

THE POST – INTERN SURVIVAL HANDBOOK

“A MEDICAL
POST-INTERN
SURVIVAL GUIDE”



GMOA
Government Medical
Officers Association



Ministry of Health
Sri Lanka

First Edition
2011

The Post - Intern Survival Handbook

“A medical, post-intern survival guide”

First Edition

2011



Government Medical
Officers Association



Ministry of Health
Sri Lanka

Copyright © 2011 Government Medical Officers Association

1st Edition - 2011

All rights reserved. No part of this publication may be reproduced or transmitted in any form, or by any means, electronic, mechanical, photocopying, recording and / or otherwise, without the prior written permission of the publishers.

First published in 2011

www.gmoa.lk

EDITORIAL BOARD

Dr. Anuruddha Padeniya

Dr. Thushan Gooneratne

Dr. Chinthaka Atukorala

Dr Thusitha Kahaduwa

Dr. Naveen De Soysa

Dr. Chandika Epitakaduwa

Dr. Upul Gunasekara

COVER PAGE -

Mr. Asith Hettiarachchi

Preface

Congratulations on the successful completion of your internship appointment and being appointed as medical officers to the Ministry of Health, Sri Lanka.

This handbook is prepared in collaboration with the Ministry of Health, the Sri Lanka Medical Council and the Government Medical Officers Association.

The handbook contains the administrative guidelines and information that will help you with your new duties as a medical officer. It is our belief that a smooth orientation and assimilation into a new service is important. There is nothing worse than having to cope with a new system and not knowing where to go, who to ask and how to act.

You are advised to refer the appropriate resource material used in making these guidelines to help gain a more comprehensive understanding.

We are aware, however, that there may be some information missing from the handbook or that information does go out of date. We welcome your feedback on how we can make improvements to the handbook in future.

Once again congratulations in joining the Ministry of Health and we wish you all the very best.

Editorial board

“ The good physician treats the disease . . . the great physician treats the patient who has the disease “

William Osler (1849 -1919)

Message from GMOA

May I congratulate you on your successful completion of internship and achievement of full registration status as a medical practitioner in the Government of Sri Lanka.

The post-intern appointment is the first official appointment as an independent medical practitioner as well as a government servant. In addition to professional expectations, when one is to execute duties as a government servant, they need to be aware of it's' rules and regulations.

During the transition from an intern to a mature, independent practitioner, being unaware of the rules and regulations that govern the medical doctor, can have serious implications.

Our vision is to bridge this gap in order to ensure efficient and safe delivery of patient care services, while safeguarding your individual rights.

This handbook was a long overdue venture, and is in its' first edition. Your valuable feedback, constructive criticism and suggestions towards developing it, is warmly welcome. You may email your comments to us on comments.mo.handbook@gmail.com

Once again I congratulate you and wish you all the very best.

Dr. Anuruddha Padeniya

President, GMOA

Message from Secretary, Ministry of Health

May I first congratulate you on becoming a fully-fledge member of the medical fraternity, after satisfactorily completing internship and gaining full registration to practice as a doctor.

The GMOA has always stood firm on principles and have contributed in a very constructive manner to the health care delivery.

Let me take this golden opportunity to express my deep appreciation for this valuable endeavor carried out by the GMOA, towards uplifting the welfare and well-being of medical officers. The material in this handbook would, no doubt, help all medical officers gain a more comprehensive understanding of their role in enhancing the health care service of Sri Lanka.

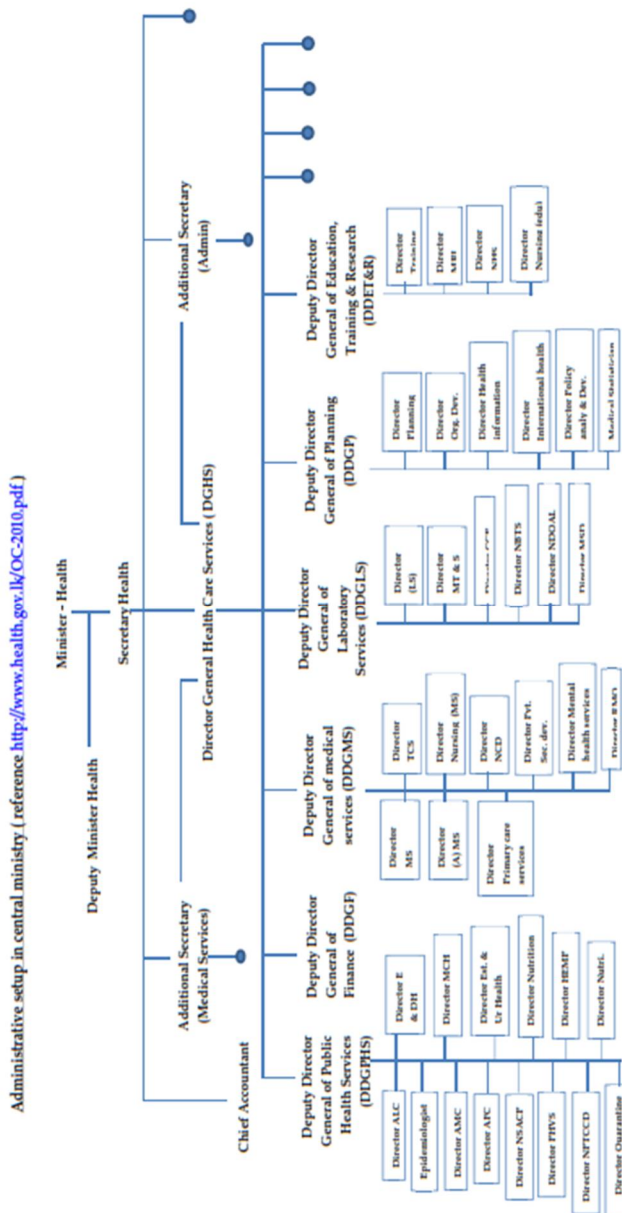
I wish all of you, our young medical officers, as well as the GMOA all the success.

Dr. T. R. C. Ruberu
Secretary,
Ministry of Health.

