement of Old Pension Scheme

That Govt. of India decided to stop old pension scheme for the central Govt. employees who join their services on or after 01/01/2004. But the Govt. of India continued old pension scheme for the defense sector employees on the basis of life threatening consequences during their job responsibility.

Hence, the old pension scheme again be restarted for the nursing cadre across the country.

It is recommended that Nursing and Midwifery Management Structure at National and State Level should be established so that they can provide technical and administrative support in the implementation of the Government programmes.

It is recommended that the recommendations of the High Power Committee should be implemented and the Govt. of India should issue necessary instructions to the States to implement the recommendations, which are still relevant in the present context.

A National Nursing Policy within the frame work of National Health Policy and National Health Planning needs to be evolved in consultation with all stakeholders.

l) National Monitoring and Evaluation Committee

A National Nursing Advisory, Monitoring and Evaluation Committee or Board (at national level) to be constituted for providing technical advice, monitoring the implementation of the nursing programmes in the country to MOHFW, Govt. of India on matters related to Nursing and Nursing profession from time to time.

m) Nursing Practice Act

Unlike in foreign countries, there is no Nursing Practice Act in India. Nurse Practice Acts (NPAs) will define the scope of nursing practice. NPAs protect public health, safety, and welfare. This protection includes shielding the public from unqualified and unsafe nurses. In each state/country, statutory law directs entry into nursing practice, defines the scope of practice, and establishes disciplinary procedures. State boards of nursing oversee this statutory law. They have the responsibility and authority to protect the public by determining who is competent to practice nursing. NPAs are the most important pieces of legislation related to nursing practice. NPA will provide clear legal authority for those functions and procedures which have common acceptance and usage. Nurses have been educated to assume advanced roles and projects and they have proved their ability to do this safely and effectively. The Nurse Practice Act will provide protection for the nurse to function in case of an emergency, in the absence of a doctor and within the jurisdiction of the scope of practice. In a nutshell, Nursing Practice Act will define the roles, responsibilities and accountability of all the posts in nursing in all the avenues of nursing.

In the light of the above, it is recommended that necessary action is to be taken by the Government of India to frame Nurse Practice Act.

n) Expanded Role of Nurses in the Hospitals

Over the past few decades the Role of Nurses in hospitals have seen changes and there is a need to create newer cadres enabling them to function at par with international standards and quality of nursing care given in private and corporate hospitals as well as meet the expectations of accrediting bodies like Quality Council of India (QCI) and National Accreditation Boards of Hospitals (NABH).

o) A clinical nurse specialist/Specialty Nurses/ Nurse Practitioner

There is need to create cadre for specialist nurses having one year PB diploma in specialty nursing areas or MSc in a specialty area. Specialist nurses are required to work in areas such as trauma, neonatology, psychiatry, Operation theatre, neurosurgery etc. in order to improve the quality of nursing services hence one year diploma or MSc nursing shall be given as compulsory at least at nursing sister/ ward sister level.

Nurse practitioner is an advanced practice registered nurse (APRN), with graduate preparation with post basic diploma or master's or doctorate from a program that

prepares CNSs. "The CNS has a unique APRN role to integrate care across the continuum and through three spheres of influence: patient, nurse, system. The three spheres are overlapping and interrelated but each sphere possesses a distinctive focus. In each of the spheres of influence, the primary goal of the CNS is continuous improvement of patient outcomes and nursing care. Key elements of CNS practice are to create environments through mentoring and system changes that empower nurses to develop caring, evidence-based practices to alleviate patient distress, facilitate ethical decision-making, and respond to diversity. The CNS is responsible and accountable for diagnosis and treatment of health/illness states, disease management, health promotion, and prevention of illness and risk behaviors among individuals, families, groups, and communities." CNSs are clinical experts in a specialised area of nursing practice and in the delivery of evidence-based nursing interventions.

CNSs work with other nurses to advance their nursing practices, improve outcomes, and provide clinical expertise to effect system-wide changes to improve programs of care. CNSs work in specialties that are defined by one of the following categories:

- Population (e.g. pediatrics, geriatrics, women's health)
- Setting (e.g. critical care, emergency department, long-term care)
- Disease or Medical Subspecialty (e.g. diabetes, oncology, palliative)
- Type of Care (e.g. psychiatric, rehabilitation)
- Type of Problem (e.g. pain, wounds, palliative)

Spheres of influence

There are three domains of CNS practice, known as the *three spheres of influence*:

- Patient
- Nursing personnel
- System (healthcare system)

The three spheres are overlapping and interrelated, but each sphere possesses a distinctive focus. In each of the spheres of influence, the primary goal of the CNS is continuous improvement of patient outcomes and nursing care.

Core competencies

Within the three spheres of CNS practice seven core competencies are identified:

1. **Direct clinical practice** includes expertise in advanced assessment, implementing nursing care, and evaluating outcomes.
2. **Expert coaching** and guidance encompasses modeling clinical expertise while helping nurses integrate new evidence into practice. It also means providing education or teaching skills to patients and family.
3. **Collaboration** focuses on multidisciplinary team building.
4. **Consultation** involves reviewing alternative approaches and implementing planned change.
5. **Research** involves interpreting and using research, evaluating practice, and collaborating in research.
6. **Clinical and professional leadership** involves responsibility for innovation and change in the patient care system.

7. **Ethical decision-making** involves influence in negotiating moral dilemmas, allocating resources, directing patient care and access to care.

p) Description of Nurse Scientist/ Nurse Researcher

Nurse researchers are scientists who study various aspects of health, illness, and Nursing care. By designing and implementing scientific studies, they look for ways to improve health, healthcare services, and healthcare outcomes.

Nurse researchers identify research questions, design and conduct scientific studies, collect and analyze data, and report their findings. They often rely on grants to fund their work, which requires writing grant proposals and meeting certain reporting requirements. Many teach in academic or clinical settings, and often write articles and research reports for nursing, medical, and other professional journals and publications.

Nurse researchers may begin their research careers in positions such as research assistant, clinical data coordinator, and clinical research monitor. The title of principal investigator reflects the most senior research role and greatest responsibility and accountability associated with a research study. Studies conducted by these dedicated nurse researchers are uncovering such things as new and better ways to:

- Deliver nursing care services more effectively and efficiently
- Improve quality of life for patients suffering from chronic illnesses
- Encourage patients to make healthy choices about nutrition, fitness, and lifestyle
- Assure patient safety and prevent injury and illness
- Provide care and comfort to patients at the end of life

Nurse researchers often partner with scientists in other fields, such as pharmacy, nutrition, medicine, and engineering, to better address complex questions and problems. The results of nursing research help build the knowledge base and provide the evidence to guide interventions by nurses and other health care workers. For example, nursing research is improving prenatal care, patient recovery after heart transplant, and pain management for cancer and other patients.

Nurse researchers may work in diverse healthcare settings, hospitals, universities, research organisations, laboratories, and other settings. The work of conducting research studies, especially collecting and tabulating data, can involve a lot of repetitive activity and rote data entry. Nurse researchers must be skilled writers, to write competitive grant applications, report study results, and prepare journal articles. Dissemination of the findings and research methodology often requires presentations at conferences and meetings.

Hence the following newer cadres have to be initiated in all the public sector hospitals:

- Nurse Scientists
- Nurse educators in clinical areas
- Nurse care coordinators/Counsellors

q) Nomenclature/designations

-Presently nursing nomenclature and designations are not uniform throughout the country, thus leading to confusion between the roles and responsibilities and determining monetary compensation. It is the need of the hour that old designations be replaced with new ones.

r) National Recruitment Board for Nurses

A National Recruitment Board for Nurses should be constituted to address the issue of skewed distribution of nursing personnel across the country. The States/UTs willing to avail the services of the National Recruitment Board for Nurses can avail the services of the Board to meet their requirements.

s) National Nursing Service Rules

Efforts should be made to frame National Service Rules for Nursing covering all posts of nursing in all the avenues or at least covering a group of homogeneous posts to address anomalies, to achieve uniformity and homogeneity within the nursing services and to regulate the service conditions in accordance with laid down rules and regulations.

t) Organisational Structure for Nursing

TNAI Core Committee set up for formulating Job descriptions of nurses working at various levels has proposed the following hierarchical/organisational structure for nursing at the national and state level. Job descriptions are clearly defined, categorised for nursing education, nursing service, Public Health Nursing and at administrative level. It is recommended that the same should be followed at the national and at the State level. Organograms for various structures at the national and the State level are enclosed.

