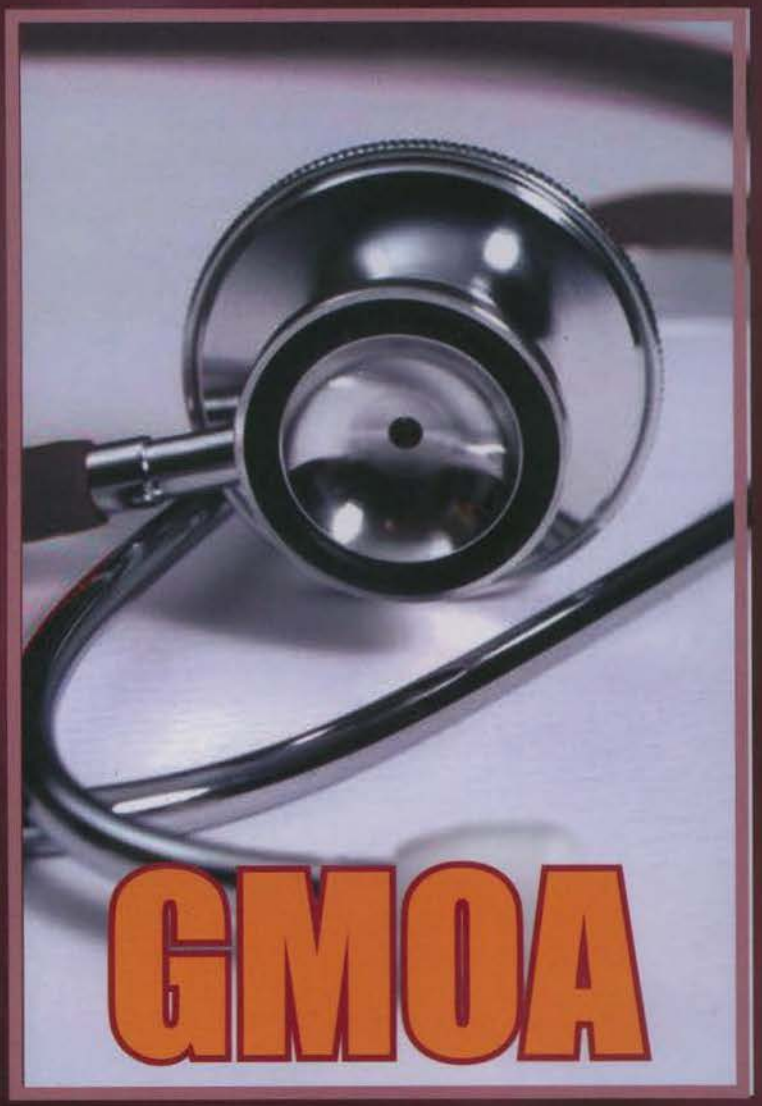
Annual Report 2007/2008



Government Medical Officers' Association

GMOA

Government Medical Officers' Association

TU No. 291

Room No.10,
Organisation of Professional Associations Building Complex,
No. 275/75, Prof. Stanley Wijesundara Mawatha, Colombo 07.

Tele: 2580886/ 2503586 Fax. 4518668

Email: gmoasrilanka@yahoo.com
Web site: www.gmoa.lk

Report Complied by

Dr. A. B. Padeniya, Dr. Pushpitha Ubeysiri, Dr. S. Sivapriyan
Dr. Nalin Ariyaratne, Dr. Parackrama Warnasooriya, Dr. Ashwinie De Abrew

Assistance

Mr. P. L. Gunasnghe
Ms. Nilani Pushpakumari

Contents		Page No

FOREWORD

The GMOA has a proud history of 82 years and has maintained the highest standards as a responsible trade union as well as a prominent professional body over the decades. Even though our primary objective is to safeguard the rights and privileges of the members, most issues taken up by the GMOA has a long term benefit to the patients and to the healthcare delivery system of Sri Lanka, as a whole.

Health service in Sri Lanka has reached standards that are comparable internationally. The health indices of the country are a testimony to the above keeping in mind that over 90% of residential patient care is delivered by the state sector. The credential as one of the most cost effective health sectors in the world was achieved by Sri Lanka to extremely valuable human resources in the health sector led by the doctors serving the public sector.

The GMOA has set an example to the other professionals by retaining more than 90% of professionals in the Government Sector. However, the GMOA acts on merits of an issue and not for popularity. Our membership consists of intellectuals, academics and rational thinkers but may sometimes be considered as an eccentric crowd by some.

Going beyond the horizon of the medical sphere we have pioneered the National Wage Policy. The expertise and confidence we gained while handling this issue was used to contribute towards national interests in developing national policies on other issues while maintaining the stability of medical professionals both financially and academically.

When the current Executive Committee took over (June 2007) the GMOA was facing a few difficulties in the internal establishment. However, within a short period of time we have managed to sort out the problems and have been marching forwards as a united front ever since.

The GMOA is now addressing most issues in a professional manner. Evidence based decision making is the order of the day and negotiations and constructive criticism are handled in a firm and straightforward manner in order to achieve the objectives which were previously well conceived by the Executive Committee in consultation with the General Committee which comprises of all Branch Unions. This democratic process of decision making is the secret behind all the achievements gained in the past.

We have also given special priority to the welfare of the general membership and have embarked on various projects to achieve it.

We salute all the members who worked tirelessly to maintain the independence and strength of the GMOA over the years. Let the spirit, the courage and the dedication shown by our 14,000 strong membership prevail during many years to come.

Long live the GMOA!

GMOA Executive Committee
2007/2008

Seated (L - R) : Dr. A B Padeniya (Secretary), Dr. Jayantha Balawardana (V. President), Dr. Vajira Senaratne (President), Dr. Ajith Karunaratne (V. President), Dr. Jagath Ariyaratne (Treasurer)

Standing (L - R) : Dr. S. Sivapriyan (Asst. Secretary), Dr. B.T Gunasekara (Asst Secretary), Dr. Gamini Udangawe (Asst. Secretary), Dr. K. H. D. Milroy, Dr. Pushpitha Ubeysiri (Asst. Editor), Dr. Chandana Atapattu (Asst. Secretary)

Executive Committee - 2007/2008

President	Dr. Vajira Senaratne
Vice President	Dr. Jayantha Balawardana Dr. Ajith Karunaratne
Secretary	Dr. Anuruddha Padeniya
Asst. Secretaries	Dr. Chandana Atapattu Dr. Bimantha Gunasekara Dr. K H D Milroy Dr. Gamini Udangawa
Treasurer	Dr. Jagath Ariyaratne
Editor	Dr. Saman Abeywardhana
Asst. Editor	Dr. Pushpitha Ubeysiri
Nominated Member	Dr. S Sivapriyan

General Committee

Dr. U M Gunasekara
Dr. A M N Ariyaratne
Dr. B L Perera
Dr. H L C Ramyasiri
Dr. I L K Jayaratne
Dr. M P Palliyaguruge
Dr. P K M S Karunathilake
Dr. Sumith Ananda
Dr. S M K G N K Jayathilake
Dr. W K Sathkorala

Nominated Members:
Dr. E K G D C Epitakaduwa
Dr. J A S P Abeywickrama

Trustees of the GMOA

Dr. D S Liyanarachchi	Consultant Surgeon
Dr. G A Ranatunga	Consultant Gynaecologist
Dr. S Ruwanpathirana	Consultant Physician
Dr. R Jayasena	Consultant GI Surgeon
Dr. P Gunasena	Consultant Neuro Surgeon

GMOA Branch Unions 2007/2008

1. Akkraipattu DH
2. AMH Kalmunai
3. Ampara GH
4. Anti Malaria Campaign
5. Anuradhapura GH
6. Awissawella BH
7. Badulla PH
8. Balangoda BH
9. Balapitya BH
10. Batticaloa GH
11. Cancer Institute
12. Central Province
13. Chilaw GH
14. CMC
15. CSHW
16. CSTH
17. Dambulla BH
18. Dehiattakandiya BH
19. Diyatalawa BH
20. DMH
21. Elpitiya
22. Embilipitiya BH
23. Eye Hospital
24. Gampaha GH
25. Gampaha DPDHS
26. Gampola BH
27. Hambantota DGH
28. Homagama BH
29. Horana BH
30. Jaffna TH
31. Kahawatta BH
32. Kalmunai North
33. Kalmunai Regional
34. Kalutara DGH
35. Kandy TH
36. Kantale BH
37. Karapitiya TH
38. Karawanella BH
39. Kegalle GH
40. Kuliyapitiya BH
41. Kurunegala PH
42. LRH
43. Mahamodara TH
44. Maha Oya BH
45. Mahiyanganaya BH
46. Mannar GH
47. Marawila BH
48. Matale BH
49. Matara GH
50. Mulleriyawa BH
51. Mawanella BH
52. Mental Hospital
53. Monaragala DGH
54. Monaragala DH
55. MRI
56. Ministry of Health Office
57. Nawalapitiya GH
58. National Blood Centre
59. Negombo GH
60. NHSL
61. Nikaweratiya BH
62. Nuwara Eliya GH
63. Panadura BH
64. Peradeniya TH
65. Polonnaruwa GH
66. PuttlamaBH
67. Ragama TH
68. Ratnapura GH
69. SJGH
70. Rikillagaskada BH
71. Tangalle BH
72. Trincomalee GH
73. Vavuniya GH
74. Wathupitiwela BH
75. Welisara CH
76. Induruwa MOH Office

GMOA SUBCOMMITTEES

The General Committee appointed several subcommittees to look into the following matters and make necessary recommendations.

1. Matters related to consultants
2. Medical Officers' Salaries, Allowances & Taxation
3. Amendment of Medical Service minute
4. PGIM matters & Human Resource Development in the Health Sector
5. Transport of Medical Officers & Vehicle permits
6. Private Medical Institutions Registration Act
7. Comprehensive Economic Partnership Agreement (CEPA)
8. Litigation against Medical Officers for alleged negligence
9. Financial Affairs of GMOA

TRANSFER BOARD

Grade Medical Officers Transfer Board

Officers of the GMOA who served as the members of the Transfer Board

Dr. H B J C Ariyarathne
Dr. B T Gunasekara

Specialist Transfer Board

Officers of the GMOA who served as the members of the Transfer Board

Dr. Jayantha Balawardana
Dr. Saman Abeywardana

Members of the Specialist Transfer Sub Committee

Dr. Harsha Sathischandra	-	Consultant Physician
Dr. C.K. Pathirana	-	Consultant Surgeon
Dr. P D Liyanagama	-	Consultant Obstetrician & Gyneacologist
Dr. M Arambepola	-	Consultant Peadiatrician
Dr. S M Arnold	-	Consultant Community Physician
Dr. Ajith Karunaratne	-	Consultant Cardiothoracic Surgeon

OFFICE STAFF

1. **Administrative Officer**
   Mr. P L Gunasinghe was appointed on 28.07.2007 and attends to all administrative matters.

2. **Finance Assistant**
   Mr. J M S W A Dharmaratna was appointed on 16.07.2004 and attends to all financial and accounting.

3. **Computer Assistants**
   Miss. K Y M Silva and Miss. P I K Perera resigned on 31.07.2007. Later, few trainees from National Vocational Training Institute were interviewed. Miss. Chathuri Deshani and Miss. Nilani Pushpakumari were appointed as Computer Assistants with effect from 02.09.2007.

4. **Office Assistant**
   Mr. H G Ranasinghe had been in GMOA Office since 01.05.1971 and retired from service with effect from 31.12.2007 after reaching 55 years of age. Later on his own request he was reappointed on a contract basis as from 01.01.2008 and continues to serve as office assistant.

UNACCEPTABLE LEGISLATION ON HEALTH SECTOR REGULATIONS

Mr. Nimal Siripala De Silva, Minister of Health, introduced the "Private Medical Institutions Registration Act" on July 2006 as there had been a long felt need to introduce private health sector regulations. The Minister pointed out this necessity and has brought forward the PMIR Act as a solution to the lack of regulation.

However, it became apparent that this act was not acceptable to the medical profession due to several reasons, and would merely serve to politicise the private health sector. The overlap of professional regulators will create a conflict among medical practitioners as such activities come under the purview of the Sri Lanka Medical Council. It would be an added taxation upon the patients who visit the private health sector and would have threatened the confidentiality of patient information.

The Progress of the Issue

- The GMOA suspended the implementation of the PMIR Act by the Minister of Health. (Annex 1, Minute of the GMOA meeting with the Minister of Health on 06.07.2007.)
- The GMOA organised a Brainstorming Workshop on 18th August 2007 at the Blood Bank Auditorium, Narahenpita, to analyze the Act and to plan the strategy with the participation of the SLMC, SLMA, IMPA, FMTA and all Medical Professional organizations. The outcome of the workshop is attached. (Annex 2)
- The GMOA presented this issue to His Excellency the President Mahinda Rajapakse in the presence of the Minister of Health and His Excellency ordered the suspension of implematation of the act. At this meeting, the Secretary of the GMOA was entrusted with the task of submitting necessary amendments.
- According to the direction made by His Excellency the President, the Secretary / GMOA summoned all concerned parties of the medical profession for a workshop on 20th January 2008 to finalize the Amendments to the PMIR Act with the participation of SLMC, SLMA, IMPA, FMTA and all Professional Organizations.

  There was unanimity regarding the fundamental errors in the present PMIR act and amendments were finalized with consensus among all participants.
- On 8th July 2008 the GMOA presented to His Excellency the President the proposed amendments which were formulated after reaching unanimous consensus.

Future Plan

Dr. Ajith Mendis, DGHS has been entrusted with the task of amending the Act to overcome the deficiencies as noted by the stake holders. However we would like to highlight the fact that we are amending a Parliamentary Act, which is the law of the country. There are more steps ahead of us in the pathway of amending the Act and making the legislation both doctor friendly as well as patient friendly.

It should be mentioned that initially, very few were convinced regarding the danger of this Act, but today the entire Medical Profession is convinced about the danger and they have shown their dissatisfaction in this regard.

Since unity is might, the GMOA can be proud of what it has achieved notwithstanding the fact that we had to work with a Minister of Health who had repeatedly shown "anti-doctor" sentiments.

MEMORANDUM OF UNDERSTANDING BETWEEN THE GMOA, IMPA & CGPSL

Agreement of Goodwill to Safeguard the Medical Profession in Sri Lanka

The GMOA observes that there are several unresolved issues within the medical profession. When medical practitioners fail to reach consensus on such issues, outside parties take the upper hand and dictate terms to the medical profession. The classic example is the Private Medical Institution (Registration) Act introduced by Mr. Nimal Siripala de Silva as the Health Minister. This was introduced without prior consultation with the medical profession, and takes advantage of the fact that the country does not have adequate private health sector regulations. This was used as an opportunity to politicise the private health sector.

Furthermore, as a politician, the Minister dictates terms on isssues such as medical prescription and on medical professional fees in an indignified manner. It is time the medical professionals united and reached consensus regarding these issues within the medical profession.