Table of Contents

Administrative structure	08
Responsibilities of a Medical Officer	10
Provision for leave	13
Maternity leave	17
Transfer scheme	19
Official quarters	23
Diary maintenance	26
Claiming of extra duty	27
Medico-legal duties	28
Guidelines in issuing medical certificates	31
Transfer of patients from one institution to another	33
Guidance for proper Private practice	36
Appendix	38
Key website hyperlinks and resource material	

Administrative structure (Health Services of Central Government)



Responsibilities of a Medical Officer

(REFERENCE DEPARTMENT OF HEALTH SERVICES “MANUAL”, PART II, CHAPTER XVI, SECTION 4)

1. The Medical Officer In-Charge of a station shall be responsible, except where otherwise provided,
 - a. For the supervision of the Public Health duties of the district as well as of the station, involving the inspection of suspected cases of disease and the adoption of measures to stamp out or limit the extension of infectious diseases.
 - b. For the Medico-legal duties of his district.
 - c. For any other medical or public health duties which the superintendent of health services may call upon him to perform.
2. The Medical Officer In-Charge of a station has the charge of the Government, Civil, Jail and Infectious Diseases units attached to his station.
3. Medical Officer In-Charge of a station shall by such means as are at his disposal, inquire into the causes, origin and distribution of the diseases and influences affecting or threatening to affect injuriously the public health within his district, ascertain to what extent the same depend on conditions capable of removal or mitigation and report to the superintendent of Health Services and the RDHS.
4. When any duty, judicial or otherwise, requires an officer-in-charge to leave his station, he shall make an entry in his diary or journal and also make satisfactory arrangements for his duties before leaving his station, informing the supervising officer, if necessary.
5. It shall be the duty of the Officer-in-charge to see that all members of his staff perform their duties efficiently and with regularity and that all the rules of the hospitals are strictly adhered to. Absence from duty of any subordinate shall be immediately reported to the Superintendent of Health Services.
6. The ultimate responsibility for Government property rests with the Officer-in-charge and not with subordinates, and it is only in cases where criminal breach of trust or culpable negligence can be proved that proceedings for the loss of government property be instituted against the subordinate who was in immediate charge.
7. Should any infectious diseases occur in the hospital wards, the case or cases shall at once be isolated and treated in a separate ward or building. Every step shall be taken to prevent its spread.

8. During his morning visit the Officer-in-charge shall see every patient in the hospital and make a daily entry in the BHT, entering up the State of the patient, Treatment, directions as to diet.. etc. In all cases where it is necessary to take the temperature of a patient for more the 48 hrs, he shall see that a temperature chart is kept. He shall see that the dressing of all surgical cases is properly done.
9. The Officer-in-charge is personally responsible for the correct keeping of all registers, returns and equipment. The date and hour of receipt, with the initials of the Officer-in-charge shall be affixed at the time of receipt of all documents.
10. Medical Officers are strictly prohibited from accepting any fee or gratuity from out-patients or in-patients in the hospital under their charge or engage in private practice. Specialist Medical Officers are permitted to engage in private practice provided it does not interfere with the due performance of their duties. The latter are prohibited from engaging themselves in private practice during the normal working hours.
11. Medical Officers shall, by the adoption of a sufficiently active line of treatment, render the detention of patients in hospital as short as possible. If for any reason a patient has to be detained for over 90 days the approval of the Superintendent of Health Services shall be obtained.
12. When the patient is to be discharged from hospital, medical Officer shall mark the word "Discharged" and the condition on discharge, "C" for cured, "R" for relived and "N.I" for not improve, with the hour and date, and initial the bed-head ticket. He shall see that the diagnosis has been entered on the ticket and that the necessary alterations regarding diet have been made and initialed. When a patient is discharged against medical advice a note to that effect shall be made in the BHT.
13. When a patient has absconded from hospital the Officer-in-charge shall inform the relations of the patient as well as the police.
14. In the case of a delirious patient being found missing, immediate steps shall be taken to trace him, informing the police and relations if necessary.
15. When a patient has died in hospital, the medical Officer shall write the word "Died" on the BHT with hour and date of death, initial the same, and the body shall not be removed from the ward before the Medical Officer has examined. He shall see that the diagnosis is entered on the BHT. The dead body after inspection by the Medical Officer, shall be quickly removed from the ward on a stretcher to the mortuary by hospital minor staff.

16. The Officer-in-charge shall see that relations or guardians of patients dying or dead are informed by a state telegram, or by telephone whenever possible.
17. If a body is not claimed by relatives, it shall be lawful for the Medical Officer to hold a post-mortem examination, but the practice of dissection is strictly forbidden, and no body is to be kept unburied, except on the orders of the coroner for a longer period than 24hrs.
18. If a post-mortem examination is held on a body, the Medical Officer shall write "P.M" after the word "Died" and if no such examination is made, he shall write the reasons on the BHT and initial and date the same. A short resume of P.M. appearances and diagnosis shall be entered on the BHT.
19. All communications shall be signed by the Officer-in-charge, unless he is absent. When those requiring immediate attention are written and signed by the assistant, he shall state that he writes and signs for the Officer-in-charge as the latter is absent.
20. All Medical Officers, both curative as well as preventive, shall answer emergency calls from officers in charge of Rural Hospitals and Maternity homes which are in charge of apothecaries in their respective areas.
21.
 - 21.1 No operation shall be performed on a patient without his or her prior consent. In the case of children or unconscious, such consent shall be obtained from the parents or guardians or closest relatives.
 - 21.2 When a patient who is admitted does not need an immediate operation, but might need an emergency operation later, the officers have found it difficult to contact the guardian and the operation had to be delayed till consent was obtained.
 - 21.3 In every possible instance, the relation shall be informed, at the earliest possible time, that surgical intervention is contemplated.

NOTE - The above responsibilities have been extracted from the DHS Manual, and though outdated, is currently the only available job framework for medical officers.

A comprehensive job description for medical officers, including responsibilities of individual specialties, is currently being developed. Readers are advised to peruse the GMOA website once revision is complete.

