

Improvement in human resource management systems is an urgent need in some Member States to minimize or rectify problems of mal - distribution, skill-mix imbalances, internal and international brain drain, and low motivation levels.

[WHO; Regional Strategic Plan for Strengthening Health Service Management in the South-East Asia Region]

Introduction of HRMIS

Establishment of a Human Resource
Management Information System for Medical
Officers, Administrators, Consultants and
Dental Surgeons



GMOA



Ministry of Health Sri Lanka

Establishment of a Human Resource Management Information System for Medical Officers, Administrators, Consultants and Dental Surgeons.

“To develop a sustainable data system incorporating new advances in technology to fulfill all annual transfers, recurrent administrative functions and other HRM procedures whilst safeguarding norms, efficiency and transparency and health sector quality and equity”

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Executive Summary

Optimal human resource management is critical to maintain quality and efficiency of any sector, both private and public. Deficiencies in Human Resource Management within the existing health sector administrative procedures have had many undesirable consequences on patients, medical officers and the government.

Irregularities in the prevalent transfer system of medical officers were a major hindrance to maintain an optimal national health care record. Transfer procedure was lengthy involving unnecessary paperwork and inflexible. The lack of protocols, feedback and audit in the transfer system resulted in mal distribution of work force and frustration.

All files were checked manually every year incurring a large cost and loss of valuable time. Annual transfers were behind schedule and only 30% of annual transfers given were implemented. Complications of the system led to inter and intra institutional conflicts. The lack of a comprehensive computerized database of medical officers hampered the transparent implementation of transfers. .

GMOA together with Ministry of Health took the initiative to establish a Human Resource Management Information System (HRMIS) for Medical Officers, Consultants and Dental Surgeons, consisting of a comprehensive computerized database of all medical officers, to address this long overdue issue.

Our Vision

“To develop a sustainable system incorporating new advances in technology, fulfilling all annual transfers while safeguarding norms, efficiency and transparency”

The proposed system will minimize the existing inefficiencies in annual transfer system of grade medical officers, at a very low cost of investment on development and function of the said system. The proposed system will ensure transparency of majority of administrative procedures such as automatic grade promotions for medical officers.

In an era of rapid advancement of information technology, GMOA and Ministry of Health wish to pioneer the utilization of technology to enhance the quality and efficiency of health care provision, setting an example to the entire government service.

Preface

Sri Lankan health sector has been able to maintain national health indices at an exceptional level on a consistent basis. This was mostly made possible by the quality of available human resources in the health sector, especially the medical officers. However, while the quality of human resources with regards to consultant medical officers, medical officers and administrators have been exceptional, the management of these human resources have lacked a corresponding level of quality and efficiency for years. While most countries have adopted computer based human resource management systems, we have been using the age old system of paper based information filing up to now. This has led to a stagnating and inefficient human resource management process that has left much to be desired. For a decade, the GMOA has been continuously trying to get the attention of the relevant authorities to take action in order to ratify this problem. After many failures, none of which were due to lack of effort or interest by the GMOA or the doctors themselves we have finally been able to reverse this unfortunate situation and formulate a workable computer based data system for human resources, with the assistance of the Ministry of Health.

Finally getting there after a decade of unsuccessful efforts in itself is a great achievement. But more importantly the positive effects the new system will have on the human resource management and the overall quality of medical profession is even greater an achievement.

At the launch of this booklet signifying the start of a new era in human resource management, its preface would be incomplete without grateful mention of those individuals who have extended their unyielding support in making this endeavor the success it has become today. Firstly I wish to extend my thanks to president of the GMOA Dr. Anuruddha Padeniya of his constant effort towards implementation of this system, secretary GMOA, Dr. Chandika Eritakaduwa and the members of the GMOA executive committee and the General committee for their continued support towards rectifying this massive problem. I also wish to extend my thanks on behalf of GMOA to the Minister of Health Hon. Maithreepala Sirisena, Secretary of the Ministry of Health, Dr. Y.D. Nihal Jayathilaka, the Director General of Health Services Dr. P.G Mahipala ,Deputy Director General Medical Service II Dr. Ananda Guansekara and Dr. Lal Panapitiya ,Director Medical Service of their support towards the success of this system.

My thanks also extend to Medical officers for their contribution on Medical informatics as well as the engineers involved in the software development for the completed system. We hope that, the introduction of this computer based Human resource management system will further strengthen the effectiveness of Medical profession of Sri Lanka.

*Dr. Nalin Ariyaratne
Assistant secretary
GMOA*

Message from the President of GMOA

Since its inception, Sri Lanka's National Health Service has relied heavily on the quality of human resources in the existing setting to provide high quality services to the public. State sector medical officers are responsible for island wide delivery of healthcare. For years they have provided the public with high standard healthcare despite the consistent lack of resources. Even though lack of resources is for the most part unavoidable, it is unacceptable that the existing resources are mismanaged in an already resource poor setting.

Unfortunately this has been the case with regards to human resource management in the health sector. Inequalities and insufficiencies of regarding human resource management have led to general dissatisfaction among medical officers. An area of particular concern has been the Annual transfer of medical officers.

So far all human resource tasks were based on paper based personal files which required cumbersome processing to achieve even the simplest of tasks. This drawback was first identified by the GMOA a decade ago. Since then multiple efforts have been taken to draw the attention of relevant authorities to this issue with a view of formulating a new and more efficient human resource management system based on a digital database. During these years Human Resource Information Systems have become accepted as an essential tool in Human Resource management. Today much of the worlds including regional countries with much poorer health records have switched to the new system while our own system has stagnated.

However after a decade of unsuccessful attempts, the GMOA has finally succeeded in this task with the help of Ministry of Health. With the launch of the new digital database, human resource management of the health sector steps in to a new-era which will bring multiple benefits to both medical officers and the general public benefiting from the National Health Service. We believe that the new database will lead to greater professional satisfaction among medical officers and become an integral part of future healthcare system of Sri Lanka.

*Dr. Anuruddha Padeniya
President, Government Medical Officers' Association*

Message from Ministry of Health

The Ministry of Health has the responsibility for ensuring proper human resource management of health sector employees including all medical professionals. Proper and efficient human resource management is instrumental in ensuring employee satisfaction and optimal levels of patient care. The existing paper based filing and management system for human resources is cumbersome and has fallen short in achieving its objectives of efficient human resource management. This problem has been brought to the attention of Ministry of health by the GMOA, and their constructive approach and consistent efforts have compelled us towards implementing a more efficient human resource management system taking advantage of the computer based data management systems.

I believe the implementation of the new system will be a welcome change to the human resource management practices in the health sector. Its implementation has come in a timely manner and will allow for efficient human resource management for the ever expanding medical profession. The new system will be both easier and less costly to manage while allowing for a more efficient outcome. It has been a pleasure for us to get involved in formulation and implementation of a human resource management that has great potential for both the present and the future.

I wish to extend our gratitude to the GMOA, Director Medical Services, Medical Officers involved from the Bio-Informatics Unit, System developer and various technical and non-technical staff involved in making this endeavor a success. I hope that this will be yet another step towards building a better healthcare system in Sri Lanka

*Dr Ananda Gunasekara
Deputy Director General of Health Services – II
Ministry of Health*

Chapter 1

Introduction

What is a “Human Resources Management Information system” (HRMIS)?

Human resources information management is the design, development and maintenance of an integrated system for gathering and analyzing workforce data [1]. This data can then be used as the basis for data driven decision making for both routine workforce management and long term policy making.

The rationale behind implementation of a HRMIS for the medical profession

Current System vs. HRMIS

Current National health indices of Sri Lanka are at an exceptional level. As a middle income country, financial resources available to the healthcare sector are limited, and therefore our strongest asset has been the high quality of human resources.

As the global trends change we are now faced with the challenge of maintaining and improving the quality of our own healthcare system. Since resources are going to fall short of the demand for the foreseeable future, we need to make sure the available resources are managed carefully in order to meet the future goals. It is also necessary that sound strategies be devised in order to meet the future challenges.

In order to do this, two key goals must be met with regards to human resource management.

1. In the short term, streamlining and increasing the efficiency of day to and recurrent administrative activities, allowing greater efficiency of work, better job satisfaction and higher quality of service.
2. In the long term, to lay down policies and strategies in order to successfully face the future challenges to the healthcare system through an informed decision making process.