10. Migration

India has shown impressive progress post-Independence, be it health, education, service and technology, information and communication (IT) etc.

WHO has developed a global code of practice on the International recruitment of Health Personnel to achieve an equitable balance of the interest of the Health Workers, source countries and destination countries.

Health workers are people engaged in actions whose primary intent is to improve health. These include people who provide health services – such as doctors, nurses, midwives, pharmacists, laboratory technicians – as well as management and support workers – such as hospital managers, financial officers, cooks, drives and cleaners.

WHO response

WHO has developed global recommendations on health workforce retention in remote and rural areas, so that countries can see what options have worked in different settings around the world to attract and retain health workers.

WHO Global Code of Practice on the International Recruitment of Health Personnel

In 2004, the World Health Assembly requested WHO to develop a code of practice on the international recruitment of health personnel. In response, WHO initiated a global consultation process to produce a draft code. The Code was adopted by the World Health Assembly in May 2010.

The Code of Practice is voluntary, global in scope and applies to all health workers and stakeholders. It sets out principles and encourages the setting of voluntary standards. The equitable balance of the interests of health workers, source countries and destination countries is promoted, with particular emphasis on redressing the negative effects of health worker migration on countries experiencing a health workforce crisis. Key components of the Code include:

- greater commitment to assist countries facing critical health worker shortages with their efforts to improve and support their health workforce;
- joint investment in research and information systems to monitor the international migration of health workers in order to develop evidence-based policies;
- Member States should meet their health personnel needs with their own human resources as far as possible and thus take measures to educate, retain and sustain their health workforce; and
- Migrant workers' rights are enshrined and equal to domestically trained health workers.

Govt. of India to adopt policies to retain skilled nursing workforce. For this the most and foremost policy should be to increase the pay scales as per the qualification and experience. Promotional avenues must be ensured, improvement in working and living conditions/environment to be looked at Human health resources planning for better nursing staffing norms to be worked out. Govt. must allow nurses to be part the major health manpower finance planning. Nurses must be allowed to take independent practice within their set of rules.

Migration policies to be developed by the MOIA, MOFHW, MOLE for ethical recruitment, circulation, friendly policies, bilateral arrangement (sending and receiving entry).

International Labour laws on migration to be followed.

11. Conclusion

Nurses and Midwives are rightly regarded as one of the vital segment of health services delivery system. They are the essential part of the system to the extent that they bring vitality to the system and bring about quality of health we aspire to achieve today and tomorrow. Nursing is holistic, comprehensive discipline encompassing all dimensions of HEALTH. With introduction of robust informatics technology, medical field is transforming rapidly and Nurses' roles have diversified. Nurses take care of preventive, promotive, curative and rehabilitative aspects. They are handling advance and complex diseases and situation. While the nurses have accepted the newer challenges positively, their compensation in terms of pay,

allowances, working hours, staffing norms etc. have not been kept at par with the roles and responsibilities and accountabilities they undertake.

Emigration of nurses has been a critical issue in recent years in many countries including India, because developed countries faced with nursing shortages, import skilled nurses from developing countries by offering higher salaries. In addition there is evidence of nurses resigning from the workforce. Both events affect the number of nursing personnel, which is already inadequate.

It was unfortunate to know and witness a long painful ordeal that the nurses and other Indian citizens recently experienced in Iraq for want of jobs and better salaries. Migration, although a human rights issue, drains skilled nursing workforce, when already we are facing shortage of nurses in our country. Understaffing, underpaid nursing workforce have been linked to many negative consequences which impact clients, patients, families, community/society and country at large. Pay scales, working condition, staffing norms, promotional avenues etc. have to be improved. If we want to nurture healthy nation, then health of the nurses, both mental and physical need to be prioritised

The members of TNAI's core committee established to analyse, review, revise and suggest the Pay structure of nurses, have prepared their recommendations. **The phenomenal increase in cost of living in the 8-year period 2006-014 is already reflected in the rate of dearness allowance admissible to all levels of GOI employees which increased from 0% in 2006 to 100% in December 2013 bespeaking of need to take care of justifiably compensating the employees.** Nurses being a key segment in health care system must not be deprived of their rights and advantages due to them. We are hopeful and confident that recommendations will be accepted by the Hon'ble members of the 7th CPC and implemented by the concerned ministries.

7th CPC Questionnaire Analysis

1. Salaries

1.1 The considerations on which the minimum salary in case of a Secretary level officer may be determined and what should be the reasonable ratio between the two.

Answer 1: Any Commission which considers the question of emoluments for employees/workers should first be inspired by the implication flowing from the amendment to the preamble of our Constitution where-by the words “socialist & secular” were prefixed to the word “Republic”, as also the Directive Principles of State Policy enshrined in Article 43 i.e. the State should endeavor to secure living wage for its employees/Officers/workers.

Wage structure in civil service is to be determined on the basis of the computation of the minimum wage, fair comparison of wages elsewhere etc. The living wage, which is guaranteed by the Constitution, has not been defined. The 15th Indian Labour Conference held in 1957 brought in the concept of “Need Based Minimum wage” on the basis of Dr. Aykroid formula. The need based minimum wage is required to be provided for an unskilled worker whenever one is employed. The definition underwent minor changes, when the Supreme Court revised the norms later.

Presently there is no unskilled regular employees’ cadre in Government of India services. The Commission is required to first determine the need based minimum wage as per the Dr. Aykroid formula and make necessary adjustment to determine the wages of MTS which is the lowest category in Government of India services. Group C is a skilled worker. MTS is the lowest category of Group C. The 6th CPC evolved the MTS by amalgamating some of the unskilled, semi-skilled and skilled functions without any scientific basis or logic. From the standpoint of the stipulation in the recruitment rules, eligibility criteria etc, MTS deserves to be categorized as a skilled worker. The co-relation of the wages of the unskilled and skilled worker at the lowest grade had always been of the order of 130% for the skilled worker. The minimum of the pay of the MTS has therefore to be determined at 130% of the need based minimum wage of the Unskilled. Unskilled workers engaged in hazardous activities like scavenging, maintenance of rail track, in Laboratories, Hospitals etc. may also be granted wages of skilled workers 4th CPC had determined the ratio between minimum & maximum of salary to be 10.7 (Chapter 41 & 43) Vth CPC maintained it to be 10.97 (Appendix ‘I’ summary of recommendations Para 19) So far as maximum salary is concerned the 6th Central pay commission was of the view that minimum and maximum ratio salary in the vicinity of 1: 12 would be justified. After implementation of 6th CPC this ratio stand raised to 1: 12.85 both for salaried employees & Pensioners which is much more than even the advanced capitalist countries like America & Britain. This negative and socially regressive decision of the 6th Central Pay Commission has resulted in worsening wealth and income inequality not only between pre-and post-2006 retirees, but even within pre-2006 retirees. However, the earlier Pay Commissions had adopted a ratio of 1:10. Since the minimum wage in the Central Government sector is no more related to an unskilled worker, this ratio must be proportionately changed to 1:8. If one is to take into account the fact that the Pay of Cabinet secretary, being the topmost Civil Servant is excluded by the 6th CPC, the ratio in reality between the minimum and maximum will be more than 1:9.

Therefore, so far as maximum salary in the case of a Secretary level officer is concerned the reasonable ratio between minimum and maximum salary may be taken as 1:8 and salary of Secretary level officer may be fixed by multiplying the minimum wage by a factor of 8.

Answer 2: There should be a reasonable difference in the salary between cadres . There should be 4 fold difference between the two categories, example between Clinical Instructors and Principal.

Answer 3: The considerations on which the minimum salary in case of the lowest Group 'C' functionary and the maximum salary in case of a Secretary level officer may be determined and what should be the reasonable ratio between the two.

In a republic like ours, it is the prime responsibility of the state to ensure a fine living wage to its employees/workers. It is a fact that the employees like MTS and nursing attendants who are the lowest category in our services perform skilled work as of now. But their pay is calculated considering them as unskilled workers. Since the minimum wage in the Central Government sector is no more related to an unskilled worker, the existing 1:9 ratio between minimum and maximum salary must be proportionately changed to 1:8.