Provision for Leave

(REFERENCE - CHAPTER XII OF ESTABLISHMENTS CODE)

1. General
 - 1.1 Leave is a privilege, and not a right. It is a granted. , may be curtailed or cancelled at any time by the authority granting the leave.
 - 1.2 Application for leave must be made on the suitable form
 - a. in the island form general 125a
 - b. out of the island form general 126
 - 1.3 An application of leave must reach the office (of authority granting leave) at least 7 days before the date of leave commencement
 - 1.4 Application for leave out of island, when possible, must be made not less than 3 months before date of leave
 - 1.7 A register of leave granted should be kept in form general 190
 - 1.9 When an officer is transferred, the head of department form which he is transferred must furnish all details regarding leave to the head of new department.
 - 1.10 In calculating casual leave, public holidays, Sundays, Saturdays should be excluded. Vacation leave, when spent outside the island includes Saturdays, Sundays and public holidays falling within the period of such leave.
2. Authority for granting leave
 - 2.1 Authority for granting leave is vested upon the head of department. He may grant leave of absence on full pay to be spent in the island, provided that proper arrangements are made for performance of his duties, by the other officers of the department.
3. Leave of absence from station
 - 3.1 An officer may not absent himself from his station without leave.
 - 3.2 An application for leave must be made to the authority granting leave, even though permission may have been obtained verbally / demi-officially.
4. Leave for part of a day
 - 4.1 Shortest period of leave to be granted is short leave.
 - 4.2 If an officer works for a minimum of 3.5 hours (exclusive of lunch interval) and is on leave for the rest of the day, his leave should be counted as half day. If less the 3.5 hours, it would be counted as one day's leave.

5. Casual leave

- 5.1 Head of department may grant casual leave (to be spent in the island) for not more than 6 days at a time, to a maximum of 21 days in the year.
- 5.2 Casual leave will be in addition to vacation leave.
- 5.3 Casual leave is intended to enable an officer to be absent, for short periods of time on purely casual circumstances. It should not, except in unavoidable circumstances, precede or follow a spell of vacation leave or half pay leave.
- 5.5 An officer newly appointed to the public sector should NOT be required to serve a minimum period to become eligible for casual leave of that year as in the case of vacation leave.

6 Sick leave

- 6.1 When leave is requested on grounds of illness, or when officer cannot attend office on account of illness for more than 2 days, officer must have himself examined by the nearest government medical officer, who will forward a certificate on form medical 170.
- 6.2 Sick leave on full-pay, half pay or no-pay maybe granted for a period not exceeding 14 days on a medical certificate from a private medical practitioner.
- 6.3 A short period of leave up to 6 days at a time on account of illness may, if the officer desires it, be counted against casual leave.

7 Lieu leave

- 7.1 If the Head of Department, considers it necessary that an officer should perform his duties on any public holiday or a "weekly off-day" , the officer may be granted at the discretion of the head of department, leave of absence in lieu of (and not exceeding), such a public holiday or "weekly off-day"

8 Vacation leave

- 8.1 An officer may be granted a maximum of 28 days' vacation leave each year.
- 8.2 He may be allowed the accumulated vacation of 2 years. (That is the unused leave of the year in which he takes the leave and that of the preceding year.) He may be thus entitled to a maximum of 48 days leave in a year.
- 8.3 A Saturday, Sunday, public holiday falling within the period of vacation leave will not be counted as leave, if the vacation is to be spent within the island. But will be counted if the leave is to be spent outside the island.
- 8.4 An officer on first appointment should serve for 9 months, before 28 days of vacation leave on full pay can be allowed. An exception may, however, be made in cases of illness medically certified, or in case of grave urgency.

9 Accident leave and special sick leave

- 9.1 Accident leave on full-pay for 6 months, and thereafter for a further 6 months on half-pay may be granted with the approval of the secretary, provided the application is supported by a medical certificate from a government medical officer. It should include
- 9.1.1 The officer is unfit for duty as a consequence of the accident, for a period to be specified.
 - 9.1.2 The officer is undergoing proper treatment having regard to the nature of his injuries.
- 9.2 In the absence of a certificate as required in 9.1.2, leave up to same limit may be granted, but on half-pay only.
- 9.3 Accident leave will be allowed only if the officer was injured during the actual performance of his duty by and accident for which no blame can be laid on him. Accident met while proceeding for or returning from duty will not be entertained.
- 9.4 Such leave will not be counted against his normal quota of duty.
- 9.5 Accident leave may not be granted in conjunction with leave or any other type.
- 9.6 An officer who contracts an illness in the actual discharge of his duties may be granted special sick leave in terms of the preceding subsection, provided the secretary is satisfied on a certified furnished by a government medical officer, that the illness was contracted-
- In the actual discharge of his official duties
 - Without his own default
- 9.7 Application for accident leave should be made on form general 5

10 Lapsed leave

- 10.1 If an officer who has exhausted all the vacation leaves under subsection 8.2 required further leave, he may be allowed, at the discretion of the head of the department, the unused vacation leave of any consecutive period of 2 years, subject to the following subsections. 10.1.1, 10.1.2, 10.1.3
- 10.2 Lapsed leave under the preceding subsections may be granted only for the following reasons
- Illness of the officer; illness in the family; death in the family
 - Religious ceremony in connection with any of the above
 - Officers' marriage
 - Infection / disease in the officers' household.
- 10.3 In an application for lapsed leave the period of 2 consecutive years against which the leave applied for is to count and the amount of leave available in that period should be clearly stated.

12. Special leave

- 12.1 Special leave not exceeding 2 hours, commencing at 12.15 pm maybe granted at the discretion of the head of department, to a Muslim officer for the purpose of religious observances on a Friday. This leave is granted on condition that the officer may, if necessary, be required to work outside normal hours to make up got the time spent on such special leave.

Special leave can be granted to attend study classes at a recognized institution during office hours; to cast vote at an election; to represent Sri Lanka at an international conference; to take part in sports and other activities. ; For members of trade unions; for officers suffering from certain illnesses; to observe "Iddha" etc.

14. Full pay study leave

- 14.1 Full pay study leave abroad or in the island may be granted to an officer for the period of study or training (and the minimum necessary period of travel) only under stipulated circumstances.

18. Maternity leave (Please refer pg. (please refer pg 17 of Post Intern Survival Handbook)

- 18.1 A female officer required to retire on marriage will not be eligible to maternity leave under this section in respect of an illegitimate child.
- 18.2 Any other female officer who has served a period of not less than 9 months will be entitled to 6 weeks full-pay leave, and will not be allowed to resume duties before the expiry of 4 weeks after the birth of the child.
- 18.3 A female officer who has not served the minimum period of 9 months may, however, be granted proportionate leave on full pay to the extent her service bears 9 months.
- 18.4 In calculating maternity leave, public holidays, Saturdays and Sunday falling within such leave should be included.
- 18.5 The period of 6 weeks full pay maternity leave will be set off against any available accumulated leave (i.e. vacation leave of the previous year) and any balance remaining against lapsed vacation leave. It should not be set-off against the vacation leave of the year in which the officer is confined.