1. Streamlining and increasing the efficiency of day to and recurrent administrative activities.

Optimal human resource management is critical to maintain quality and efficiency of any sector during day to day administrative functions. Deficiencies in Human Resource Management within the existing health sector administrative procedures have led to many undesirable consequences on patients, medical officers and the government.

Irregularities in the prevalent transfer system of medical officers for example, have become a major hindrance to maintain an optimal national

The development of effective policies and plans that address the country specific constraints relating to health workers requires strong technical capacity to compile, analyze and use HRH data, as well as to draw upon best practice from other countries.

Unfortunately in many low- and middle-income countries (LMICs) these capacities are weak and health workforce data are sometimes non-existent, and are often unreliable, fragmented and out-of-date, making the accurate monitoring of the workforce very difficult

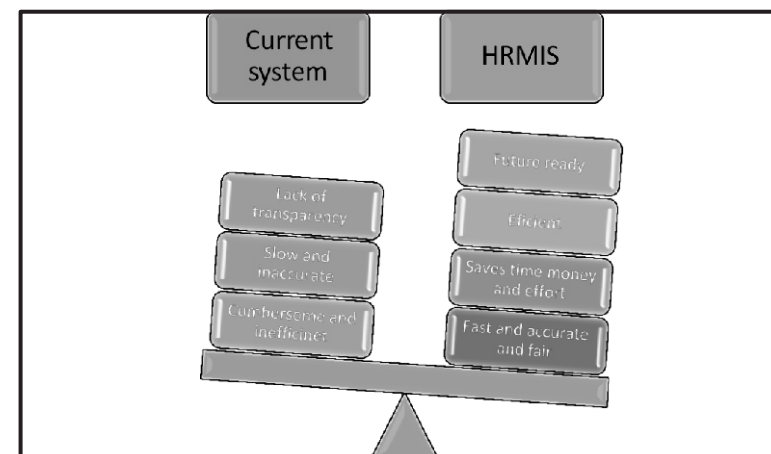
[Outcome Statement of the 2nd
Global Forum on Human
Resources for Health 2011
Bangkok, Thailand| WHO| JICA|
Global Health Workforce
Alliance]

health care service. Transfer procedures are lengthy, involve unnecessary paperwork and are highly inflexible. The lack of protocols, feedback and audit in the transfer system has resulted in mal-distribution of work force and led to frustration among those who have received unfair treatment.

With the current system all files have to be checked manually every year incurring a large cost and loss of valuable time. Annual transfers are behind schedule and only 30% of annual transfers given are implemented. Complications of the system has led to inter and intra institutional conflicts. The lack of a comprehensive computerized database of medical officers has hampered the transparent and efficient implementation of transfers.

The end result is that, human resources are being under-utilized, while lack of transparency and efficacy of the existing system has created discontent among many medical officers. As the medical profession continues to grow in size and complexity, the scope of human resource requirements will grow rapidly putting further pressure on the current system. Since the current system is already incapable of handling the demand for efficient human resource management, it has become essential to introduce a more capable and accurate system to face the future human resource demands.

With the implementation of HRMIS and its integration with salary and transfers, HR functions will become more efficient and streamlined, simultaneously consuming less time and effort. HRMIS also improves data accessibility and availability improving transparency of the decision making process. Routine administration tasks such as transfers would be carried out easily, efficiently and accurately allowing greater satisfaction among medical officers and appropriate distribution of available human resources helping to improve health Outcomes Island wide.



2. Long term planning and policy decisions

A well-functioning HRIS collects, stores, and manages data on HR management functions (e.g., appointment processing, transfers, promotions, training, and disciplinary actions). With this information, HR managers and health leaders can make informed decisions on recruitment, deployment, staff development, and other forms of support needed for the health workforce. This informed decision making process is vital ensure that we maintain the high standards of national healthcare.

Unfortunately the capacity for informed decision within the current system is woefully inadequate. For example, our policy makers are unaware as to the exact number and distribution of doctors in Sri Lanka. The number of specialists and their respective specialties is similarly unknown. Therefore, it is impossible to project the number of doctors required for optimum healthcare delivery. While most countries have long term plans for healthcare development, we have no way -even to predict the number of doctors and specialists the country will need in 5 or 10 years' time. Therefore it is essential to have up-to date human resource information in order to effectively plan for the future of healthcare in Sri Lanka.

With accurate, up-to-date, accessible information, administrators can more efficiently and effectively plan, develop and support the health workforce toward the future goals resulting in increased access to services and improved health outcomes. This takes HR decision-makers to a new level of capacity for strategic action. The health workforce is a key resource in improving access to quality health care, yet advocacy to strengthen the workforce makes little impact unless supported by accurate and convincing HR data. A strong HRMIS is a phenomenal tool for integrating and analyzing data, as it allows managers and decision-makers to see how the whole becomes much more important than the parts, turning distant data into powerful information.

This form of informed decision making and comprehensive planning for the future is undoubtedly the way forward for all sectors. It is our hope that this will be the first step in what will eventually grow in to a National HR strategic plan spanning all sectors.

Summary

As a whole, the current system lacks transparency and due to its inaccessibility, it is impossible to make informed HR decisions. With many forms and spreadsheets to complete, file and track, the systems become a barrier rather than a contributor to better health outcomes. Problems with data quality—such as duplication or inconsistencies—are hard to identify and correct; aggregating data for meaningful analysis turns into a labor-intensive, time-consuming process.

Policy-makers around the world are faced with the complex challenge of ensuring that there are sufficient numbers of skilled, motivated, and supported health workers in the right place at the right time, in particular in rural remote areas of the country.

Since an entirely free labour market will never lead to an equitable distribution of health workforce, governments need to intervene in the healthcare market by influencing and ensuring equitable distribution of these health workers through appropriate and effective regulation and financial and non-financial incentives.

[Outcome Statement of the 2nd
Global Forum on Human
Resources for Health 2011
Bangkok, Thailand | WHO | JICA |
Global Health Workforce

Global and regional trends

Advantages of HRMIS

Observed deficiencies in the implementation of transfers

- Annual transfers are behind schedule.
- All activities are done manually. All files have to be checked annually increasing the cost and wasting time.
- Out of annual transfers given only 30% are implemented each year.
- Medical Officers spend more time than expected on transfer procedure related documentary work.
- Mal distribution of MOs adversely affect optimal function of health institutions
- It has let inter and intra institutional conflicts
- Implementation is not carried out in a proper order and hence become a threat to transfer mechanism

Some advantages and uses

- Tracking of sick leave on an Island wide basis;
- Tracking the number of employees;
- Maintaining demographic information for such areas as succession planning and sabbatical leave options;
- Collective bargaining such as costing of employee benefits and projecting the cost of changes;
- Employee profile including training, education, professional membership and skills;
- Performance appraisals; and
- Overtime administration.

Chapter 2

GMOA PROPOSAL TO REGULATE TRANSFERS OF GRADE MEDICAL OFFICERS' IN THE GOVERNMENT HEALTH SECTOR

2.1 Our Vision

“To develop a sustainable data system incorporating new advances in technology, fulfilling all annual transfers whilst safeguarding norms, efficiency and transparency”

2.2 Objectives

1. To optimize the annual transfers of grade medical officers.
2. To improve other types of transfers of grade medical officers.
3. To maintain a sustainable data base of the grade medical officers and integrate it with the transfers.
4. To ensure automatic grade promotions of the medical officers.
5. To maintain the transparency of all procedures.

2.3 Proposed System for Transfer Regulation

2.3.1 The Database

2.3.1.1 Introduction

Within the present system all information regarding a medical officer is maintained in his/her personal file. The file itself is available only at the Ministry of Health and the work-station of the relevant medical officer. There is no centralized electronic database that provides easy access to the information contained within the personal files. Therefore the cumbersome process of manual file tracing to update and synchronize personal files with transfers is unavoidable. This greatly hinders any efforts to improve and streamline medical officer transfers.

Therefor we propose that immediate steps be taken to build up a centralized digital database to improve availability and usability of data regarding medical officers. This database can then be operated as a central system.