1.2 What should be the considerations for determining salary for various levels of functions falling between the highest level and the lowest level functionaries?

Answer 1: Salary for various levels of functions falling between the highest level and the lowest level functionaries should be determined by applying the existing vertical and horizontal relativities which have been evolved over a time through various Pay Commissions. The wages given in Private / Public sector undertakings to functionaries having similar job profiles as obtaining in Government Sector could also be considered for this purpose. There should also a comparison salaries and facilities provided in foreign countries in Nursing Profession.

Another factor which should be taken into Nurses is in respect of special functionaries like Professional Clinical nurse who normally prefer to work in the Private Sector and willing to go abroad for better salaries. Instead of giving them the low salary structure comparatively abroad countries and in Military Nursing Services they should be granted higher wages and perquisite as are obtaining in this sector. The pay scales are not uniform in the Nursing Profession across all the departments. We are of the opinion that categorising the nursing staff as Group A and Group B Gazetted should be giving as there is a need for only two categories in the Central Government, viz. Gazetted Officer and Non Gazetted Staff.

Alternatively, every Group C Officer should be upgraded to Group B status after a minimum residency period of 3 years. There is an immediate need to fix a decent pay for the Group B Gazetted Officers. In view of the lack of uniformity in the pay scales of Group B Gazetted Officers it is imperative that uniform and distinct Scales are prescribed.

What should be the considerations for determining salary for various levels of functions falling between the highest level and the lowest level functionaries?

Salary for various levels of functions falling between the highest and the lowest level functionaries should be determined by applying the existing

vertical and horizontal relativities which have been evolved over a time through various Pay Commissions. In respect of special functionaries like Professionals and technocrats who normally prefer to work in the Private Sector and therefore either do not offer them for Government service or tend to leave it and go over to the Private Sector, Instead of providing them the salary structure of Group A Administrative post they may be granted a special Pay package. The professional Nurses are exposed to more occupational hazards owing to the continuous/ long hours of direct contact with the patient (8 hours), unsafe environment, inadequate supply of bare essential items like soap antiseptics and sanitizers, needle destroyer protective devices like gloves, plastic aprons/gowns, sleepers. Adding to the irony is dry taps; often the water is stored in buckets with mugs and requires assistance to wash hands. The adverse unsatisfactory ratio of Doctor to nurse (3:1) and patient to nurse (200:1) expose nurses to multiple risks.

To name few risks are needle stick injuries (resulted in many nurses becoming Hbs Ag+ve, HIV +ve), while providing direct care (eg. starting IV infusions, administering medicines (oral and parenteral), assisting in invasive procedures, collection of blood samples and body fluids, carrying out of nursing procedures viz, oxygen administration (air borne infections like Tuberculosis), nasogastric feeding, suctioning (nasal/oral, tracheal), aerosol, therapy, catheterization etc. during which nurses are working in close contact with the patient . Many of these procedures are performed at regular intervals and thereby not only increases the frequency of exposure but also add to the time period spend to carry out the procedure on a patient.

Many evidence based research studies support the increased incidence of needle-stick injuries, HIV infection, and Hepatitis B & C infection among nurses.

Demographical changes have also resulted in resurfacing of many new air borne infections (bird-flue, meningococemia, encephalitis) and vector borne diseases (malaria, dengue hemorrhagic fever).

This is the way that Nursing Cadre may also be considered for a special treatment.

Answer 2: The consideration should be based on the Qualification and job responsibility and as the cadre increases, its very challenging and demanding .

2. Comparisons

2.1 Should there be any comparison/parity between pay scales and perquisites between Government and the private sector? If so, why? If not, why not?

Answer 1: There should be no comparison/parity between pay scales and perquisites between Government and the private sector for their functions and objectives are incomparable. While the private sector is motivated by the concept of maximization of profit, the requirement of service to public without any fear or favour is the cardinal principle of governance. A civil servant is supposed to possess the qualities of being fearless but

appreciative of inherent individual difficulties, non discriminatory between one citizen and the other; sense of equality; adherence to the rules and regulations etc. However a “fair comparison with outside wages” is a principle which has been adopted world over for determination of wages of Civil (Government) servants and therefore at least at the level of skilled Nurses, the average minimum wage obtaining in selected Private/Public sector undertakings is a must subject to the condition that it should not be less than the Subsequently wage determined and quantified on the basis of norms adopted by the R171 Occupational Health Services Recommendation, 1985 in ILO.

So far as perquisites are concerned no comparison with those obtaining in Private sector is possible except in the case of House Rent/Travelling Allowances because of following facts:

- The Nurses working in Railways are more responsible and accountable than other health professions.
- The railway nursing services and other of the Central Government services much more advanced and have more technical knowledge than private counterparts.
- The motto of the various Government agencies such as Health, Postal, Agriculture, Water, and Research Departments etc. is “service” to the public. Government is a model employer; hence the wages should be paid as per requirement not considering profit.
- At Gazetted Group “B” and promote cadre level the salaries of the Government are lower than Private sector. (E)Many of the allowances are net of taxes whereas in Central Government allowances are taxed.

Answer 2: There should not be any comparison between the pay scale and perquisites between Government and the private sector. The work culture and salary structure of private sector is based on profitability of the organization and hence cannot be implemented in government sectors.

Answer 3: There should be no comparison/parity between pay scales and perquisites between Government and the private sector for their functions and objectives are incomparable. While the private sector is motivated by the concept of maximization of profit, the requirement of quality service to public without any favour is the cardinal principle of governance. A civil servant is supposed to possess the qualities of being fearless, honest, and appreciative of inherent difficulties, non- discriminatory between one citizen and the other; sense of equality; adherence to the rules and regulations etc.

However a “fair comparison with outside wages” is a principle which has been adopted world over for determination of wages of Civil (Government) servants and therefore at least at the bottom level, wages must be on par with the average minimum wage obtaining in selected Private/Public sector undertakings, subject to the condition that it should not in any case be less than the Need Based Minimum wage determined and quantified on the basis Of norms adopted by the 15 ILC.

So far as perquisites are concerned no comparison with those obtaining in private sector is possible except in the case of House Rent/Travelling allowances. Other perquisites in the Private sector have been granted on altogether different considerations.

2.2 Should there at all be any comparison/parity between pay scales and perquisites between Government and the public sector? If so, why? If not, why not?

Answer 1: Yes. Public Sector Nurses and Officers and the Government Nurses and Officer are more or less performing the same functions and are required to have similar perception and objective.

Answer 2: Yes. For the sake of a fair comparison of wages especially in the background that some of the Government employees are called upon to perform in a hazardous and infected environment as mentioned in reply to question No. 1.2.

2.3 The concept of variable pay has been introduced in Central Public Sector Enterprises by the Second Pay Revision Committee. In the case of the Government is there merit in introducing a variable component of pay? Can such variable pay be linked to performance?

Answer 1: The concept of performance related pay structure was actually imported by the 6th CPC through the Pay Band and Grade Pay system. In the absence of an objective measurement criterion to evaluate the performance of individual officials and groups, the innovation was flawed right at the outset.

The 6th CPC failed to recognize the fact that in Governmental set up, segmentation of functions into tiny units is next to impossible. In order to make the concept workable, the organization must be capable of finalizing clear cut targets both at the individual and group levels. This being difficult in most of the Governmental organizations, it is not desirable either to continue with the existing system or import or replicate what is done in the Public Sector Undertakings. In most of the Government functions the contribution of any single individual cannot be measured and consequently not acceptable parameters to measure an individual's performance can be devised. It is also pertinent to point out that most of the west

European countries, which adopted the Performance pay related scheme in civil service but discarded it as infeasible.

Answer 2: Yes, 30% of the salary structure can be linked to Variable pay and it has to be based on pre-agreed target agreements with the HOD's at the beginning of the assessment year.