As such, the GMOA invites doctors employed in the Private Sector to join hands with us to safeguard the independance of the medical profession. The GMOA has signed a MOU with the Independent Medical Practitioners Association (IMPA) and the College of General Practitioners of Sri Lanka (CGPSL). (Annex 3)

Dr. Jayantha Jayatissa (CGPSL), Dr. Hamza Sulaiman (IMPA) and Dr. Anuruddha Padeniya (GMOA) signing the MOU.
Dr. B T Gunasekara and Dr. Monik Ambeypitiya were also present.

FORMATION OF GMOA SUB COMMITTEE ON SPECIALIST AFFAIRS AND THE FATE OF AMS

The GMOA considers specialists as a special category. We believe that they have certain problems unique to them. However, it is sad that some of these problems remain unresolved as of today.

A good example of these unresolved issues is the salary drawn by a specialist medical practitioner. During the pre-independence era, the specialist medical officer was the highest paid in the land, with a salary scale above that of the then Governor General of Ceylon. Even in 1967, the Wilmot Perera salary commission placed the specialist's above the Supreme Court Judge. It is deplorable that today, the take home salary of a Specialist Medical Officer, despite being the highest accountable person for patient care, is well below that of some of their subordinates.

Having considered this unsatisfactory situation, the GMOA decided to appoint a "GMOA subcommittee On Specialist Affairs". The GMOA General Committee nominated the following specialists on 22/07/2007 to formulate the said subcommittee. (Annex 4,5)

Dr. Vajira Senaratne(President)	Dr. Sri Lal De Silva	Dr. Jayantha Balawardana
Dr. Saman Abeywardana	Dr. B G N Rathnasena	Dr. Lalith Perera
Dr. Wasantha Sathkorala	Dr. Sunil Perera	Dr. Sarath Gamini de Silva
Dr. Sujatha Ruwanpathirana	Dr. Sanath Akmeemana	Dr. Priyankaea Jayawardhana
Dr. J M Kumarasiri	Dr. Anil Ambawatta	Dr. Kanishka Kamaladasa
Dr. Ananda Wijewickrama	Dr. Sandya Bandara	Dr. Rohitha Jayamaha
Dr Nishendra Karunarathne	Dr. Narendra Pinto	Dr. Damma Jayasekara
Dr. Sarath Kumara Kollure	Dr. Upali Banagala	Dr. Lalantha Ranasinghe
Dr. M Arambepola	Dr. D S Liyanarachchi	Dr. Prasanna Gunasena
Dr. Harsha Sathischandra	Dr. D L Waidyarathne	Dr. Rohan Gunawardana
Dr. Prasad Ranoluwa	Dr. Padma Gunaratne	Dr. Daminda Rajamanthri
Dr. Binara Amarasinghe	Dr. Ravi Dayasena	Dr. Ajith Karunarathne(Convener)
Dr. Gamini Abeysinghe	Dr. Mangala Gamage	Dr. Chandima Amarasena
Dr. Kumudini Amarasena	Dr. Hemantha Perera	Dr. Saman Jayaneththi
Any volunteers.....		

However we need to analyse the past to learn our deficiencies that may have led to this unsatisfactory situation.

An analysis of the current composition of the GMOA working committee is given below.

All five trustees of GMOA are specialists, though the majority of the members are Grade Medical Officers.
The GMOA executive committee is lead by specialists.
Most of the Branch unions, if not all, are lead by specialists.

However, specialist matters are still neglected. Whose fault, may we ask? We believe that specialists as Leaders should be leading to solve problems that affect all of us.

As quoted in the Editorial of the GMAO Newsletter of March 2007.....

"Today, specialists in the GMOA express that specialist's matters are not adequately dealt with and medical officers believe vice versa. Lack of participation in the decision making process of the GMOA is the root cause for this frustrated feeling. As I have pointed out in the last newsletter it is time to improve collective decision making process in the GMOA to bring supreme democracy in the union. It is time to have active subcommittees functioning inside the GMOA. One example "GMOA subcommittee on specialist matters" is timely."

Association of Medical Specialists

We understand that the Association of medical specialists has been registered as a Trade Union under TU No. 7788. Later, 22 members of the GMOA sent their resignation in one single letter.

According to Clause 3 of the GMOA Constitution they cannot be members of any other Trade Union. *"All medical officers (Specialist Administration Grade) registered under section 29 and section 31 of the medical ordinance and working in the medical institutions and departments under the central and provincial Ministries of Health or any other Government Hospital established by an act or parliament, will be eligible to membership, provided they are not members of any other trade union."*

Therefore these 22 specialists were invited to the subcommittee of the GMOA to discuss their resignation and to persuade them to reconsider their decision. Some of these consultants were adamant in their decision and eventually the following resignations were accepted as they have violated the constitution.

Dr. Ruwan Ekanayaka	Dr. Mahanama Gunasekara	Dr. Harischandra Gambeera
Dr. Lak Kumar Fernando	Dr. Jayan Mendis	

The "Subcommittee for Specialist Affairs" is conducting successful negotiations with the relevant officials for a special allowance in lieu of Extra Duty. Requests have been made for secretarial assistance with computer facilities to the Consultants' lounge in order to assist them with their official work. The Secretary / Health has approved this proposal and instructed all Heads of Teaching Hospitals, District General Hospitals and Base Hospitals to take action to supply the above items.

SALARY ISSUES

Extra Duty Allowance of Medical Officers

Extra duty was last revised in 1997, over 11 years ago.

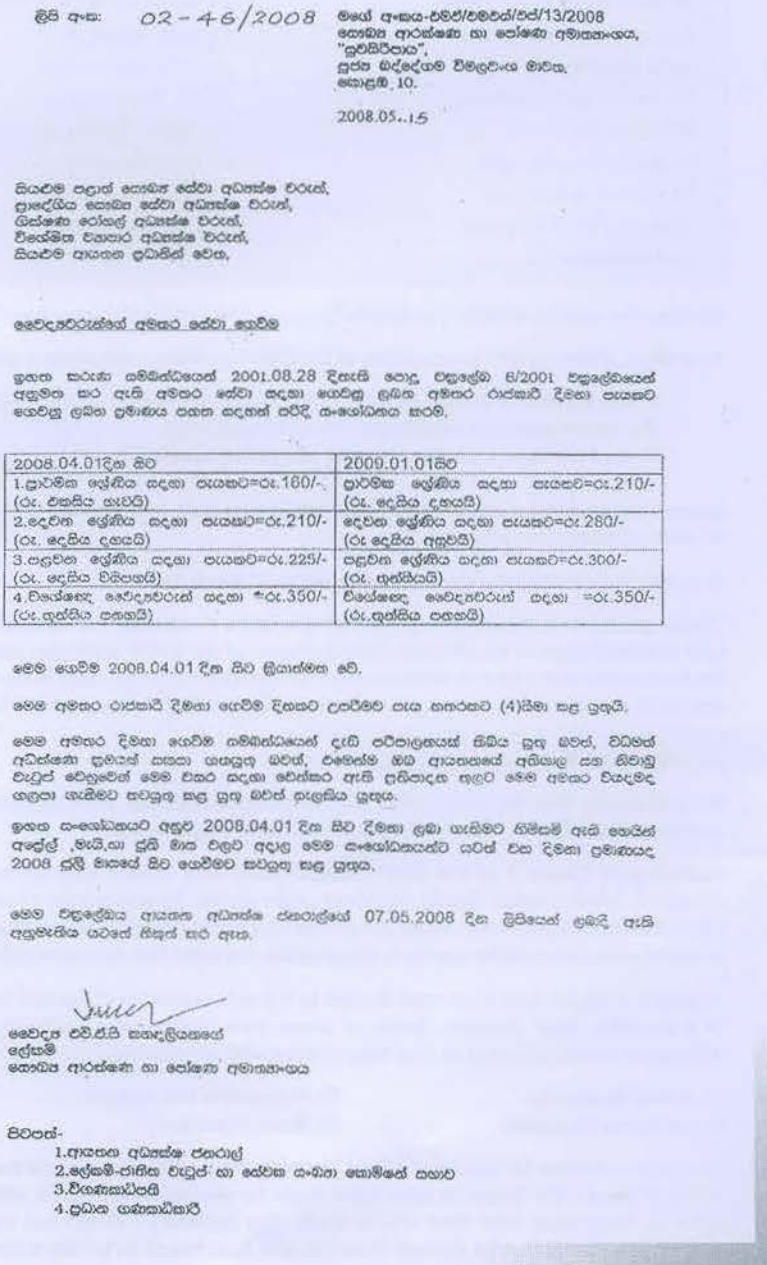
The "road map" of the action taken by the GMOA was as follows.

- A written submission was prepared, with the first challenge being the defining of "Extra Duty" as it is not spelled out in the Establishment Code. (The Establishment Code defines only "overtime".) Secondly, a justification for the revision was incorporated to the submission. (extract of the submission, Annex 6)
- The GMOA made representations to Dr. Athula Kahandaliyanage, Secretary/Ministry of Health, who then appointed the following committee (Annex 7)

  Dr. Nihal Jayathilake (Additional Secretary - Chairman)
  Dr. U A Mendis (DGHS)
  Dr. S G T R De Silva DDG (MS I)
  Dr. R. Wimal Jayantha DDG (MS II)

- The above committee made recommendations to the National Salaries & Cadre Commission (NSCC) through the Secretary/ Health. (Annex 8).
- The GMOA subsequently made a series of written and verbal submissions to the (NSCC) co-chaired by Mr. Lionel Fernando and Mr. Saliya Mathew.
- The GMOA made representations to the Ministry of Finance and negotiations were made with Dr. P B Jayasundara, Secretary/ Ministry of Finance and finally to His Excellency the President Mahinda Rajapakse in the capacity of Minister of Finance.
- The circular was issued by the Ministry of Public Administration with consensus from the (NSCC) and Ministry of Finance.
- Finally the Secretary/ Health issued a circular with the concurrence of the Ministry of Public Administration, Ministry of Finance and the National Salaries and Cadre Commission. The revision amounted to a 100% increase of the rates.

Grade	Previous Rate	Approved Rate
Pre. Grade	Rs. 105.00	Rs. 210.00
Grade II	Rs. 140.00	Rs. 280.00
Grade I	Rs. 150.00	Rs. 300.00
Specialists	0	Rs. 350.00



திகதி: 02-46/2008

මගේ අංකය-එම්ඕ/එමවිත්/වප්/13/2008
සෞඛ්‍ය ආරක්ෂණ හා පෝෂණ අමාත්‍යාංශය,
"සුවසිරිපාය",
පුජ්‍ය බුද්ධදත්ත විමලවංශ මාවත,
කොළඹ 10.

2008.05.15

සියලුම පළාත් සෞඛ්‍ය සේවා අධ්‍යක්ෂ වරුන්,
ප්‍රාදේශීය සෞඛ්‍ය සේවා අධ්‍යක්ෂ වරුන්,
මහජන සෞඛ්‍ය අධ්‍යක්ෂ වරුන්,
විශේෂිත රෝහල් අධ්‍යක්ෂ වරුන්,
සියලුම ආයතන ප්‍රධානීන් වෙත,

වෛද්‍යවරුන්ගේ අමතර සේවා ගෙවීම

ඉහත කරුණ සම්බන්ධයෙන් 2001.08.28 දිනැති හොඳ, වඳලේඛ 6/2001 වඳලේඛයෙන් අනුමත කර ඇති අමතර සේවා සඳහා ගෙවිනු ලබන අමතර රාජකාරී දීමනා පැයකට ගෙවිනු ලබන ප්‍රමාණය පහත සඳහන් පරිදි සංශෝධනය කරමි.

2008.04.01දින සිට	2009.01.01සිට
1.ප්‍රාථමික ශ්‍රේණිය සඳහා පැයකට=රු.160/- (රු. එකසිය හැටයි)	ප්‍රාථමික ශ්‍රේණිය සඳහා පැයකට=රු.210/- (රු. දෙසිය දහයයි)
2.දෙවන ශ්‍රේණිය සඳහා පැයකට=රු.210/- (රු. දෙසිය දහයයි)	දෙවන ශ්‍රේණිය සඳහා පැයකට=රු.280/- (රු දෙසිය අනූවයි)
3.තෙවන ශ්‍රේණිය සඳහා පැයකට=රු.225/- (රු. දෙසිය විසිපහයි)	පළවන ශ්‍රේණිය සඳහා පැයකට=රු.300/- (රු. තුන්සියයි)
4.විශේෂඥ වෛද්‍යවරුන් සඳහා පැයකට=රු.350/- (රු.තුන්සිය පනහයි)	විශේෂඥ වෛද්‍යවරුන් සඳහා =රු.350/- (රු.තුන්සිය පනහයි)

මෙම ගෙවීම 2008.04.01 දින සිට ක්‍රියාත්මක වේ.

මෙම අමතර රාජකාරී දීමනා ගෙවීම දිනකට උපරිමව පැය හතරකට (4)සීමා කළ යුතුයි.

මෙම අමතර දීමනා ගෙවීම සම්බන්ධයෙන් දැඩි පරීක්ෂාලනයක් සිඹිය යුතු බවත්, වධමත් අධ්‍යක්ෂණ ක්‍රමයක් සකසා ගතයුතු බවත්, එමෙන්ම ඔබ ආයතනයේ අභ්‍යන්තර සහ බාහිර විවුප් වෙතුවෙන් මෙම වසර සඳහා වෙන්කර ඇති ප්‍රතිපාදන ඇතුව මෙම අමතර වියදම්ද ගලපා ගැනීමට සවධානය කළ යුතු බවත් කැඳවිය යුතුය.

ඉහත සංශෝධනයට අනුව 2008.04.01 දින සිට දීමනා ලබා ගැනීමට තිබෙනේ ඇති හෙයින් අප්‍රේල් ,මැයි,හා ජූනි මාස වලට අදාල මෙම සංශෝධනයන්ට යටත් වන සේ දීමනා ප්‍රමාණයද 2008 ජූලි මාසයේ සිට ගෙවීමට සවධානය කළ යුතුය.

මෙම වඳලේඛය ආයතන අධ්‍යක්ෂ ජනරාල්ගේ 07.05.2008 දින ලිපියෙන් ලබාදී ඇති අනුමැතිය පරිදේ සිදුකර ඇත.

වෛද්‍ය එච්.ජී. සහදැලියනගේ
ලේකම්
සෞඛ්‍ය ආරක්ෂණ හා පෝෂණ අමාත්‍යාංශය

පිටපත්-
1.ආයතන අධ්‍යක්ෂ ජනරාල්
2.ලේකම්-ජාතික වැටුප් හා සේවා සංඛ්‍යා කොමිෂන් සභාව
3.විගණකාධිපති
4.ප්‍රධාන ගණකාධිකාරී

Interim Special Allowance for Specialist Medical Officers

At present, Specialist Medical Officers are not entitled to any additional allowances apart from the Disturbance and Transport Allowance (DAT Allowance - the so called special allowance) paid to all medical officers. Furthermore, Specialist Medical Officers are not allowed to claim Extra Duty like the other medical officers. The GMOA addressed this grievance, a task that was long overdue.

The "road map" of the action taken by the GMOA was as follows.

- A written submission was prepared, which defined and described the complex role of a specialist. This was described in detail in the submission and justifications were lined up. The GMOA requested a "Special Allowance in recognition of the Consultant Grade". Until such an allowance is formulated, a request was made for an interim allowance.

