

L.N. 24 of 1974

THE TRADE DISPUTES (EMERGENCY PROVISIONS) DECREE 1968
(1968 No. 21)

Trade Dispute (the Lagos State Government Doctors and the Lagos State Government) Board of Inquiry Acceptance Order 1974

Pursuant to the provisions of section 10 (7) of the Trade Disputes (Emergency Provisions) Decree 1968, the Board of Inquiry recommendations (except the recommendation specified in paragraph 4 (iv) as set out in the Schedule hereto, have been accepted by me, the Federal Commissioner for Labour and shall have effect in accordance with that provision.

SCHEDULE

RECOMMENDATIONS OF THE LAGOS STATE DOCTORS TRADE DISPUTE BOARD OF INQUIRY

(Chapter XIII, Pages 154 to 166 of the Report)

- 1. The need for the establishment of Hospital Management Board for Government Hospitals in Lagos State*

The Board recommends that—

“There is certainly a crying and pressing need for the establishment of a Hospital Management Board by which term we mean a State Health Executive Management Board for the proper organisation, control, supervision and management of all Government hospitals in the State of Lagos. Indeed, what is required and was agreed to by both the Government of Lagos State and the Nigeria Medical Association and which we most strongly recommend for immediate implementation is the setting up of what we prefer to designate ‘Hospitals Management Authorities’ or a Hierarchy of State Health Service Administration Institutions having the State Health Executive Management Board at its apex, and a specialist hospital management committee for each specialist hospital and a divisional health management committee for each divisional hospital in the State as its base. Then in between these two institutions there shall be established a health common services committee for the State charged with special responsibility for certain specified functions like health inspectorate, medical statistics and health education and training, etc. Details of these Boards and committees and their compositions appear in the relevant chapter under reference. The inspectorate system will be concerned with the inspection of approved private clinics and hospitals from time to time in order to see that the requisite standards are maintained. The State Health Management Board must be a body corporate with perpetual succession and full executive powers and a common seal, while all committees by whatever name called, shall be subordinate and responsible to the State Executive Management.”

“..... We stress the need for urgency in the implementation of the scheme as all other of our recommendations would, to a large extent, depend upon how soon the Board and the Committees are set up.” (Paragraph 90 (i), pages 155-156).

- 2. The existence or non-existence of differentials between the salaries payable to doctors in Teaching Hospitals and their counterparts in the Lagos State Government Hospitals, taking into account the qualifications, post qualifications training, experience and the degree and weight of responsibility borne by the doctors in each case, and where such differentials exist the reasons and justification therefor, if any; and*

SCHEDULE—*continued*

3. *the existence or non-existence of differentials between the salaries of para-medical staff employed in Lagos State Government Hospitals and para-medical staff employed in Teaching Hospitals, and as between para-medical staff and doctors generally, and where such differentials exist the reasons and justification therefor, if any.*

The Board recommends that—

“(a) differentials should no longer exist between the salaries payable to pre-registration house-officers in Government service and their counterparts in the Teaching Hospitals. The salaries of pre-registration house officers in particular, whether in Government service or in the Teaching Hospitals, should be uniform having regard to the statutory nature of their duties and the period of pre-registration. The present gap should be bridged ;

(b) steps be taken to harmonise the basic salary scales of junior doctors and others below the consultant's grade whether in the Government service or in the Teaching Hospital. Resident doctors at the Teaching Hospitals should, however, be given an initial point of entry advantage so as to attract the best brains into the Teaching Hospitals ;

(c) salary scale for the general duty cadre of doctors should be re-designed to reflect the heavy load of service borne by this grade of medical officers. The kind of scale in our contemplation would be such that should have merit elements sufficient to create challenging aspiration levels necessary to sustain high morale in the service. It should, for instance, be possible for an experienced general duty doctor of high skill and excellence of performance and of the right calibre as distinct from the Senior Superintendent to earn a salary quite close to the Consultant as vacancies in the Superintendent grade very rarely occur and it is often a question of stepping into a dead man's shoes ;

(d) there should be a common basic scale of salary for Consultants since, in practice, on the evidence, even at present, Consultants in both the Teaching Hospitals and the Government Hospitals can be assimilated into the duties of one another. In addition to the basic salary, we most strongly recommend the establishment of a system of awards made in acknowledgement of distinctions in academic research or service so as to stimulate and encourage enterprise and originality ;

(e) there should be equality of basic scales for all equivalent para-medical posts, provision being made for initial vantage point of entry for those employed in the Teaching Hospitals which should serve as a premium.

