The Chief Executive  
Fair Wages and Salaries Commission  
Accra

The President  
Ghana Medical Association  
Accra

Dear Sir/Madam

RE: REFERENCE TO COMPULSORY ARBITRATION

IN THE MATTER OF MIGRATION OF DOCTORS ON TO THE SINGLE SPINE SALARY STRUCTURE BETWEEN FAIR WAGES AND SALARIES COMMISSION AND GHANA MEDICAL ASSOCIATION

We write to forward to you the AWARD of the Compulsory Arbitration Panel in respect of the above mentioned matter.

Kindly acknowledge receipt.

Yours faithfully

Edward Brikuku-Boadu  
Executive Secretary  
For: Commission
NATIONAL LABOUR COMMISSION

IN THE MATTER OF COMPULSORY ARBITRATION

BETWEEN

FAIR WAGES AND SALARIES COMMISSION (FWSC)

(REPRESENTING GOVERNMENT OF GHANA)

AND

GHANA MEDICAL ASSOCIATION (GMA)

Compulsory Arbitration Panel:

Opanin Obeng-Fosu

Mrs. Angelina M. Domakyaareh

Mr. Dennis K.Y. Vormawor

Chairperson (NLC Member representing Government)

Member (NLC Member representing Employers' Organisation)

Member (NLC Member representing Organised Labour)

Parties Present: 1

Fair Wages and Salaries Commission:

Mr. George Smith- Graham

Madam Eva Addo Mr.

Cornelius Yawson Mr.

Emmanuel Kwami Mr.

Franklin Neizer

Chief Executive

Director

Director

Director Deputy

Deputy

Ghana Medical Association:

Dr. E.A. Winful

President

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Spokes Persons for the Parties:
Mr. George Smith-Graham  
Dr. Frederick Kwarteng

Counsels for the Parties:
Augustine K. Ahamey, Esq.  
Dominic B. Otchere, Esq.

Witnesses for the Parties:

1. Fair Wages and Salaries Commission:
Dr. Alhassan Iddrisu  
Dr. Kwesi Asabir

2. Ghana Medical Association:
Mr. Aaron Fiagbedzi Goza

Background Information:

On September 24, 2011, the GMA sent a copy of a Press Statement to the National Labour Commission (NLC) that the Association issued after its 5th National Executive Committee meeting held at the Modern City Hotel in Tamale from 23rd to 25th September 2011 which carried the following information:

1. "All issues concerning grading, market premium, inducement and other related matters should be concluded by the close of day on 7th October, 2011.
2. The Fair Wages and Salaries Commission must show unequivocal evidence of migration onto SSSS by 7th October, 2011 for payment to be effected at the end of October, 2011, including all arrears from January 2010 (effective date for implementation of the Single Spine Pay Policy)

The Press statement ended, with the following:

"After 7th October, 2011, if the conditions above are not met, the National Executive Council of the Ghana Medical Association after taking into consideration the frustrations and concerns of its members, has instructed all Doctors to stop work and hold themselves in readiness for further instructions"

On receipt of this Press Statement, the NLC invited the GMA and FWSC by letter Ref. NLC/37/2011/80c dated 26th September, 2011 to meet with the NLC on 28th September 2011.

At the said meeting, the NLC directed the parties to enter into negotiations and try to resolve the issues at stake within a week and report back to it on 5th October 2011.

On 7th October, 2011, the FWSC in a letter Ref. No. FWSC/D/SCR 25/Vol. 2 petitioned the NLC on what it termed was a:

"Threat of Strike by the Ghana Medical Association"

On receipt of the petition referred to above, the NLC on the same date, i.e. 7th October, 2011 wrote to both the FWSC and the GMA to inform them the dispute between them would be referred to compulsory arbitration under Sections 162 and 164 of the Labour Act, 2003, Act 651.

- Section 162 (1) of Act 651 states "In any industrial dispute that affects workers engaged in an essential service, the parties to the dispute shall endeavor to settle the disputes within three days of the occurrence of the dispute by negotiation.

- Section 162 (2) If after the expiration of the three days, the dispute remains unresolved, the parties shall within twenty-four hours of the expiry of the three days, refer the dispute to the Commission for settlement by compulsory arbitration under section 164."

- Section 164 (3) A compulsory arbitration shall be composed of three members of the Commission, one member each representing Government, organised labour and employers' organisation."