19. Leave to attend a governmental examination

- 19.1 An officer who is required to sit an examination may be granted duty leave for the period of the examination but for the first sitting only. He will not be entitled to the reimbursement of travelling expenses or for the payment of any combined allowance. If the subjects in the examination are taken separately, duty leave may be granted for the first time for such subjects.

21. Half-pay leave

22. No-pay leave

23. Leave to be spent out of the island

Maternity Leave

(REFERENCE – PUBLIC ADMINISTRATION CIRCULAR : 4/2005)

The Government has decided to grant female public officers 84 days maternity leave with full pay, 84 days maternity leave on half pay and 84 days maternity leave on no pay in respect of every childbirth. Therefore the following section is substituted in place of section 18, Chapter XII of the Establishment code to be effective from 01.01.2005

Female public officers whether permanent , temporary , casual or trainee are entitled to maternity leave under this section.

Maternity leave with full pay

1. A female officer is entitled to 84 working days full pay leave in respect of every live childbirth and they will not be allowed to resume duties before expiry of 4 weeks after the date of birth of child. For the purpose of obtaining leave under this section a medical certificate or the birth certificate of the child should be produced.
2. In calculating leave, public holidays, Saturdays and Sundays falling within such period should NOT be included.
3. This period of leave should not be set off against the balance leave available to the officer, and should be treated as special leave with full pay.
4. In the case of a still birth or the death of the child before the expiry of 6 weeks from the childbirth, 6 weeks leave from the date of childbirth should be granted as special full pay leave on the production of the death certificate of the child or a medical certificate.

Maternity leave on Half pay

5. After the exhaustion of leave in terms of (1) above, the officer is entitled to 84 days leave on half pay for her to look after the child.
6. Public holidays, Saturdays and Sundays falling within the period of half pay should BE treated as half pay leave,

Maternity leave on No pay

7. After the end of leave approved under section (5) above, it is possible to grant 84 days no pay leave only if such leave is required for the purpose of looking after the child.
8. When calculating leave under this section, public holidays, Saturdays and Sundays falling within that period should BE included.

9. Before granting this leave the Head of Department should satisfy himself that satisfactory arrangements have been made to recover without interruption any monthly installment in respect of loans or advances granted to the officer.
10. In the case of miscarriage the officer can avail herself of the vacation leave she is entitled to on the production of the certificate.
11. After the expiration of the maternity leave obtained under section (1) above, the officer should be allowed to leave office 1 hour before the normal time of departure for them to breast feed the child provided no leave mentioned in section (5) has been availed of. This concession should continue only till the child completes the age of 6 months.
12. Further, when the officer reaches the 5th month of pregnancy she should be allowed to attend office half an hour later than the normal time of attendance and leave office half an hour before the normal time of departure. This concession is available only till maternity leave is granted.
13. Leave referred to under section (5) and (7) is granted only when the child is alive. However if the child dies of some reason or other, such leave will be cancelled after 7 days of such death as such leave has been granted for the purpose of looking after the child.
14. Leave granted in terms of section (5) and (7) above should not have any adverse effect on salary increments and pensions. Also such periods of leave should not adversely affect the filling of vacancies and granting of promotions occurring during such period of no pay leave.
15. If the officer wishes to get a portion of the leave under section (5) and (7) cancelled and to report for duty, she can do so after informing the Head of Department.
16. Public administration circular no 16/99 dated 20.07.1999 and Public administration circular no 03/2004 dated 18.08.2004 are hereby cancelled with effect from 01.01.2005 without prejudice to any action taken so far under such circular.

Sgd. D. Dissanayake
Secretary

Ministry of Public Administration and Home Affairs
2005

Transfer scheme

(REFERENCE – “GOVERNMENT MEDICAL OFFICERS’ & SPECIALISTS’ TRANSFER SCHEME & ESTABLISHMENT CODE PROVISIONS ON TRANSFERS” PREPARED BY THE GMOA. CAN BE VIEWED AT www.gmoa.lk/circulars)

1. Post-Intern Appointments

- 1.1. All vacancies for Post Intern appointments will be all published by the department of Health and appointments will be given strictly according to the merit list issued by the UGC. However those whose internship has been extended for reasons other than for approved medical and maternity leave will be placed at the bottom of the merit order list when appointments are given to them.
- 1.2. All post interns, except those mentioned in section 1.3, will have to serve for a minimum period of one year in their post intern appointments before being eligible for any other appointments or transfers, other than for special posts.
- 1.3. Post intern Officers who are appointed to the following posts will have to serve a minimum period of 2 years in their respective posts before being eligible for any other appointments or transfers, other than for special posts.
 - 1.3.1 Post of MO Anaesthesia
 - 1.3.2 Post of DDHS/MOH/ AMOH
- 1.4 If any Post intern Medical Officer is selected for Postgraduate training by the PGIM, he/she will be released from his/her Post Intern appointment without considering sections 1.2 and 1.3.
- 1.5 When a husband and wife, who are in the same post intern list, request to be appointed to the same station, the merit position of the spouse, who is lower in the merit order list will be the criterion deciding the station.
- 1.6 Post Intern Medical Officers who receive their first appointments will be issued their letters of release directly by the DGHS to enable them to take up their appointments.

2 Annual Transfers

2.1

- 2.1.1 All grade Medical Officers will be transferred out of their stations once they have completed 4 years of service in the station.
- 2.1.2 All Heads of Institutions should provide lists of existing vacancies in the approved cadre for their respective Institutions. These lists should be forwarded through the respective Heads of the Decentralized units.

- 2.1.3 All posts of Grade Medical Officers except special posts will be advertised in the annual transfer list. If any post falls vacant during the course of the year, the Head of the Institution should appoint the most suitable Medical Officer to cover up the duties, and that post will be advertised in the next annual transfer list.
- 2.1.4 All transfers of Grade Medical Officers will be made according to their Grade seniority.
- 2.1.5 Once a Medical Officer has served for 4 years in a particular station he/she will not be eligible to apply for the same station for 2 years, except in the case of appointments to special posts.
- 2.1.6 It is the responsibility of every Medical Officer to apply for annual transfers once he/she completes the period of service of 4 years or 2 years as the case may be, at the station. Those who fail to do so will be transferred to a vacant station at the discretion of the Transfer Board.