These recommendations, it is necessary to re-emphasise, are of course, subject to two vital conditions, namely :—

(i) that as already stated, the medical and health services are taken out of the civil service structure and constituted into a corporate State Health Executive Management Board, in which case, the corporation element in the fixing of salaries and wages on which emphasis was placed by the National Council on Establishments would apply to medical and health services ;

(ii) that whatever these recommendations may be as regards salaries and wages, they must be subject eventually to whatever the Udoji Salaries Review Commission already set up by the Federal Military Government shall finally recommend as the salaries appropriate to the various posts in the medical and health services with a corporation base.” (Paragraph 90 (ii), pages 156–158).

4. *Whether or not any allowances or entitlements in the nature of “fringe benefits” should be payable to the doctors, and, if so, the nature, amount and extent of such benefits.*

SCHEDULE—*continued*

The Board recommends—

(i) Housing Accommodation :

“That the provision and construction of accommodation for doctors should be speeded up. . . . We strongly recommend that until appropriate accommodations are provided for doctors, the payment of the sum of ₦50 per month tax free in lieu thereof should continue.”

(ii) Consulting Room :

“It is our recommendation that Hospitals should be expanded to provide adequate and modern consulting rooms for doctors.”

(iii) Canteen Facilities :

“Canteen facilities are a necessity and should be provided in each hospital if doctors are expected to give of their best in the service of their country and their fellow citizens.”

(iv) Rare Specialty Allowance :

“We recommend for the serious consideration of Government the payment to doctors of a rare specialty allowance of ₦360 per annum being the figure currently payable to doctors in the Teaching Hospitals. This. . . . recommendation must, of course, depend on the acceptance of our recommendation relating. . . . to private practice.” (Paragraph 91, pages 160-161).

5. *What promotion prospects there are for the doctors in the service of the Lagos State Government :*

The Board recommends that—

(i) in order to remove personnel friction there should forthwith be published a proper and accurate staff list containing the usual features indicating rank and status in the organisational hierarchy ;

(ii) among the consultants promoted during the Inquiry one of them should be appointed Head of the Chief Consultants and be accorded the appropriate salary group, which is Group 4, in accordance with the Elwood recommendations ; and all outstanding petitions in regard to apparently unjust supersession be given serious consideration and the position rectified ;

(iii) immediate steps be taken to fill all vacant posts in the establishment in which officers are at present only acting and have for so long been acting ; that all posts created and recognised in the White Paper on Elwood Report accepted by all the Governments in the Federation, e.g. the post of Controller of Medical Services, be established and the resultant vacancies filled. In other words, it is our recommendation that the accepted recommendation of the Elwood Report as regards the creation of new posts be promptly and indiscriminately implemented without further delay prior to the setting up of the Medical and Health Management Board.” (Paragraph 91, pages 161-162).

6. *The availability and adequacy, or otherwise, of facilities, drugs and equipment in the hospitals.*

The Board recommends—

(i) The setting up of a proper control system to work out from realistic stock planning, stock acquisition, storage and disbursement procedure at overall minimum cost consistent with the level of service desirable in a hospital. For it to be effective such a system must be operated by qualified personnel including probably a trained

SCHEDULE—*continued*

purchasing officer and a store controller. Modern store organisation and control involving several items and levels of expenditure of the order manifested in the State Budget must of necessity become highly sophisticated and therefore computerisation for maximum effectiveness ought to be given serious consideration ;

(ii) the adoption of a State formulary to form the basis of drug storage and prescriptions ;