- The GMOA made representations to Dr. Athula Kahandaliyanage, Secretary/ Ministry of Health in this regard and the Health/ Secretary appointed a committee comprising the GMOA and the following

  Dr. Nihal Jayathilake (Additional Secretary - Chairman)
  Dr. U A Mendis (DGHS)
  Dr. S G T R De Silva DDG (MS I)
  Dr. R. Wimal Jayantha DDG (MS II)

- This committee made recommendations to the NSCC through the Secretary/ Health.

- The GMOA made a series of verbal and written submissions (extract of the submission, Annex 9) to the National Salaries and Cadre Commission co-chaired by Mr. Lionel Fernando and Mr. Saliya Mathew. The NSCC agreed with these submissions in principle but wanted more time to design such "Special Allowance for Medical Consultants" or an "Interim Allowance". Instead NSCC offered an Extra Duty rate for Specialists.

- The GMOA made representations to the Minister of Finance, His Excellency the President Mahinda Rajapakshe and to the Secretary, Ministry of Finance Dr. P B Jayasundara in this regard.

- The Secretary/ Health issued the circular with the concurrence of the Ministry of Public Administration, the Ministry of Finance and the National Salaries and Cadre Commission.

  The GMOA is in the process of preparing guidelines on claiming extra duty and had several discussions and workshops with regard to this. The GMOA highlighted the problems following the granting of extra duty to specialist medical officers on its claiming procedures.

- After a series of discussions it was agreed upon by the Salaries & Cadre Commission to grant Extra Duty in lieu of the Special Allowance for the Specialist Medical Officers.

Once the circular was issued following problems were raised.

(a) The impact of the old circular which indicates that specialists who opt for "Channel Consultation" are not allowed to claim Extra Duty.
(b) Whether the claims of a Specialist needs the carrying of Bed Head Ticket numbers.
(c) Since the Specialist has no supervising officer, the concern of who should sign the request as the supervising officer.

In order to resolve these issues following actions were taken by the GMOA.

(a) GMOA could convince the administration that "the Circular withholding the Extra Duty of the Specialist who opts to do Channel Consultations is made nu!l and void by the current circular. (Which was issued with concurrence with the National Salaries and Cadre Commission, the Ministry of Finance, the Ministry of Public Administration and the Ministry of Health).
(b) The GMOA acting in favour of a "Fixed Allowance" in place of hourly Extra Duty.

However the procedure would take some time and until such time we proposed to forego BHT numbers in the Extra Duty claim form.
On the request made by Secretary/ Health, the GMOA started developing a circular at a GMOA workshop on 20.12.2008.

The GMOA is negotiating with the Ministry in drafting the guidelines in claiming extra duty to sort out the above problems.

Disturbance, Availability and Transport Allowance

- The Disturbance and Availability allowance, first granted in 1992, was Rs. 2,000/- and was further amended to include the transport allowance of Rs. 5,000/- in the year 1994.
- Since the allowance had not been revised for the last 13 years, in spite of the escalation in the cost of living, the GMOA made a written submission to Dr. Athula Kahandaliyanage Secretary of Health.
- The Secretary of Health appointed a committee comprising the following officials to make a representation to the Salaries and Cadre Commission, in response to our demand.
- The Committee comprised of,

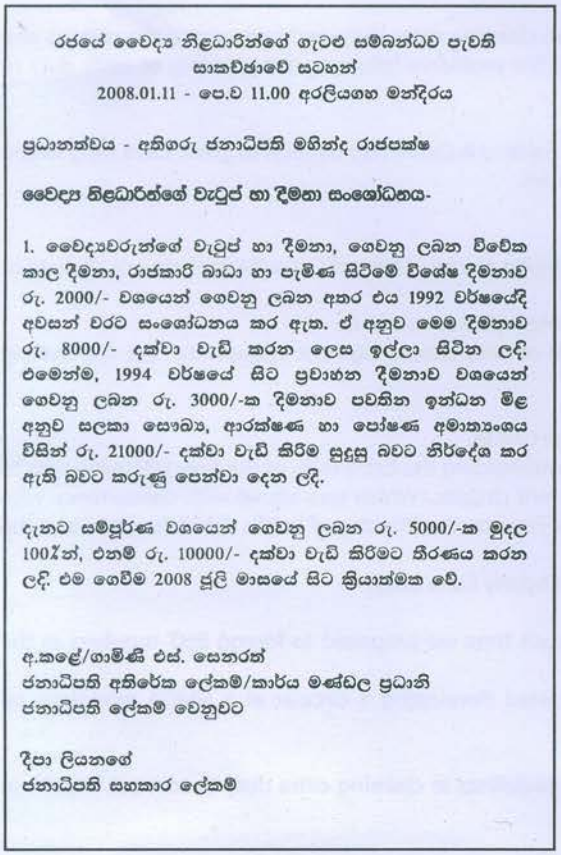
  Dr. Nihal Jayathilake - Additional Secretary

  Dr. U A Mendis (DGHS)

  Dr. S G T R De Silva DDG (MS I)

  Dr. R. Wimal Jayantha DDG (MS II)

- This Committee in consultation with the GMOA prepared a submission which was forwarded by the Secretary of Health to the National Salaries and Cadre Commission co-chaired by Mr. Lionel Fernando and Mr. Saliya Mathew.
- The GMOA also made several representations to the National Salaries and Cadre Commission. It was agreed in principle by the Salaries & Cadre Commission for Rs. 21,000 to be paid as the above allowance. However, due to financial constraints it was recommended by the Ministry of Health that Rs. 10,000 should be paid from July 2008 onwards. Discussions have been held with the Secretary to the Treasury and His Excellency the President in this regard.



රජයේ වෛද්‍ය නිළධාරීන්ගේ ගැටළු සම්බන්ධව පැවති
සාකච්ඡාවේ සටහන්
2008.01.11 - පෙ.ව 11.00 අරලියගහ මන්දිරය

ප්‍රධානත්වය - අතිගරු ජනාධිපති මහින්ද රාජපක්ෂ

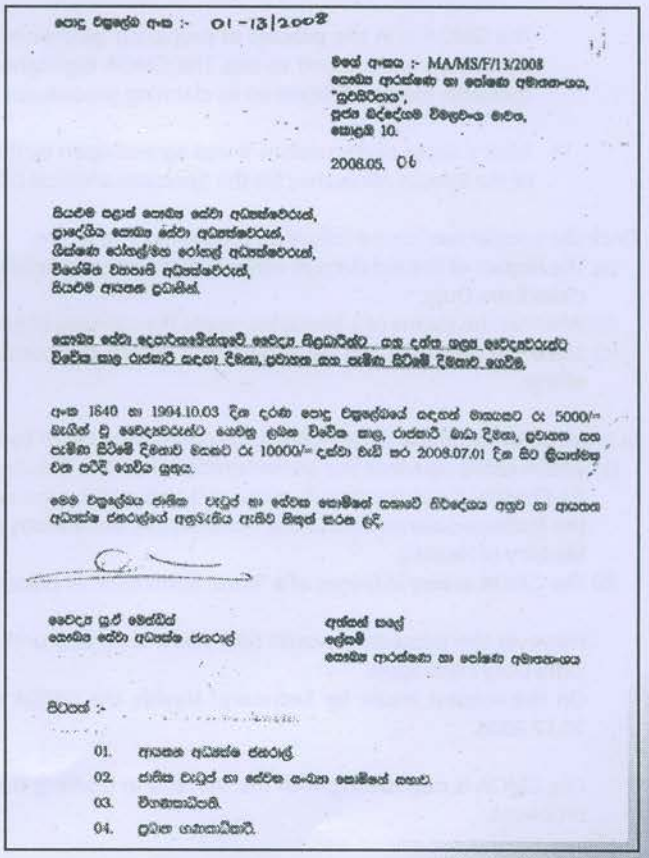
වෛද්‍ය නිළධාරීන්ගේ වැටුප් හා දීමනා සංශෝධනය-

1. වෛද්‍යවරුන්ගේ වැටුප් හා දීමනා, ගෙවනු ලබන විවේක කාල දීමනා, රාජකාරී බාධා හා පැමිණ සිටීමේ විශේෂ දීමනාව රු. 2000/- වශයෙන් ගෙවනු ලබන අතර එය 1992 වර්ෂයේදී අවසන් වරට සංශෝධනය කර ඇත. ඒ අනුව මෙම දීමනාව රු. 8000/- දක්වා වැඩි කරන ලෙස ඉල්ලා සිටින ලදි. එමෙන්ම, 1994 වර්ෂයේ සිට ප්‍රවාහන දීමනාව වශයෙන් ගෙවනු ලබන රු. 3000/-ක දීමනාව පවතින ඉන්ධන මිළ අනුව සලකා සොඛ්‍ය, ආරක්ෂණ හා පෝෂණ අමාත්‍යාංශය විසින් රු. 21000/- දක්වා වැඩි කිරීම සුදුසු බවට නිර්දේශ කර ඇති බවට කරුණු පෙන්වා දෙන ලදි.

දැනට සම්පූර්ණ වශයෙන් ගෙවනු ලබන රු. 5000/-ක මුදල 100%න්, එනම් රු. 10000/- දක්වා වැඩි කිරීමට තීරණය කරන ලදි. එම ගෙවීම 2008 ජූලි මාසයේ සිට ක්‍රියාත්මක වේ.

අ.කළේ/ගාමිණී එස්. සෙනරත්
ජනාධිපති අතිරේක ලේකම්/කාර්ය මණ්ඩල ප්‍රධානි
ජනාධිපති ලේකම් වෙනුවට

දීපා ලියනගේ
ජනාධිපති සහකාර ලේකම්



පොදු විමසුම්ල අංක :- 01-13/2008

මගේ අංකය :- MA/MS/F/13/2008
සෞඛ්‍ය ආරක්ෂණ හා පෝෂණ අමාත්‍යාංශය,
"සුවසිරිපාය",
පුරාණ මල්දෙණිය විමලවංශ මාවත,
කොළඹ 10.

2008.05. 06

සියළුම පළාත් සෞඛ්‍ය සේවා අධ්‍යක්ෂවරුන්,
ප්‍රාදේශීය සෞඛ්‍ය සේවා අධ්‍යක්ෂවරුන්,
ශ්‍රීලංකා පෝහල්/මහ රෝහල් අධ්‍යක්ෂවරුන්,
විශේෂිත විනාශාගී අධ්‍යක්ෂවරුන්,
සියළුම ආයතන ප්‍රධානීන්,

සෞඛ්‍ය සේවා දෙපාර්තමේන්තුවේ වෛද්‍ය නිළධාරීන්ට සහ දන්ත ශල්‍ය වෛද්‍යවරුන්ට විවේක කාල රාජකාරී සඳහා දීමනා, ප්‍රවාහන සහ පැමිණ සිටීමේ දීමනාව ගෙවීම.

අංක 1640 හා 1994.10.03 දින දරණ පොදු විමසුම්ලේඛයේ සඳහන් මාසයකට රු 5000/= බැගින් වූ වෛද්‍යවරුන්ට ගෙවනු ලබන විවේක කාල, රාජකාරී බාධා දීමනා, ප්‍රවාහන සහ පැමිණ සිටීමේ දීමනාව මසකට රු 10000/= දක්වා වැඩි කර 2008.07.01 දින සිට ක්‍රියාත්මක වන පරිදි ගෙවිය යුතුය.

මෙම විමසුම්ලේඛය ජනීය වැටුප් හා සේවක සොයිමේ සභාවේ නිර්දේශය අනුව හා ආයතන අධ්‍යක්ෂ ජනරාල්ගේ අනුමැතිය ඇතිව නිකුත් කරන ලදි.

වෛද්‍ය ෂ්‍රී මේඩිස්
සෞඛ්‍ය සේවා අධ්‍යක්ෂ ජනරාල්

අත්සන් කළේ
ලේකම්
සෞඛ්‍ය ආරක්ෂණ හා පෝෂණ අමාත්‍යාංශය

පිටපත් :-

01. ආයතන අධ්‍යක්ෂ ජනරාල්
02. ජාතික වැටුප් හා සේවක සංඛ්‍යා කොමිසමේ සභාව.
03. විගණකාධිපති.
04. ප්‍රධාන ගණකාධිකාරී.

SATURDAY AN OFF DAY FOR MEDICAL OFFICERS

Today Sri Lankan Doctors are working 5 ½ days out of 7days. The GMOA has taken action to recognize Saturday as a part of the weekend - a holiday.

Today Sri Lankan doctors are delivering patient care in an overcrowded work setting. In addition they are working 5 ½ days out of 7 days. Because of that, doctors in Sri Lanka are not entitled to a meaningful weekend. According to the productivity parameters, working without rest in this manner would definitely affect the productivity of medical professionals.

Secondly, the day to day affairs of doctors and their family life is compromised due to lack of time in their busy schedule. Since Sri Lankan doctors are underpaid, the private practice which they are doing as compensation has kept them away from activities of human living-especially in the case of doctors posted to periphery who have hardly any time to spend with their families.

Globally, the working hours of doctors are scaling down and there is hardly any country in the world, where doctors engage in official work during the weekend as official work. The norm is roster arrangements for the weekends. This is practiced in other countries as a measure to improve the productivity and to overcome the problem of litigation against doctors by the public by minimizing the chances of negligence.

In those countries, certain categories of doctors have been made to enjoy their leave as a mandatory and the doctors who fail to utilize their leave are asked to give explanation. However, in contrast Sri Lankan doctors even after doing work for 5 ½ days out of 7 days of a week at the expense of their valued weekend, it is not appreciated by at least a word either by the ruling hierarchy or by the public or media.

Considering the above, the GMOA decided to demand for a 5 day work week for doctors in par with other countries.

At the initial discussion with the Ministry of Health we were made to understand that there is no circular which governs the duty hours of work in the Health Ministry. Instead there is a private practice circular. Hence one way to interpret the duty hours is to calculate the time which is prohibited for private practice, as our duty hours.

Progress of the issue so far

- Preparing GMOA submission -this submission contained,
    1. Justification
    2. Readjusting duty hours to maintain the total number of working hours per week unaltered
- GMOA made submissions to Secretary/Health and the committee appointed by Secretary/ Health. (Annex 10)
- GMOA has made submissions to Secretary/ Ministry of Public Administration and to the salaries & Cadre Commission with regard to above.

Current Status

Ministry of Public Administration accepted the proposal from the Ministry of Health in principle and requested to submit the proposal from the Ministry of Health with following concerns.

(a) Impact on the quality of patient care services
(b) Impact on the quantity of patient care services
(c) Financial Implications of the proposed alteration of duty hours

Saturday off for Medical Officers

At present Medical Officers are on duty for 34 hours or 5 ½ days a week. (6hrs x 5 days + 4hrs on Saturday) Due to this Medical Officers cannot enjoy a meaningfull weekend. Our counterparts in other countries serve five days or even less and weekends are covered by rosters. This requirement has been justified internationally based on productivity and several other scientific parameters.

Inbalance in decision making created due to overwork has been highlighted in several litigation issues. As such, Medical Administratives in other countries call for explanations from Medical Officers if they work beyond their accepted duty hours.

In 2004 the GMOA pointed out this matter to the National Council for Administration (NCA) chaired by Mr. Thissa Devendra a request which which they considered reasonable.