Answer 3: The concept of performance related pay structure was actually imported by the 6th CPC through the Pay Band and Grade Pay system. In the absence of an objective measurement criterion to evaluate the performance of individual officials and groups, the innovation was flawed right at the outset. The 6th CPC failed to recognize the fact that in Governmental set up, segmentalisation of functions into tiny units is next to impossible. In order to make the concept Workable, the organization must be capable of finalizing clear cut targets both at the individual and group levels. This being difficult in most of the Governmental organizations, it is not desirable either to continue with the existing system or import or replicate what is done in the Public Sector Undertakings. This apart, it is pertinent to point out that most the

west European countries, which adopted the Performance pay related scheme in civil service in the hay-days of Thatcher-Reagan era subsequently discarded it as infeasible.

3. Attracting Talent

3.1 Does the present compensation package attract suitable talent in the All India Services & Group A Services? What are your observations and suggestions in this regard?

Answer 1: Generally the pay package in Government service at all levels is low compared to the exorbitant pay packets provided by some of the Transnational Corporation in the private Sector. This has no doubt a deleterious impact on the quality of personnel recruited to Civil service, especially at lower levels. Since the Group A Service officers in Civil Service enjoy enormous power, perks and privileges and an incomparable job security it has continued to attract talents. It was observed that nurses are not involved in making policies that govern their status and practice. They are invariably excluded from the govt bodies that decide these policies. Most of the decisions concerning nursing care and nurses are made by other people, usually physicians without the benefit of professional input from by nurses. It is possible that this situation is the direct result of lack of appropriate status accorded to the nursing staff. Nearly 97% of nursing staff are in group "c "category and their status are too low. So we strongly recommend the formation of Group B & A post in Indian Railways exclusively for nursing personnel.

In Indian railways there are around 5000 nursing professionals and 110 nursing officers working in all central hospital, divisional hospitals, sub divisional hospitals and health units. In Indian railways the nursing cadre was single group 'B' officers post in the year 1974 since then till the date same single post is continued in same grade. Either the cadre was organized or the promotional channel was planned. They are just forgotten. After 5th pay commission junior scale nursing officers numbers is increased from 11 to 110 but he seniors with 15 plus year of service in junior scale grade are forgotten to promote to the higher grade and rank. It is justified to organize the nursing directorate like Indian army with appropriate hierarchy to manage the system of this profession with properly organized policies to improve the image and status of the professionals and also of the organization.

As mentioned elsewhere, while parity with the pay and perquisites with the private sector is neither desirable nor feasible, the Commission must ensure that the widening gap in this regard is taken into account as an important factor to be addressed. The element of statutory Pension is one very important and significant factor attracting persons for Government service. Therefore, the NPS and PFRDA Act need to be scrapped and statutory pension as a service condition may be restored.

Answer 2: No, To attract suitable talent the pay scale should be upgraded on a time bound scale and should keep pace with the market situations.

Answer 3: Generally the pay package in Government service at all levels is at a low level compared to the exorbitant pay packets provided by some of the Transnational Corporation in the private Sector. This has no doubt a deleterious impact on the quality of personnel recruited to Civil service, especially at lower levels. Since the Group A Service officers in Civil Service enjoy enormous power, perks privileges and an incomparable job security it has continued to attract talents. As mentioned elsewhere, while parity with the pay and perquisites with the private sector is neither desirable nor feasible, the Commission must ensure that the widening gap in this regard is taken into account as an important factor to be addressed. The element of statutory Pension is one very important and significant factor in attracting persons for Government service, which has been replaced with NPS. Therefore, the NPS and PFRDA Act may be scrapped and statutory pension as a service condition may be restored.

3.2 To what extent should government compensation be structured to attract special talent?

Answer 1: Government may be required to requisition the service of personnel with special talents like Doctors, Nurses, Engineers, and Skilled technicians for specific functional jobs. The Government must draw out a plan to recruit them for a higher compensation outside the realm of the All India services or organized Group A & B services. The Commission may evolve a scheme for the recruitment and retention of Health professionals with better pay scales, better promotional avenues and higher incentives, higher allowances and tax free allowances, introduction of pension scheme for all, the persons with higher qualification should be provided with additional increments.

Answer 2 : To a great extend

Answer 3: Government may be required to requisition the service of personnel with special talents of professionals, Scientists, technicians and technocrats for specific jobs. The Commission may evolve a scheme for the recruitment and retention of such professionals, technocrats, technicians and Scientists with special pay packets and flexible service conditions.

4. Pay Scales

4.1 The 6th Central Pay Commission introduced the system of Pay Bands and Grade Pay as against the system of specific pay scales attached to various posts. What has been the impact of running pay bands post implementation of 6th CPC recommendations?

Answer 1: The Pay Band and Grade Pay system evolved by the 6th CPC in implementation of the concept of performance related pay structure in central government services, in our opinion, brought about a chaotic pay structure. It did not serve the requisite purpose. It is not out of the way to add here that the Government, departments have not come forward to address the issues related to anomaly in the case of Gazetted Group 'B' Officers and Group "C" staff. The issue is aggravated by the fact that the 6th CPC had provided 3 Grade Pay to Group B Gazetted officers and 3 to Group 'C' staff rendering it impossible for getting any leverage in rectifying the

anomalies. The Group B Gazetted officer as Assistant Nursing Officers have thus been led to suffer injustices by the 6th CPC.

Answer 2: It is not good as it has merged various posts together in terms of remuneration. Different post has different responsibilities which is not compensated in the pay structure.

Answer 3: The Pay Band and Grade Pay system evolved by the 6th CPC in implementation of the concept of performance related pay structure in civil service, in our opinion, brought about a chaotic Pay structure. It did not serve the requisite purpose.

4.2 Is there any need to bring about any change?

Answer 1: Yes. This has to be changed.

There is a need to revert to Time Scale pattern of wage structure abandoning the Pay Band Grade Pay Structure, The time scale of pay should have a minimum pay band and annual increment @ 5% of basic pay as in the Banking industry but without any maximum so that it is a running pay scale. This will eliminate the phenomena of stagnation.

□ The promotion to Group “B” should be uniform in all departments. There should not be differential treatment between central Govt employees and Railways employees Grade pay and in other departments. □ The concept of subordinate department should be abandoned with. All Gazetted Group B Officers should start with same time scale. □ For all Supervisors cadre there should a uniform policy as supervisory cadre should have uniform pay scale. At present they have different pay scales in different departments.

Answer 2: Yes, with each post the pay scale and grade pay should be different. A promotion should bring change in the pay scale.

Answer 3: Yes

4.3 Did the pay bands recommended by the Sixth CPC help in arresting exodus and attract talent towards the Government?

Answer 1: There is no evidence that the pay bands of the 6th CPC achieved this.

Answer 2: No. The Pay Band & Grade Pay structure has not prevented the highly qualified technocrats and professions to leave the Government in search of better career avenues in public and private sectors.

4.4 Successive Pay Commissions have reduced the number of pay scales by merging one or two pay scales together. Is there a case for the number of pay scales/ pay band to be rationalized and if so in what manner?

Answer 1: It must be noted that the successive Pay commissions had reduced the pay scales only at the Group B, and C levels. There is still scope to have further exercise in this direction except where clear overlapping exists. ie: Merging of Matron and Chief Matron in the same scale in 6th CPC.

Answer 2: Yes, Example in case of Tutors and Senior Tutors, the pay scales are merged and they both are drawing same salary , but according to the

recruitment rules (RR), the senior tutor qualification is M.Sc whereas for tutors its is B.Sc and the job responsibility is also different in both the post.

Answer 3: It must be noted that the successive Pay commissions had reduced the pay scales only at the Group C and D levels. . There is still scope to have further exercise in this direction where clear overlapping exists.

4.5 Is the “grade pay” concept working? If not, what are your alternative suggestions?

Answer 1: It is not working and must be replaced with the pay scale structure The Grade Pay has been provided by the VI CPC to purportedly serve as a fitment benefit. The fitment benefit is the difference between existing pay and the revised pay and is expressed in terms of certain percentage of pre revised pay. Sum of existing emoluments and the fitment benefit would be the revised pay in the revised structure. As for example the pre-revised basic minimum pays of Rs 5000/- had been revised to Rs 2400/- by V CPC. The minimum emolument as on 1.1.1996 was Rs 750/- + 148% DA + Rs 100/- + 2nd IT amounting to Rs 2075 and therefore 50% of Rs 750/- was demanded as fitment benefit which when added to 2075 would result in Revised minimum wage of Rs 2400/-. As a result of negotiation 40% of pre- revised basic pay was granted as fitment benefit.