2.3.1.2 Characteristics

- Data regarding all grade medical officers should be available at a defined location at the Ministry of Health forming a centralized national database for the medical officers. Space should be provided within the Ministry for setting up of the data base and appropriate personnel should be appointed for its operation and maintenance.
- When an individual enters the health service as a grade medical officer, relevant personal and professional data should be provided by them via a standard data-sheet to be entered in to the national database as an obligatory requirement.
- All transfers and other documentations should be done only through the data base.
- All medical officers are required to fill and submit a data-update sheet once every four years (regardless weather their personal information has changed or not within the said period) in order to ensure that the national database is kept up-to-date.
- The database should contain digital copies (scanned) of all necessary document included in the traditional personal folder including the Birth Certificate and A/L and O/L certificates.
- If any medical officer is found to have provided false or inaccurate data to the system, they will be held responsible for providing faulty information and disciplinary action will be taken against them.

- Updating data in to the system should be carried out by a ‘Network Transfer Officer/Data Operator’. This particular person is responsible for the accuracy of updates and will be based in relevant institutions i.e. RDHS, Teaching hospitals & vertical/integrated programs.
- To ensure safeguarding of the privacy of medical officers and to prevent misuse of the database, specific ‘Levels of Authorization’ will be introduced in the following manner to regulate data access and usage.

Access Level	Relevant officials and level of authority
Level 1	<ul style="list-style-type: none"> Only three pre-determined high ranking officials can authorize entering and changing information of the national data base. <ol style="list-style-type: none"> 1) Secretary – Ministry of Health 2) Director General of Health services 3) Secretary – Government Medical Officers’ Association Respective digital signatures and written orders from all three officials are mandatory for the main system operator to perform the relevant function.
Level 2	<ul style="list-style-type: none"> Head of an institution, directors of special campaigns, PDHS, RDHS and medical superintendents are categorized as ‘Level 2’ They can request a summary or an analysis from district grade-medical-officer transferring personal, based on relevant data within the system. These authorities can also access the system at any given time and perform analysis on their own, using their own passwords but have no authority to alter the data and functions of the system.
Level 3	<ul style="list-style-type: none"> Network Transfer Officer/Data operator can enter the system and update the system regarding transfer procedures of medical officers, but no changes can be made by them to other information contained within the main database.
Level 4	<ul style="list-style-type: none"> Any medical officer can observe their own data from the district level, via the Network Transfer Officer’s/Data operator’s personal computer.

TABLE 1 - LEVELS OF AUTHORIZATION AND DATA ACCESS

- The data base will appear on the internet.
- All district/institutional networks would be interconnected and function as a distinct system.
- Tracing of data could be performed anywhere in the country through a district data center.

2.3.1.3 Data sheets and their functions within the proposed system (Data sheets are annexed)

Function/uses within the system	
Basic Information Sheet (Annex 5)	<ul style="list-style-type: none"> Socio demographic data, employment data and academic qualifications of the particular medical officer are obtained from a detailed data sheet.
Duty Assumption Data Sheet	<ul style="list-style-type: none"> Required at each transfer, please refer to section 2.4.8.2 under the computer generated transfer scheme for more details
Data update sheet	<ul style="list-style-type: none"> All grade medical officers should fill an updated data sheet every four years. Changes of address, contacts details, civil status are obtained from this data sheet. Data update sheet is a compulsory requirement and should be submitted to data centers, even if there are no changes to the previous data.
Guideline based Special Appeal data sheet	<ul style="list-style-type: none"> There are mainly two types of appeal systems for use by grade medical officers. They are the Annual transfer appeal and Special appeal. This data-sheet is used for the latter system of appeals and transfer

TABLE 2 - DATA SHEETS AND USES WITHIN THE SYSTEM

2.3.2 System Organization and its Operation

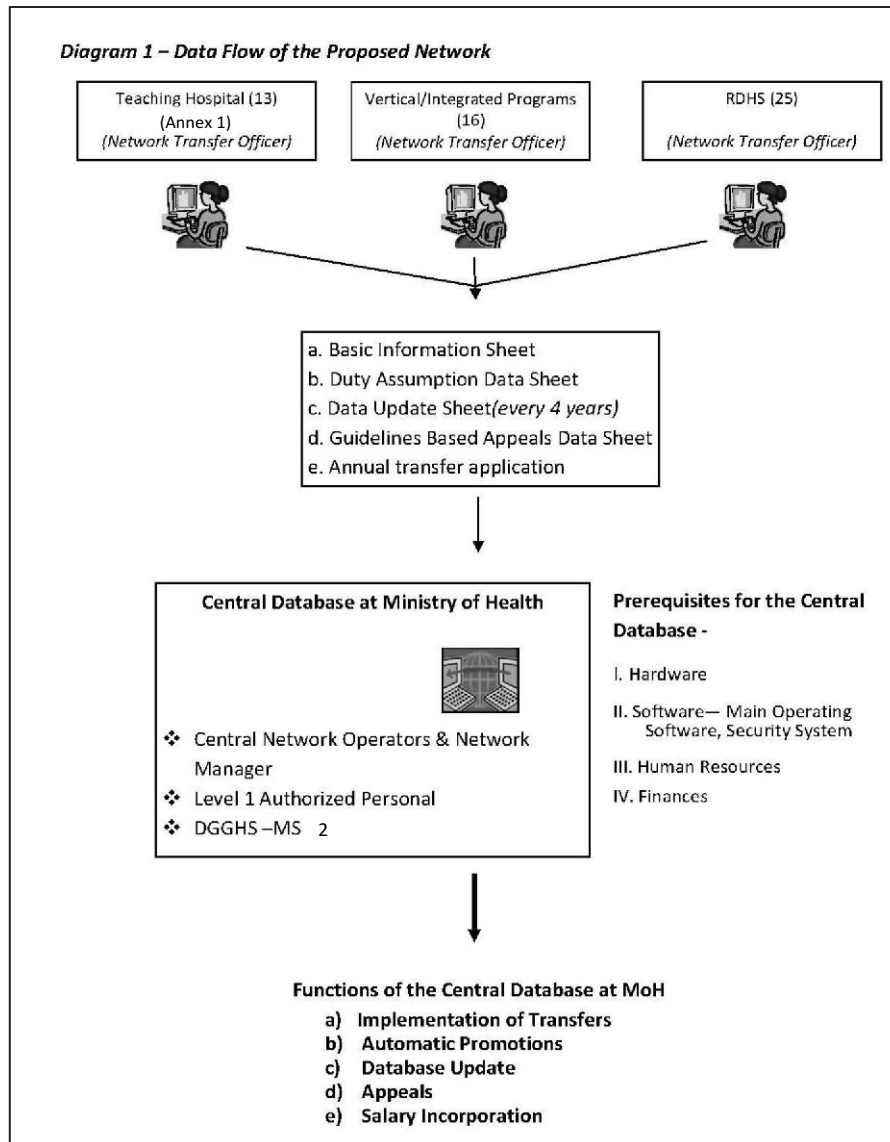


FIGURE 1 - ORGANIZATION OF THE PROPOSED SYSTEM

2.3.3 Components of the Proposed System

2.3.3.1 The Central Network

The central network should be based in the Ministry of Health and will be used to coordinate functions of the data base and those pertaining to transfers. The network should function under the supervision of DGHS–MS - 2 and a separate staff should be allocated for its function and maintenance. Updating or entering of new data should be done under the supervision of the DGHS - MS. All medical officer transfers, should henceforth be co-ordinated and implemented through this central network.

❖ Duties of central network:

- Entry and the maintenance of new data/data of new appointees and data updates.
- Formulation and direction of all transfers
- Coordination of all incorporations

2.3.3.2 The Peripheral Network

The peripheral network will consist of 13 data centers at teaching hospitals, 16 at vertical/parallel programs and 25 at RDHS level. They will also be formed and linked to the central network.

2.3.3.3 Network Transfer Officer/Data operator

Each RDHS office and each institution under the purview of the Central Government (Teaching Hospitals & Vertical/Parallel Programs) should formulate a separate section for their respective data bases and appoint a Network Transfer Officer/Data Operator responsible for maintaining and updating it.