Furthermore, on 14/08/2007 the GMOA made representations to the Secretary/ Health requesting duty hour adjustment to make a five day work week for Medical Officers. However, so far we have been able to moved forward in this regard.

As such, it is time for us to alter our working hours, weekdays from 8.00 a.m to 12.00 noon and 1.00 p.m to 4.00 p.m thus making 35 hours per week (7hrs x 5days)

LITIGATION AGAINST MEDICAL PRACTITIONERS

Many Medical Officers are facing litigation problems related to their practice. This has spread to most disciplines of all the medical fields, obstetrics being the worst affected. Even though our medical officers work untiringly in suboptimal conditions this is not understood by the general public. In addition the media gleefully carry sensationalized stories of mal-practice.

"Willful amputation of a poor soul's leg by pitiless doctors" is only one such example.

Following are some **ways used to sue / implicate Medical Officers**

Formal

1. Inquires conducted by Health Institutions (by the Head of the Institution)
2. Inquiries conducted by Ministry or Department of Health
3. Inquiries conducted by the Sri Lanka Medical Council (SLMC)
4. Civil inquiries conducted by the Police
5. Criminal inquiries conducted by the Police
6. Courts-civil litigation
7. Courts-criminal litigation
8. Human Rights Commission (HRC)

Informal

9. "Informal Inquiry" is done by the media.

However trivial the incident and complaint may be, all these mechanisms, if applied, can be used to completely disturb and harass a MO by summoning for various inquiries, even though He may even get exonerated at the end.

The worst sequence of events is where the MO will be liable for a penalty of a large sum (of millions) and may be sent to jail if criminal basis is proven. In these events an unfair and a pathological role is played by opportunistic categories, namely politicians, certain doctor aversive media, certain categories of lawyers, some insurance personnel, etc. Recently certain NGO's have also joined the party. They create a public opinion which may make the final judgment biased against the doctors.

The situation is extremely unhealthy and unfair to the MOO. One doctor had committed suicide after a letter of explanation from the SLMC due to a complaint by such a group.

As such, the GMOA has taken steps to address this issue and work hard to find solution that is acceptable to the doctor as well as to the patient and also to the system.

Medical defense unions, indemnity insurance schemes, establishment of a medical ombudsman and necessary legislative changes are **possible options** that the GMOA has given attention to. But this needs discussion first in the medical fraternity and then beyond. It involves legal, police and administrative spheres. As such we are planning to arrange a series of workshops in order to evaluate the issue and find acceptable solutions available to overcome this situation.

The following actions were taken

- Publication of a comprehensive newsletter to educate membership on this issue
- The GMOA held the first workshop on litigation on 06th May 2001 at BMICH (report of the workshop is annex 11) and second workshop on 11th of May 2008 at the Blood Bank Auditorium Narahenpita to educate the membership of the situation.
- At this workshop, a descriptive study on the basic knowledge of the Medical Officers on litigation was done on a format from the participants. Representatives from the Sri Lanka Medical Council (SLMC), Ministry of Health, Attorney General's Department, and the Police, the Sri Lanka Medical Association (SLMA), all Medical Professional Colleges, the Faculty of Medicine Teachers Association (FMTA) and representatives from private sector were among the participants. (Agenda of the second workshop is annex 12).
- Based on the facts collected from the first workshop, the GMOA is planning to arrange the second workshop on matters related to proper medical documentation, Doctor -Patient communication skills, Medical Defense Unions, Indemnity Insurance coverage and medical Ombudsmen etc.
- As immediate measures to overcome the harassment of Medical Officers by opportunistic parties, the GMOA has formed a subcommittee to handle issues related to litigation. Its task is to help Medical Officers on documentation, and provide legal advice and legal assistance, when there is an issue of litigation.. The committee has already helped many medical officers to face their allegations.
- The GMOA vision is to develop a mechanism of inquiry fair by Doctors, Patients and the system.

GMOA ENSURE THE INCLUSION OF EXPERTS IN INQUIRIES INTO CLINICAL INTERVENTIONS

The Health Ministry inquiries into clinical matters were conducted by non medical personnel from the 'Investigation Unit' of the Ministry of Health. Since they lack the expert knowledge in the respective field of medicine, the credibility of the inquiry is in question. Consequently Medical Officers face unnecessary difficulties. Patents loose faith on this kind of fact finding inquiries.

As such the GMOA discussed this important matter with Dr. Athula Kahandaliyanage, Secretary / Health and he agreed to overcome it by implementing his own agreement as the Director General of Health Services in 2004.

Accordingly thereafter, the inquiry panel should have an expert from the relevant clinical field in inquiries into clinical events. (Annex 13, 14)

DGHS/MISC/2004
05.10.2004

Dr. A.B. Padeniya,
Secretary / GMOA.

Disciplinary Inquiries against Medical Officers

This refers to your letter dated 30/09/2004, regarding the above subject.

I have discussed this matter with the DDG (Investigations) and have advised him accordingly.

As such, disciplinary inquiries that do not involve purely technical matters but administrative and disciplinary issues will be conducted by the senior officials of the Investigation Unit of the Ministry of Health, Colombo. Whenever matters pertaining to the technical issues are to be investigated against medical officers, assistance of a technical expert would be sought by the DDG (I).

This will be brought to the notice of the Provincial Directors of Health Services and Deputy Provincial Directors of Health Services at the next Health Development Committee.

Dr. H.A.P. Kahandaliyanage
Director General of Health Services

Cc: Dr. Samarage - To present this at the next Health Development Committee for the information of the PDDHS and DPDDHS
1. DDG (MS)
2. DDG (Investigations)
3. D /TCS
4. D /MS
5. D /A(MS)

INCLUSION OF MEDICAL OFFICERS FOR OFFICIAL TRANSPORT

The GMOA had made representations regarding the above facility to His Excellency the President Mahinda Rajapakshe and it was directed to the Minister of Public Administration to look into this matter favourably.

The GMOA made a submission on inclusion of Government Medical Officers for official transport as per PA Circular 22/99 of 05/10/1999, and had a discussion on 11.09.2007 with Hon. Karu Jayasuriya, Minister of Public Administration.
In response to written submissions and discussions with the Minister of Public Administration, the GMOA was invited to make verbal submissions to the committee chaired by Mr. D Dissanayake / Secretary Public Administration and his officials, where the proposal was agreed to in principle.
Later, Secretary / Public Administration called for recommendations from Secretary / Health. The Secretary / Health forwarded his recommendation to the Public Administration Secretary justify the above request on hierarchical position of Medical Officers belonging to the senior level of the public service and the salary scale that qualifies them to be recognized for this facility. (Annex 15)

The GMOA is currently in negotiation with the relevant authorities in finalizing the above proposal.

FOREIGN PLACEMENT COORDINATING CENTRE

As of today Sri Lanka doctors are underpaid compared to their counterparts in other countries, resulting in a brain drain. Potential revenue generation by employing doctors overseas for short duration has never been explored. Such a mechanism would be used to improve the financial stability of the doctor while retaining them in Sri Lanka. Medical intellectual labour exportation would generate significant revenue to the country as well. On the other hand, such a scheme would facilitate the exposure of our doctors to different skills and atmospheres with different attitudes. Finding an overseas placement for postgraduates has become more difficult than ever. Although overseas training is mandatory to get the board certification as a consultant there has been no proper institution or mechanism to support postgraduate trainees. In addition, there is uncertainty among doctors regarding the job guarantee after 2010.

The Government Medical Officers Association (GMOA) proposed to establish a Foreign Placement Coordinating Centre (FPCC) to address several issues including the above mentioned. This initial proposal was submitted to HE the President Mahinda Rajapakse in 2005 and subsequently it was adopted as a national policy and spelt out in the Budget Speeches of 2005 and 2007.

It was decided to establish this centre as a collaborative project of the GMOA, the Presidential Secretariat, the Ministry of Health and the Post Graduate Institute of Health Instructions were given to the Secretary Health and Treasury Secretary to provide necessary support and guidance. A steering committee was appointed consisting of representatives from the GMOA and the Ministry. The objectives of the FPCC developed by the steering committee are;

01 To arrange foreign placements for Post graduate trainees
02 To arrange foreign placements for specialists and non-specialist medical officers
03 To encourage doctors to obtain relevant qualifications, this will help them qualify for overseas placements
04 To ensure the smooth functioning of the healthcare system in Sri Lanka without disruption
05 To coordinate and make recommendations with the Post Graduate Institute of Medicine, Ministry of Health (MOH), Ministry of Finance, Ministry of Foreign Affairs, Ministry of Foreign Employment and other relevant organizations.
06 To conduct awareness programmes about the available opportunities
07 To promote research and collaboration at national and international level in order to attract research grants to our country.

The executive committee was appointed with representatives from relevant institutions such as the Presidential Secretariat, Ministry of Healthcare & Nutrition, GMOA, PGIM, Foreign Employment Bureau, Ministry of Foreign Affairs Employment Promotion & Welfare, Ministry of Higher Education, Ministry of Finance and UGC etc.,

This centre is presently functioning at the Bandaranayake Building, National Hospital of Sri Lanka. A website was developed and linked to the website of the Ministry of Health and a registration process was initiated. This project will facilitate coordination between Sri Lankan doctors and overseas employers to find placements for Postgraduate trainees. Other benefits of this centre are to generate more foreign currency to the country through skilled labour exportation, to establish collaborations with overseas centers and promote research, to maintain international standards of our healthcare system. Furthermore this will help to address the unemployment of medical graduates through this project positively. A mechanism will be developed to give no pay leave for doctors to take overseas appointments without disrupting the smooth functioning of the local health system. Leave will be granted upon confirmation of the overseas job opportunity for a limited time period.

The EPCC will be registered under the Foreign Employment Bureau and will be conducting training programmes to improve necessary skills to apply for overseas jobs.

An IELTS resource centre has been established attached to the EPCC. IELTS course specifically designed for doctor has been initiated and is in full function now. Establishment of the FPCC and the IELTS resource centre (English Language Laboratory) are the two arms of implementation.

A workshop on CV writing, Auditing and foreign training related issues were conducted with the well attended inauguration ceremony of Foreign Placement Coordinating Centre.

Inauguration of Foreign Placement Coordinating Centre

Venue : Surgery Lecture Hall, National Hospital of Sri Lanka

Date : 3rd May 2008 Time : 8.30 a.m. - 12.30 p.m.

Tentative Programme

8.00 a.m.	Registration	
8.30 a.m.	Welcome speech by	- **Dr Vajira Senarathna** / President GMOA
8.40 a.m.	Address by	- **Dr Athula Kahandaliyanage** / Secretary Health
8.50 a.m.	"Concept and Establishment of Foreign Placement Coordinating Centre"	- **Dr A B Padeniya** / Secretary GMOA
9.20 a.m.	"Role of the Medical Professional of Sri Lanka in Knowledge Economy"	- **Dr P B Jayasundara** / Secretary, Ministry of Finance
9.50 a.m.	Role of the Ministry of Health	- **Dr S T G R de Silv a** / DDG MS I/ Ministry of Health
10.05 a.m.	Role of the PGIM	- **Prof Rezvi Sheriff** / Director, PGIM
10.35 a.m.	Brain Storming and Views	
10.50 a.m.	Refreshments	
11.05 a.m.	"What features of your CV would keep you above others" Chairpersons: Prof Lalitha Mendis / Dr Lalith Perera	- **Dr. Palitha Abeykoon** / Senior Advisor WHO
11.35 a.m.	"Expectations of an Employer Abroad" Chairpersons: Prof Rezvi Sheriff / Prof Harendra De Silva	- **Dr Srilal De Silva** / VP LRH
12.05 a.m.	(i) Current situation of employment opportunities in other countries	- **Dr Wasantha Wijenayake** / VS OPD (Acting) NHSL
	(ii) Sri Lankan Experience of Placement in UK for Post Graduates by Sri Lankan Representative Committee of the Royal College of Obstetricians & Gynecologists - **Prof Harsha Senevirathna** / Head professional Unit DMH Chairpersons: Dr Upali Banagala / Dr Narendra Pinto	
12.45 a.m.	Vote of thanks	

ELIMINATION OF ILLEGAL MEDICAL PRACTITIONERS

Sri Lanka has been facing the menace of medical quacks for a long period of time. This has gone unattended as it was not considered as a priority by the local Police or Politicians.Despite the efforts of various medical categories and professional organizations we were unable to curb or prevent this menace for over 35 years.

As a first step, on 18th March 2008 we requested for an appointment from the Attorney General Hon. C R De Silva to discuss this matter in detail. We were pleased with the prompt appointment given to us on the very next day and the contribution and interest of the Attorny General. He appointed Mr. Palitha Fernando, Addl. Solicitor General to laise with us on the issue. Further, on the Hon. Attorney General's advice, we met the Inspector General of Police (IGP) Mr. Victor Perera few days later. The response and enthusiasm shown by the IGP and his team of officials put us at ease and we were determined that we could achieve the goals we have set ourselves.

As a result, Legal Division of Police has embarked on collecting data on all legally qualified medical practitioners under the following Ordinance /Act,

- Medical Ordinance
- Ayurveda Act
- Homeopathy Act

The GMOA have also asked its members to provide the GMOA with the details of quacks in their areas. Through this mechanism the quacks are eliminated with the help of the police. The effort and corporation shown by Mr. Gamini Navarathne (Senior DIG), Mr. M K D W Amarasinghe (SSP) Director / Crimes, Mr. Gamini Dissanayake (SSP) Director / Legal is much appreciated.

It is an additional problem that Ayurvedic Practitioners tend to practice Allopathic Medicine by prescribing western drugs. To eliminate this wrong practice, the police needs technical assistance from medical / pharmacy experts. As such the GMOA discussed this matter with Dr. Athula Kahandaliyanage, Secretary / Ministry of Health and Dr. Ajith Mendis, Director General of Health Services. It was agreed to mobilize officials of the Department of Health under the powers vested in Cosmetic, Drugs and Devices Act. The Authorized Officers under this CDD Act are Medical Officer of Health, Police and Food and Drug Inspectors.

(Annex 16 - Police Circular to prepare data base)

SCHOOLING OF CHILDREN OF GMOA MEMBERS

Schooling of the children of Medical Officers has been a major concern in the past since Medical Officers, including Specialists are transferred once in every four years in order to provide health services to the remote areas of the country.

Admitting of children to a nearby school of reasonable standard was a major problem since most national schools at Provincial and district levels decline to accept their children due to restrictions associated with the general admission procedure.

The GMOA was successful in releasing guidelines for lateral entry of children in 2005. This year the task became much more challenging and dynamic due to the crisis situation arising following the amended guidelines. However amidst the chaos the GMOA successfully negotiated the admission of many students to year one this year, with a 100% success rate. We have also made representations to the Ministry of Education on revising future admission criteria which was facilitated in year 2009 admission criteria when, Government Medical Officers were given priority in the transfer scheme.

The GMOA is negotiating with the Ministry of Education to further improve the existing circular to facilitate the admission of children of membership in the coming years.

HOUSING SCHEME FOR MEDICAL OFFICERS

Finding suitable accommodation to doctors in the vicinity of Medical Institutions is a major challenge. This has been a longstanding issue which needs adequate attention. In this regard GMOA has proposed to the Government to set up a housing village in the district capital exclusively to its members similar to the Housing programmes for Government Servants, Judges, Politicians etc .

