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General Office

East African Medical Services

MINUTES OF SPECIAL MEETING OF T.A.M.S. COMMITTEE

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A special meeting of the Advisory Medical and Sanitary Committee was held at the Colonial Office on Tuesday the 20th of May at 3 p.m.

PRESENT:

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- Mr. Bottomley (in the Chair)
- Sir J.K. Fowler.
- Major General Sir W.B. Leishman.
- Lieut. Col. A. Balfour.
- Lieut. Col. W.T. Prout.
- Professor W.J. Simpson.
- Mr. Flood (Secretary).

The special questions referred to the Committee for consideration were:-

- (1) The formation of an East African Medical Staff in the place of the West African Medical Staff.
- (2) Interchangeability of members of the Medical Staff between the various Protectorates.
- (3) The proportion of staff in each Protectorate.
- (4) Health and leave.
- (5) Leave courses of study or instruction.
- (6) Pensionable service on analogous terms to those of the West African civil service.
- (7) Any other considerations e.g. the special position of Somaliland.

The Committee considered the correspondence regarding the Medical Departments in the East African Protectorates. The first point considered was the

Formation

formation of an East African Medical Service.

The professional members of the Committee desired to reiterate their opinion that a general Colonial Medical Service was the goal to be aimed at, with a Director General at its head.

Colonel Prout said, that in his opinion, the difficulties were insuperable in the way of the formation of any general Colonial Medical Service in view of the great differences in different Colonies. Colonel Balfour was also of opinion that the difficulties in the way were too great to be overcome. The Committee agreed that for the present it would confine their attention to the question of the East African Medical Service.

The Committee decided to recommend the formation of an East African Medical Service on the lines of the West African Medical Staff to include all the East African Protectorates and Tanganyika, and that the members of the Staff should be interchangeable. The professional members however were of opinion that changes at any rate in the lower grades should not be frequent. It was recognised that the special cases of Somaliland and Tanganyika could best be dealt with by the appointment of personnel no officer being left there as a reserve officer.

With regard to the proportion of Senior to Junior Officers and Sanitary Officers, the salaries proposed by the East African Medical Service Commission, and Sir W. Leishman pointed out that the promotion of Junior to Senior Officers was a matter of importance. It was pointed out that the salaries of Junior Officers should be increased beyond the requirements of the efficient maintenance of the Protectorates, and that the needs of promotion would be met by providing for salaries up to a higher maximum for medical officers. It was felt that the initial salary of £400 need not be reconsidered until experience had been gained of the working of the new arrangements. Discussion took place as to

the advisability of withdrawing duty allowances in East Africa as had been proposed by the local Commission on the Civil Service. Colonel Prout took the view that duty allowances formed an additional attraction to candidates and ought not to be withdrawn. Sir J. Fowler then suggested the assimilation of the salaries of the medical officers in East Africa and in West Africa. The Committee felt that the emoluments in East Africa should be raised to the level of those in the West African Medical Staff.

As to Sanitary appointments, Professor Sir, son stated that he was of opinion that there was ample scope for at least three Sanitary Officers (one Senior Sanitary Officer and two Sanitary Officers) in the East Africa Protectorate. In the various towns and districts there should be Medical Officers of Health. The salaries should be on the same basis as those of the corresponding posts in the West African Medical Staff. A qualification in Public Health or at least aptitude for and experience in Sanitary work would be an essential qualification for such posts. The Committee agreed.

With regard to "study leave", Sir J. Fowler pointed out that facilities for post-graduate study in London would probably be largely increased in the future. The Committee recognised that in future further courses of study while on leave would be desirable. Sir W. E. Leishman considered that all officers should at least twice in their service have the opportunity of undertaking courses of study. The Committee considered that the West African rules might be applied to East Africa but suggested that it was advisable to have provision for a second course of study before a medical officer was placed

on the highest scale of salary or promoted.

Dealing with the question of pensions, the Chairman pointed out that the proposal to allow officers to retire after eighteen years service would involve a conflict with the provisions of the Superannuation Acts. The East African Protectorate Civil Service Commission had recommended 45 as the age of voluntary retirement and, if adopted, this would solve the question.

The Committee agreed that the decision should depend upon the general rules adopted.

The Committee agreed to enquire as to the "District Surgeons" in the East Africa Protectorate whose existence was mentioned.

Colonel Prout drew attention to the desirability of making the Principal Medical Officer an ex-officio member of the Executive Council in each Protectorate.