In the said letter to the parties, the NLC indicated that in its view the issues in dispute were:

1. The Grading Structure for Doctors
The calculation of Market Premium, and

3. The grading of two Administrative Positions.

The parties were requested to confirm by 11\textsuperscript{th} October 2011 if the above were really the issues in dispute and report at the Commission on 12\textsuperscript{th} October 2011 for further deliberations on the way forward towards a speedy resolution of the matter.

The GMA in a letter dated 10\textsuperscript{th} October, 2011, confirmed the issues as stated in the letter from the NIC.

In similar vein the FWSC also confirmed the same as the issues in dispute in its response dated 13\textsuperscript{th} October, 2011.

In spite of the above processes, on 12\textsuperscript{th} October, 2011, in contravention of Section 161 (1) of Act 651, the GMA embarked on a nation wide strike action.

Section 161 (1) states as follows: "A party to an industrial dispute shall not resort to a strike action or lock-out during the period when negotiation, mediation or arbitration proceedings are in progress".

Furthermore the strike action by the GMA offends Section 163 of Act 651.

Section 163 states as follows: "An employer carrying on, or a worker engaged in an essential service shall not resort to a lock-out or strike in connection with or in furtherance of any industrial dispute involving the workers in the essential service."

Regulation 20 of Labour Regulations, 2007, LI 1833 defined "essential serviced In Regulation 20 (c) Health and hospital services have been classified as such.

Meanwhile on 12\textsuperscript{th} October, the Parties issued a joint statement on the state of the negotiations, (Exhibit A.).

On 17\textsuperscript{th} October, 2011 the NLC met both parties and asked them to prepare for the sessions of the compulsory arbitration. After a short caucus discussion, the parties pleaded with the NLC to give them forty-eight (48) hours to resolve the issue since according to them behind the scenes consultations point out to an amicable resolution of the issues.

The NLC therefore granted the parties their request and asked them to report back on 19\textsuperscript{th} October 2011.

On resumption on 19\textsuperscript{th} October, 2011, the parties indicated that they could not resolve the issues amicably whereupon the NLC ordered them to go into compulsory arbitration.
In accordance with procedure, the NLC again on 19\textsuperscript{th} October wrote to the parties reiterating what it understood to be the issues in dispute as follows:

1. Grade Structure for Doctors
2. Calculation of Market Premium
3. Grades of District Director of Health Services and Medical Superintendent.

The parties were asked to confirm these issues within twenty four hours.

In the same letter, the NLC directed the GMA to call off its strike action as the matter had been referred to compulsory arbitration.

This letter also informed the parties of the names of the Arbitration Panel. This was composed of:

1. Mr. Dennis K.Y. Vormawor (NLC Member representing Organised Labour)
2. Mrs. Angelina M. Domakyaareh (NLC Member representing Employers' Organisation)
3. Opanin Obeng-Fosu (NLC Member representing Government).

The panel later nominated Opanin Obeng-Fosu as its chairperson.

On 20\textsuperscript{th} October 2011, the GMA in reply stated that the issues in dispute were:
1. Grade Structure and promotional patterns for Doctors
2. Calculation of Market Premium
3. Grades of District Director of Health Services and Medical Superintendent.

On 21\textsuperscript{st} October, 2011 the FWSC in its response stated the issues as:
1. Grade Structure for Doctors
2. Calculation of Market Premium
3. Grades of District Director of Medical Services and Medical Superintendent.

	extbf{Exhibits:}

From Fair Wages and Salaries Commission:

2. Exhibit A2 Fair Wages and Salaries Commission Act, 2007, Act 737
3. Exhibit A3 Ghana Public Sector Jobs by Service Classification and Institution Final Report Part 2 Appendix XIV
4. Exhibit A4 Letter dated 8\textsuperscript{th} September, 2011 headed: Submission of Single Spine Grade Structure for health sector institutions from the FWSC to the Minister of Health.
5. Exhibit A5 Ghana Health Service and Teaching Hospitals Act, 1996, Act 525
6. Exhibit A6 Letter dated 9\textsuperscript{th} September 2011 from the FWSC to the GMA headed: Re: First Fair Wages and Salaries Commission computation of Market Premium for Doctors
7. Exhibit A7 Letter dated 15th September from the GMA to the FWSC headed:
   Re: Computation of Market Premium for Doctors.
8. Exhibit A8 Joint Statement by FWSC and GMA on concerns raised by the Association
9. Exhibit A9 Draft Final Report on Consultancy Services for job evaluation by
10. Exhibit A10 "Grading Structure after Dodowa": Single Spine Grade Structure for
    Health Sector
11. Exhibit A Development of a Comprehensive Pay Roll Structure: Executive Summary
12. Exhibit A12 Report on a three (3) day meeting to discuss the smooth migration of the
    Health Sector unto the single spine salary structure.
13. Exhibit A13 Government of Ghana Public Sector Reform Job Content Analysis
    Questionnaire
15. Exhibit A15 Gov Proposed Market Premium for Doctors- Pre Dodowa- Case 1
16. Exhibit A16 Power Point Presentation: Market Premium Health Sector
17. Exhibit A17 Letter dated 25th January 2005 from the Ghana Health Service to All
    Regional Directors of Health Services Ref: GHS/DGS/1.5
18. Exhibit A18 " First Draft Grade Structure for Medical Officers"
19. Exhibit A19 Ghana Gazette of 2nd June 2006: In the Matter between Health Workers’
    Associations, the Association of Health Service Administrators,
    Government and Hospital Pharmacists’ Association & Ghana Registered
    Nurses Association and Ghana Health Service and Teaching Hospitals

From the Ghana Medical Association:
1. Exhibit B1 Costing of Payroll under New Salary Scheme
2. Exhibit B2 Memorandum of Understanding: Additional Duty Allowances
   For Public Sector Medical and Dental Practitioners on the letter
   Head of the Ministry of Employment and Social Welfare between
   Government and the GMA

Exhibit B3 Letter dated 15th September 2011 from the GMA to the Minister
Of Employment and Social Welfare headed: Re: Submission
Of Single Spine Grade Structure (SSGS) to Health Sector Institutions Letter of Protest and Petition.

The hearings:
The arbitration process started on Monday 24th October 2011, but due to the fact that the
GMA had withdrawn its services, actual hearings started on 27th October, 2011 after the GMA
had informed the Panel by letter dated 26th October, 2011 that it had called off its industrial
action.
Subsequently four (4) hearings were conducted on 27th October, 2011, 28th October 2011, 31st October, 2011 and 1st November 2011 during which sessions oral and documentary evidence were taken from the parties.

The position of the Parties on the Issues:

1. **Fair Wages and Salaries Commission:**
   FWSC stated that it is a body set up by an Act of Parliament, Fair Wages and Salaries Commission Act 2007, Act 737 (Exhibit A2) with power to ensure the implementation of Public Sector pay, the Single Spine Salary Policy.

   FWSC said a Government White Paper on the Single Spine Salary Policy (Exhibit A1) stipulated that the policy is intended to eliminate inequalities that had existed with the public sector pay system.

   The FWSC reiterated its position that the issues in dispute were only three, namely
   - the grading structure of for members of the GMA,
   - the calculation of market premium for members of the GMA and
   - two grades within the Ghana Health Service, to wit the grade of District Medical Officer and that of Medical Superintendent.

The Grade Structure:

FWSC stated that in its attempt to implement the Single Spine Salary Policy, the FWSC commissioned CoEn Consultants to undertake a Job Evaluation of the entire Public Sector. The section of the CoEn Report on the Health Sector (Exhibit A.3) as well as the entire Report was subjected to Stakeholder discussion in May 2009 at the Ghana Institute of Management and Public Administration (GIMPA).

According to the FWSC petitions were received from almost the entire Health Service Sector on the Report regarding what they considered to be inconsistencies with the existing relativities in their grading structure. As a result of these petitions, FWSC commissioned Price WaterHouseCoopers to undertake a review of the Job Evaluation (Exhibit A9).

Based on the work of Price WaterHouseCoopers, FWSC engaged Stakeholders in the Health Sector in discussions to ensure acceptability and ownership of the outcome of the review. According to FWSC, the GMA refused to join the other groups within the Health Sector and insisted on separate discussions with FWSC.

FWSC stated that the grading structure that they are using for the GMA (Exhibit A. 18) was developed with their inputs but when the totality of the grading structure of the Health Sector was released (Exhibit A.4) the GMA raised issues about placements of some health
workers, especially that of the Deputy Chief Medical Assistant whom they argued had never been above the grade of a Medical Officer.