As such GMOA made representations to His Excellency the President for a Housing Scheme. Presidential Secretariat directed us to trace for suitable government land for the said purpose. Currently we were able to spot two lands one at Rajagiriya 'and one in Kandy. According to the legal advice given to us the land should be offered to a "Company". GMOA formed one "Company" with Board comprising of Doctors for the land at Rajagiriya .

This "Company" will comprise of few doctors as Board of Directors. It will only be company of name sake and all activities need to be out sourced to a "Developer" and a "Constructor" of the Hosing Scheme. Currently GMOA lawyers have taken steps to register this Company as "Doctors Residencies" for the land at Rajagiriya . Dr. Vajira Senaratne and few others were mentioned as the Board of Directors. Each land you select needs similar arrangement. Branch unions were requested to have parallel programmes in their districts.

Dr. Parakkrama Warnasooriya has made a commendable contribution in this exercise.

Another mechanism is also proposed. That is to request a few reputed companies to propose housing models custom made for doctors. GMOA has already initiated discussions with constructing companies to develop such models of housing complexes.

CAR PERMIT FOR MEDICAL OFFICERS

Several issues were taken up in relation to importation of motor vehicles under concessionary terms. The GMOA would like to highlight the achievements which have been made at the discussions with His Excellency the President Mahinda Rajapakshe and Dr. P B Jayasundara, Secretary to the Treasury, during the past year. (Annex 17)

1) The GMOA successfully negotiated to reduce excise duty as well as other taxes like RIDL, SRL etc, This has resulted in the saving of approximately Rs. 200000.00 to 300000.00 to the membership.
2) Sri Lanka customs was directed to refund additional taxes which were charged from our members in November 2007 and January 2008, thereby reducing the amount of total expenses up to Rs. 100,000.
3) To overcome the exceeded CIF limit, the GMOA negotiated with the treasury to increase the buffer zone of CIF value up to 20% and this enabled our members to clear their vehicles which were uncleared at the harbour. The demurrages which were due to be paid were also taken off by the Sri Lanka Port Authority on request.
4) Validity of the permit was extended up to additional six months from the date of expiry.
5) Mortgaging of the vehicles to private banks was achieved with an amendment to the existing circular.
6) The unsightly red number plate was changed to a more appropriate one.
7) The GMOA Negotiated with the Treasury for an increase of another 10% to the buffer value of the CIF to overcome the problem of vehicles being held up in the port following depreciation of the dollar against other currencies.

The GMOA had discussions with motor car companies to settle issues raised by the members.

1) Successfully negotiated with Toyota, United Motors and KIA to fix the lacking components.
2) A compensation package was introduced by KIA to overcome the problem arising due to miscalculation of taxes.
3) United Motors, Car Mart and Micro agreed to rectify the delay in supply of vehicles and different compensation mechanisms were introduced.
4) Complaints were made to the Consumer Affairs Authority regarding a defaulted car company and legal action was taken.

Car Permit - Present Status

Issuing of the car permit was suspended when one year was completed.
The GMOA made representations to the Secretary / Ministry of Finance on following issues and progress is as follows.

a) Doctors who have already opened LC's were allowed to proceed.
b) Banks refused significant number of LC's that were opened just prior to 31st March 2008. The GMOA made representations to Governor, Central Bank and to the Secretary / Ministry of Finance to instruct banks through an internal circular which facilitated approximately two hundred permit holders to open LC's.
c) Our effort to reactivate the circular at a later date was formally accepted by the Secretary / Ministry of Finance.

The GMOA requested the members who were affected due to this sudden suspension of the circular to send us their requests.

GMOA PROTEST AGAINST MINISTER NIMAL SIRIPALA DE SILVA DICTATING TERMS ON MEDICAL PRESCRIPTION

Health Minister Nimal Siripala has taken to dictate terms on medical prescription (Annex18). This is one of the consequences of the PMIR Act.

The issue of generic prescription was put forward with a Socialist face, hooking it with Senaka Bibile's Policy.

The underhand aims of this issue was well fitted to the mulish attitude of the Minister and, he was shameless to state in public, that any doctor who does not obey this rule would be imprisoned ("Jail or Generic"). This created an unnecessary crisis, when the rules of prescription are clearly stated in the Cosmetics, Drugs and Devices Act published in July 1992.
It is very clear the prescription is a professional issue and the doctor should have adequate freedom to choose the option that he thinks is best.

The Doctor- patient relationship is mutual and depends on trust and respect. Except for a few, it is very unlikely that a doctor would prescribe costly drugs to his/her patients when a cheap alternative is available.

Furthermore, less than 150 drugs are available in generic names in Sri Lanka; therefore prescribing in generic name only will privilege the pharmacists among whom a large number of quacks are found to choose the brand to give. That would be worse, than a doctor prescribing a brand drug.

On the other hand some prescriptions cannot be written in brand names, multivitamin preparations, some combined preparations, Formula feeds for infants and Inhalers being some examples. We raised the issue at a discussion with His Excellency the President, and were able to convince His Excellency to suspend this rule of obligatory Generic Prescription.

SLMC Response Newspaper Article. (Annex 19, 20)

GMOA PROTEST AGAINST REGULATING PROFESSIONAL MEDICAL FEES

Professional Fee Regulation is not done in any country in the world and it is demeaning our profession and interferes with the independence of professionals.

The Minister attempted regulating Professional Standards through the Private Medical Institutions Registrations Act. The Minister has incorporated this regulation without any discussion with the stake holders and even some members of the Regulatory Council (of PMIR Act), were not aware of this regulation.

The extracts from the Gazette notification on regulations made by the Minister under section 18(2) (B) of the PMIR Act, No.21 of 2006 for your information, is annexed. GMOA strongly protested against this regulation which is neither practical nor implementable.

The GMOA discussed this issue at the meeting held with His Excellency the President on 11.01.2008, and agreed to make arrangements for amendments. For the information of our membership we would like to highlight once again the dangerous section of the PMIR Act.

"18.(1) ***The Minister may make regulations*** *in respect of all matters required by this Act to be prescribed or in respect of which regulations are authorized to be made. also see 18.(2) (a) to (i)"*

(Annex 21, 22 - Copy of gazette, Minutes of the meeting with His Excellency the President)

GMOA PROTEST AGAINST OVERSEAS LEAVE RESTRICTION TO 21 DAYS BY HEALTH MINISTER

According to the E-code provisions, Medical Officers are entitled to a maximum of 84 days of leave to be spent abroad. This provision was violated by Mr. Nimal Siripala De Silva, in circulars dated 01-02-2007 and 02-02-2007(Annex 23)

The GMOA protested against this issue and the Secretary/Health agreed to withdraw the circular in favour of reverting back to the Establishment Code. (Annex 24)

RESTRICTION ON POST GRADUATE TRAINING BY HEALTH MINISTER

Post Intern medical officers of the batches of February and June 2007 were prevented from pursuing Postgraduate courses for four years (by Mr. Nimal Siripala) as stated in their Post Intern Appointment circulars dated 23.02.2007 and 22.06.2007.

This circular was amended on 15th October 2007 due to strong representations made by the GMOA and they were given the right to do Post graduate exams without restrictions.

PGIM ISSUES

PGIM Course Fee Abolished

The PGIM is an institution under the University of Colombo, funded by the Ministry of Higher Education. In 2003 the government made a policy change to convert all post graduate institutions to be self funding organizations. This resulted in a remarkable reduction in funds allocated to the PGIM from the government. The sustainability of the PGIM became a challenge. The Board of management of the PGIM therefore decided to pass the burden to the PG trainees by increasing their course fees and examination fees.

At this juncture, the GMOA protested against this fee hike which was almost 400% of the previous amount. Course fees exceeded a month's salary of a PG trainee. Then arose the question of whether the PG trainee should shoulder the burden of the sustainability of the PGIM. The stand of the GMOA was that no post graduate fee should exceed 25% of the salary of a trainee. In order to solve this critical issue the GMOA held a discussion with the officials of the Ministry of Health to seek the possibility of the Ministry sponsoring the PG trainees. Extracts of the meeting are given below;

Minutes of the Meeting with Secretary / Health and GMOA held on 07-04-2005 at the Secretary / Health's Office.

Present:

1. Dr. Nihal Jayathilake, Actg. Secretary, Ministry of Health
2. Dr. Athula Kahandaliyanage, DGHS
3. Dr. Stanley de Silva, DDG(ET&R)
4. Mr. E.A. Piyasena, Chief Accountant
5. Mrs. R. Ahamed, Legal Officer
6. Dr. A.B. Padeniya, Secretary/GMOA
7. Dr. H.B.J.C. Ariyaratne, Treasurer GMOA

Agenda Item No. (3) **Funding for the Human Resources Development by the PGIM.**
The GMOA explained that there is a discrepancy in the Departments commitment to Human Resource Development with regard to Medical Officers. For instance the Department allocates over 800 Million for the training of Nurses and there is only a very small commitment from the Department for the Medical Officers. It was also stated that although the Ministry funds the foreign component of the Postgraduate training it does not fund the local component. The GMOA requested that this facility be extended to cover the local component as well. The Secretary agreed to allocate Rs. 50 Million initially for ongoing training programmes. Funds to be sent directly to the PGIM from the ET&R Budget. The final modalities of payment are to be discussed with the D/PGIM.

The Course Fee of current Postgraduate Trainees attached to PGIM will be provided to the PGIM. It was suggested by the GMOA to reimburse the examination fee for the successful attempt. The Secretary agreed to the suggestion.

Subsequently the course fee was abolished. Today we are working hard to get retrospective effect to this issue at least up to 2004. During this phase of crisis the GMOA requested those members to refrain from paying these increased fees. however, some members paid the course fee disregarding GMOA request.

The financial allocation for above reimbursement was utilized by the PGIM for other purposes. As such GMOA protested against the PGIM and requested the Secretary/ Health to provide the reimbursement from the Ministry of Health. Now reimbursement is made for PG trainees.

Examination fee of the PGIM at successful attempt

According to the Health Service Minute, Postgraduate trainees can obtain reimbursing of the examination fee of PGIM only if they are successful at the first attempt. In April 2005 we were able to obtain the approval of the Secretary/Health to change and replace the word **"First Attempt" to "Successful Attempt"** irrespective of the number of attempts of the candidate. A cabinet paper was prepared for approval by the Cabinet (of Ministers) in order to amend the Health Service Minute.(See Health Service Minute)

Cabinet Memorandum
To amend the Minute in Regard to Medical Personnel of Health Services
No :662/11 - 1991/05/17

Part I : Section (I) - General

Existing Clause:-

8. Post Graduate Examinations
   8.1 The Registration fees along with examination fees of the Post Graduate Institute of Medicine will be paid by the Government provided the officer passes the final Post Graduate examination at the first attempt.

To amend as,

8. Post Graduate Examination
   8.1 The Registration fees along with examination fees of the Post Graduate Institute of Medicine will be paid by the Government at the successful attempt.

However Mr. Nimal Siripala De Silva has not yet shown his willingness to forward the document to the cabinet of Ministers.

Four (4)Weeks Official Leave for IELTS

GMOA requested the Ministry of Health to offer official leave of four (4) weeks to prepare for and to sit for the IELTS examination.

Secretary /Health with effect from 14-02-2007 agreed to this proposal as follows:-

First attempt - 4 weeks study leave

Subsequent attempts - 2 weeks study leave for each attempt

PG Trainees Are Entitled To 2 Months Official Leave to Process Foreign Training

GMOA requested the Ministry of Health to grant two (2) months of official leave for Service Registrars to make arrangements with regards to foreign placement. Where they receive confirmation of foreign placement. This request was agreed to by the Secretary/Health with effect from 14/02/2007.

Composition of Board of Management /PGIM

The Current Board of Management (BOM) of the PGIM does not comprise of representatives from the Boards of Study. This is in contrary to the organizational structure of the university system. As such, the composition of the BOM of the PGIM was not representative of its working structure. In the university system, the Faculty Board consists of all the lecturers and several student representatives. The Senate comprises all Heads of Departments, Professors and student representatives. Therefore the composition of the BOM of the PGIM needs to be changed to include representatives from Boards of Study. Postgraduate trainee representation also needs to be included. This will bring a healthy change to the BOM of the PGIM in order to make PGIM a Postgraduate friendly institution

Restricting number of attempts at postgraduate examinations

GMOA made representation to the PGIM to lift the restriction on the number of attempts to which the PGIM agreed. Extracts from the PGIM Newsletter Vol 2 Oct - Dec 2006 :,

Unlimited attempts at entry exams

The PGIM BOM has agreed to unlimited attempts at entry exams for courses (Certificate/Diploma/Msc/MD/MS etc.) The rules about other exams remain as per Boards of Study regulations. This will apply from 01-01-2007."

BIRTH & DEATH REGISTRATION

Representations were made to the GMOA by many branch unions regarding problems faced by them related to documentation of births and deaths in their hospitals.

As of today, when patients get admitted to the hospital they declare their identity and other details verbally to the staff. All hospital activities including medical documentation take place without verifying the legality of the information provided, as it is not practical in most instances and usually correct information is provided by the patient. However this opportunity has been abused by certain personnel especially in relation to births and deaths. In such circumstances, doctors quite unfairly also become liable for the legal material they attest. Recently the following incidents had taken place using this deficiency.

(i) Inaccurate Insurance claims
(ii) Issues in relation to Inheritance matters
(iii) Fraud to escape legal proceeding on adoption of children
(iv) Death certificate issued to living persons

As this deficiency leads to serious offenses, the GMOA has studied this problem comprehensively and has come up with several practical suggestions to rectify this situation. They need to be discussed with the relevant parties including Registrar General and law enforcing authorities prior to implementation.

- The GMOA requested that a meeting be summoned with all stakeholders to discuss this issue and to formulate a strategy. We requested that the following agenda items be included.

  (a) GMOA Submission on Birth and Death Registration
  (b) Director General of Health Services to cancel the general circular No 700 dated 27/10/1973
  (c) Director General of Health Services to issue a new circular to all medical institutions, PDHS and Medical Officers to use
    (i) form B 148 to notify births
    (ii) form B 12 to notify deaths

- "The GMOA Submission on Birth and Death Registration" was forwarded to Secretary / Ministry of Health with copies to Hon. Attorney General, Inspector General of Police, and Director General of Health Services, President / Sri Lanka Medical Council, Registrar General, Legal Officer / Ministry of Health, All PDHS and RDHS, All Heads of Health Institutions, All GMOA Branch Unions. (Annex 25)

SENATE OF THE MEDICAL PROFESSION

Dr. Anuruddha Padeniya proposed a concept of 'Senate of the Medical Profession'. He pointed out that most medical professional issues are kept unresolved by the medical profession itself.

This weakness is capitalized by outside parties by dictating terms to the medical profession on professional issues.

The proposal is to form a coalition with representatives from all disciplines of medicine and all geographical areas. Professional Colleges, IMPA and SLMA will represent various medical disciplines. GMOA branch unions will represent all geographical areas. The GMOA spelt out the proposal in its editorial in the Newsletter as follows.