2.2 Annual Transfer List

- 2.2.1 All Medical officers who will be completing 4 years or more of service in a particular station by December 31 of that particular year will be noted for transfer in the annual transfer list in that particular year.
- 2.2.2 It is the responsibility of the Head of the Institution to submit to the Director of Health Services before 15th of July of the year, a list of all Medical Officers attached to his Institution, stating the period of service in the Institutions irrespective of whether they are noted for transfers or not.
- 2.2.3 It is obligatory on the part of respective Medical Officers to ensure that their names are noted for transfer in the particular year.
- 2.2.4 The annual transfer list the list of Medical Officers who are noted for transfers and the list of vacancies will be published annually, by 15th August of that year.
- 2.2.5 In addition to the Medical Officers who are noted for transfers, any other Medical Officers who complete or will be completing 2 years of service in a station by 31st of December of that year, are eligible to apply for a transfer in the annual transfer list.
- 2.2.6 Annual transfers and appeals will be finalized before 31st October each year.

2.3 Scheme of Annual Transfers

- 2.3.1 The Medical Officers who apply for annual transfers should forward their applications with an adequate number of preferences stated in the application forms. If the number of preferences given is inadequate, the Transfer Board may at its discretion decide the station to which he/she should be transferred.
- 2.3.2 A transfer will not be given to the same station even if it is to a different post in that station.

- 2.3.3 Any Medical Officer, who has not applied for a transfer completion of 4 years of service at a particular station, will be transferred to another station at the discretion of the Transfer Board.
- 2.3.4 If both husband and wife are noted for transfer, the Transfer Board may consider giving them the same station or a closer station based on the lower seniority of the spouse.
- 2.3.5 Effective date of transfer will be from 1st January of the effective year of transfer. If any transfer is deferred, the effective date of transfer should still be considered as 1st of January of that year.
- 2.3.6 An Officer who is already on transfer order will not be eligible to apply for any other post except for special post appointment.
- 2.3.7 Medical Officer transferred through the annual list will not be eligible to apply for any other posts before completion of 2 years, except for a special post or for a seconded post.

3 Special Post

- 3.1 A Special post is a post where the Medical Officer selected will serve directly under the supervision of a Consultant.
- 3.2 The period of special post will be restricted to 2 years.
- 3.3 Medical Officer who have served the department of Health for a minimum of one year but not more than ten years are eligible to apply for special posts.
- 3.4 A Medical Officer will be allowed to hold only one special post during his/her career in the department.

4 Post graduate Trainees

- 4.1 Post graduate trainees will be released without replacement to commence their training.
- 4.2 On completion of their training post graduate trainees who have been selected for Msc, Diplomas and in-service training will be given temporary attachments until the next annual transfer list is advertised.
- 4.3 Postgraduate trainees following MD and MS courses who have been unsuccessful at the first attempt or who have not sat the first eligible examination will allowed to stay in the stations of their choice only until 3 other consecutive examinations are held.
- 4.4 Those Postgraduate trainees who complete their local SR training will be posted to cover-up duties of a specialist in stations determined by the department of Health, until such time they are ready to leave for their overseas training.

5 Appeals

5.1 Annual Transfer Appeals

- 5.1.1 Only Medical Officers who have applied for annual transfers are eligible to appeal against an annual transfer.
- 5.1.2 This appeal should be forwarded in specified form through proper channels to the DGHS.
- 5.1.3 These appeals will be considered by an Appeal Board before 15th October each year.
- 5.1.4 If an appeal is rejected, the officer should report to the station on the stipulated date as given in the annual transfer list.

5.2 Special Appeals

- 5.2.1 The Department of Health, under very special circumstances, may entertain appeals for transfers during the course of the year. However this appeal will be considered by a Appeal Board only in March and July of that year.
- 5.2.2 When an appeal is made, the officer should mention the DPDHS area in which he/she wants to be stationed. He/she should specify the list of Institutions in the order of preference. The post will be decided by the Appeal Board depending on the seniority of the officer and the cadre requirements of the Institutions.

Quarters

(REFERENCE - CHAPTER XIX OF ESTABLISHMENTS CODE)

1. The term "government quarters" includes any type of accommodation at the disposal of the government and allocated for the purpose of residence. All government quarters fall under 2 classifications
 - a. Scheduled quarters - those assigned to a particular post or grade within a department
 - b. General service quarters - quarters which are not scheduled quarters

4. Allocation of quarters will be on the following principles
 - 4.1. Eligibility - the following categories will **not** be generally entitled to general service quarters unless any are available, after the demands of the others have been met.
 - An officer eligible for scheduled quarters
 - A single officer
 - An officer / spouse own a house within a certain radius of his station.
 - A non-transferable officer
 - A married officer whose family is not resident with him, unless he intends to bring his family into residence.

 - 4.2. Criteria for selection, subject to condition prevailing in each district
 - Period of stay on the waiting list
 - Number of children
 - Living conditions
 - Whether the officer's normal duties require that he should reside in close Proximity to his place of work.
 - Serious physical impediment.
 - Seniority

 - 4.3. Method of selection - a standard application form should be devised by the allocating authority so as to elicit information on all the matters concerned.
 - 4.3.3. Every application will be registered on a "waiting list" by the allocating authority as soon as it is received.
 - 4.3.7. The points earned according to the scheme should also be shown on this register and aggregated immediately before any quarters are due to fall vacant
 - 4.3.8. This register should be made available for inspection before a selection is made so that an officer can ascertain for himself the correctness of the points allocated to him. It will be his responsibility to bring to the notice of the allocating authority any change or any wrong information regarding himself or another applicant.

- 4.3.9 If an officer refuses to accept quarters allocated to him, he will be placed at the bottom of the waiting list.

NOTE

(REFERENCE – MANUAL ON MANAGEMENT OF TEACHING, PROVINCIAL, BASE AND SPECIAL HOSPITALS, BY MINISTRY OF HEALTH, HIGHWAYS AND SOCIAL SERVICES -1995, CHAPTER 33)

Following particulars should be included in the waiting list.