To build goodwill between itself and the GMA, the FWSC offered to effect an adjustment in the grading of the Medical Officer by moving the grade to 21L and the Senior Medical Officer to 21H. The Principal Medical Officer was also moved to 22H; the Specialist was moved to 24L and the Senior Specialist also moved to 24H. Meanwhile two new upper grades were created for the Doctors, namely Deputy Chief Medical Officer (23L) and Chief Medical Officer (23H).

In the view of the FWSC these measures have resolved the problem raised by the GMA regarding the grading structure of Doctors. FWSC stated that the President of the GMA verbally congratulated the FWSC for that decision just after the decision was made at the Dodowa meeting.

The Market Premium:
On the issue of the calculation of the Market Premium, FWSC indicated that the Government White Paper on Single Spine Pay Policy (Exhibit A.1) recognized the principle of Market Premium to attract and retain critical skills in short supply. According to FWSC they are required to develop guidelines for use in the calculation of Market Premiums to avoid abuse since not all jobs qualify for Market Premium. The FWSC intended to develop these guidelines after the migration of employees onto the Single Spine Salary Structure. But when it came to the Health Sector it was realized that the Sector was operating a salary regime (HSS1 /2) which already has some component of Market Premium. It was therefore considered reasonable to take the Health Sector out of turn and develop an acceptable market premium that could be sustainable for the Sector.

A witness for the FWSC, Dr. Alhassan Iddrisu explained the considerations that went into the calculation of the Market Premium for Doctors which issue is now in dispute. His submission was captured in a power point presentation that he made to Stakeholders in the Health Sector at Dodowa (Exhibit A.1G). He indicated that Market Premium is the monetary incentive paid to skills in short supply within an economy and that this was normally underpinned by a market survey. Witness averred to the fact that in the instance of calculating the Market Premium for Doctors, the number of extra hours worked was taken as proxy to calculate the premium.

In this connection a proposal received from the GMA putting the extra hours worked per month to five hundred and twelve (512) effectively translated to twenty four (24) hours per day. This was considered humanly impossible. The proposal was therefore reduced to six hundred (16) hours per day taking into consideration some time for sleep among others, thereby arriving at three hundred and forty-four (344) hours per month. After applying certain mitigating factors it was decided to use two hundred and one (201) hours per
month for the calculations. This figure was discounted by 50%. Using the same mitigating factors in calculating the original proposals from the GMA resulted in a reduction to two hundred and ninety-six (296) hours. The market survey by Price Water HouseCoopers (Exhibit A.9) was used as a guide and, the factor of 0.81 was used to calculate the Market Premium for Doctors.

According to him the result did not favour the entire membership of the GA4A and therefore what he termed the "Junior Grades" had 0.81 used as the factor to calculate their Market Premium and 1.0 used for those he referred to as "Senior Grades".

During cross examination of the Chief Executive of the FWSC, he indicated that the Deputy Minister of Health organised a meeting at which the proposal to adjust the factor to 0.85 and 1.05 for the "Junior" and "Senior" Grades respectively was put on the table but this was rejected by the GMA.

The Grade of District Director of Health Services and Medical Superintendent:
On the issue of the grades of District Director of Health Service and Medical Superintendent, the FWSC said that those positions were created under an Act of Parliament, i.e. Ghana Health Service and Teaching Hospitals Act, 1996, Act 525 specifically Sections 25 (District Director of Health Service) and 29 (Medical Superintendent) Exhibit A5.

According to the FWSC the Management of the Ghana Health Service developed the relevant requirements for encumbering those offices. All FWSC did was to place those offices on the grading structure in accordance with the job evaluation process.

According to FWSC, until the provision in Act 525 is amended by Parliament to accommodate the concerns of the GMA, it is not competent to do otherwise than what it had done.

A witness for the FWSC Dr. Kwesi Asabir stated that for appointment to the office of District Director of Health Services, one has to be a health professional with a Masters Degree in Public Health who has ten (10) years of experience. He added that advertisements are normally placed to announce vacancies for the appointment of District Directors of Health Services for persons who consider themselves qualified and are interested in the position to apply.

He added that mindful of the current level of SSSS basic salaries which are lower than what the Health Sector employees on HSS are taking, FWSC has decided that pensions of members of the GMA would be based not on the levels of the SSSS but on what they are currently earning on HSS1.
2. The Ghana Medical Association:

The Grade Structure:
In its presentation, the GMA intimated that there have been several previous job evaluations exercises and stated that the latest of these just preceding the Single Spine Salary Policy which related to the Health Sector were the Ghana Universal Salary Structure (GUSS) and the Health Sector Salary (HSS).
According to the GMA, under these regimes the basis on which placements were made was scientific and transparent. Raw scores were used and no one was in doubt about the fairness of the placements at least in the case of the GUSS (Exhibit B1).