❖ Duties of the Network Transfer Officer/Data Operator are:

- Entry and maintenance of data sheets handed over to his/her center.
- Entry and the maintenance of data updates related to transfers & 4 year update process etc.
- Including and managing the database incorporations.
- Maintenance of a backup copy of the data base of his/her center.
- Maintenance of hard copies of data sheets of medical officers' who come under the purview of his center.

2.3.4 Incorporations

The computer database will improve the efficacy, accessibility and accuracy in tracing data and incorporate a number of recurring administrative functions allowing those functions to be automated at least to a certain degree. Incorporation of the salary to this system is essential to ensure the sustainability of the database. As an added advantage the database will facilitate easy and accurate the processing of the salaries. Grade promotions of all grade medical officers should be incorporated to the data base and all grade promotions should be done only through the central network and database. Once again, the incorporation of grade promotions will be beneficial as grade promotions could be performed automatically once the system is updated with the necessary documents.

Future projects such as the newly proposed Foreign Placement Co-ordination will also highly benefit from the existence of the national database containing information regarding all medical officers in a central and easily accessible system.

This database will facilitate calculation of cadre, and planning of post intern appointments. Hence distribution of medical human resource will be more meaningful and misdistribution of the most important resource of the health sector can be avoided.

Since the new database uses digital storage/e-filing for all data, it will provide huge benefits with regards to space and time consumption and improve flexibility.

❖ Incorporations

- Salary
- Grade Promotions/Increments
- Cadre/Post Intern Appointments
- FPCC
- Grade Medical Officers Transfer Scheme
- e –Filing System

2.4 Computer Generated Transfer Scheme

2.4.1 Introduction

This will be a fully automated transfer system which runs parallel to the computer data base. The computer data base would provide relevant data necessary for each transfer, improving the speed, accuracy and transparency of the whole process

2.4.2 Types of transfers

Transfers are divided in to four subcategories within the existing system. These categories will be carried forward in to the new system and incorporated into it with the use of the National database. The transfers themselves will be automated with the use of the database. The four categories are as follows.

- 1) Grade Medical Officers' Annual Transfers
- 2) Special Appeals Transfers
- 3) Temporary Transfers (for three month period)
- 4) Temporary Attachments (for PG trainees)

2.4.3 Mechanisms for transferring in each transfer category

2.4.3.1 Grade Medical Officers' Annual Transfers

Annual transfers of medical officers are proposed to take place during the month of August and guided by the 'E-Code Calendar'. Each year, medical officers who are eligible for transfers should apply for transfer before 31st of August, via the online application process. The applications will be automatically processed by the system and final transfer list will be generated to appear online on 1st of September. Medical officers who have been transferred will receive two reminders regarding transfer following the final transfer list release, in the months of October and December respectively.

Annual transfer appeal list will be released in October each year, and those who have been transferred via the annual transfer list will be eligible for appeal transfers. Only four reasons will be considered for appeals and eligible medical officers should apply before the 31st of October.

Final list will appear online on the 1st of November. These medical officers will get a reminder in December. All medical officers on transfer orders by annual transfer or its appeals should assume duties on 1st of January.

His or her data file will be transferred automatically to the relevant station concerned. Once the data sheet on transfer is submitted by the particular medical officer to the district transfer officer of the new station, the data file will be activated and incorporation with the salary system will also be done. Once an officer completes 4 years in one station the post will be recognized as a vacancy by the system and if that officer does not apply for the list he will be placed in bottom of the list automatically and transfer order will be generated. He/she can apply to the same post where he/she currently holding, but the post will be given only when there are no other applicants for the same post.

The officer who is on transfer order should assume duty on 1st of January.

2.4.3.2 Special appeal transfers (SAT)

According to the present circular, medical officers who have completed a minimum of 1 year of service in a particular station are considered eligible for the special appeal transfers. There will be two appeal boards regarding SAT. (One in January and the other in August.) All transfers would be finalized on the 31st of the respective months and the final list should appear on the 1st of February and 1st of September. Medical officers who are considered for SAT should apply for a transfer using "Guideline based Special Appeal Data Sheet" and should submit it to the central transferring office at Ministry of Health before the 31st of January and 31st of August. The computer system will choose eligible candidates according to guidelines incorporated to the computer system. The digital signature of one of the authorized persons of the GMOA is essential for final approval of SAT.

2.4.3.3 Temporary Transfers (for three month period)

Medical officers who wish to obtain this kind of transfer should fill the data sheet relevant to temporary transfers. Only the following four reasons will be considered for temporary transfers.

- 1) Life threat
- 2) Serious illness (MI/malignancy etc.)
- 3) Serious illness to family member (wife/husband, child, parent or parent of spouse)
- 4) 3rd trimester of the pregnancy

Above reasons should be proven by submitting the relevant valid documents. Once the data sheet is filled by the Medical Officer and GMOA approval is granted the appeal and the data-sheets should be submitted to the central transferring body at the Ministry of Health. There will be a three month attachment following the approval of request and salary will be arranged by the original station. Salary will only be paid to the particular MO for three months unless he/she reports back to the original station on the due date. In instances where a medical officer fails to report back to the original station by the due date at the end of three months, his/her salary will be automatically withheld by the system. In such a case the relevant system operator will be required to fill a new 'Duty Assumption Data Sheet' with the authorization of local administrator to reinstate the salary payment once the medical officer in question reports back to his/her original station.

2.4.3.4 Temporary attachments (for PG trainees)

This mode of transfer is only applicable for PG trainees, following completion of his/her training until he/she obtains an annual transfer in the coming year. Temporary transfers can also be arranged according to the request of a particular Medical Officer and is subject to approval of the relevant administrator in the Ministry of Health. The duty assumption data sheets regarding the transfer should be filled and submitted to the central transfer system to in order to implement the transfer once the required authorization to go through with the transfer has been received. Administrative officer relevant to each transfer must recommend the duty assumption data sheet regarding the transfer before it can be used to update the system and finalized the transfer process.

Medical officers who have got temporary attachments should request for annual transfers as soon as the annual transfer scheme for the relevant year is available. Otherwise they will be transferred according to the wishes of the transfer Board.

2.4.4 Transfer centers

The proposed system (figure 1) has a central database, based in the Ministry of Health, supported by district level centers which function as transfer centers. The transfer centers are under the control of the centralized system that is attached to the central database at Ministry of health. In addition there will be Network Transfer Officers /data Operators in each district (at the RDHS) and at each special transfer center (Teaching Hospitals and Vertical/ Parallel Programs). They are mainly responsible for operation of this district level extension of the centralized system. Duties and functions of the 'Network Transfer Officer' is further described under section 2.3.3.3

2.4.5 Computer generated automatic reminders for pending transfers. (Annex 2)

This method is only relevant for annual transfers, where an automatically generated reminder is sent to each medical officer transferred by the annual transfer list regarding his/her transfer period. The reminders are automatically generated by the system attached to the National Database. Two reminders of this kind will be sent for medical officers receiving transfers in October and December respectively. These reminders will not carry an authorizing signature.

2.4.6 Computer generated automatic transfer orders. (Annex 3)

All the transfer orders will be arranged from the central level. Once a transfer is finalized the computer system will automatically generate a letter addressed to the particular medical officer concerned. This letter will be an official letter and will provide all necessary details about the transfer.

2.4.7 Transparent Guidelines Based Appeal System.

Guidelines should be established for the purpose of regulating all appeal transfers. Medical Officers are then expected to follow these guidelines when requesting for appeal transfers.

2.4.8 Compulsory Individual Data Record Sheets

2.4.8.1 Basic Information Data Sheet. (Annex 5)

This data-sheet is used to collect information from medical officers for the formation of the National Database, which will then be incorporated in to transfers, salaries etc.

2.4.8.2 Duty Assumption Data Sheet-Data sheet used at a transfer (Under Formulation)

At each and every transfer, grade medical officer is requested to fill a data sheet applying for the particular transfer. Once the officer takes over duties at the new station, a data sheet (duty assumption data sheet) should be filled, which will then be entered to the system. Until the above documents are uploaded to the system, salary will not be paid for the particular medical officer.

Signature of the local administrator certifying duty assumption is a mandatory requirement to enter data in to the system.

This system would apply to the following transfer procedures.