Name of applicant ; designation ; unit attached to ; date of appointment to the institution ; permanent residential address ; distance to the institution from the address ; whether the officer / spouse owns a house and the distance to the institution ; number of children.

These quarters may be suitably allocated by a “Housing Committee” appointed for that purpose. The Head of Institution or an officer nominated by him should be the secretary. The other members should be from the GMOA, GSMOA. Since a large number of employees serve in teaching hospitals the allocation of quarters should be made in accordance with the decision of the committee.

5 Rent

- 5.1 Rent for the occupation of government quarters will be recovered from the salary of the officer.
- 5.5 Two or more officers, can be allowed to share government quarters at the discretion of the allocating authority.
- 5.8 the officer should pay any charges for water, electricity and gas

6. Conditions of tenancy

- 6.1 Period – occupant should be allowed to remain in quarters until the time of his transfer or his ceasing to be a public officer.
- 6.3 Government quarters may be occupied only by the officer and by his wife, children and dependents. No portion of any government quarters may regularly occupied by any others without the specific approval of the allocating authority. `
- 6.4 Sub-letting quarters or the keeping of paying guests is prohibited.
- 6.5 When an officer intends to vacate his quarters, he should give at least one months' notice. Failing which, he will be charged rent for the period between the date of actual vacation and end of the calendar month in which notice was given or the date of occupation by another officer, whichever is earlier.
- 6.8 The outgoing occupant will be charged the cost of replacing missing or damaged fittings and any other damage to quarters not attributable to fair wear and tear.
- 5.1 An officer leaving the island on long leave should vacate quarters unless there are special reasons for his being unable to do so.

7. Penalties

- 7.1 If an officer fails to vacate quarters when ordered to so, he should be evicted under the government quarters act.
- 7.2 He should be charged for the period he overstays his tenure a penal rent.
- 7.3 A report in relation to this matter should also be entered in the officer's personal file.

Diary maintenance

(REFERENCE - GENERAL CIRCULAR NO, 02 /97)

1. It is compulsory that all medical officers maintain a diary.
2. It is compulsory that the following are recorded in the diary
 - a. Date
 - b. Time of reporting and commencement of work
 - c. Time of completion of work
 - d. Time of reporting and completion of “amathum rajakari”
 - e. If called for an emergency, the time of reporting for work
3. It is expected that particulars of activities carried out during the above times are also noted down.
4. Leave and vacation dates should entered in the diary.
5. The diary should be kept in a suitable location stipulated by the head of institution.
6. The diary must be produced to the head of institution by the officer concerned on the first working day of each month.
7. Head of institution is expected to scrutinize each diary and appropriate action taken if any shortcoming is noted.
8. It is compulsory that each medical officer maintained 2 diaries, for alternative months. This will allow the officer to review the diary of the previous month, while activities of the current month are maintained unabated.
9. Disciplinary action shall be taken against any medical officer not adhering to the stipulating instructions.

Dr. Lucian Jayasooriya
Additional Secretary
1997

Extra duty allowance

(REFERENCE – GENERAL CIRCULAR NO- 01-19/2009)

1. Payment of extra duty is for active duties performed outside the normal hours of duty.
2. In order to claim extra duty for medical officers it is essential to work for a minimum period of 6 hours normal duty on all days.
3. The extra duty payment would be payable to minimum of 1 hour and maximum of 4 hours per day. For computation four units of quarter hour each can be totaled to one hour.
4. A medical officer can claim for extra duty before or after the normal routine working hours provided they perform their routine work. For computation purposes official working day should be stated as from 12.00 midnight to 12.00 midnight the next day.
5. Medical officers who are summoned to work when on duty, depending on the demand of the institution, are eligible for extra duty payments irrespective of completion of the normal working hours within the stipulated maximum of 4 hours period.
6. Officers conducting clinics, who have to work beyond 6 hours of work, can claim a maximum of 2 hours of extra duty for the clinic purpose.
7. Extra duty claims have to be approved by the Head of Institution or the officer acting on his/her behalf.
8. Claims should be substantiated with the duty roster for the month which has been given prior approval by the Head of Institution and the Diaries maintained by the medical officers, since they are proof of performing extra duty.
9. The payment of extra duty work will be made monthly on a claim form filled by the medical officer concerned and certified by the consultant and the Head of Institution.
10. Medical officers are entitled for extra duty for work done in excess of 6 hours on public holidays and on Sundays apart from the 1/20 allowance claimed for working on Sundays and public holidays.
11. The rates of payments to each category of medical officer will be in accordance with the current circular. The Head of Institutions should be satisfied that the claim made tally with the duty rosters, diaries is in accordance with the circular.
12. Rates of payment would be
 - a. Preliminary grade officers - Rs. 210 per hour
 - b. Grade II MO - Rs 280 per hour

Dr. Athula Kahandaliyanage , Secretary of Health, 2009

Medico legal responsibilities of Medical Officer

(REFERENCE – DEPARTMENT OF HEALTH SERVICES “ MANUAL”, PART II, CHAPTER X)

1. Only medical officers holding the diploma of a recognized school of medicine and registered under the medical act shall be entitled to engage in Medico-Legal duties such as post-mortem examinations, examination of assault cases etc.
2. When a request to perform a medico-legal duty is received from a magistrate or inquirer into sudden deaths of a police officer, such a request shall be attended without delay.
3. Officers-in-charge shall attend promptly to all cases of assault, irrespective of the district in which the assault may have taken place and render, at once, the necessary medical aid.
 - a. When a medical officer is summoned to give evidence before the Supreme or other Court at a distance from his station, he shall report the fact immediately to the supervising officer, so that arrangements may be made in time for the performance of duties.
 - b. He shall not leave the station any sooner that would enable him by the ordinary means of travelling to reach the Court at the date and hour specified in the summons.
 - c. He shall return with all possible dispatch as soon as he is free to leave. If relief arrangements are required, particulars shall be furnished to the supervising officer.
4. All cases of burns, poisoning and serious injury and all deaths occurring in the hospital and resulting from suicide, accident, injury or violence, or under circumstances raising a suspicion that some other person has committed an offence in connection with such death, shall be reported by the medical officer to the police, or headman of the district without delay for investigation.
5. In those places where there is no police the nearest Magistrate, Unofficial Magistrate or Justice of Peace shall be summoned, so that no delay may take place in having statements recorded; and a report as to the nature of the injuries, etc., shall be made to the headman or nearest police officer connected with the case.
6. In the absence of an order from a Magistrate there is no legal objection to a medical officer examining a female for evidence of rape or concealment of a birth provided that she is willing to be examined. In such a case, the medical officer shall personally obtain the consent of the female and will record the consent in his notes and in his report to the magistrate.