(iii) the re-drafting of tender terms to include commitments on delivery dates as well as provision for maintenance and servicing in all cases of highly sophisticated instruments and equipment and penalty in default therefor ;

(iv) the appointment of a hospital instrument engineer who should undertake the organisation and supervision, installation and maintenance of equipment particularly electronics and to advise on the acquisition of new equipment ;

(v) serious consideration be given to (a) the appointment of hospital engineer to undertake the organisation of all services, plants, and equipment ; and (b) the maintenance of building having regard to the present need for space and the modernisation of some of the existing hospitals and the delays occasioned by the Ministry of Works and Housing in regard to these matters which have been the subject of criticism during the Inquiry ; and

(vi) the setting up of an organisation and methods or works study group comprising key men responsible for services and facilities under the direction of an expert. This group would from time to time look into the various aspects of hospital services and facilities with a view to effecting improvements, changes and modifications." (Paragraph 92, pages 163-165).

7. *The appropriateness or otherwise of the hours of duties of the Doctors.*

The Board recommends—

"(i) that the pattern of shift duties for doctors to ensure 24 hours service coverage should continue ;

(ii) that other cadre of doctors should operate an eleven notional sessions week in the manner following :—

From Monday to Friday :

Morning Session	from 8 a.m. to 12 noon
Afternoon Session	from 1 p.m. to 5 p.m.

On Saturdays :

Morning Session	from 8 a.m. to 1 p.m.
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(iii) that the services of part-time doctors be engaged up to a maximum of six notional sessions per week and such sessions to be as far as possible scheduled to cover Saturday afternoons and Sundays ;

(iv) that night duties be strictly supervised, such supervision to be the responsibility of senior doctors and consultants who should maintain registers for the purpose". (Paragraph 93, page 165).

8. *Whether or not the doctors should engage in private practice, and, if so, to what extent.*

The Board's recommendation is as follows :—

"We strongly recommend, in the light of the attitude adopted by both the Government and the Nigeria Medical Association that, as a matter of urgency and in the interest of the medical profession, private practice both intra-mural and extra-mural by doctors for remuneration or monetary reward or any other reward in kind be forthwith prohibited by legislation ; that appropriate penalties be prescribed

SCHEDULE—*continued*

for any breaches of such prohibition; and that in lieu of such prohibition of private practice doctors be reasonably and adequately remunerated: Provided that the proposed legislation shall come into operation contemporaneously with the establishment of the State Health Executive Management Board". (Paragraph 94, pages 165-166).

DATED at Lagos this 19th day of April 1974.

ANTHONY ENAHORO,
Federal Commissioner for Labour

L.N. 25 of 1974

THE TRADE DISPUTES (EMERGENCY PROVISIONS) DECREE 1968
(1968 No. 21)

Trade Dispute (Association of Consultants, Lagos University Teaching Hospital, the Board of Management of the Lagos University Teaching Hospital and the University of Lagos) Board of Inquiry Acceptance Order 1974

Pursuant to the provision of section 10 (7) of the Trade Disputes (Emergency Provisions) Decree 1968, the Board of Inquiry recommendations as set out in the Schedule hereto, have been accepted by me, the Federal Commissioner for Labour, and shall have effect in accordance with that provision.

SCHEDULE

RECOMMENDATIONS OF THE ASSOCIATION OF CONSULTANTS, LAGOS
UNIVERSITY TEACHING HOSPITAL TRADE DISPUTE BOARD OF INQUIRY

(Chapter XVII of the pages 226 to 229 of the Report)

The existence or non-existence of differentials between the salary payable to the Consultants and the Resident Doctors of the Lagos University Teaching Hospital taking into consideration the qualification, post-qualification training, experience and the degree and weight of responsibility of the Consultants and where such differentials exist, the reasons therefor, if any.