The Grade Pay which is 40% of pre-revised maximum has in no way brought the wages to the level of the revised wage as no such revised wage structure had at all been recommended by the VI CPC. The Grade Pay cannot therefore be termed as fitment benefit and the purpose for which it had been devised is not specified by the VI CPC. This concept of Grade Pay has therefore not served any purpose and it is certainly not a fitment benefit. At best is adhoc increase which has been allowed over the existing basic pay and DA as on 1.1.2006.

This increase has also been subsumed as result of lower rate of DA and at present the existing Pay (Pay Band + Grade Pay) plus DA is lower than the pre-revised Pay + DA as would be admissible in terms of V CPC recommendations. That is why the employees have demanded fresh revision of wages through VII CPC. The grade pay which was considered to determine the hierarchy structure has failed in this regard also. The MACP Schemes permit higher Grade pay without actual assent in the hierarchy. Thus the concept of Grade pay does not work and has not served any purpose.

Answer 2: No, More slabs for the grade pay to be introduced.

Answer 3: It is not working. We shall make our alternate suggestion in the matter in our memorandum

5. Increment

5.1 Whether the present system of annual increment on 1st July of every year uniformly in case of all employees has served its purpose or not? Whether any changes are required?

Answer 1: No. In fact the single date increment system has brought in anomalies, which were discussed at length at the National Anomaly Committee, though no solution was found. In our Opinion, the commission must recommend, for administrative expediency, two specific dates as increment dates viz. 1st January and 1st July. Those

recruited/appointed/promoted during the period between 1st Jan and 30th June, will have their increment date on 1st January and those recruited/appointed/promoted between 1st July and 31st December will have it on 1st July next. This apart the commission is required to specifically recommend that those who retire on 30th June or 31st December are granted one increment on the last day of their service.

Answer 2: Yes

Answer 3: No. In fact the single date increment system has brought in anomalies, which were discussed at length at the National Anomaly Committee, without reaching an agreement. In our Opinion, the commission must recommend, for administrative expediency, two specific dates as increment dates. Viz. 1st January and 1st July. Those recruited/appointed/promoted during the period between 1st Jan and 30th June, will have their increment date on 1st January and those recruited/appointed/promoted between 1st July and 31st December will have it on 1st July next. This apart the Commission is required to specifically recommend that those who retire on 30th June or 31st December are granted one increment on the last day of their service.

5.2 What should be the reasonable quantum of annual increment?

Answer 1: The reasonable quantum of increment should not be less than 5% of the basic pay or the rate of increment agreed upon through bilateral discussion in the Banking industry whichever is higher.

Answer 2: 10% raise per year.

Answer 3: The reasonable quantum of increment should not be less than 5% of the basic pay or the rate of increment agreed upon through bilateral discussion in the Banking industry, whichever is higher.

5.3 Whether there should be a provision of variable increments at a rate higher than the normal annual increment in case of high achievers? If so, what should be transparent and objective parameters to assess high achievement, which could be uniformly applied across Central Government?

Answer 1: In the absence of a definition for the term “high achiever” and in the absence of transparent and objective parameters to assess high achievement the system of variable increments at a rate higher than normal annual increments can possibly be misused on subjective assessment of high achievements in respect of person who are favourites of Authority vested with the authority to grant increment at the rate higher than the normal increment. Presently, the magnitude of higher achievements is being judged based on the strength of ACR (Annual Confidential report) which itself suffers from personal bias of the reporting/reviewing officers. For these reasons the provision of variable increment may not be prescribed. Further the Assistant Nursing Officers and Nursing Staff in the railways working in Health care delivery system. The implementation involves many nurses and varied teams working for a common objective. Most of the time the individual functions and authority varies with reference to many factors. It will therefore be impossible to exactly define and individual achievement and to prescribe flawless parameters for such measurement.

Answer 2: Yes, it should be performance linked.

Answer 3: Without defining the term “high achiever” and prescribing transparent and objective parameters to assess high achievement the system of variable increments at a rate higher than normal annual increments will be misused on subjective assessment of high achievements. For these reasons and for what we have stated in reply to question No. 2.3 the scheme of variable increment is not desirable.

5.4 Under the MACP scheme three financial up-gradations are allowed on completion of 10, 20, 30 years of regular service, counted from the direct entry grade. What are the strengths and weaknesses of the scheme? Is there a perception that a scheme of this nature, in some Departments, actually incentivizes people who do not wish to take the more arduous route of qualifying departmental examinations/ or those obtaining professional degrees?

Answer 1: All Railways & the most of the Central Government Employees are deprived of the regular promotions. They may hardly get one or two promotions in entire service of 33 years, even in some cases they are posted from one Division to another Division disturbing their family life.

The present MACP scheme which was introduced from the year 2008, which assures three promotions, but falls short of the aspirations of Railway Employees. The MACP, introduced by the Government in replacement of the ACP Scheme already in vogue has not been applicable to Gazetted Group B Officers considering the direct recruitment point as an entry point for the departmental promote Officers. It is our submission that such a scheme must be devised for Group B Gazetted Officers also in the event of not upgrading them to Group A on completion of residency period as already mentioned elsewhere. In such an event they should be granted at least five up gradations under the scheme.

In our view the scheme per se cannot be viewed as acting as disincentive for taking more arduous route of qualifying in departmental examinations. No financial benefit accrues to a person who is promoted through the arduous route of examination or acquisition of professional qualification, when such promoted follows the financial up gradation under MACP Scheme. This has to be rectified by evolving a distinctly different financial benefit scheme on grant of actual regular promotion.

Currently in railways where a Ch Matron who is in 5400 GP scale is provided only one increment in the same scale and GP after completion of 10 years in 5400 GP. This shows the really anomaly in MACP scheme and it should be rectify.

The Government has introduced Flexible complementary scheme for scientific officers of various departments. The Sixth Central Pay Commission (6th CPC) has examined these schemes in detail and observed that various time-bound promotion schemes may be necessary for scientific organizations as the morale of the scientists has to be kept high in order to keep them motivated and to stop the flight of talent from Government organizations involved in research and scientific activities. In this context, the 6th CPC has recommended that the existing scheme of FCS with necessary modifications has to be continued for R&D professionals in all SBT organizations, and the merit based promotion scheme in the Departments

of Atomic Energy, Space and DRDO would also need to be persisted with. This scheme is extended to many other departments such as GSI, CGWB etc. These schemes are only for scientists, whereas Gazetted Group B Officers & Group C employees in these departments and other Central Government departments are deprived of such promotions.

The scientific officers are having promotions every three or four or five years by this they get five promotions or more are so, which Railway servants get promotions every 10 years that too in next grade pay.

Hence suitable promotion schemes should be introduced to Gazetted Group B Officers and group C employees who has completed 20 year of service in Railways with hierarchal grade pay should be given rather than next grade pay. This plea has the support of Judicial pronouncements namely; The Principal CAT [OA 904/2012 dt. 26-11-2012], Delhi and the Punjab & Haryana High Court [CWP No. 19387 of 2011 (O&M) Date of Decision: 19.10.2011] have held that MACP is to be granted on promotional hierarchy and not on next higher Grade Pay as per the 6th Pay Commission Recommendation. The SLP filed by Union of India against the P&H decision was dismissed by the Supreme Court [CC 7467/2013].

Answer 2: MACP after a shorter duration , maybe after 8 years may be implemented.

Answer 3: There should be 5 financial upgradation in MACP based on the departmental promotional hierarchy. The MACP scheme is required to be continued to motivate personnel at all levels and at all departments especially in those organizations, where normal promotional avenues are few and far between. Normal promotions are dependent upon the availability of vacancies at higher levels. The job requirement of certain organizations may not be capable of creating requisite number of higher level positions whereas it might need large number of personnel at lower levels. MACP alone can take care of that specific situation. The arduous route of career progression through examination and professional qualification, no doubt will be preferred if and if only such promotions are made available for the eligible candidates within a reasonable period of residency in the feeder cadre. Say two to three years. No financial benefit accrues to a person who is promoted through the arduous route of examination or acquisition of professional qualification, when such promoted follows the financial upgradation under MACP Scheme. This has to be rectified by evolving a distinctly different financial benefit scheme on grant of actual regular promotion.