7. He shall carefully note the exact situation, shape, measurement, direction and variety of the wounds and injuries, and preserve his notes for further reference if required.
8. He shall in all cases state with what kind of an instrument or agent he thinks the assault was committed.
9. In cases of suspected rape he shall hand over to the Judicial Officer all clothes, mats etc. which have stains on them, to be forwarded to the Government Analyst for examination, and report as to the evidence of circumstances.

The Ten Commandments

(REFERENCE – “ A WORD OF GUIDANCE TO MEDICAL INTERNS – MINISTRY OF HEALTHCARE AND NUTRITION “ ISBN -978-955-9093-89-3)

1. Shall owe a duty of care to all the patients in the unit where Medical officer is attached to.
2. Shall manage all the patients in the unit promptly, appropriately and effectively, while providing an adequate explanation and obtaining explicit permission and consent from the patient legibly, adequately and appropriately in an orderly manner in the clinical record (BHT/Clinic notes)
3. Shall record all the relevant findings (Positive as well as Negative) during the course of medical management of the patient legibly, adequately and appropriately in an orderly manner in the clinical record (BHT/Clinic notes)
4. Shall record all necessary information / findings which are Medico-legally important in the same manner. This includes but not limited to date and time of examination, Investigation and therapy, level of consciousness, injuries observed externally and internally, any therapeutic intervention to injuries or health condition, whether breath smelling of alcohol and/or under influence of alcohol or drug and under what circumstances and in what manner injuries or health condition were sustained.
5. Shall inform the police if it appears that there had been a possible criminal act and must ensure that medico-legal examination is done prior to discharge or transfer of such patient. Also to ensure that proper endorsement are made in the BHT to that effect and it is kept in safe custody.

6. Shall recognize, identify, collect, preserve and record all relevant and important physical evidence (e.g. vomitus, contents from gastric lavage) in a case of suspected deliberate poisoning, clothing in a suspected homicide case, foreign bodies such as bullets/pellets etc.,... recovered from body, foreign body in a case of suspected criminal abortion and to hand over them to the relevant investigator by maintaining proper chain of custody.
7. Shall inform police to arrange for an inquest in all unnatural and suspicious and sudden deaths and also in situations where medical cause of death is not known irrespective of the duration of stay in the hospital. Death occurring while in police or prison custody, mental and leprosy hospital also requires an inquest irrespective of circumstances, manner and cause of death. It is the sole responsibility of the medical officer certifying the death to request for an inquest. When an inquest is requested in the above circumstances, it is best that the establishment of the cause of death is left to be done during the Inquest procedure. In any case informing your supervising specialist and getting his/her guidance is essential in these instances.
8. Shall record or arrange for recording of a dying declaration where appropriate.
9. Shall take utmost care when issuing Medical Certificates/ Records to courts recommending unfit to attend.
10. Shall consult the supervising specialist before giving statement regarding patients to police or at administrative inquiries. However MO shall attend, appropriately dressed, when summoned by courts or when informed to appear at an inquest and shall get prepared to give evidence.

NOTE - In addition to the aforementioned medico-legal responsibilities, Medical officers appointed as JMO to respective hospitals/ areas, have further responsibilities determined by the supervising officer of the institution.

Guidance in issuing Medical Certificates

(REFERENCE – “ A WORD OF GUIDANCE TO MEDICAL INTERNS – MINISTRY OF HEALTHCARE AND NUTRITION “ISBN -978-955-9093-89-3)

1. For detailed information on issuing medical certificates, please refer the following circulars.
 - General Circular No.1006 issued by Director of Health Services on 20th June 1979
 - General Circular No.1086 issued by Director of Health Services on 7th May 1980
 - General Circular No.1486 issued by Director General of Health Services on 21st October 1986
 - General Circular No.1481 A issued by Director General of Health Services on 12th November 1986 (Maternity leaves)
 - Public administration Circular 4/ 2005 Ministry of Public Administration and Home affairs, 3rd February 2005

2. Those authorized to issue medical certificates in Teaching, Provincial General and Base Hospitals are;
 - Wards: Physicians, Surgeons, Pediatricians, Obstetricians, all the other specialists and House Officers under the direction of their respective consultants.
 - Clinics: Specialists Medical Officers
 - O.P.D : Physician and Surgeon
 - Between the hours fixed by M.O.I.C / O.P.D for those who attend the O.P.D genuinely and primarily for treatment.
 - MO / OPD only in case of medical and surgical emergencies, at all hours.

3. Confirming the identity of the patient to whom certificate is issued;

4. Medical Certificates on form Medical 170 and 331 are issued free;

5. The Medical Officer should be satisfied, before issuing the Medical Certificate that the incapacitation resulting from illness or injury is such that the officer/employee is unable to perform his/her normal duties;

6. The leave granted should be in keeping with the incapacitation;

7. Medical officer shall not recommend leave in excess of a month at a time and extension of a leave shall not be recommended for more than a month in the 1st instances. Medical leaves beyond the period of 3 months would necessitate the individual being sent before a Medical Board;
8. Medical Certificates issued by private Medical Practitioners as well as those issued by Ayurveda Medical Practitioners should not be endorsed by Government Medical Officers;
9. The Medical certificate should not cover more than five days past absence under any circumstances, except in the case of an in-door patient to cover a period of stay in hospital;
10. When officer/employees are on transfer orders utmost care should be exercised before a decision is made to recommend sick leave;
11. All cases in the Medical Certificate must be completed in full;
12. A Medical Certificate whether on form 170 or form 331 shall be promptly dispatched direct to the immediate superior of the applicant and, under no circumstances shall a M.C. be handed over to an applicant;
13. Medical officers of Health may issue Medical Certificate only to the following;
 - a. Maternity cases
 - b. Staff working under the M.O.H
 - c. All cases of Communicable disease.

Transfer of patients from one institution to another

(REFERENCE – GENERAL CIRCULAR NO : 01-09/2002)

All medical personnel working in the Health Department should adhere to the following rules and regulations when transferring patients from one institute to another. This circular will supersede all previous circulars related to transfer of patients on matters mentioned here in.

