

SHRI B. SHANKARANAND: There is no question of encouraging anything. It is our policy to ban the private practice totally.

SHRI SUKOMAL SEN: He has not replied to the question.

MR. CHAIRMAN: Finished.

SHRI SUKOMAL SEN: The question is about permission of 'pay-clinics' in the hospitals not about private practice.

SHRI B. SHANKARANAND: In Central Health Service there is no system of 'pay-clinics'.

MR. CHAIRMAN: That was in the first answer.

Cadre Review of Central Health Services

*264. **SHRI AMARPROSAD CHAKRABORTY:** Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have recently approved the cadre review proposals of the Central Health Service; and

(b) if so, what are the details in this regard?

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (MISS KUMUD-BEN M. JOSHI): (a) Yes, Sir.

(b) A statement is laid on the Table of the House.

.. Statement

The Cadre Review of the Central Health Service has been taken up with a view to strengthening the structural set-up of the Service, improving its functional aspects and also for bettering the career prospects of the members of the Service. The de-

tails of the Cadre Review are as follows:—

(a) The Service is being restructured into four independent streams, viz., General Duty and Administrative, Public Health, Non-Teaching Specialists and Teaching Specialists. There will be separate channels of promotion for all the above four streams of officers. They will, however, merge in a common seniority only at Supertime Grade I level for being considered for promotion to the posts of Director General of Health Services, Additional Director General and six common posts in that Grade.

(b) In order to provide more promotional avenues to the officers of the Service, 338 Junior Class I posts (Rs. 700—1300) are being upgraded to Senior Class I posts (Rs. 1100—1600). 86 Senior Class I posts are being upgraded to the Grade of Chief Medical Officer (Rs. 1500—2000) and 83 Specialist Grade II posts (Rs. 1100—1800) are being upgraded to Specialist Grade I (Rs. 1800—2250).

(c) A new Selection Grade of Rs. 2000—2250 (26 posts) has been agreed to for officers from the Grade of Chief Medical Officer.

(d) The departmental promotion quota for Specialist Grade II (Rs. 1100—1800) to Specialist Grade I (Rs. 1800—2250) will increase from the existing 30 per cent to 75 per cent. Similarly, for the officers belonging to the General Duty category, the departmental promotion quota will be 100 per cent instead of 20 per cent for promotion to posts in the Grade of Chief Medical Officer (Rs. 1500—2000).

(e) A new concept of floating reserve will be introduced in the category of Specialists and Supertime Grade I of the Service. This will open up promotional avenues of

such officers who, despite their overall seniority and long years of service, have not been able to get promotion to the next higher grade for want of vacancies in the Specialities to which they belong.

(f) In order to strengthen the administrative set-up in the Directorate General of Health Services, an additional post of Additional Director General of Health Services is being created.

(g) The post of Medical Superintendent, Lok Nayak Jai Prakash Narain Hospital and the post of Director of Health Services, Delhi are being upgraded to Supertime Grade I to ensure better management of hospital and health services in the Union Territory of Delhi.

SHRI AMARPROSAD CHAKRABORTY: Sir, I want to know whether this Cadre Review Committee report has been approved. There is no categorical statement in the reply. The only reply is that the cadre review of the Central Health Service has been taken up with a view to strengthening the structural set-up of the Service, improving its functional aspects and also for bettering the career prospects of the members of the Service. The details of the cadre review were then given. That is all. But the specific question was, and I wanted to know, whether the Government had given approval to these cadre review proposals enunciated in this reply. This is number one.

Number two is this. This is also related. It is stated that this Cadre Review Committee is only with regard to the supply of medical and public health manpower to the Departments of the Government excluding Railways and Defence. The CGHS, the Central Government Health Service, staff are not provided service in Railways and Defence, and this Cadre Review Committee will only be applicable to the manpower under the Health Department. What will be the

position of those who are serving in Defence and Railways?

SHRI B. SHANKARANAND: Sir, first of all, I should say that the Armed Forces Medical Services are not directly under the Health Ministry, and the Railways have their own medical service and Health Department. They are also not under the Health Ministry of the Government of India?

SHRI RAMAKRISHNA HEGDE: Why is the Health Ministry there?

SHRI PILOO MODY: Do you have any work or not? (*Interruptions*)

SHRI RAMAKRISHNA HEGDE: The State is autonomous, the universities are autonomous... (*Interruptions*)

SHRI B. SHANKARANAND: I am sorry. Mr. Hegde was himself a Finance Minister of Karnataka. How soon he has forgotten all this!