- 1) Annual Transfer
- 2) Special Appeal Transfer
- 3) Temporary Transfer
- 4) Temporary Attachment

2.4.8.3 Data update sheet in every four years. (Under Formulation)

Used to ensure that the database will be kept updated and functional

2.4.8.4 Guideline Based Appeal Data Sheet. (Under Formulation)

- 1) For special appeals
- 2) For annual transfer appeals
- 3) For temporary transfers

2.5 Reminders

All officers will receive a computer generated letter reminding their submission to the data base.

Those will be

1. Document for Grade II promotion after 2 years
2. Document for conformation after 3 years
3. 4 yearly data update sheet
4. Pending transfers mentioned in 2.4.5

2.6 Data Base Oriented Salary System

The salary system of each institution should be collaborated with the data base and it is only with the activation of a transfer, that the salary can be activated. Procedure with regards to salary activation is described under the section 2.4.8.2

2.7 Intercommunicated Personal File Transferring System

E-filing is one of the main advantages of having a data base. With the computer generated e-filing there will be a filing system as a backup system. At present the personal file of a transferred officer is sent by hand which takes a long delay. But with the e- filing, it would be easy to send the personal file of a transferred officer without delay.

2.8 Vacancies and Cadre

2.8.1 Primary vacancies

All newly created vacancies to the system are the primary vacancies. These posts are only allocated at the annual transfers.

2.8.2 Secondary vacancies

All vacancies in the central dispensaries, peripheral stations, rural hospitals, district hospitals and medical officer of health posts are considered as secondary vacancies. Fifty percent of these vacancies are allocated to post interns and 5% is allocated to the temporary attachments and the rest of the vacancies are allocated to the annual transfers.

2.8.3 Tertiary vacancies

All vacancies in the National hospital, all teaching hospitals, general hospitals and all base hospitals, RDHS office, all vertical/parallel programs and ministry of health posts are considered tertiary vacancies. Seventy percent of these transfers are allocated to the annual transfers while rest of the 30% is allocated, 10% each to special appeal transfers, temporary attachments and post interns.

2.9 Fault Management System

Faults of the system should be managed effectively and there should be a proper mechanism to minimize the occurrences of faults within the system.

- 1) Input of improper data will be an offence and inquiry should be carried out to find out the point of error.
- 2) Data bundles (e- files) should be available as hard copies and available in two different places. One set of files can be kept at the ministry of health and the other set should be under the custody of a defined authority. This authority should be responsible for these copies and update of these data bundles has to be done in an appropriate manner. Data updates needs to be authorized before being sent to the second data record room.

2.10 Budget

The official quotation should be called from the software companies and the contract of software development can be given accordingly. The quotation should be called the computers, servers, networking, and maintenance.

The budget will include the expenses for the training programs and payments to the network transfers officers will not be included in the budget as it will be paid as usual.

2.11 The Future

As emphasized in Chapter 1, the newly formed database is an essential step in modernizing medical HR management and improving our ability to face future challenges. Proper maintenance and goal oriented expansion will help the new system grow in its full potential. Some of the capabilities proposed to be added to the new system include

- 1) Expansion of the system to include Consultants and dental surgeons
- 2) Formulation of an Intermediate-Cadre transfer scheme and its incorporation in to the automated system
- 3) Expansion to include other administrative functions and incorporation in to special programs. (e.g. – Proposed Foreign Placement Co-ordination Center)

The Annexures

Annex 1 - Job description of the Network Transfer Officer/Data Operator

The Network transfer Officer is the official responsible for entering data into the computer database, with a Level 3 authorization to access the network (i.e. permission only to enter data with no authority to alter existing data)

One Network transfer Officer would be assigned to every center that is linked to the central network at the Ministry of Health.

Centers:

- a) 13 Teaching hospitals
- b) 16 Vertical/Integrated programs administered by the central government
- c) 25 Regional Director of Health Services of each district

Once the relevant data sheet is handed over to the Network Transfer Officer, he would seek the approval from the director of the center to enter the data. Updates at a transfer would be automated, but the Network Transfer Officer should be responsible for the accurate functioning of the database ensuring that the system coordinates incorporations to the network such as salary, transfers etc. Thus he should personally check that the automations of the system take place on a daily basis.

The Network Transfer Officer should save and maintain a backup copy in a separate computer of the data base of his center.

The Network Transfer Officer should also maintain the hard copies of data sheets handed over to his center, and be able to provide it at the request of the director of the center.

Additional personal with computer literacy should be assigned to the Network Transfer Officer@said at each center.

Annex 2 - Computer Generated Automatic Reminders For Pending Transfers.

Dr. (Name)
Current post
Current station

Dear Sir/Madam

This letter is a reminder of your annual transfer. The duration of stay in your present station will complete four years on the (*date*). Therefore you are compulsorily transferable from your present station and need to report for duty at a new station on the (*date*). Please make sure that you apply only for the posts that are available for the stations available as listed in the website (*URL*). If you do not apply for annual transfers on or before the deadline, you will be transferred to a post which the Ministry of Health decides. Once the transfer is finalized your personal file will be sent to the relevant station and if you do not report for duty and fill the data pertaining to your transfer in the new station, salary will not be authorized by the system.

If you have any queries you can contact the following hot line.

Hotline Numbers

This letter is a system generated letter therefore an authorized signature is not required.

Annex 3 - Computer generated automatic transfer order for confirmed transfers.

Dr. (Name)
Current post
Current station

Dear Sir/Madam

This letter is to confirm you regarding your transfer. You are compulsorily transferable from your present station and need to report duty at the new station (*Name of Station*) by (*Date*). Your personal file will be sent to the new station and if you do not report for duty and fill the data pertaining to your transfer in the new station and enter the data to the system, salary will not be authorized from the system. Once you report to the new station the data sheet pertaining to the transfer should be filled and counter signed by the local administrator. Please hand it over to the data system operator afterwards.

If you have any queries you can contact the following hot line.

Hotline Numbers

This letter is a system generated letter therefore an authorized signature is not required.

Annex 4 – Part 1

General Circular No.01-22/2001

General Circular No.01-22/2001
My. No. TCS/29/2001
Department of Health Services
385,"Suwasiripaya"
Baddegama Wimalawansa Mawatha,
Colombo 10

30th September 2001

To: All Provincial/Deputy Provincial Directors of Health
All directors of Teaching Hospitals
All Heads of Specialized Campaigns
Medical Superintendents of Provincial Hospitals
& District Medical Officers of Base Hospitals

Transfer Scheme for Grade Medical Officers

Hereinafter transfers and appointments of all Grade Medical Officers will be effected as per the following transfer scheme which has been prepared taking into consideration the combined services Circular No- 03/97 dated 04-06-1997- please bring the contents of this circular to the notice of all Grade Medical Officers in your division/ Institution. This circular shall replace all the previous circulars issued in relation to the transfers and appointments of Grade Medical Officers.

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 order list issued by University Grant Commission. 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 intern, except those mentioned in section 1.3 will have to serve for a minimum period of one year in their post intern appointments before they 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 two years in their receptive post before being eligible for any other appointment or transfers, other than special posts.

- a) Post of HO Anesthesia (cum ICU) who's training places will be advertised along with the post intern list.
- b) Post of DDHS/MOH/AMOH

1.4 If any Post Intern Medical Officer is selected for post graduate training by the PGIM, he/she will be released from his/her post intern appointment without considering section 1.2 and 1.3

1.5 When husband and wife who are in the same post intern appointment list, requested 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 appointment will be issued their letters of release directly by the Director General of Health Services to enable them to make up their appointments.

02. Annual Transfers

- 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 list of existing vacancies in the approved cadre of 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 the Medical Officer has served for 4 years in a particular station he/she will not be eligible to apply for the same station for two 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 31st of that particular year will be noted for transfer in the annual transfer list in that particular year.
- 2.2.2 All Grade Medical Officers who will be completing 2 years or more in a special post will be noted for transfer in the annual transfer list in that particular year.
- 2.2.3 It is the responsibility of the Heads of the institution to submit the Director General of Health Services before 15th July of the year, list of all Medical Officers attached to his institution, stating the period of service in the institution irrespective of whether they are noted for transfer or not.
- 2.2.4 It is obligatory on the part of respective Medical Officers to ensure that they are noted for transfer in the particular year. It is also the responsibility of every Medical Officer to inform the Department of Health if his/her name does not appear in the annual transfer list, although he/she completing his/her obligatory period of service in the respective station/post.
- 2.2.5 The annual transfer list i.e. 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.
- 2.2.6 In addition to the Medical Officers who are noted for transfers, any other Medical Officers who complete or will be completing 2 years service in a station by 31st of December of that year is eligible to apply for a transfer in the annual transfer list.