1. Patients who could be referred to clinics should not be transferred to wards for inward care. (to avoid such patients being transferred to inward care all the consultants are hereby informed that the patients transported by hospital vehicles to the clinics from other hospitals should be seen by the Consultants / Senior medical officer without sending them unseen.)
2. It is desirable that when a patient requires to be transferred to another institution, the Consultant in-charge of the unit to determine the transfer of the patient after adequate clinical assessment.
3. In the event of the transfer not been effected by the consultant, he/she should be informed about the clinical condition of the patients and approval should be obtained before transferring the patient.
4. If the Consultant in-charge is not on duty or on leave, the acting or covering-up Consultant / senior medical officer of the unit should give the approval. Under no circumstances should an intern medical officer effect a transfer on his own.
5. In the hospital where there are no consultants, the decision to transfer should be made by the medical officer on duty.
6. When transferring patients the officer, who has taken the decision to transfer, should ensure that details of transfer is entered in form "Health-946" in duplicate giving the details of such a transfer, precise nature of the intervention expected at the receiving hospital, and prognostic benefits of such intervention expected at the receiving hospital must be clearly mentioned in the transfer form as the reason for transfer.
7. The duplicate copy of the transfer form should be available with the nursing officer in-charge of the ward/ unit for future reference. The back transfers also should be done in the same manner.

8. Patients must be adequately stabilized prior to transfer. Critically ill patients must be accompanied by a medical officer and/ or nursing officer. During transfer, it is desirable to have a separate set of basic resuscitative equipment and emergency drugs to be used when transferring critically ill patients. Patients who are not critically ill should be accompanied by an attendant / any other health care worker.
9. Once a decision is taken to transfer the patient, his/her or guardian's signature should be obtained giving consent for transfer in the bed head ticket. If such consent cannot be obtained due to the condition of the patients and / or absence of a guardian, the transferring officer and the head of the institution could decide and transfer the patients and make an endorsement in the bed head ticket accordingly.
10. Head of the institution or acting or covering-up officer should be informed about all transfers and his approval should be obtained for administrative purposes.
11. Patients should be transferred to the nearest institution where there are required irrespective of the PDHS / DPDHS division. The patients should not be transferred to far away institutions for the reasons of transferring within the same division, when the facilities are available in a close by hospital in another division.
12. The patients could be transferred from a higher tertiary care hospital to a lesser tertiary care hospital if the facilities are available in the latter at the time of transfer.
13. In order to reduce the number of transfers the heads of institutions must ensure that at least the minimum requirement of staff is available at all times when approving leave to members of staff.
14. In the event that normal operation lists cannot be maintained, the emergencies of any specialty should be given first priority. Thereafter, the casualty operation should be given priority over routine in any specialty. Ie. No casualty patients should be transferred to accommodate routines.
15. All steps must be taken to have a sufficient stock of blood and blood products, all essential and life saving drugs and a buffer stock of anaesthetic gasses. When the patients' life is not in danger, every attempt should be made to get down the required blood / drugs without transferring the patients.

16. When transferring for intensive care or ventilator care, the availability of beds / ventilators should be checked before transferring the patients. Similarly if the patient needs to be attended by the specialist herself/ himself, it is desirable for the transferring officer to verify as to whether the specialist is on duty before effecting the transfer.
17. In the event a patient needs care under a specialist in the sub/finer specialty, such patients should be referred/ transferred only by a specialist. Since it is not possible to provide care by subspecialist to all patients, the specialist in the basic specialty shall provide necessary treatment without transferring them to sub/finer specialist. Ie patients with fracture could be treated by general surgeons without transferring them to orthopaedic units.
18. If a specialist transfers a patient to another specialist, the receiving hospital should admit the patient to the unit / ward as requested by the transferring specialist, where services of such specialty is directly available. In such situations it is desirable to inform the receiving ward/unit before effecting the transfer to avoid delay.

The heads of institution must ensure that the above rules and regulations are adhered to by all concerns. Transferring of patients violating the above rules make the officers concern liable.

Dr. A.M.L Beligaswatte
DGHS
2002

Guidance for Proper Private Practice

(REFERENCE – GENERAL CIRCULAR NO : 02 / 99)

1. Private practice is allowed after normal hours of duty i.e. from 8.00 am – 4.00 pm. On all working week days and 8.00 – 12.00 noon on Saturdays or after a shift duty where normal duty has been done.
2. Private practice is not allowed while on sick leave, maternity leave or when prior approved leave has not been obtained. However an officer on casual /vacation leave could be engaged in private practice off his normal duty hours.
3. Private practice is not permitted in government institutions including in government quarters or quarters paid for by the department.
4. Private practice is allowed within the province where the institution to which the officer is attached to.
5. While engaged in private practice the officer should possess the identity card issued by the respective government institution where he/ she are working. The officer is also advised to possess the identity card issued by SLMC.
6. Specialist Medical Officer may in any emergency attend on a severely ill private patient during the normal working hours but with prior written approval of the Head of Institution on a request made by the hospital calling for such a services.
7. The use of hospital investigation facilities, stationery and drugs or other hospital resources for private practice is strictly prohibited.
8. While engaged in private practice the department designation of the officer should not be used.
9. Private patients referred to the government hospitals for further care should always be directed through the normal channels as any other patient calling for care to a government hospital. They should not be given priority or preference over those patients who call over directly at the O.P.D/ Wards/ Clinics for services provided by government hospitals.

10. Assistant Medical Officers, Intern Medical Officers and Para Medical staff are not allowed private practice.

Dr. C. Abeygunewardena
Secretary/ Ministry of Health and Indigenous Medicine
1999

NOTE It is important that medical officers develop good communication skills and maintain the highest standards of professional conduct towards both the patient and the society. Medical officers should not associate themselves with commerce in such a way as to let it influence, or appear to influence, their attitude towards the treatment of patients.

Any self-advertisement ; Taking part in medical care in which the doctor does not have professional independence ; To receive and money in connection with services rendered to a patient other than the acceptance of a proper professional fee, or to pay any money in the same circumstances without the knowledge of the patient are deemed unethical.

It goes without saying that appreciation and respect for the skill of other colleagues, both senior and junior, must be maintained to ensure professional integrity and independence.