The Board made the following observations:

(a) "...Resident Doctors as well as the para-medical staff in both Teaching Hospitals (Ibadan and Lagos) were, in May 1971, granted entirely new scales of salary by the Management Boards of both Teaching Hospitals. The new scales were approved by the Federal Executive Council and took effect retrospectively from 1st April, 1970. Shortly thereafter, the Adebo Commission reported and also awarded salary increases from which, on the decision of the Executive Council, Resident Doctors in both hospitals also benefited." (Paragraph 99, page 180).

(b) "The combined awards have had the effect "salary-wise" of catapulting the House Officer, for instance, as from 1st September, 1971, from a commencing salary of the sum of £972 per annum as it was up to 31st March, 1970, to the sum of £1,560 per annum for the first six months of his only year of service in the hospital; and the Senior Registrar in his fourth year from the salary of £1,980 per annum, which was his salary up to 31st March, 1970 to the sum of £2,898 per annum—a salary which is about £458 per annum more than what is payable today to a Lecturer, Grade I, who is also a Consultant to the Teaching Hospital." (Paragraph 100, page 180).

SCHEDULE—*continued*

(c) "The Consultants to both Hospitals found themselves in an embarrassing position in that Resident Doctors whom they have always regarded and still regard as students working under them and subject to their direction now earn considerably more than they themselves although, it must be observed that, these Resident Doctors are all on contract appointments." (Paragraph 100, page 182).

(d) "The gap in the differentials between the salaries payable to the Resident Doctors in the Teaching Hospitals and those payable to the Consultants to the Hospitals is enormous. The gap can only be described as a chasm." (Paragraph 103, page 194).

(e) "... There is no basis for comparison between the qualification, post-qualification training, experience, and the degree and level of responsibility between the Consultant and Resident Doctors. To attempt such a comparison is to attempt the impossible, not least because it would be odious." (Paragraph 102, page 194).

2. *Whether or not Clinical Consultants should be represented on the Board of Management of the Hospital, and, if so, the proportion of such representation in relation to the Constitution and powers of the Board.*

The Board's answer to the above question is "in the negative."

MADE at Lagos this 19th day of April 1974.

ANTHONY ENAHORO,
Federal Commissioner for Labour

L.N. 26 of 1974

THE TRADE DISPUTES (EMERGENCY PROVISIONS) DECREE 1968
(1968 No. 21)

Trade Dispute (Association of Clinical Teachers of the University College Hospital, Ibadan, the Board of Management of University College Hospital, Ibadan, and the University of Ibadan) Board of Inquiry Acceptance Order 1974

Pursuant to the provision of section 10 (7) of the Trade Dispute (Emergency Provisions) Decree 1968, the Board of Inquiry recommendations as set out in the Schedule hereto, have been accepted by me, the Federal Commissioner for Labour, and shall have effect in accordance with that provision.

SCHEDULE

RECOMMENDATIONS OF THE ASSOCIATION OF CLINICAL TEACHERS OF UNIVERSITY COLLEGE HOSPITAL, IBADAN TRADE DISPUTE BOARD OF INQUIRY

(Chapter XVII of pages 226 to 229 of the Report)

The existence or non-existence of differentials between the salary payable to the Clinical Teachers and the Resident Doctors in the University College Hospital, Ibadan taking into consideration the qualification, post-qualification training, experience, and the degree and weight of responsibility of the Clinical Teachers and where such differentials exist, the reasons therefor, if any.

The Board made the following observations :

SCHEDULE—*continued*

(a) ".....Resident Doctors as well as the para-medical staff in both Teaching Hospitals (Ibadan and Lagos) were, in May 1971, granted entirely new scales of salary by the Management Boards of both Teaching Hospitals. The new scales were approved by the Federal Executive Council and took effect retrospectively from 1st April, 1970. Shortly thereafter, the Adebo Commission reported and also awarded salary increases from which, on the decision of the Executive Council, Resident Doctors in both hospitals also benefited." (Para. 99, page 180).