The GMA stated that when the Consultant for the HSS used certain unknown "soft factors" in addition to the raw scores, the Medical Officer grade was placed at higher levels, leading to dissatisfaction among other health workers. This matter was finally settled by the NIC by its Decision which was gazetted on 2nd June 2006 (Exhibit A. 19). By this decision, the anomaly in using factors other that the raw evaluation scores was corrected and the other health workers had a readjustment of their placements to conform to previous relativities in the sector.

According to the GMA based on the recommendations of the CoEn Consultants, the FWSC developed a grading structure for public sector employees including those in the Health Sector. When the structure of the Health Sector was made available to the GMA, it raised objections on the placement of its members. As a result of its objection, the FWSC commissioned Messrs. PriceWaterHouseCoopers to do a re-evaluation of the grading structure.

GMA added that the PriceWaterHouseCoopers Report was further subjected to an "open transparent" review by a panel composed by FWSC. However the FWSC instead of using the raw scores in determining the placements, used factors that it could not explain beyond what the FWSC termed administrative and sector inconsistencies to determine places within the Health Sector to the detriment of members of the GMA.

GMA cited the following to justify its case:

<table>
<thead>
<tr>
<th>Grade of Employee</th>
<th>Job Evaluation Score</th>
<th>Placement by FWSC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Officer</td>
<td>791</td>
<td>20H</td>
</tr>
<tr>
<td>Deputy Chief Medical Assistant</td>
<td>669</td>
<td>21L</td>
</tr>
<tr>
<td>Principal Nursing Officer</td>
<td>667</td>
<td>20H</td>
</tr>
</tbody>
</table>
GMA said, as a result of its persistent protests, another Stakeholder Forum was held at Dodowa at the instance of the Ministry of Health where certain adjustments were made to the placement of medical officers as follows:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultant</td>
<td>25L</td>
</tr>
<tr>
<td>Senior Specialist</td>
<td>24H</td>
</tr>
<tr>
<td>Specialist</td>
<td>24L</td>
</tr>
<tr>
<td>Chief Medical Officer</td>
<td>23H</td>
</tr>
<tr>
<td>Deputy Chief Medical Officer</td>
<td>23L</td>
</tr>
<tr>
<td>Principal Medical Officer</td>
<td>22H</td>
</tr>
<tr>
<td>Senior Medical Officer</td>
<td>21H</td>
</tr>
<tr>
<td>Medical Officer</td>
<td>21L</td>
</tr>
</tbody>
</table>

The GMA further expressed its dissatisfaction on grades on which other workers are placed on promotion where for instance:

- A Nursing officer on 18L when promoted to Senior Nursing officer is put on 19L
- Medical Officer on 21L when promoted to Senior Medical Officer is put on 21H

**Market Premium:**
On the issue of Market Premium, the GMA again gave some historical background which dates from the introduction of the Additional Duty Hour Allowance (ADHA) for health workers. The GMA indicated that during the regime of ADHA, two hundred (200) hours were used as the maximum extra hours that a health worker would be entitled to be paid (Exhibit B2).

According to the GMA, it proposed two hundred and ninety-six (296) hours to be considered for the calculation of market premium. However FWSC settled on two hundred and one (201) hours as the "realistic hours". It was therefore amazed that FWSC further discounted this by fifty (50) percent. This to the GMA meant that while it is acknowledged that they worked for a certain number of hours (201), they would be paid for only half these number of hours, and that such position is not acceptable. They therefore proposed that a factor of 2.10 should be used in the calculation of the market premium based on their salary. At the meeting at Dodowa, they reduced this to 1.62 as against FWSC proposal of 0.85 for junior doctors and 1.05 for senior doctors.

**The Grade of District Director of Medical Services and Medical Superintendent**
On the third issue in dispute, i.e. the grades of District Director of Medical Services and Medical Superintendent, the GMA stated that its position is informed among other things, by the fact that Ghana as a country does not have enough medical officers so as to create exclusive administrative positions. In its view a level playing field for all persons working in the Health Sector would be best served if every health worker with the minimum required qualification, irrespective of the person's current grade who is
interested in taking up an administrative role either as a District Director of Health Service or Medical Superintendent could be appointed. Where such an appointee’s salary is more than that of the office of District Director of Health Services or Medical Superintendent, the appointee could then be paid a responsibility allowance.