November 2007 Newsletter - Editorial

Today we as doctors face a lot of problems. Some are unique to specialists. Some are unique to grade medical officers. These individual spheres intersect leaving most of the problems common to all of us. We have to be mindful that some issues are not merely trade union issues but are **professional issues** with a far reaching impact on the entire medical profession and also on the public in general. One good example is the **Private medical Institution Registration Act**.(PMIR Act)

If you have not spent two hours to peruse the **20 clauses** of this simple but extremely dangerous act you may have been under the impression that this act was introduced to regulate the chaotic private health sector. This is what the architect of the act, none other than the current Health Minister Mr.Nimal Siripala de Silva claims. He plays the role of the Good Samaritan. He was so shrewd to convince not only you but the entire parliament. But have you ever given a thought to see what these private health sector regulations are? And then to analyze the contents of the act to see whether what it promises happens through this act. The parliament has already enacted it. It is true that our negligence over last 8 years gave the Minister the best opportunity to fix us. So, we may be behind the accepted schedule to protest but **better be late than never.** Because if we were to give up at this juncture the damage would go past the recoverable stage.

This act would bring all **doctors under the "control" of the Health Minister** and even professional standards, hitherto the purview of the SLMC, would be within the clutches of him. How do you feel about minister deciding on medical standards? He will be empowered to monitor and supervise your patient care delivery without any limitation. Yet, all these activities would be called legal. He has also not forgotten to send his long arm to **collect a sizeable share of our earnings** to develop a fund under this act. He was witty enough not to specify the objectives of this fund. If you fail to comply you may be sued.

Why are we facing such consequences? The simple answer of the editor is **our negligence**. The editor also would like to point out that we medical professionals have failed to bring consensus into most of the professional issues. This vacuum is filled by personalities outside the medical profession to dictate terms to us. It had degraded to a level where politicos have started to declare medical standards. Alas; the tail is wagging the dog! It is time to summon the **SENATE OF THE MEDICAL PROFESSION**.

The GMOA has taken pains to coordinate such a move. We invited all professional colleges, SLMA for a common forum together with all GMOA branch union representatives. On our invitation the SLMC would be chairing this meeting with the GMOA

MATTERS RELATED TO DOCTORS WORKING IN NORTH & EAST

Doctors appointed to North & East Hospitals work under great difficulties. Their lives are under threat and in most areas they do not have even basic living conditions. However their service is not given due respect and their contribution to the nation is not appreciated. The GMOA Executive Committee had to work hard to give them due respect.

The GMOA positively addressed following issues of North & East doctors.

(1) 2006 North & East list which was due by December 2006 was given in July 2007 as the 1st task of the Executive Committee after getting elected.
(2) Arranging privileges for doctors at check points when passing through Medawachchiya
(3) Providing Air tickets and privileges for doctors working in Jaffna peninsula.
(4) Arranging food and lodging system for doctors working outside the Teaching Hospital Jaffna.
(5) Security threat at the Teaching Hospital Trincomalee was settled by the GMOA together with security authorities. (Provided special security, communication etc for doctors)
(6) When a Medical Officer was assaulted by a group of people in Trincomalee Hospital premises, he was tranfrred to Colombo and the needful was done by GMOA with in 12 hours on his request.
(7) Last but not least proposals were made to appoint a special subcommittee for North & East doctors from July 2008.

PROTEST AGAINST INTRODUCTION OF POST GRADUATE EDUCATION TO AMP BY PROF. RAVINDRA FERNANDO

The GMOA Branch Union at NHSL revealed that Prof. Ravindra Fernando has taken steps to conduct a Postgraduate diploma in toxicology for which AMPP were eligible. Later a course leading to Msc in toxicology was designed, to which AMPP with MD St.Petersburgh may be eligible, as the eligibility criteria was a registrable degree with the SLMC. As a further step in ensuring the development of qualified professionals in the field, the GMOA has made representations to the PGIM to design a Postgraduate course in Clinical Toxicology leading to a Diploma and MD qualification.

Stream lining the Poison Information Centre

The GMOA Branch Union NHSL revealed that Prof. Ravindra Fernando has taken steps to conduct a Post graduate diploma in toxicology for AMPP. GMOA Branch Union at NHSL brought to the notice of GMOA, that Prof. Ravindra Fernando who was in charge of the Poison Information Centre at NHSL employed an AMP at this centre for several years. This AMPP had given opinion to the media like a toxicologist.

As such the GMOA requested the Ministry of Health to appoint a Consultant Physician at NHSL to be in charge of the Poisons Information Centre and Dr. (Mrs) B A Lamabadusuriya was appointed (Annex 26).

When these facts were revealed in the GMOA news letter five members received a letter of demand from a lawyer acting on behalf of Prof. Ravindra Fernando

Subsequently Prof. Ravindra Fernando complained to the SLMC against the five key figures of the GMOA for publishing the above news in the GMOA newsletter. The key figures of the GMOA who are facing SLMC inquiry are,

(i)	Dr. A B Padeniya	Hony.Secretary/ GMOA acting as co-editor of the newsletter
(ii)	Dr. S P Abeywardana	Editor/ GMOA
(iii)	Dr. P D S Ubeysiri	Asst. Editor/ GMOA
(iv)	Dr. C Epitakaduwa	Acting Co-editor of the newsletter

In addition to the four (4) office bearers, Dr. Upul Gunasekara Spokesman/ GMOA is facing an inquiry for exposing in the media, the forceful removal of a computer from the "Poison Centre" which was donated to the centre by the WHO. The President, SLMC had referred the affidavits filed by Prof. Fernando to the preliminary proceeding committee. Prof. Fernando and all the GMOA office bearers have given oral evidence at the inquiry. The GMOA is confident the truth will be the ultimate winner at the end of this process.

Patient Care Services in Clinical Toxicology Services

Poisoning is one of the leading causes of sudden deaths and Sri Lanka is notorious for suicides by poisoning. However, the human resources development in Clinical Toxicology in Sri Lanka is not satisfactory.

As such, the GMOA proposed that a 24 hours drug and poison information centre should be opened in all provincial hospitals and PGIM courses be commenced, leading to MD in Toxicology.

After the appointment of a new head, Dr. B.A.Lamabadusooriya to the Poisons and Drug and Information Centre, a large number of activities were carried out in 2008 with the help of WHO funds.

- " Organizing the poison prevention week
- "The stakeholder meeting to make a combined effort
- Media Seminar to make public awareness about the poison prevention week
- Putting a half page paper advertisement in a weekly news paper
- Conducting an awareness program for nurses to update their knowledge
- Conducting two awareness programs to update their knowledge in two different districts
- Conducting one awareness program for farmers with agriculture officers to educate them regarding safe pesticide use
- Conducting one awareness program for agriculture field officers to propegate messages in safe pesticide use to farmers.

There were number of different programs carried out to reduce the cases of poisoning by the staff of NPDIC with the guidance of the new head Dr. B.A. Lamabadusooriya.

WELFARE OF GMOA MEMBERS

Mobitel Special Package for GMOA Members (RGRIP)

To increase the contactability among the doctors and with the hospitals, Mobitel introduced a special group package (RGRIP) with special rates and an unlimited outgoing free facility within the group (VNP) which was introduced from January 2008.

Special Credit Card

The GMOA discussed with Sampath Bank Computing System (Pvt) Ltd which issued a special credit card to members of the GMOA with following benefits.

1. Special credit limit
2. No joining fee
3. 0% usage volume to be reimbursed to the GMOA
4. Attractive discounts at selected merchants outlets.
5. Free travel insurance cover upto US $ 100,000/=
6. Life insurance cover of Rs. 500,000/=
7. Ability to redeem Plus Point Loyalty Points to pay the GMOA annual member subscription.

Lap Tops for Doctors

A Laptop computer is not a luxury but an essential item for a doctor. The GMOA has finalized negotiations with Informatics, the local partner for HP in Sri Lanka, to enable doctors to purchase a lap top with a significant discount. Since we are much aware of the financial situation of an ordinary doctor, we have further improved the package with an interest free easy payment scheme with Sampath Bank.

Introduction of Loans scheme through Peoples' Bank

The GMOA has reached an agreement with the Peoples' Bank to grant loans on soft condition to its members without a long delay and excessive documentation. Hundreds of members have already taken loans through this scheme at a nominal interest rate.

MINUTE OF THE SRI LANKA MEDICAL SERVICE

Medical Service as an all island service is governed by the rules and regulations laid down in the Medical Service Minute in addition to the Establishment Code. The existing Medical Service Minute was gazetted in 1991 and it was amended twice over the last 16 years to allow changes in the specialist transfer schemes. There had not been any change in the Minute for the benefit of all grades of medical officers in promotions, salaries and allowances etc.

Following restructuring of the Public Servants salary in 2006 according to the budget proposals, it was proposed to introduce a new scheme of promotions for the Public Servants. Accordingly, the 1st promotion (Grade I in Medical Service) should be granted in 6 years for the fast track performers, and in 10 years for average performers. To achieve these benefits, the existing Medical Service Minute should be changed.

A series of discussions were held with in the GMOA to amend the health service minute in favour of medical officers direct promotion. The GMOA is in the process of finalizing these proposals.

NEWS LETTERS

March 2007, Editorial - "Doctor" only for the namesake?

Contents

- Extra Duty Revision for Medical Officers and Specialists
- Foreign Employment for Sri Lankan Doctors
- Facilities in Periphery need improvement
- Sports Medicine & Psychiatry
- Medical Service Minute
- Erasure of SLMC Registraition
- Report of the workshop on Medical Litigation on 6th May 2001 at BMICH

November 2007, Editorial - Senate of the Medical Professions

Contents

- PMIR Act - Summary
- Report of workshop/Proposals

February 2008 , Editorial - Professional Stability of Today's 'Doctor'

Contents

- Extra Duty Revision for Medical Officers
- Interim Special Allowance for Specialist Medical Officers
- Disturbance, Availability & Transport Allowance
- Driver's Allowance for Medical Officers

April 2008, Editorial - Litigation Against Medical Officers

Contents

- Litigation Against Medical Practitioners
- Current Status of the PMIR Act
- Elimination of Quacks with the Help of Police
- Car Permit
- Revision of Doctors "Special Allowances"
- Extra Duty Rates Revised
- Special Allowance for Specialists
- Conduct of Dr. Rajitha Senaratne
- Prof. Ravindra Fernando Introduced PG Education to AMPs
- Mr. Nimal Siripala Dectates How to Prescribe - Only in Generic
- Mr. Nimal Siripala to Regulate Professional Fees
- Saturday an Off Day for Medical Officers
- Restriction on Post Graduate Training by Mr. Nimal Siripala de Silva
- Formation of "GMOA Sub Committee on Specialist Affairs & Fate of AMS
- Overseas Leave Restriction to 21 Days by Mr. Nimal Siripala
- Housing Scheme for Medical Officers

CME ARTICLES

1) Diabetes Mellitus by

Dr. Noel Somasundaram,	Consultant Endocrinologist
Dr. (Mrs) Gnani Somasundaram,	Consultant Physician
Dr. Charles Antonypillai,	Senior Registrar in Endocrinology

2) Venepuncture and Intravenous Cannulation by Dr. Duminda Rajamanthri, Consultant Vascular Surgeon

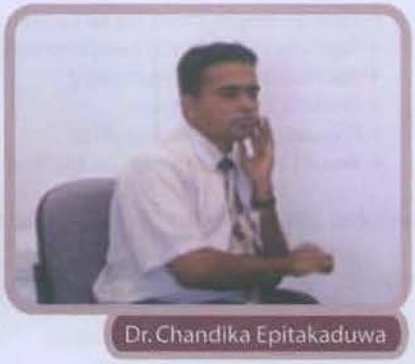
3) Food based Approach in Child Feeding by Dr. Renuka Jayatissa, Nutrition Specialist

MEDIA HANDLING & PRESS CONFERENCES

Media Spokesmen

Dr. Anuruddha Padeniya

Dr. Upul Gunasekara



Dr. Chandika Epitakaduwa

Press Conferences

1. **13.08.2007 at 12.30 noon**
   - i. Provision of official transport to Medical Officers
   - ii. Request for purchase of reconditioned/ used vehicles under concessionary vehicle permit.
   - iii. Revision of the transport allowance of Rs. 2000/= approved in 1992.

2. **05.10.2007 at 1.00 p.m.**
   - i. Political influence and interference to the appointments of medical officers
   - ii. Preventing newly appointed medical officers from following Post Graduate degrees until completion of 4 years.
   - iii. Reduction of foreign earned leave from 84 to 21 days.
   - iv. Political victimization by the investigation unit of Ministry of Health.
   - v. Investigation into the Rs.5500 million of corruption at the Ministry of Health revealed by the media.

3. **02.01.2008 at 11.00 a.m.**
   - i. Non provision of minimum facilities for intern medical officers in North & East provinces.
   - ii. Non availability of transport facilities to reach the North & East.
   - iii. Non payment of risk allowance and cost of living allowance.
   - iv. Improper transfer order

4. **18.01.2008 at 11.30 a.m.**
   - i. unacceptable policy of the present Health Minister Mr. Nimal Siripala De Silva
   - ii. Non revision of Disturbance, Transport, Availability allowance of medical officers before 01.01.2008.
   - iii. PMIR act, Drug Policy

5. **12.03.2008 at 12.15 noon.**
   - i. Non establishment of the National Drug information Centre
   - ii. Non publication of the Hospital Formulary and Drug Index for the past few years.
   - iii. Difficulties faced by medical officers in the North & East.

6. **02.05.2008 at 12.00 noon**
   - i. Future unemployment of Medical Graduates
   - ii. Elimination of Illegal Medical Practitioners (Quacks)
   - iii. Establishment of Foreign Placement Coordinating Centre for Doctors

7. **08.05.2008 at 12.30 noon**
   - i. Crisis situation at GH Ratnapura
   - ii. Difficulties faced by the patients due to indiscipline of Health Services

CONFLICTS IN HEALTH SECTOR HUMAN RESOURCES DEVELOPMENT

The training of all subordinate categories of Medical Profession was conducted by the Ministry of Health from its inception. These training programmes have been conducted at the well accredited schools established and managed under the Ministry of Health.

As a tradition all grades of Medical Officers provided necessary support in these training programmes. Being Medical Officers bearing the ultimate responsibility in patient care, GMOA had a satisfaction with the training of our subordinate categories. GMOA welcome the continuous professional development of these categories in order to improve the quality and efficiency of Health Services. GMOA has doubts as to whether the degree progammes conducted by the faculty of Allied Health Sciences Services of Sri Lanka Universities serve this purpose. Therefore the interested parties raised controversies with regard to the course content and the curriculum of the training programmes. As a consequence council of the university of Peradeniya appointed a three member committee consisting of :

Prof. J M Gunadasa (Chairman)
Prof. N A De S Amarathunga (Members)
Dr. A M L Beligaswatta (Member) to look into these matters and make necessary recommendations.

Acting Dean and the staff of the faculty of Allied Sciences continued with the training programme disregarding the recommendation of the said committee and the students were sent to Teaching Hospital Kandy and Peradeniya for clinical training. GMOA took up this matter with Secretary of Health in the presence of vice chancellor of university of Peradeniya and other staff of faculty of Allied Health Sciences on 07.08.2007. It was decided to change the curriculum and the course contents. Further it was decided to develop the job description of the nurses and other paramedical categories with the concurrence of the SLMC. Accordingly Dean and the staff of the faculty of Allied Health Science agreed to suspend the clinical training of the students of faculty of Allied Health Sciences until such time.