2.2.7 Annual transfers and appeals will be finalized before 31st October of 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 form. 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 transfer after 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 01st of January of the effective year of transfer. If any transfer is deferred, the effective date of transfer should still be considered as 01st of January of that year.
- 2.3.6 Four years' service in a station will be counted from 01st of January of the effective year of annual transfer, irrespective of the dates of assumptions of duties at this station.
- 2.3.7 An Officer who is already on transfer order 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.

03. Special Transfers

- 3.1 A special post is a post where the Medical Officer selected will serve directly under the supervision of a consultant. The Department of Health will advertise the special posts available within the Department of Grade Medical Officers.
- 3.2 The period of a special post will be restricted to 2 years.
- 3.3 Medical Officers 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.
- 3.5 A seconded post under any other Ministry will be considered as a special post.
- 3.6 It is the responsibility of the Medical Officer who completes or will be completing soon the 2 years of service in a special post in the Department to inform the respective Head of institution to include his/her name in the noted list.
- 3.7 If a special post is not filled after advertising once, it will be advertised in the post intern list but will not be considered as a special post defined in 3.1 above. 3.8 Withdrawal of an application made to a special post should be done before the closing date of application for

that post. If a Medical Officer who is selected for special post refuses or fails to accept the appointment, he/she will not be considered for appointments of any special posts in the future.

* The Medical Officers selected for special posts should be released only after the due replacement is available (GENERAL CIRCULAR No01, 05/2004 of 29 April 2004)

04. Seconded Posts

- 4.1 All seconded posts to other ministries, Universities and Sri Jayewardenepura General Hospital will be advertised by way of circular by the Department of Health and such posts are considered as seconded posts on public policy.
- 4.2 The selection board of these posts will be constituted by a representative from the relevant Ministry or University, a representative from the Department of Health and a representative from the recognized Trade Union.
- 4.3 Same rules which are applicable to special posts will be applicable in respect of seconded posts as well.
- 4.4 All Medical Officers on completion of two years in the seconded posts should be released to their original stations, they served prior to the secondment and be noted for transfers in the next annual list. Those who do not revert back to their original post after completing their two years in the seconded posts will be considered as having vacated their posts.
- 4.5 it is the responsibility of the Medical Officer, who completes his/her period of service in the seconded post, to inform the Head of institution he/she served prior to the release under secondment, to include his/her name in the annual transfer list.

05. Post graduate Trainees

- 5.1.1 Post graduate trainees will be released without replacement to commence their training.
- 5.1.2 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.
- 5.1.3 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 be allowed to stay in the stations of their choice only until 3 other consecutive examinations are held. The allocation of the stations and units will be made by the DGHS on the recommendation of the Appeal Board where necessary, in such a manner that there will not be any interference to the training programme of the those trainees who are appointed by the PGIM to the respective units.
- 5.1.4 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.

06 Appeals

6.1 Annual Transfer Appeals

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

6.2 Special Appeals

- 6.2.1 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 the Appeal Board only in March and July of that year.
- 6.2.2 Unless a very urgent personal problem has arisen during the course of year, a Medical Officer should not apply for a transfer through an appeal, as all Medical Officers who complete 2 years in a station are eligible to obtain a transfer through the annual transfer list.
- 6.2.3 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 institution.
- 6.2.4 If the personal problem is of a temporary nature, the transfer granted on the appeal will also be a temporary nature, not exceeding three months.
- 6.2.5 When appeal is made by a spouse of a Consultant to be appoint to a station in close proximity to that of the respective Consultant, the request may be considered, provided there is a vacant cadre position in that station.
- 6.2.6 From the special Appeal Board, the Medical Officers are appointed only as MOO, RMOO, RHOO and AMOHH.

07. Mutual

- 7.1 Mutual transfers will not be entertained.

08. North and East Area

- 8.1 Medical Officers serving in the North & East may be considered for transfer to other areas once they complete one year of service in the North & East areas, based on the availability of vacant stations. However the Department of Health will not guarantee such concessions all the time.

09. Intern Appointments

9.1 Intern appointments are strictly given according to the merit order published by the UGC and in the case of foreign qualified

Dr. A.M.L. Beligaswatte
Director General of Health Services
30/09/2001

Annex 4 – Part 2 Establishments Code

Dr. A.M.L. Beligaswatte

Director General of Health Services

30/09/2001

Section 2- Transfers

1. General

- 1.1 A transfer should not be made as a matter of routine, but generally to accommodate the requests of an officer who has served in an unpopular station, for an opportunity to serve in a popular station or for specific administrative reasons.
- 1.2 A transfer should be effected in accordance with the Scheme of Transfers formulated by the Transfer Board taking into account the special needs of the Department and the need for review in keeping with technical changes.
- 1.3 An officer under transfer order should be allowed to leave in sufficient time to reach his new station by the date fixed.
- 1.4 Section 4 of this chapter will not apply to the Police Service and to Departments which have special Schemes of transfers.

2. Authority for ordering transfers

- 2.1 The constitution vests the cabinet of Ministers with the power of transfer of a Public Officer.
- 2.2 The Cabinet of Ministers has delegated its power to the Public Service Commission in respect of officers not appointed by the Cabinet Ministers and the Public Service Commission has delegated the power of transfer to Public Officers.

2.3 Authority for transfer

Category	Authority for Transfer
1. Head of Department Government Agent Additional Secretary Senior Assistant Secretary to a Minister	➡ Cabinet Minister
2. Public Officer in a staff grade in the combined service: a) Outside a Ministry b) Within a Ministry c) Within a Department	➡ Secretary, Ministry of Public Administration ➡ Secretary to the Ministry ➡ Head of Department
3. a) Public officer in a staff grade not in the combined service b) Public officer in a staff grade in the Department of Auditor General and the Department of the Commissioner of Elections, not in The Combined Services	➡ Secretary to the Ministry, ➡ Head of the Department if not under the Ministry ➡ Secretary to the President
4. Public Officer not in a Staff grade in the Combined Services: a) Outside a Ministry b) Within a Ministry c) Within a Department	➡ Director, Combined Services ➡ Secretary to the Ministry ➡ Head of Department
5. Public Officer not in a staff grade and not in the Combined Services: a) Within the Ministry b) Within the Department	➡ Secretary to the Ministry ➡ Head of Institution

2.3.6 A transfer of an officer of the Combined Services within a Ministry should be intimated to the Secretary, Ministry of Public Administration.

3. Transfer Boards

3.1 The authority ordering a transfer will act on the advice of a Transfer Board except in cases referred to in section 3.2 when the transfers will be ordered entirely at the discretion of the authority.

3.2 A Transfer Board will not deal with,

- 1) A Transfer not involving a change of station
- 2) A transfer on disciplinary grounds
- 3) A transfer necessitated by the exigencies of the service,
- 4) A transfer in a Department having less than twenty five transferable officers

3.3 One or more Transfer Boards should be set up in every Department which has twenty five or more transferable officers.

3.4 Where the number of Transferable Officers is a large enough to warrant it, there should be a separate Board for officers belonging to different services within the Department (e.g., in the Health Department different Boards will deal with the transfer of Doctors, Nurses, etc.)

3.5 A Transfer Board should consist of

- a) Two representatives of Management (i.e., a Senior Deputy and the staff officer in charge of Establishments in the Department) other than an officer nominated for the Transfer Appeals Board.
- b) One representative of either
 - I. Each Trade Union in the Department of the Services in the Department having a membership of 15 percent or more of the total number of officers in that Department or Services: or
 - II. Each Trade Union of which an officer has been released for full time Trade Union work.

3.6 Where there is wide disparity in the opportunities to serve in popular stations as between one Department and another within the same Ministry to effect inter-departmental transfers in order to provide to those in service for a better distribution of opportunities within the Ministry of service in popular stations.