(b) "The combined awards have had the effect "salary-wise" of catapulting the House Officer, for instance, as from 1st September, 1971, from a commencing salary of the sum of £972 per annum as it was up to 31st March, 1970, to the sum of £1,560 per annum for the first six months of his only year of service in the hospital; and the Senior Registrar in his fourth year from the salary of £1,980 per annum, which was his salary up to 31st March, 1970 to the sum of £2,898 per annum—a salary which is about £458 per annum more than what is payable today to a Lecturer, Grade I, who is also a Consultant to the Teaching Hospital." (Paragraph 100, page 180).

(c) "The Consultants to both Hospitals found themselves in an embarrassing position in that Resident Doctors whom they have always regarded and still regard as students working under them and subject to their direction now earn considerably more than they themselves although, it must be observed, that these Resident Doctors are all on contract appointments." (Paragraph 100, page 182).

(d) "The gap in the differentials between the salaries payable to the Resident Doctors in the Teaching Hospitals and those payable to the Consultants to the Hospitals is enormous. The gap can only be described as a chasm." (Paragraph 103, page 194).

(e) "....There is.... no basis for comparison between the qualification, post-qualification training, experience, and the degree and level of responsibility between the Consultant and Resident Doctors. To attempt such a comparison is to attempt the impossible, not least because it would be odious." (Paragraph 102, page 194).

MADE at Lagos this 19th day of April, 1974.

CHIEF ANTHONY ENAHORO,
Federal Commissioner for Labour

L.N. 27 of 1974

EXCHANGE CONTROL ACT 1962
(1962 No. 16)

Exchange Control (Payments for Imports) Order 1974

Commencement : 1st April 1974

In exercise of the powers conferred by section 26 of the Exchange Control Act 1962, and of all other powers enabling me in that behalf, I, Shehu Shagari, Federal Commissioner for Finance, hereby make the following Order:—

1. There shall be exempted from the provisions of section 7 of the Exchange Control Act 1962 anything done by the Central Bank of Nigeria (hereinafter referred to as "the Bank") for the purpose of any payment for imports provided the periods and conditions stipulated in this Order are adhered to.

Exemptions
under section
7 of the
Exchange
Control Act
1962.
1962 No. 16.

2. Consent of the Governor of the Bank shall be given as respects—

(a) goods other than those specified in paragraph (b) of this section, at sight of shipping documents or in accordance with such credit terms as may be arranged between importer and exporter;

Prescription
of periods
and conditions
for payment.

(b) machinery, plants and other goods classified by the Bank as capital goods of a value of more than ₦100,000, in accordance with the supplier credit terms arranged by the importer with the approval of the Federal Ministry of Finance in the case of Departments of Governments of the Federation or of a State, statutory corporations and state-owned companies and in any other case with the approval of the Bank bearing in mind the guideline in the Schedule to this Order.

Citation, etc.

3.—(1) This Order may be cited as the Exchange Control (Payments for Imports) Order 1974 and shall be deemed to have come into force on 1st April 1974.

L.N. 19 of
1973.

(2) The Exchange Control (Payments for Imports) Order 1973 is hereby revoked.

SCHEDULE

The credit terms which should be obtained for capital goods imported such as plant and machinery valued at over ₦100,000 are set out hereunder and the Bank and Authorised Dealers will normally release foreign exchange as follows :

- (a) Up to 15 per cent payable against documents or signing of contract ;
- (b) Up to 20 per cent payable on delivery or completion of construction period ; and
- (c) Balance of about 65 per cent payable over such period as may be agreed between the importer and supplier, which is to be related to the supplier credit facilities normally available for the capital equipment affected from the source of origin.

MADE at Lagos this 9th day of April 1974.

SHEHU SHAGARI,
Federal Commissioner for Finance

EXPLANATORY NOTE

(This note does not form part of the above Order but is intended to explain its effect)

The Order provides for flexible terms of payment for various categories of imported goods. In respect of imported goods not specified in the Schedule, payment is to be made at sight of shipping documents or on credit terms as may be arranged between supplier and importer. In respect of imported goods specified in the Schedule, payment is to be made on credit terms as may be arranged between the supplier and importer subject to the approval of Central Bank in the case of the private sector and the approval of Federal Ministry of Finance in the case of the public sector.