In the view of the GMA such an arrangement would ensure that persons holding these two offices could double as active practitioners and administrators whose specialized skills will be available to the public.

**Evaluation of the Evidence:**

**The Grading Structure:**

According to FWSC after several deliberations with Stakeholders, the latest with the Health Sector being held at the instance of the Ministry of Health at Dodowa from 2nd to 5th October, 2011 agreement was reached with GMA on the following placement of its members on the Single Spine Salary Structure:

- Consultant 25L
- Senior Specialist 24H
- Specialist 24L
- Chief Medical Officer 23H
- Deputy Chief Medical Officer 23L
- Principal Medical Officer 22H
- Senior Medical Officer 21H
- Medical Officer 21L
- Senior House Officer 19H
- House Officer 19L

The GMA did not dispute this but insisted that the issue about relativities have not been entirely addressed.

**Calculation of Market Premium:**

The FWSC agreed to use extra duty hours as proxy for the calculation of market premium for health sector employees before migrating them onto the Single Spine Salary Structure, pending the development of guidelines for the determination of market premium for categories of public sector employees that would be entitled to the payment of market premium. This is because health sector employees are currently on HSS whose salary levels are above the basic salary levels of the Single Spine Salary Structure so that, migrating them onto the SSSS levels will not put them at a disadvantage.
After consultations, the FSWC settled on 201 hours to use as the proxy. Based on this it initially decided to use 0.81 to calculate the market premium for doctors. The end result indicated that some of the medical officer grades notably, the Principal Medical Officer, the Senior Specialist and the Consultant, ended up disadvantaged. Therefore it reviewed its position to 0.81 for grades of House Officer up to Medical Officer and 1.0 for grades above that of Medical Officer. After several negotiations, FWSC later revised its position to 0.85 for the junior doctors and 1.05 for the senior doctors.

The GMA on the other hand insisted that even though they are not agreeable to the 201 hours as determined by the FWSC because in their estimation the extra hours should be 296, they should be paid using the factor of 2.10. According to them, using the factor 0.81 means that FWSC intends to pay them for half the estimated extra hours and deny them the other half. To them this is contrary to what prevailed when they were migrated from the ADHA to HSS and therefore. GMA later revised its position to 1.62.

**The Grade of District Medical Officer and Medical Superintendent:**
In the view of FWSC, the issue was not within its purview because all it did was to place those categories of employees on the Single Spine Salary Structure. It said those grades were created by the Ghana Health Services and Teaching Hospitals Act, 1996, Act 525 and that the Management of the Ghana Health Service established the criteria for encumbering those positions.

The GMA on the other hand believe that every qualified employee of the health sector should be given the opportunity to apply for those administrative positions. In the view of the GMA some of its members whose salary levels are above the levels established for those grades are automatically disqualified from vying for those administrative positions.

**The Award:**
Taking the various issues presented to the Panel into consideration, the Panel is unanimous on the following awards.

**(a) The Grading Structure:**
The Panel finds that the Parties have consented to the decisions arrived at during their meeting in Dodowa between 2nd and 5th October 2011. The Panel therefore accepts the following grading structure agreed to by the parties at Dodowa:

- Consultant 25L
- Senior Specialist 24H
- Specialist 24L
• Chief Medical Officer 23H
• Deputy Chief Medical Officer 23L
• Principal Medical Officer 22H
• Senior Medical Officer 21H
• Medical Officer 21L
• Senior House Officer 19H
• House Officer 19L

(b) Calculation of Market Premium:
The Panel deems it fair and equitable to calculate the market premium for doctors with the following formula:
• House Officer grade to Medical Officer grade 1.0
• Above Medical Officer grade 1.2

c) Grade of District Director of Medical Service and Medical Superintendent:
The Panel is of the considered opinion that the matter is outside the jurisdiction of the FWSC and therefore any issues regarding the concerns of the GMA can only be raised with the Management of Ghana Health Service who administers the provisions of the Ghana Health Services and Teaching Hospitals Act, 1996, Act 525.

Signed:

OPANIN OBENG-FOSU:

Date: 4th November, 2011.

MRS. ANGELINA M. DOMAKYAAREH:

Date: 4th November, 2011.

DENNIS K.Y. VORMAWOR

Date: 4th November, 2011.