3.7 Transfer of officers of the Combined Services from one Ministry to another will be dealt with by the Transfer Boards which will be set up by the Director of Combined Services.

3.8 Each Transfer Board should draw up a scheme of transfers taking into consideration the following among other matters.

3.8.1 Grading of station into such categories as "Highly Popular" "Popular" and "Unpopular". A popular station would generally be one where various facilities such as schooling, housing, etc., are available or any other stations for which there is a heavy demand.

3.8.2 Fixing of the maximum period of service in each category of station (e.g., it may be two years in a highly popular station)

3.8.3 When an officer is transferred from once Department to another, his period of service in the different categories of stations in the Departments in which he has previously served should be taken into account when he is given his posting in his new Department. This is necessary to prevent the possibility of officers continue to stay in the same station for long periods by the expedient of obtaining transfers to a sub office in another Department when their term of service in a particular sub office of one Department is due to expire.

3.8.4 In selecting officers for service in distant and unpopular stations, unmarried male officers and married officers without school going children should, where possible, be selected in preference to married officers with school going children. The number of school going children and their ages may also be considered.

3.8.5 No form rules can be laid down in regard to such special factors and each Transfer Board will have to work out its own scheme depending on the nature of the service. In some Departments it may be impracticable or inadvisable to embody such considerations in the Scheme of Transfers.

3.8.6 Generally an officer should, wherever possible, be placed in a post in his area of residence. The transfer outside his District of Residence should generally be done only in instances of established guilt after a formal disciplinary inquiry which necessitates such transfer.

3.9 The Scheme of Transfers, as well as any amendments, should be made known to all relevant officers.

3.10 A Transfer Scheme shall be subjected to the exigencies of service. The interest of smooth and efficient administration is paramount and transfers should be effected in such a manner as to cause the minimum disruption in the work of a Department.

3.11 The Transferring Authority may vary the decisions of the Transfer Board and communicate his reasons for doing so to the Board.

4. Notice of Transfer

4.1 As far as possible, all transfers should take effect from the 1st of January each year. At least 2 calendar months' notice of transfer should be given to enable an officer to find suitable schools for his children and to arrange housing accommodation. Where a transfer is deferred or canceled, at least one month's notice of such cancellation or deferment should be given.

4.2 If, for any reason, less than one month's notice of transfer or less than three days' notice of cancellation or deferment of a transfer is unavoidable, the requirement of section 24:12 of Chapter XIV should be complied with.

4.3 The authority ordering, cancellation or deferring a transfer should bear in mind the extra cost to the government, (See Section XIV) where short notice is given and should ensure, therefore, that transfer, cancellation or deferment is not ordered at short notice except in very urgent and unavoidable circumstances. Where a transfer, cancellation or deferment at short notice could have been avoided, the officer responsible is liable to be surcharged the extra cost to the government under Section 24:13 of Chapter XIV.

5. Appeal boards

5.1 A Transfer Appeal board will consist of the head of Department and a Senior Staff Officer nominated by the Head of Department, other than an officer who served in the Transfer Board.

5.2 An appeal will be entertained only on the grounds that a proposed transfer violated the Scheme of transfers or that circumstances have so changed as to justify a variation of the original transfer order or that very grave personal hardships of exceptional nature will be caused by the transfer.

5.3 Full and final authority is vested in the secretary of the ministry to decide in cases where a Transfer Appeal Board cannot settle.

6. Time table for action connected with Transfers

6.1 Each year, Applications for transfer should be called for to reach the Transfer Board before the 15th August. The Board will entertain only such requests as are made in accordance with Transfer Scheme.

6.2 The list of Transfer as decided by the Board should be notified to the officers concerned by the 1st of October each year.

6.3 An appeal could be entertained by the Appeal Transfer Board up to about 15th of October.

6.4 The final decision of the Appeal Board should be communicated to the officers concerned before the 1st of November.

Annex 4 – Part 3

No 662/11 – FRIDAY, MAY 17, 1991

PART 1: SECTION (1) – GENERAL

Government Notification

MUNITE IN REGARD TO MEDICAL PERSONAL OF THE HEALTH SERVICES

5.6 Specialist appointments

5.6.1 Medical Officers with qualifications listed in Appendix 1 of Medical Services Minute as per Government Gazette Notification No: 14840 of 07th February, 1969 and appointed to specialist posts before 01.01.1980 will continue to be recognized as specialists Medical Officers.

5.6.2 Medical Officers possessing qualifications listed in Appendix 1 of No 14480 of 07th February, 1969 and appointed to the Department on or after 01.01.1980 and fulfilled the requirements of the Post Graduate Institute of Medicine of University of Colombo and have obtained Board Certification are eligible for appointments as Specialist Medical Officers.

5.6.3 Medical Officers with qualifications listed in Appendix 1 of the Medical Services Minute as per Gazette Notification No: 14840 of 07th February, 1969 and appointed to specialists posts before 01.01.1980 or returned after 01.01.1980 within the stipulated period, who went on departmentally approved no pay leave or scholarships, will continue to be recognized as Specialist Medical Officers.

5.6.4 Medical Officers in Grade 11 who have successfully completed the appropriate post graduate training program, and processing qualifications as listed in Appendix 1, and obtained Board Certification of the Post Graduate Institute of Medicine, University of Colombo are eligible for appointment as Specialist Medical officers.

5.6.5 Specialists Medical officers appointed after 01.01.1980 in terms of sub section 5.6.2 above will not be considered for a Teaching hospital appointment until they have completed four years of training from the date of Board Certification.

5.6.6 Specialists Medical Officers appointed in terms of sub section 5.6.2 and 5.6.4 will be paid Specialists salary from the date of Board Certification.

6. Seniority

6.1 Seniority ay appointment

6.1.1 Seniority in the Health Services will be governed by the regulations of the Establishment Code.

6.1.2 Seniority among those appointed to the permanent service on the same date will be according to the order of merit in the Final Examination.

6.1.3 The seniority for specialist appointments would be Grade 11 seniority. In the case of appointments to Teaching Hospitals, it will be on the point scheme. Four points for Preliminary grade (2 points per year), 24 points for grade 11 (2 points per year), and 2 points per year for each year of service in Grade 1 and Specialist Grade.

Annex 4 – Part 4

No 1176/15 – THURSDAY, MARCH 22, 2001

PART 1: SECTION (1) – GENERAL

Government Notification

MINUTE IN REGARD TO MEDICAL PERSONAL OF THE HEALTH SERVICES

REFERENCE is made to the above minute published in gazette No 662/11 of 17th May 1991 and amendments made in Gazette No. 818/1 of 09th May 1994.

Amendments (Specialist Medical Officers)

Section 6.1.3.1	There will be only one transfer scheme for specialists Medical Officers to teaching hospitals, specialist institutions and non-teaching hospitals.
Section 6.1.3.2	Transfers of Specialists Medical Officers will be effected according to exigencies of service,
Section 6.1.3.3	<p>Transfers will be made on a point scheme as follows :</p> <p>Note: - under this scheme, points will not be awarded to more than one grade at the same time. (When the officer is entitled to points more than one grade, the officer will be given points to the grade for which he/she could get the maximum number of points)</p> <p>Preliminary Grade-02 per year—Maximum 04 points</p> <p>Grade 11 – 02 per year</p> <p>a) Medical officers promoted to Grade 1 before 09.05.1994, date on which the Minute in regard to the Medical personnel was amended are entitled to the maximum of twenty four points.</p> <p>b) Those medical officers who were promoted to Grade 1 after 09.05.1994 the date of amendment to the Minute in regard to the Medical personnel, will be entitled to a maximum of twenty points.</p> <p>c) Those Medical Officers who had remain more than 10 years in Grade 11 on 09.05.1994 the date of Minute in regard to the Medical personnel was amended, are entitled t twenty points to the first 10 years and thereafter 0.5 points per every additional three months. Grade 1-02 per year (until the officer is promoted to the specialists Grade). Specialist Grade – 04 per year (there is no upper limit)</p>
Section 6.1.3.4	Points will be given for each completed 03 months, (e.g. Grade 11 – 0.5 per three months. Specialist Grade 1.0 per three months.