6. Performance

What kind of incentives would you suggest to recognize and reward good performance?

Answer 1: We are against a system of incentives to reward good performance as this would only encourage favouritism and nepotism. Only recommended that every good worker should rewarded through appreciation by government.

Answer 2: Special increments can be given.

Answer 3: We are against the system of incentives to reward good performance as this would only encourage favoritism and nepotism for the reasons stated to our reply to question No.2.3 and d 5.2

7. Impact on other organizations

7.1 Salary structures in the Central and State Governments are broadly similar. The recommendations of the Pay Commission are likely to lead to

similar demands from employees of State Governments, municipal bodies, panchayati raj institutions & autonomous institutions. To what extent should their paying capacity be considered in devising a reasonable remuneration package for Central Govt. employees?

Answer 1: We submit that the capacity of a Government to pay need not be gauged only from the available resources without reckoning its potential to raise resources. Wages cannot be determined on the single factor of capacity of the employer to pay. It may be noted that there are various State Governments in the country which pay better pay packets, perquisites and allowances to its employees than what is provided to the Central Government employees. Panchayati Raj institution, Municipalities, normally follow the salary structure of the respective State Governments. It is also submitted that various State Governments do revise the wages of their employees once in five years. In any case the incapacity of an employer to pay alone cannot be a justification to deny the minimum wage to workers and the salary structure. Such capacity cannot be an excuse for denial of fair wages existing in the society which is evolved as a product of collective bargaining of the workers. This does not however mean that the Commission must totally ignore the capacity of Government to bear the burden of additional financial outflow on account of wage revision.

Answer 2: Salary structures in the Central and State Governments are broadly similar. The recommendations of the Pay Commission are likely to lead to similar demands from employees of State Governments, municipal bodies, Panchayati raj institutions & autonomous institutions. To what extent should their paying capacity be considered in devising a reasonable remuneration package for Central Govt. employees? Capacity of a Governmental organization to pay cannot be gauged only from the available resources but also its potential to raise resources. Wages cannot be determined on the single factor of capacity of the Government to pay. It must be noted that there are various State Governments in the country which pay better pay packets, perquisites and allowances to its employees than what is provided to the Central Government employees. Panchayati Raj institution, Municipalities, normally follow the salary structure of the respective State Governments. It is also to be noted that various State Governments do revise the wages of their employees once in five years. In any case the incapacity of the government to pay cannot be a justification to deny the minimum wage to workers and the salary structure based upon that concept, especially in the background that the government is to function as a model employer. It also cannot be an excuse for denial of wages on a fair comparison of the wages existing in the society which is evolved as a product of collective bargaining of the workers.

8. Defence Forces

8.1 What should be the considerations for fixing salary in case of Defence personnel and in what manner does the parity with civil services need to be evolved, keeping in view their respective job profiles?

Answer 1: In view of Comparison with Military Nursing professionals, all Central Govt Nurses have low salary, much less promotional avenues, much inferior socio-economic status and reputation. The recruitment qualification of all Central Govt. Nurses and Military Nursing Personnel are same and also has same working condition but Military Nurses has attractive position, rank, better wages, and financial gains. So there should be parity in all manners.

8.2 In what manner should the concessions and facilities, both in cash and kind, are taken into account for determining salary structure in case of Defence Forces personnel.

Answer 1: Already stated in point no. 8.1

8.3 As per the November 2008 orders of the Ministry of Defence, there are a total of 45 types of allowances for Personnel Below Officer Rank and 39 types of allowances for Officers. Does a case exist for rationalization/ streamlining of the current variety of allowances? 8.4 What are the options available for addressing the increasing expenditure on defence pensions? 8.5 As a measure of special recognition, is there a case to review the present benefits provided to war widows? 8.6 As a measure of special recognition, is there a case to review the present benefits provided to disabled soldiers, commensurate to the nature of their disability?

No Comments

9. Allowances

9.1 Whether the existing allowances need to be retained or rationalized in such a manner as to ensure that salary structure takes care not only of the job profile but the situational factors as well, so that the number of allowances could be at a realistic level?

Answer 1: The existing allowances need to be retained. They are at a realistic level having been evolved by successive Pay Commission over detailed deliberations. The present Nursing Allowance, Uniform allowance, Washing allowance, Dearness Allowance, Special allowance should be retained in 7th CPC and it should be more realistic to fulfil current needs of employees as per inflation rate. It is strongly recommended Non Practicing Allowance (NPA), Risk allowance and Night duty allowance should be started as the job profile and working situations of Nurses in Railways and other central government hospitals.

Answer 2: The existing allowances need to be retained and enhanced. . They are at a realistic level having been evolved by successive Pay Commission over detailed deliberations

9.2 What should be the principles to determine payment of House Rent Allowance?

Answer 1: The basis of cost of living index and should be taken into account and determined the A-I cities should be paid higher HRA than A class cities. The 3rd CPC had recommended that Government should lay down appropriate HRA rates in different cities and town based not on population criteria, but on an actual assessment of prevailing level of rent in different cities and Towns. Alternatively, certain notional rents for different types of accommodation meant for officers and personnel of specified pay groups should be laid down for particular cities after studying the actual market rent in that city. The house rent allowance will have to be the actual rent payable by an employee in a particular location as reduced by 10% of basic pay being the amount factored in the computation of minimum wage.

Answer 2: The IIIrd CPC had recommended that Government should lay down appropriate HRA rates in different cities and town based not on population criteria, but on an actual assessment of prevailing level of rent in different cities and Towns. Alternatively, certain notional rents for different types of accommodation meant for officers and personnel of specified pay groups should be laid down for particular cities after studying the actual market rent in that city. The house rent allowance will have to be the actual rent payable by an employee in a particular location as reduced by 10% of basic pay being the amount factored in the computation of minimum wage.

10. Pension

10.1 The retirement benefits of all Central Government employees appointed on or after 1.1.2004 are covered by the New Pension Scheme (NPS). What has been the experience of the NPS in the last decade?

Answer 1: We are of the considered opinion that the new pension scheme which came into existence for the employees recruited after 1.1.2004 must be scrapped. The old statutory pension scheme as was in vogue prior to 1.1.2004 must be made applicable to all Government employees irrespective of the date of their entry into Government service.

Since this New Pension Scheme has been introduced with effect from 01.01.2004, it will come into operation only after 30 years in year 2034 or so when present new entrants retire and get pension from annuities purchased from 40% of total accumulated pension fund. It cannot, therefore, be said now whether the Pension would be more than the Statutory Pension i.e. 50% of last Pay drawn or less than that. However at present those who entered service on or after 01.01.2004 but have retired or died are getting pension or family pension as the case may be as per CCS (Pension) Rules 1965.

Answer 2: We are of the considered opinion that the new pension scheme which came into existence for the employees recruited after 1.1.2004 must be scrapped. The old statutory pension scheme as was in vogue prior to 1.1.2004 must be made applicable to all Government employees irrespective of the date of their entry into Government service. The New pension scheme has in fact created a class within class amongst the Central Government employees which is discriminatory and impermissible. It is clearly in contravention of the dictum Pronounced by the Constitution Bench of the Supreme Court in *Nakara Vs Union of India* and therefore deserves to be rescinded.

10.2 As far as pre-1.1.2004 appointees are concerned, what should be the principles that govern the structure of pension and other retirement benefits?

Answer 1: The concept of modified parity introduced by the 5th CPC as a measure to reduce the financial implication must be replaced with the full parity concept as was applicable for the personnel retired prior to 1.1.1986. In other words, the pay of every retired person must be re-determined notionally as if he is not retired and then his pension to be computed under the revised rules. This alone will protect the real value of pension of a retired person.

5th CPC in their Para 127.6 has observed, "It needs to be averred emphatically that pension is not in the nature of alms being doled out to beggars. Senior Citizens

(Retired Government employees) need to be treated with dignity & courtesy benefitting their age. Pension is their statutory, inalienable, enforceable right & it has been earned by the sweat of their brow” Hon’ble Supreme Court, in its landmark Judge Constitutional Bench judgement dated 17.12.1982 in the case of DS. Nakara Vs Union of India ruled – “A Pension scheme consistent with available resources must provide (adequate pension) so that the Pensioner would be able to live

Free from want, with decency, independence and self respect and ii) At a standard equivalent at pre-retirement level. iii) Pensioners from payment of pension form a homogenous class. Different formulae affording unequal treatment cannot be adopted to compute their pension solely on the ground that some retired earlier and some retired later.