In contrary to the above decisions Secretary/Health has allowed the students of Faculty of Allied Health Sciences to undergo clinical training at Base Hospital Gampola, Nawalapitiya, Kegalle and Matale. Accordingly Dean of the faculty sent his students to Base Hospital Gampola but he has failed to get the concurrence of the MS and Specialists.

GMOA General Committee discussed this matter in depth and decided to request Secretary/ Health to suspend the said training and to implement the recommendations of the 3 member committee.

TRADE UNION ACTION (STRIKE)

The GMOA held a 2 hour Island wide trade union action on 11.01.2008 from 8.00 a.m -10.00 a.m on following issues.

1. To amend the PMIR act and regulation on professional matters such as medical prescription and professional fees
2. Unacceptable activities by Mr. Nimal Siripala De Silva, current Minister of Health
3. Harassment of medical officers using internal audit and investigating officers
4. Proposed cancellation of end posts for Specialists.
5. To revise the salary and allowances of Medical Officers
6. To revise the salary of Specialist Medical Officers
7. Amendment to the Drug Policy

NEONATOLOGY SERVICES IN SRI LANKA

This matter was discussed with Secretary/ Health and a Specialist Sub committee was formed comprising of all Specialists of disciplines of medicine representing all parts of the Island.

The discussions were based on and focussed towards improvement of patient care services as well as teaching activities for medical undergraduates and postgraduates.

Neonatology is a sub speciality in Peadictrics and has developed well in teaching hospitals. Today, Consultants of the respective subspecialty attached to Department of Health are undertaking leading roles in all sub specialties. Therefore neonatology can also be added to the list as the responsibility of the health service lies with the Department of Health as per Health Service Act.

HEALTH SECTOR EXCELLENCY AWARD

The Ministry of Health organized an awards scheme titled "Health Sector Excellence Award"

It was a political move by Mr. Nimal Siripala de Silva. The entire process is contrary to the accepted practice of Award Ceremonies of this nature. The GMOA protested against this progress.

07/03/2008

Dr.H.A.P.Kahandaliyanage
Secretary,
Ministry of Health Care & Nutrition,
Colombo.

Re: Health Sector Excellence Awards - 2008 (Circular No -MA/MS/D/13/2007)

Representations were made to the GMOA highlighting and protesting against several deficiencies in the above process.

GMOA strongly protest against above circular which categorize Specialists and medical Officers with AMP/RMP.

Categorization of Medical Administrations with Administrative Officers/ Accountants and other SLAS Officers are also unacceptable.

The entire selection for awards, were done on subjective basis without adopting transparent objective criteria. Allegations were that this awards ceremony is just a mechanism to build images of pre- planned personalities.

This would create very bad precedence and would have a negative and demoralizing effect on dedicated health care workers and entire health sector in general.

Thanking you,
Yours faithfully,

Dr. A.B. Padeniya
Secretary

POLICY ON RESOURCE ALLOCATION TO UNIVERSITY CONSULTANTS

In absence of a policy on resources allocation to university medical consultants, several unpleasant situations were created. Some ended up in courts. The GMOA developed a policy on resource allocation. The following letter indicates the policy.

On the GMOA request Secretary/ Health summoned the GMOA and the Medical faculty of Peradeniya to reach consensus. Finally the case filed and fought over 8 years by the Faculty of Medicine Peradeniya was settled.

GMOA/SH/2008
02/06/2008

Dr.H.A.P.Kahandaliyanage
Secretary,
Ministry of Healthcare & Nutrition,
Colombo.

Dear Sir,

Re: Neonatology Services in Sri Lanka and Teaching Hospital Peradeniya

We refer to the discussion chaired by your goodself on the above issue with the participation of university staff and the GMOA.

Subsequent to the discussion with your good office, GMOA had extensive deliberations on the above matter and, following decisions were made at the "Specialist Subcommittee" of the GMOA, which was finally endorsed by the GMOA General Committee. "Specialist Subcommittee" comprise of all Specialists of all disciplines of Medicine including subspecialties. And the committee comprises of specialists representing all parts of the Island. As such following decisions were taken **after reaching consensus among all concerned parties.**

The discussion was based and focused towards how to **improve the patient care service** in Neonatology in the country as a whole and how well they can contribute in **teaching Neonatology** to medical undergraduates and postgraduates.

(i) The Department of Health services provide wards in teaching hospitals for **major specialities** to the Universities. 5 major specialities are Surgery, Medicine, Paediatrics, Psychiatry and Obstetrics & Gynaecology.

(ii) **Neonatology is a subspecialty (not a major specialty) in Paediatrics and has developed well in teaching hospitals with legally qualified dedicated Neonatologists of the Health Department.**

(iii) Due to the increase in number of legal cases in the recent past GMOA is in receipt of the following **legal opinion**,

"When there is a dedicated Neonatologist to manage sick neonates, entrusting neonates for the teaching purposes by others can be challenged in a court of law. This can lead to litigations against Ministry of Health including Secretary, DGHS, Director of Hospital and the dedicated Consultant Neonatologist."

(iv) It is well accepted that the Undergraduate and Postgraduate medical **teaching is better done by respective dedicated consultants in subspecialties.** As of today Consultants of respective subspecialty attached to Department of Health are under taking teaching in all subspecialties and will continue to do so. Therefore the subspecialty of Neonatology is no exception.

(v) The unique situation in Peradeniya is that there are two large Neonatal Units at Sirimavo Bandaranayake Specialized Children Hospital and another unit at TH Peradeniya manned by Consultant neonatologists. Therefore another unit at the University is wastage of resources due to duplication or triplication. Even the current facilities with 3 Neonatology units in close proximity is grossly out of proportion to the workload (only 600 deliveries per month). This is a mismatch of available resources.

(vi) Further we would like to point out that according to the Health Service act (Act No.12 of 1952, 10 of 1956, 13 of 1962 & 3 of 1977) section 5, the responsibility of the health service lies with the Department of Health and not the Universities.

Therefore we would like to reiterate that Ministry of Health should only provide wards to 5 major specialities to universities for teaching purposes.

Thanking you,

Dr. A B Padeniya
Secretary

Cc :
(i) Director General of Health Services
(ii) Deputy Director General (MS I)
(iii) Legal Officer / Ministry of Health
(iv) Mr. Sanjay Rajarathnam / Deputy Solicitor General
(v) All Consultant Neonatologists
(vi) Dr. Sandya Bandara - Consultant Neonatologist / TH Peradeniya
(vii) Convener Specialist Sub Committee / GMOA and all members
(viii) Director/ TH Peradeniya
(ix) All Branch Unions

AMP/ RMP ISSUE

2007/2008 period was not without headaches, "Apothecary" menace also took our valuable time due to the Ministry trying to satisfy their unfair demands. They (apothecaries) also wanted undue prominence not in keeping with their academic level in the medical field.

First of all let us educate our members.
Who is an "Apothecary"?

- A person who made and sold medicines in the past.
- In most countries, an old term for pharmacist at a time when drugs were crude and mostly derived from plants.
- A chemist licensed to dispense medicines.
- In fact, traditional medicine owes a lot to the work of apothecaries, who prepared medicines using herbs and plants.
- Kate Hughes, Assistant Archivist at "The Royal London" traces the evolution of the apothecary into modern-day pharmacist.

The two main problems faced by the GMOA during this period are,

1. Attempt to award a "Diploma" to all apothecaries in service without an exam.
2. Unending problem of six month MD degree awarded by the St. Petersburgh State Medical Academy (SPSMA)

1. **Diploma intended to be awarded to Apothecaries**

In the pretext of a request by the Registrar/ Ceylon Medical College Council and on the pretext of a "recommendation" of the Sri Lanka Medical Council the Cabinet of Ministers decided to award a "Diploma" instead of the usual "Certificate of efficiency ". This "Diploma of Medical Science" was to be awarded with retrospective effect. This is the 2nd attempt by the AMPP/RMPP to get a "diploma" by amending the medical ordinance and without an exam. If this plan went ahead as planned those in service and those retired will

(i) Get arrears of salary.

(ii) Climb at least 4 steps in their salary scales

(iii) Will be in a higher grade than their present grade

(iv) Will receive their registration only one year later than their parallel age medical officers

(v) Fight against the principle of formulation of salary by National Council of Administration (NCA) based on qualification and adopted by the present National Salaries and Cadre Commission (NSCC).

GMOA was able to tackle this impending problem for the future at the initial stage. The 1st attempt of this "Diploma" menace raised its head in 1998.

2. **Un-ending problem of six month MD St. Petersburgh**

The apothecaries somehow wanted the registration under section 29 of the medical ordinance, (section under which medical graduates are registered). Therefore they planned a substandard medical degree which equated the 2 ½ years of apothecary training as part of the curriculum of a medical degree. They are supposed to have completed 2 ½ years of part time course in Sri Lanka and six months in St. Petersburgh in Russia. After returning they requested approval of their degree with the SLMC which was refused. They initiated legal proceedings in the Court of Appeal by way of writ application. (CA writ 1498 81499/2000). A writ was issued against the SLMC to duly recognize this degree. The special leave to appeal by the SLMC in the Supreme Court was refused. The SLMC continued with its decision and contempt of court proceedings against President and Registrar of the SLMC is still pending (CA 2063/2005, 2064/2005 and 44/2006). SLMC stopped conducting Act 16 exam. Therefore medical graduates who obtained their degree after six years of orthodox course of study filed a case against the SLMC (SC FR 39/2006) and Supreme Court directed the SLMC to conduct the exam only to the candidates with a six year degree

AMP/ RMP ISSUE

The advertisement inserted by the SLMC calling for applications for Act 16 exam, quoted the SC case no. SC FR 39/2006. (Daily News Wednesday November 15, 2006)

To quote from the judgment **"If I may re-iterate, the requirement in terms of Article 12(1) is only to treat equal persons equally. If two groups are not equally placed, the law provides for those two groups to be treated differently. It is only the equals that should be given equal treatment; unequals cannot and are not expected to be treated equally. The two groups namely, the petitioners and the MD Degree holders of three year duration cannot be considered as equals and therefore they could be treated differently. In fact if both parties are to be treated equally, such treatment would become improper as that would result in treating unequal's equally. To treat unequals equally would be a serious violation of the right to equality."**

However, Apothecaries not happy with the decision in SC FR 39/2006 filed another SC FR 398/2006 case against the paper advertisement and leave to proceed was not granted.

The Registrar/SLMC in the subsequent advertisement (Sunday Observer 22nd April 2007) calling for the applications Act 16 exam, failed to insert the "SC FR 39/2006" clause and apothecaries with 6 month MD degree applied for the examination. Their applications were not accepted and two more cases (fundamental rights) were (SC FR 135/2007 and SC FR 136/2007) filed.

On 8th June 2007 Hon. Minister of Health invited the GMOA, SLMA and SLMC for a discussion in the parliament with the view to settle this long standing problem. GMOA, SLMC and SLMA were firm on their decision and conveyed to the Minister that they should complete a full course of study that will make them eligible for registration. The Hon. Minister directed the Secretary/ Health to inform the Hon. Attorney General accordingly. However on 22nd June 2007 council of the SLMC agreed that if these AMPs undergo a proper training for 3 years which is acceptable to the council, they would accept it as equivalent to a MBBS degree. It was decided to convey this to council lawyers, the Ministry and the GMOA. Sadly this decision was never conveyed to the GMOA by the SLMC. Ultimately the decision on this case (SC FR 135/2007 and SC FR 136/2007) is awaited on 1st December 2008 on which date the case will be called again for argument.

SRI LANKA MEDICAL COUNCIL

EXAMINATION FOR REGISTRATION TO PRACTICE MEDICINE (ERPM) IN SRI LANKA (NEW FORMAT)

The Sri Lanka Medical Council (SLMC) will hold the Examination for Registration to practice Medicine (ERPM) in Sri Lanka, the New Format on **23rd December 2006**, as directed by the Supreme Court through its judgement delivered in the Case No. SC/FR/39/2006.

Applications are called for Part A (Written Papers) of the ERPM, New Format.

1. Eligibility (a) Citizens of Sri Lanka who have obtained the MBBS or equivalent degree from a recognized foreign medical school as stated in the above judgement.
   (b) Possession of a letter of Approval of the Degree issued by the SLMC, prior to the closing date of application, subject to the above clause.
   (c) Candidates who have sat for the Old Format of the ERPM who have not completed the exam but desire to suit for the whole ERPM New Format exam hereafter.
2. The application should be made by completing the Application form avialable at the Council office during working hours and handed over with the copy of the Bank receipt for payment of the fee.
3. Candidates who are out of the country at present should complete the form and fax it directly to the SLMC Office. The original should be sent by post or courier to reach the office or handed over with the Bank receipt within seven days of the closing date for application.
4. The applications would be closed on **Thursday 30th November 2006 at 4.00 p.m.**
5. The examination would be held on **Saturday 23rd December 2006** in Colombo.

Registrar,
Sri Lanka Medical Council,
31, Norris Canal Road,
Colombo 10.

Telephone: 2691848
Fax: 2674787

SRI LANKA MEDICAL COUNCIL

EXAMINATION FOR REGISTRATION TO PRACTISE MEDICINE (ERPM) IN SRI LANKA (NEW FORMAT)

The Sri Lanka Medical Council (SLMC) will hold the Examination for Registration to Practise Medicine (ERPM) in Sri Lanka on **Saturday 26th May 2007** in Colombo.

Applications are called for Part A (Written Papers) of the ERPM.

2. Eligibility
   (a) Citizens of Sri Lanka who have obtained the MBBS or an equivalent degree from a foreign medical school recognized by the SLMC, after following a course of not less than five years at the medical school.
   (b) Possession of a letter of Approval of the Degree issued by the SLMC, prior to the closing date of application.
   (c) Candidates who sat for the Old Format of the ERPM and have not completed the written (MCQ) exam.

2. The application should be made by completing the Application Form available at the Council Office during working hours and handed over with the copy of the Bank receipt for payment of the fee.

3. Candidates who are out of the country at present should complete the form and fax it directly to the SLMC office. The original should be sent by post or courier to reach the office or handed over with the Bank receipt within seven days of the closing date for application.

4. The applications would be closed on **Tuesday 08th May 2007 at 4.00 p.m.**

The Registrar,
Sri Lanka Medical Council,
31, Norris Canal Road,
Colombo 10.

Telephone 2691848
Fax: 2674787

GMOA LEGAL ISSUES (2005 - 2008 June)

District Court of Colombo

1. Case No 50159/MR (Case Settled)
   Dr. Terrence De Silva DDG (MS) Vs Dr. A B Padeniya Secretary/ GMOA
   Dr. S T G R De Silva filed an alleged defamation suit against Dr. A B Padeniya in 2006 for issuing a press release in October 2004 with regard to increasing the PG trainees bond to Rupees five million. Case dragged on for years was settled amicably in May 2008 without affecting the dignity of the DDG (MS) or the GMOA.