Section 6.1.3.5	In the event of two applicants obtaining equal aggregate of points, seniority will be determined by the number of days calculated as follows: The total number of days not exceeding 90 days which have not been utilized when calculating Grade1, Grade 11 and Specialist Grade, will be taken into consideration and the officer, who has the highest number of such unutilized days will be entitled to the appointment. When two or more officers have equal number of such days, the officer placed highest in the merit position in the appointment to the preliminary Grade will be entitled to the post.
Section 6.1.3.6	For Teaching Hospitals and Special Institutions, transfers will be effected as and when vacancies occur. Points will be calculated up to the date on which the post falls vacant, e.g. date of retirement/ transfer. For Non-Teaching Hospitals transfers will be made annually and points will be computed up to 31st December of the previous year. I.e. day prior to 1st of January of the year transfers come into effect.
Section 6.1.3.7	<p>For periods of no pay leave spent within the country or abroad, the following procedure will be adopted in calculating points:-</p> <p>I. No points will be awarded for no-pay leave taken by an officer except for medical reasons.</p> <p>II. For medical leave, points will be given only to period supported by a proper medical certificate, (e.g. when the officer is sick overseas, the medical certificates, submitted through the respective Embassy or the High Commission), acceptable to the Department of Health Services and the Ministry of Health as at present.</p> <p>III. When an officer who is abroad falls sick, it is the responsibility of the Medical Officer concerned to bring this to notice of the Director General of Health Services. This should be done within period of two weeks.</p> <p>IV. In institutions where an officer who is abroad avails himself/herself of medical leave exceeds three months, the documents related to the illness should be produced before a properly constituted Medical Board as is applicable for similar leave availed of locally. No points will be given for leave not approved by the Medical Board.</p> <p>V. For periods approved as half pay leave, the officers will be entitled only half the number of points recommended for the period.</p>

Section 6.1.3.8	Medical Officers who went on No-pay leave before the establishment of Post Graduate Institute of Medicine in Sri Lanka for the purpose of obtaining post graduate qualifications as set out in Appendix 1 of the Medical Services Minute, published in the Government Gazette No. 14840 of 17th February 1969, will be treated as for paid leave and will be given points for the period of leave, they had taken as no pay leave to obtain the stipulated Post Graduate qualification and this will be allowed once only. No-pay leave taken for any other purpose by these Medical Officers will not be calculated for the calculation of points.
Section 6.1.3.9	<p>End Stations</p> <p>I. The following institutions are considered as end-stations.</p> <p>The National Hospital of Sri Lanka, De Soysa Maternity Hospital, Lady Ridgeway Hospital, Castle Street Hospital for Women, Eye Hospital-Colombo, Colombo South Teaching Hospital, Colombo North Teaching Hospital, Teaching Hospital-Karapitiya, Teaching Hospital-Mahamodara, Teaching Hospital- Peradeniya, Teaching Hospital-Kandy, Teaching Hospital-Jaffna, Cancer Institute-Maharagama, Mental Hospital-Angoda and Mulleriyawa, Chest Hospital-Welisara, Chest Clinic-Colombo, Fever Hospital-Angoda, Rehabilitation Hospital-Ragama, JMO Office-Colombo, Medical Research Institute-Colombo, Dental Institute-Colombo, and Dental Hospital-Peradeniya.</p> <p>II. Specialists holding Consultant posts in Institutions listed in above (I) are considered as end posts. Resident posts and specialists posts in outpatient department of Teaching Hospitals/Special Institutions are not considered as end posts.</p> <p>III. An officer posted to an end-station will be permitted to stay in that Hospital/Institution until his/her retirement/resignation/transfer to another end station at his/her request.</p> <p>IV. An officer serving in an end-station will be permitted to apply for a post in a Non-Teaching Hospital/Institution after completing 04 years of service in the post he/she holds, and on condition that in the event of him/her loses the right to apply for a vacant post in Teaching Hospital/Institution he/she completes a period of 04 years in the post in the Non-Teaching Hospital.</p> <p>V. Except for Specialist Medical Officers appointed to end-stations, specialist holding all other posts will be compulsorily transferred on completion of 04 years. However, he/she can apply for a transfer on completion of 02 years in such posts. This period of two or four years will be counted from the 1st of January of a particular year irrespective of the date of assumption of duties in the present post.</p>

Section 6.3.1.10	<p>Additional Points:</p> <p>Additional points will be given for services as a Specialist in difficult or unpopular stations. These stations are declared by the Ministry of Health on the recommendation of the Director General of Health Services and will be notified in the annual transfer advertisements in each year. Additional points will be given for Specialists held consultant posts in such stations after their Board Certification, at the rate of 0.25 points per three months. These extra points will be calculated only for the posts held within the four years immediately before the contemplated transfer. These additional points scheme is not applicable in case of transfer to end-station.</p>
Section 6.3.1.11	Application for Specialists posts: Applicable for specialist posts

Annex 5

Human Resource Management Information System (HRMIS) for Grade Medical Officers															Data Collection Form																			
Personal Details																																		
NIC																																		
Last name																																		
Last name with Initials																																		
Name Denoted by Initials																																		
Maiden Name																																		
Date of Birth					Y	Y	Y	Y	M	M	D	D	Gender					Male	Female															
Marital Status					Single					Married					Divorced					Widowed					Legally Separated					Other				
					If married NIC of Spouse																													
Permanent Residential Address					Line 1																													
					Line 2																													
					Town / City																													
					District																													
Contact Details					Mobile No.1																													
					Mobile No.2																													
					Land Line No.																													
					E Mail																													
University, granted the Basic Medical Degree																																		
					Name of the Degree										Year					Y	Y	Y	Y											
					If you are a Foreign graduate, state the date of passing ACT 16 Examination																													
					Y	Y	Y	Y	M	M	D	D																						
Ethnicity										Religion																								
SLMC No.					W & OP No.					Agrahara (Insurance) No.																								
Taken Vehicle Permit?					Yes					No					Issued date of the most recent Vehicle Permit																			
Y	Y	Y	Y	M	M	D	D																											
Paying Authority															Pay roll No.																			

Human Resource Management Information System (HRMIS) for Grade Medical Officers

Data Collection
Form

Appointment and Transfer Details									
Sequence	Transfer/ Appointment type*	Institution Name	Post (As of Appointment / Transfer List)	Appointment / Transfer date as of list or letter	Duty reported date to the Institution	Released date from the Institution	Remarks		
1	RHO		RHO	Y Y Y Y M M D D	Y Y Y Y M M D D	Y Y Y Y M M D D			
2				Y Y Y Y M M D D	Y Y Y Y M M D D	Y Y Y Y M M D D			
				Y Y Y Y M M D D	Y Y Y Y M M D D	Y Y Y Y M M D D			
				Y Y Y Y M M D D	Y Y Y Y M M D D	Y Y Y Y M M D D			
				Y Y Y Y M M D D	Y Y Y Y M M D D	Y Y Y Y M M D D			
				Y Y Y Y M M D D	Y Y Y Y M M D D	Y Y Y Y M M D D			
				Y Y Y Y M M D D	Y Y Y Y M M D D	Y Y Y Y M M D D			
				Y Y Y Y M M D D	Y Y Y Y M M D D	Y Y Y Y M M D D			
				Y Y Y Y M M D D	Y Y Y Y M M D D	Y Y Y Y M M D D			

* Transfer/ Appointment type: First Appointment, Annual, Special appeal, Special post, Seconded post, North and East List, Temporary Transfers, PGIM Attachment.
If transfer type is a temporary attachment please mention whether it is a Post PGIM, Post No pay, Punishment, Reinstatement or special reasons.(for special reasons mention it in the remarks cage)

Human Resource Management Information System (HRMIS) for Grade Medical Officers

Data Collection
Form

Declaration

I certify that the above mentioned particulars are true and correct. I am aware that I shall be punished if incorrect information has been submitted.

.....
Date

.....
Signature of Doctor

I declare that the above particulars submitted by the medical officer are compatible with his / her personal record.

.....
Date

.....
Signature of HMA

Observation and Recommendation of the Head of Institution / Decentralised Unit / Specialised Campaign/
Regional Director of Health Services;
I certify the particulars furnished by the medical officer, are correct.

.....
Date

.....
Signature of Head of Institution