In another Constitution Bench Supreme Court judgement in consumer Education & Research Centre Vs UOI (AIR 1995 Supreme Court 922) it was held that the enjoyment of the highest attainable standard of health as a fundamental right of all workers in terms of Article 21 read with Article 39(c), 41, 43, 48A etc of the constitution and this right to health is an integral fact of meaningful right to life. Therefore right to medical aid to protect health and vigour of a worker while in service or post retirement is a fundamental right to make their life meaningful and purposeful with dignity of the person.

Accordingly we suggest –

I) Bring down the Ratio between maximum and minimum pension to 10:1 ensuring complete equality by adopting uniformly common multiplication factor for revision of pension. II) Just as Gratuity is computed on Pay + DA, Pension should also be computed on Pay + DA and it should not be less than 65% and family pension 45% of last emolument (Pay + DA). This was recommended by Tata Economic Consultancy Services (vide Para 127.9 Vol.III of 5th CPC report). III) Grant 5% upward enhancement in pension every 5 years after the age of 60 years and up to 80 years and thereafter as per existing dispensation. IV) Pension should be net of Income Tax (vide Para 167.11 V CPC Report Vol.III). V) Automatic Merger of Dearness Relief with pension whenever it goes beyond 50% (as recommended by 5 CPC). VI) Restoration of commuted value of pension after 12 years. VII) Benefit of full pension after 20 years of service may also be extended to pre 2006 retirees. VIII) Medical facilities, hospitalisation facilities need to be extended to all Pensioners from all Department and their dependents for cashless medical facilities across the country in all Government hospitals, all NABH accredited Multi Super Specialty Hospitals. IX) Hospital Regulatory Authority should be set up to ensure that the hospitals provide reasonable care to smart card holders CGHS Rates may be revised keeping in view the market conditions.

X) Fixed Medical Allowance should be Rs.2000/- and as in the case of Transport Allowance D.R. should be granted on this FMA as well and it should be exempted from Income Tax. XI) The Parity in Pension between existing and future pensioners should be ensured as recommended by Vth CPC. XII) New Pension Scheme & PFRDA Act may be scrapped and employees entering service on or after 01.01.04 may be covered under statutory Pension Scheme i.e. CCS (Pension) Rules 1965 as amended from time to time. XIII) Settle all the anomalies which had arisen on implementation of 6 CPC recommendations. XIV) To enable the pensioners to live a dignified and decent life they need to be compensated for house rent/house maintenance. An element of House rent allowance may be added to pension.

Answer 2: The concept of modified parity introduced by the 5th CPC as a measure to reduce the financial implication must be replaced with the full parity concept as was made applicable for the personnel retired prior to 1.1.1986. In other words, the pay of every retired person must be re-determined notionally as if he is not retired and then his pension to be computed under the revised rules. This alone will protect the value of pension of a retired person. 5th CPC in their Para 127.6 has observed, "It needs to be averred emphatically that pension is not in the nature of alms being doled out to beggars. Senior Citizens (Retired Government employees) need to be treated with dignity and courtesy befitting their age. Pension is their statutory, inalienable, enforceable right & it has been earned by the sweat of their brow" Hon'ble Supreme Court, in its landmark Constitutional Bench judgement dated 17.12.1982 in the case of D.S. Nakara Vs Union of India ruled –

"A Pension scheme consistent with available resources must provide (adequate pension) so that the Pensioner would be able to live i) Free from want, with decency, independence and self respect and ii) At a standard equivalent at pre-retirement level. iii) Pensioners from payment of pension form a homogenous class. Different formulae affording unequal treatment cannot be adopted to compute their pension solely on the ground that some retired earlier and some retired later. A comprehensive scheme of retirement benefit has been suggested by the stake holders both as an agenda in the National Council meeting of JCM and the meetings of SCOVA. The Commission is requested to consider the well thought out scheme formulated in those agenda and make recommendations to the Government, so that the pension and retirement benefits will really become meaningful for the retired employees. We shall elucidate the points in detail when we submit the memorandum to the Commission on retirement benefits

11.1 The 6th CPC recommended upgrading the skills of the Group D employees and placing them in Group C over a period of time. What has been the experience in this regard?

Answer 1: Our experience has been good. We suggest more up gradation with adequate training as they require specific in health care delivery system.

Answer 2: The then existing Group D employees, to the best of our understanding have all been trained, upgraded or promoted to function as skilled group C employees and they perform well and efficiently.

11.2 In what way can Central Government organizations functioning be improved to make them more efficient, accountable and responsible? Please give specific suggestions with respect to: a) Rationalisation of staff strength and more productive deployment of available staff; b) Rationalisation of processes and reduction of paper work c) Economy in expenditure.

Answer 1: Whatever rationalization effected so far by the Government had been unscientific and arbitrary like the one issued in 2001 and which was kept operative till 2009. The said exercise only reduced the staff strength drastically. It, in effect, made most of the departments of the Govt. of India either non functional or dysfunctional. In our considered opinion, the 7th CPC must recommend to the Government to set up a Committee in each department with experts from outside the organization, the officials from within the organization and representative of

the Unions of the respective departments to study the functional changes over the years, the new challenges and the best way to meet those challenges, means of reduction in paper work, public satisfaction and economy in expenditure and make suggestions to the Government for their acceptance and implementation. The process of work in the Government is subject to many more rules than in the private or public sector organisations. In complying with them more paper work is inevitable. The present RTI act is also making Railway Nurses more accountable in record making. Hence reduction of paper work has to be attempted scientifically to ensure relevance and other needs.

More than five decades have lapsed since then and the issues concerning the gazette officers, especially the middle-management cadres, continue to mount in the absence of similar "Grievance Redressal" machinery. The impact of such a gross neglect has been accelerating despite the advent of successive pay commissions and has almost reached a level that no more bearable. It is our submission that the Gazetted posts can be restructured into four grades with automatic movement from one grade to another. 12. Training/ building competence

Answer 2: Whatever rationalization effected so far by the Government had been through an unscientific and arbitrary executive fiat like the one issued in 2001 and which was kept operative till 2009. The said exercise only reduced the staff strength drastically. We are not aware of any rationalization or reduction in Group A cadres through this exercise even though the executive instruction covered all grades and cadres in the Government service. In fact there had been no rationalization but only reduction of manpower overburdening the existing workers and making most of the Departments difficult to perform perfectly. In our considered opinion, the 7thCPC must recommend to the Government to set up a Committee in each department with experts from outside the organization, the officials from within the organization and representative of the Unions of the respective department to study the functional changes taken place over the years, especially due to the induction of modern technology the new challenges and the best way to meet those challenges, reduction in paper work, customer satisfaction and economy in expenditure and make suggestions to the Government for their acceptance and implementation.

12.1 How would you interpret the concept of "competency based framework"?

Answer 1: No comments. This needs to be examined by the Administrative Reforms Commission and not the Pay Commission. 12.2 One of the terms of reference suggests that the Commission recommend appropriate training and capacity building through a competency based framework.

Answer 2: No comments. This in fact is a matter which must be considered by an Administrative Reforms Commission rather than the Pay Commission.

12.2 One of the terms of reference suggests that the Commission recommend appropriate training and capacity building through a competency based framework.

- a) **Is the present level of training at various stages of a person's career considered adequate? Are there gaps that need to be filled, and if so, where?**

b) Should it be made compulsory that each civil service officer should in his career span acquire a professional qualification? If so, can the nature of the study, time intervals and the Institution(s) whose qualification are acceptable, all be stipulated?

c) What other indicators can best measure training and capacity building for personnel in your organization? Please suggest ways through which capacity building can be further strengthened?

Answer 1: Staff development is the process directed towards the personal and professional growth of the nurses and other personnel while they are employed by a health category.