MR. CHAIRMAN: You should have said, "conveniently forgotten".

SHRI B. SHANKARANAND: As far as this is concerned, it is only the Central Health Service and the hon. Member is right in asking me whether rules have been framed. I should say that this cadre review has been completed and rules have been formulated and they have been sent to the UPSC and DPAR for clearance. Soon we will notify these rules and take proper action which is needed to upgrade these posts so that an amount of satisfaction is there amongst the doctors who are stagnating for years together without promotion.

SHRI AMARPROSAD CHAKRABORTY: Yes, that is the purpose. Now, you kindly see part (a) of your reply. It is said:

"There will be separate channels of promotion for all the above four streams of officers."

That it, for General Duty and Administrative, Public Health Non-Teaching Specialists and Teaching Specialists, there will be separate channels of promotion. You have also mentioned that you are creating a super-time Grade I level post. But you have not mentioned what will be the salary, what will be the duties and how many posts will be filled and how many are likely to be promoted to that post. The reply is silent on these things. Only in part (b) you have stated that these are the senior grade posts which are being created on these salaries. But regarding the promotion of other doctors nothing is mentioned. They are smarting under stagnation because there is no promotional channel, there is no seniority list and no uniform procedure is being followed for giving them promotion to a suitable post, in spite of their long service given to the Government. So you have not stated what will be the salary of the super-time Grade I post, how they will be promoted to the super-time post and how many posts will be there.

SHRI B. SHANKARANAND: Sir, I have all this information. It runs into pages. If the House is interested, I will read out everything.

MR. CHAIRMAN: No, no, I am not interested.

SHRI B. SHANKARANAND: This question has been admitted as a starred question. I do not know, it will take hours to give this information to the House.

MR. CHAIRMAN: Give it to him.

SHRI AMARPROSAD CHAKRABORTY: What is the salary of the super-time post and how many posts are likely to be created?

SHRI B. SHANKARANAND: At the moment, I will give a short answer on the immediate effect of this upgradation. Three hundred and thirty-eight officers at present working in the Junior Class I scale of

Rs. 700—1300, will get immediate placement in the Senior Class I scale of Rs. 1100—1600.

SHRI SYED SHAHABUDDIN: That was not the question.

SHRI B. SHANKARANAND: That is what he wanted the pay and the immediate effect.

SHRI SYED SHAHABUDDIN: That is not what he wanted.

SHRI B. SHANKARANAND: I do not know. That is what I have understood. (*Interruptions*). You listen to me; you will understand. I cannot make you understand. (*Interruptions*)

SHRI NIRMAL CHATTERJEE: You are forgetting about the super-time Grade I post.

SHRI AMARPROSAD CHAKRABORTY: Yes, I asked about the super-time Grade I post.

MR. CHAIRMAN: I think the best thing would be that you put the information on the Table of the House.

SHRI B. SHANKARANAND: Very Good, Sir.

MR. CHAIRMAN: Mr. Shahabuddin.

SHRI AMARPROSAD CHAKRABORTY: What is the reply of the Minister?

SHRI B. SHANKARANAND: The Chairman gave the ruling. You didn't hear?

SHRI AMARPROSAD CHAKRABORTY: What is the ruling? I have not followed.

MR. CHAIRMAN: He will put it on the Table of the House.

SHRI AMARPROSAD CHAKRABORTY: All right.

MR. CHAIRMAN: You will read everything then.

SHRI SYED SHAHABUDDIN: Mr. Chairman, I find from the reply that after the cadre review and the introduction of the new selection grade and the supertime Grade I there are now seven grades in the Central Health Service. I presume that the Minister will give us this information later about the number of posts in each of these seven grades. And I hope that in calculating the number of posts, he has taken into account the high demand abroad for the deputation of our doctors. Therefore, there ought to be a high deputation quota or deputation reserve. That information he can give me later. What I am afraid is that the upgradation that the Minister has talked about today will not produce satisfaction in the medical service, in the health service for the simple reason that this still keeps them at the level which is roughly that of the Director in the Government of India. What all the services today want is access to the highest levels in the administration. The highest levels, as you know, mean the post of Joint Secretary, Additional Secretary and Secretary, the Policy-making posts of the Government of India. I would like to know from the honourable Minister whether the rules as they stand today envisage that a member of the Health Service can have access for tenure assignment to these Secretariat posts at the senior level.

SHRI B. SHANKARANAND: He wanted detailed information about the seven cadres. I think that will be covered by the question and your ruling given already.

MR. CHAIRMAN: What he wants to know is whether there will be provision for the highest three services—Secretary, Additional Secretary and Joint Secretary strata.

SHRI SYED SHAHABUDDIN: For tenure posts in the Secretariat, the policy-making posts.

SHRI B. SHANKARANAND: The Cadre Review Committee has examined all aspects of the grievances of

the doctors who are stagnating for many years and taking into view all these, we have made it possible to create a certain maximum percentage of satisfaction among the doctors by upgrading certain posts. He talked of the satisfaction level of the doctors. The benefit of these upgraded posts will go to them. There will be 338 doctors.

SHRI SYED SHAHABUDDIN: He is again repeating the information already given. I am asking a simple question. At the highest level in the cadre the posts are those of Director-General, Additional Director General and Deputy Director General of Health Services. These are all technical posts. What I am asking is: Does he envisage that officers of this service can have access to the tenure posts like those of Joint Secretary, Additional Secretary and Secretary? Can a doctor ever become a Health Secretary to the Government of India? This is all what I am asking.

SHRI B. SHANKARANAND: It is a different matter, totally unconnected with the question. The question is whether a doctor in the Central Health Services can reach the highest post, and the highest post is the Director General of Health Services.

MR. CHAIRMAN: No, no, he is not asking for that.

SHRI B. SHANKARANAND: I am sorry, he himself some years ago was in service and he knew the service rules. The All-India Services do not come under the Central Health Service Scheme at all. How can they get then? The posts under All India Services are not covered under Health Services.

SHRI SYED SHAHABUDDIN: Mr. Chairman, please let me explain. The posts of Secretary, Additional Secretary and Joint Secretary do not belong to the Indian Administrative Service. They do not belong to any particular service at all. They are to be filled at the discretion of the Government for a fixed tenure by officers

from any Service that the Government chooses—from the IPS, the Postal Service, the Railway Service, the Railway Accounts Service, from any other service. Then, why cannot they be filled by a member of the Central Health Service?

SHRI B. SHANKARANAND: We have tried to create that sort of satisfaction amongst the doctors who have been recruited to the Central Health Service. The highest post that they can hold is the post of Director General of Health Services.

DR. M. M. S. SIDDHU: There has been a unanimous opinion among the doctors that the post of Secretary in the Health Ministry should be filled by a medical man coming out of the Service. But this has not been done...

MR. CHAIRMAN: Are these posts closed to the medical men?

SHRI B. SHANKARANAND: We do not have any proposal to consider this thing.

SHRI PILOO MODY: Then you should have given this answer in the first place that you have no such thing under consideration...

SHRI B. SHANKARANAND: I would like to hear your sweet voice before I could answer...

MR. CHAIRMAN: That is all right. The Question Hour is over.

WRITTEN ANSWERS TO QUESTIONS

Steps for full utilisation of irrigation potential

*262. **SHRI HARKISHAN SINGH SURJEET:** Will the Minister of IRRIGATION be pleased to state:

(a) what is the present gross irrigated and unirrigated land in the country; and

(b) what steps have been taken for the full utilisation of the existing irrigation potential?

THE MINISTER OF IRRIGATION (SHRI KEDAR PANDAY): (a) and (b) The latest land use statistics is available for the year 1978-79 according to which the gross sown area was 175.18 m.ha. and the gross irrigated area was 48.09 m.ha. The figure of gross irrigated area in 1978-79 corresponds to the potential created upto June, 1978, which was 52.07 m.ha. Thus there was a lag of about 4 m.ha. Upto June, 1982, an aggregate irrigation potential of 61.41 m.ha. has been created. The corresponding utilisation in 1982-83 is expected to be of the order of 57.5 m.ha. A number of steps have been taken to minimise the gap between the irrigation potential and its utilisation. The Chief amongst them being—

(i) phasing the construction of irrigation projects in such a manner that the canal system covering maximum area is completed along with the completion of the storage dam/head work.

(ii) establishment of command area development authorities covering 76 major irrigation projects.

(iii) massive Central assistance for accelerating command area development work which includes construction of field channels, land shaping, field drainage and other on-farm development works.

(iv) extension of the distribution system upto 5—8 hectares blocks at project cost.

(v) introduction of warabandi (rotational water supply) system to facilitate night irrigation and ensure equitable distribution particularly to the tail end area.

(vi) promoting better co-ordination amongst Canal management, CAD authorities and the irrigators.

(vii) The programmes under the command area development works have been intensified in the recent past.