Staff developments refer to all training and education provided by an employer to improve the occupational and personnel knowledge and skills and attitude of employee. It is essential because social change and scientific advancement have provided new trends in nursing. There by increasing the demand of skillful nursing service. The nurse has to be updated in the advancement of medical science and technology in order to improve nursing response capabilities.

So it is recommended for career long learning to keep abreast of changing demands and capabilities.

Answer 2: In our opinion in- service training is the best course for skill development

13. Outsourcing

13.1 What has been the experience of outsourcing at various levels of Government and is there a case for streamlining it?

Answer 1: Outsourcing of Governmental functions per se is undesirable and must be stopped. The experience has been sheer duplication of work by existing regular employees.

Answer 2: Outsourcing of Governmental functions per se is undesirable and must be stopped. The experience has been sheer duplication of work by existing regular employees and deterioration of efficiency in public service. It encouraged rampant corruption and endangered the quality of service, safety and security of the organization.

13.2 Is there a clear identification of jobs that can be outsourced?

Answer 1: No. for reasons stated in reply in above question . 14. Regulatory Bodies

Answer 2: No. for reasons stated in reply to question No. 13.

14.1 Kindly list out the Regulators set up under Acts of Parliament, related to your Ministry/ Department. The total number of personnel on rolls (Chairperson and members + support personnel) may be indicated.

Answer 1: No comments. The reply has to be given Government Departments.

14.2 Regulators that may not qualify in terms of being set up under Acts of Parliament but perform regulatory functions may also be listed. The scale of pay for Chairperson /Members and other personnel of such bodies may be indicated.

Answer 1: No comments. The reply has to be given Government Departments.

14.3 Across the Government there are a host of Regulatory bodies set up for various purposes. What are your suggestions regarding emoluments structure for\ Regulatory bodies?

15. Payment of Bonus

One of the terms of reference of the 7th Pay Commission is to examine the existing schemes of payment of bonus. What are your suggestions and observations in this regard?

Answer 1: The 7th CPC must make note of the recommendations in the matter of the 5th and 6th CPC & Bazle Karim Committee Report which are yet to be acted upon by the Government. The present system of Productivity linked bonus is the product of bilateral agreements and cannot be changed through unilateral decisions.

What is needed is that the Government must issue necessary guidelines to enable all departments along with Indian railways to enter into such bilateral agreements with their staff unions so that the adhoc bonus system presently in vogue in many departments is abolished. Until this is done the average (weighted) of existing Productivity Linked Bonus may substitute 30 days' adhoc bonus to employees not so far covered under scheme of Productivity Linked Bonus.

The Payment of Bonus Act, 1965 provides for the payment of bonus to persons employed in certain establishments, employing 20 or more persons, on the basis of profits or on the basis of production or productivity and matters connected therewith.

The minimum bonus of 8.33% is payable by every industry and establishment under section 10 of the Act. The maximum bonus including productivity linked bonus that can be paid in any accounting year shall not exceed 20% of the salary/wage of an employee under the section 31 A of the Act. In many private companies' including IT and BT the bonus is paid as one month salary, whereas for Railway employees it is around Rs. 8500/- per year. The Central Government employees/Officers irrespective whether they are Gazetted or Non - Gazetted should also be provided 8.33 % of total salary of the year (Basic pay + GP +DA) as Bonus.

There is no reason whatsoever, as to why this Gazetted Group B Officers are denied even this adhoc Bonus applicable to other employees working in the Central Government. Even though Bonus Act is said to have no application or relevance to the Productivity linked Bonus or adhoc bonus, the provisions of the said Act are employed to deny bonus to the Government Gazetted Officers on the basis of their

emoluments. By artificially linking the restriction of emoluments stipulated by the Bonus Act, the Gazetted Officers are denied their legitimate entitlement to Bonus. It is, therefore, urged that the Bonus entitlement be considered for Gazetted Group 'B' Officers also.

Answer 2: The present system of Productivity linked bonus is the product of bilateral agreements and cannot be changed through unilateral decisions. What is needed is that the Government must issue necessary guidelines to enable all departments to enter into such bilateral agreements with their staff unions so that the adhoc bonus system presently in vogue in many departments could be abolished. This apart, the Commission must recommend that PLB, being an incentive scheme in nature, must be computed on actual pay of an employee instead of the notional emoluments

Suggestions from ARNI

1. Reductions of Working Hours of Nurses in Indian Railways

There is a great injustice with the railway nursing professionals in working hours. Working hours of railway nurses is decided by Hours of work and period of rest rules 2005 - HOER. According to these rules nurses working with the railways are made to work 51 hours a week with one day rest meaning thereby that the railway nurses have to work to 26 shifts in a month which amounts to only 53 offs per year.

The strenuous working schedule is a matter of serious concern since said schedule is in contravention of the guidelines and recommendations made by the central gov. ministry of health & family welfare, recommendations of high power committee formed by govt. of India on nurses, recommendations of world health organizations in article 14, report of International labor organization- ILO and recommendations made by medical council of India. The above said recommendations made by the above said authorities directs and provides for 96 days offs plus 3 national holidays per year with 40 hours/ week of working for the nursing staff. Which is already provided to the nurses in AIIMS, PGI, Safdarjung Hospital & Hospitals under H & FW govt of delhi. Whereas railway nurses are given only 53 days offs per year and that is due to the weekly working hours of 51 hours applied upon railway nurses as per HOUR.

Therefore working hours is a huge disparity among nurses working in Indian railways & other hospitals. We strongly recommended 40 hours of work in a week in respect to railway nurses and made parity between railway nurses and nurses working in AIIMS, PGI, Safdarjung Hospital & Hospitals under H & FW govt of Delhi.

2. Commission for Male Nurses in Army

The passage of time changes everything and nothing stays permanent. The male nurses have existed in India for nearly as long as female nurses. However, the government, the military and the public mostly ignored their existence. Their story speaks of gender discrimination and the struggles to attain professional stature and acceptance while serving their nation. I don't understand why there should be such discrimination between the two groups. Men nurses receive the same training as the women; are accepted for membership in the national nursing organizations and are eligible for registration in every State of the Indian Union. Yet, in spite of equal training, they are not accepted for peace time or war service in Military Nursing Service. The times have come to the expansion of the Military Nursing

Service to an all gender organization. Under the present law the Nursing Services is for women only; the section 6 (1) of the nursing services act restricts appointment only to women Indian citizens. Hence, the journey of the male nurse to achieve equal stature within the Indian Army would be one fraught with obstacles.

The Indian Army Nursing Service formed in 1888; with changes made over the years became Military Nursing Service as we know it today. Most of its past 123 years of existence, it was the only Corps/Service in which women were allowed to serve. However opening up of the armed forces over the past two decades saw women serve in almost all the arms and services in noncombatant roles. Some of those women who fought against the gender discrimination in granting permanent commission have won their case, and soon we will see women in decision making roles. All these years we have kept the men away from the Military Nursing Service. Such gender discriminatory policy shall end; the law needs to be changed and male nurses also should be granted commission in the Army.

Historical evidence places male nurses on many battlefields throughout the course of Indian History. As early as 1842, during the 1st Afghan war, male nurses serving in the British Indian Army died in Afghanistan. The male nurses actively sought service in both World Wars, and post independence saw action in all the five major wars we fought. The male nurses have the same training and hold the same State Diplomas yet they are classed as orderlies or nursing assistants and paid about one half the salary of a female commissioned nurse. We need to question the status of male nurses who desired to serve their country. For those men trained as nurses, no opportunities exist within the Military Nursing Service. Presently in Army, Navy and Air Force the utilization of qualified and eligible graduate male nurses is stressed upon. However, no provision of law exists which authorize the commissioning of the male members of the nursing profession as such in the Armed Forces. This ceiling has to be broken to ensure gender parity and equal opportunity for male nurses. Today, commissioned male nurses represent over 35% of the US Army Nurse Corps, they have considerable presence in the Army Nurse Corps of UK, Canada, France, Singapore, Australia, Qatar, Yemen, China and many more.

The Military Nursing Service strives to represent the values of loyalty, duty, respect, selfless service, honour, integrity and personal courage. The Nursing Services expresses these values through the motto "service with smile." The male nurses also should be granted commission to serve parallel to their female counterparts, providing opportunity to exhibit their immense skill, compassion and professionalism; while continually upholding the core values of the Indian Army.