2. Case No 7300/SPL (filed on 18/5/2005) (Case Pending)
   Dr. M R E Bellana Vs GMOA and the General Committee
   Dr. Bellana was suspended by the General Committee from the GMOA membership for 5 years from March 2005 for his activities which were detrimental to the interests of the GMOA.

   He filed the case on 18th May 2005 and the case is still pending. The case is proceeding.

Appeal Court

1. Intervention in support of SLMC - Contempt of court for non-implementation of CA 1498/200 and CA 1499/2000 judgment GMOA intervened in the following contempt of court cases, in solidarity with the SLMC decision (court of appeal decision to duly recognise the 3 years MD degree from St.Petersburgh.
   (a) CA 44/2006
   (b) CA 2063/2005
   (c) CA 2064/2005
   ] Intervention Refused along with the intervention by SLMC council members.

2. GMOA helped two of our members to file a case against the SLMC in July 2006 to expose the fraudulent nature of the MD St Petersburgh (....3 years degree) and to prevent the registration of this degree CA application 616/2006 case pending.

3. Sirimavo Bandaranayake Specialized Children's Hospital
   CA writ 83/2004
   Writ application to prevent Ministry of Health handing over of some units to the University of Peradeniya
   - GMOA won the case
   - A writ was issued against the Ministry of Health and the University

4. All Island Service Case — CA 417/99
   GMOA Vs S B Nawinna — Case still pending

5. All Island Service case — CA 419/99
   GMOA Vs SB Nawinna — Case still pending

6. Mahamodara Neonatal Unit — CA 1153/2002 Case pending

7. Mahamodara Neonatal Unit — CA 1161/2002 Case pending

8. Mahamodara Neonatal Unit — CA 1188/2002 Case pending

9. Mahamodara Neonatal Unit — CA 1189/2002 Case pending

Supreme Court

1. SC (SPL) LA 264/2006
2. SC (SPL) LA 265/2006
3. SC (SPL) LA 266/2006
   ] To support the decision of the SLMC not to recognize the MD St.Petersburgh degree - Special leave to proceed to intervene in the contempt of court case. Application refused.

4. SC/FR 39/2006 - GMOA helped the orthodox six year foreign degree holders to initiate the Act 16 exam which came to a standstill as a result of MD St.Petursburgh degree case.

5. SC/FR 398/2006 - GMOA intervened in the case where MD St. Petursburgh apothecaries filed fundamental right application against the SLMC. Apothecaries petition was dismissed.

6. SC (SPL) LA 83/2007 - University of Peradeniya was granted special leave to proceed against the court of appeal writ, GMOA intervened - Case pending
   (Sirimavo Bandaranayake Specialized Children's Hospital)

7. SC FR 420/2003 - Teaching Hospital Peradeniya
   Neonatologist Unit was not given to the Department of Health Consultant Case pending

8. SC FR 135/2007 - GMOA helped the orthodox foreign degree holders to intervene in the case.
   Act 16 exam was initiated again by the SLMC.

9. SC FR/ 136/2007

6 ලංකාදීප 2007 ඔක්තෝබර් මස 14 වැනිදා ඉරිදා

කොළඹ ජාතික රෝහල වගේ දෙකක් හදන සල්ලි පිල්ලි ගහලා

ආරෝග්‍යා පරමා ලාභා යැයි කිවද, සෞඛ්‍ය අමාත්‍යාංශය පවා ලෙඩවී ඇති බව විගණන වාර්තාවලින් පැහැදිලිව පෙන්වා දී තිබේ. ඒ විගණන වාර්තා එළිදැක්වූයේ පසුගියදාය.

සෞඛ්‍ය අමාත්‍යාංශයේ වහළ යට ඉකුත් තෙවසර තුළ රුපියල් කෝටි පන්සිය පනහ ඉක්මවූ නැතහොත් රුපියල් බිලියන හයකට ආසන්න මුදල් අක්‍රමිකතා සිදුවී ඇති බව රාජ්‍ය ගිණුම් කාරක සභාව වෙත විගණකාධිපති දෙපාර්තමේන්තුව හරහා තොරතුරු ලැබී ඇති බවද කියවේ.

රජයේ වෛද්‍ය නිලධාරීන්ගේ සංගමයද මේ බව කියයි.

රජයේ වෛද්‍ය නිලධාරීන්ගේ සංගමයේ ලේකම් වෛද්‍ය අනුරුද්ධ පාදෙනිය මහතාගෙන් අපි ඒගැන විමසුවෙමු. මේ ඔහු සමග කළ සාකච්ඡා සටහනකි.

රජයේ වෛද්‍ය නිලධාරීන්ගේ සංගමයේ ලේකම් වෛද්‍ය
අනුරුද්ධ පාදෙනිය

සෞඛ්‍ය අමාත්‍යාංශයේ රුපියල් බිලියන 6 ක මුදල් අක්‍රමිකතාවක්

සෞඛ්‍ය අංශයට අප රජය වෙන්කර ඇති මුදල දළ ජාතික නිෂ්පාදනයේ ප්‍රතිශතයක් ලෙස ගත හොත් සියයට 1.7 කි. (1.7%) සෞඛ්‍ය ක්ෂේත්‍රය සඳහා අඩුම දළ ජාතික නිෂ්පාදන ප්‍රතිශතයක් වෙන්කරන රටක් ලෙස ලෝකයේ බොහෝ රටවල් හා සැසඳීමේදී ලංකාව හඳුන්වා දිය හැකිය.

අප අසල්වැසි ඉන්දියාව සෞඛ්‍ය අංශය සඳහා දළ ජාතික ප්‍රතිශතයෙන් සියයට 5.6 ක් වැය කරන අතර, දරිද්‍රතාව අතින් ඉහළ රටක් ලෙස ප්‍රසිද්ධව ඇති ඉතියෝපියාවද සෞඛ්‍ය අංශය සඳහා සියයට 5 ක් වැය කරයි. ලෝක සෞඛ්‍ය තොරතුරු වාර්තාවලට අනුව දියුණු රටවල සෞඛ්‍ය අංශයට, තම දළ ජාතික නිෂ්පාදනයෙන් සියයට 14 ක් පමණ වැයවේ.

...ඔඩ් හා මැලේසියාව රටක ප්‍රධානම සුබසාධන වැඩ පිළිවෙළක් ලෙස සෞඛ්‍ය ක්ෂේත්‍රය පෙන්වා දිය හැකිය.

ලංකාවේ මේවන විට සෞඛ්‍ය අංශය සඳහා රජය වෙන්කර ඇති මුදල රුපියල් බිලියන 40-50 අතරය. (මෙය කලින් සඳහන් කළ 1.7 ප්‍රතිශතයේ රුපියල් වටිනාකමය.)

ලෝක සෞඛ්‍ය සංවිධානය පෙන්වා දෙන පරිදි රටක දළ ජාතික නිෂ්පාදනයෙන් සියයට 3.5 ක් පමණ අවම වශයෙන් හෝ සෞඛ්‍යය සඳහා වෙන්කර එය වියදම්කළ යුතු බව නිර්දේශ කර තිබේ. හැමුත් ඒ තත්ත්වයට සෞඛ්‍ය අංශය පත්කිරීමට විෂය භාර ඇමැතිවරයා හෝ අදාළ නිලධාරීන් උත්සුක වී නැත.

ගිණුම් වාර්තාවලින් පෙන්වා දී ඇති ආකාරයට සෞඛ්‍ය අමාත්‍යාංශය යටතේ සිදුව ඇතැයි කියන මුදල් අක්‍රමිකතාවන්හි වටිනාකම රුපියල් බිලියන හයකට ආසන්නය. මේ මුදල ප්‍රයෝජනයට ගත්තේ නම්, ලෝකයේ විශාලතම රෝහල වන කොළඹ ජාතික රෝහල මෙන් රෝහල් දෙකක් හෝ තුනක් ඉදිකිරීමට මුදල් ප්‍රමාණවත් වන්නේය.අක්‍රමිකතා සඳහා වැය වූවා කියන මුදලේ වටිනාකමින් බදුල්ල රෝහල මෙන්, රෝහල් ගණනාවක් ඉදිකිරීමට එම මුදල ප්‍රමාණවත් වන්නේය.

Annex 1

Unacceptable Legislation on Health Sector Regulators

Minutes of the meeting the Hon. Minister of Healthcare & Nutrition had with the GMOA Executive Committee on 06.07.2007 at 2.00 p.m.

The original minutes released by me is corrected as follows;

The Hon. Minister chaired the meeting.
This meeting was attended by the executive committee lead by Dr. Vajira Senarathne, President of the GMOA, Dr. A.B. Padeniya, Secretary / GMOA and other members of the executive committee.

The Ministry of Health was represented by the Secretary / Health, Addl. Secretary (MS), DGHS & DDG (MS)I.

The Hon. Minister extended his welcome to the new committee and expressed his wishes to work cordially to improve the health of the people of Sri Lanka.

The following issues were discussed;

1. **Private Medical Institution Act**

1.1 The GMOA expressed their concerns which are as follows;

(a) The powers vested on the Hon. Minister with regard to the functions of council were not acceptable.
(b) The composition of regulatory council does not give adequate representation to the medical profession and to necessary expertise. Therefore GMOA is not agreeable with the composition.
(c) Professional charges should not be decided by the regulatory council.
(d) Our members should be regulated only by SLMC regarding professional standard.
(e) Provisions in Authorized Officers are unacceptable
(f) Private Medical Institution definition is not correct.
(g) No mechanism to eliminate quacks.

Quoting the judgment of a case filed against this act where the Chief Justice has ensured the independence of the Council, the Hon. Minister explained that the final draft of the Act have accommodated all such concerns in its preparation.

1.2 GMOA is of the opinion there were lot of gaps in the act that needed revision. In response to the request made by the GMOA Hon. Minister agreed.
(a) To appoint a committee to look into this with a time frame of three months which could be extended if necessary up to one year to bring in the needed amendments.
(b) DGHS to chair the committee and other members are to be from the AG's dept. Legal draftsman, SLMC & GMOA.
(c) Not to implement the regulations of the Act on the membership of the GMOA until the amendments are brought in.

2. The GMOA requested for a five day week for the medical officers in keeping with the general rules of the government service and in keeping with the international standards, Minister agreed to look into the matter.

Dr. Athula Kahandaliyanage
Secretary / Ministry of Healthcare & Nutrition

Annex 2

Guiding Principles of Health Sector Regulation

Following concepts were established at the two workshops held to discuss and formulate principles on Health Sector Regulations.

- Regulation of Health institutions should cover all institutions including Private as well as Government.
- Maintaining the standards of Allopathic Medical Professionals and other health care workers should be done through the Medical Ordinance and it should be only through the Medical Ordinance. If there is any deficiency with regard to the standards of the medical profession and its related activities should be addressed through the Medical Ordinance. Necessary amendments and regulations should be done without a delay after adequate consultation and consensus among the relevant stake holders.
- Minimum standards of the medical professional consultation practice including its physical arrangement should only be regulated under medical ordinance. However all the medical practitioners registered under the medical ordinance are bound to maintain professional standards and the quality of service provided.
- Ayurvedic and Homeopathy acts may also need amendments to improve the current situation.
- Private Health sector needs a mechanism to provide subsidy, but government should not tax the sick citizens of the country.
- Any implementation arm should have a mechanism to appeal and to report back.
- PMIR Act need to be amended in the areas of its contents analyze under "Analysis of the important sections of the private medical institution act" of this report.

Analysis of the important sections of the private medical institution act.

Title of the act. (Section 1)

This act may be cited as the Private Medical Institutions (Registration) Act No 21 of 2006 and shall come into operation on such date as the Minister may appoint by order published in the Gazette (hereinafter referred to as the "appointed date")

The title of the act is not specific but it is vague. It does not serve the purpose for which it is intended for.

Conflicts with the Medical Ordinance (section 2)

(1) No person shall
  (a) establish or maintain on any specified premises; or
  (b) Operate or permit any other person to operate a Private Medical Institution, except under the authority of a Certificate of Registration issued in that behalf in term of the provisions of section 4 of this Act.
(2) Any person who contravenes the provisions of subscription (1) shall be guilty of an offence.

The above section clearly contradicts with the sections 29, 41 and 43 of the Medical ordinance, which make the persons registered under the said acts entitled to practice medicine and surgery or Dentistry in Sri Lanka. Accordingly, medical professionals registered under the medical ordinance should be excluded from registration and regulation under this act.

Composition and Appointment of Regulation Council (Section 6(1))

6. (1) There shall for the purpose of this act be established a private Health Service Regulatory Council (in this Act referred to as "the Council" which shall consist of
  *(a) The following members **appointed by the Minister** (hereinafter referred to as "appointed members")*
    (i) a representative each to represent each of the associations hereinafter set out, nominated by the respective association
      (a) the independent Medical Practitioners Association
      (b) the Sri Lanka Dental Association and
      (c) the society of General Medical Practitioners
    *(ii) **one person each** to represent the fields of Accountancy, Management, and Nursing provided such person is a person who has rendered distinguished service in his respective field.*
    *(iii) **five representatives** from the Association of Private Hospitals and Nursing Homes and*
  (b) the following ex officio members
    (i) the Director General of Health Services
    (ii) the director in charge of development of the Private Health Sector
    (iii) the Registrar of the Sri Lanka Medical Council and
    *(iv) a Provincial Director of Health Service of **each Province***

The total numbers of council members are twenty eight. Out of them four members are independent namely Independent Medical Practitioners Association, Sri Lanka Dental Association, Society of General Medical Practitioners and the Registrar of the Sri Lanka Medical Council.

Eleven members are bureaucrats of the Ministry of Health and four members are appointees of the Minister of Health. All these members are under the influence of Minister of Health. There fore this regulatory council will be politicized and will not be independent.

Further, there is no adequate stakeholder representation in the regulatory council. The Sri Lanka Medical Council is not represented adequately. The Sri Lanka Medical Association and other Professional Colleges have been ignored.

On the other hand appointment of representatives of various organizations by the Minister is a hindrance to their independence in the council. Therefore council members should be categorized in to three groups namely, Ex - officio members, nominated members of stake holders and members appointed by the minister.

Presidential Task Force appointed in 1992 to prepare a National Health Policy recommended establishing a Registration Act and an advisory body under this act to have representation of users as well. This fact had been totally ignored.

Hence the composition of the council needs to be discussed in depth before reaching consensus in the presence of all the relevant stake holders

Quorum of the Regulatory Council (Refer Section 6 (5))

6 (5) (a) The **quorum** for any meeting of the council shall be **seven members**.
  (b) The Chairman shall preside at all meetings of the council and on the absence of the Chairman, the members present shall effect one from amongst them to preside at the meetings.

Eleven members are bureaucrats of the Ministry of Health and four members are appointees of the Minister of Health. Hence, these fifteen members are under the direct influence of the Minister. Further, nine members are appointed by the Association of the Private Hospitals and Nursing Homes. Since the quorum is seven, an organized group of members can complete the quorum and take biased decisions which are legitimate and final.

Appointing and acting chairman from among the members of the council to preside the meetings in the absence of the Chairman is not justifiable.

Hence the quorum of the council needs to be discussed in depth before reaching consensus in the presence of all the relevant stake holders.

Minister has the power to remove any appointed member at any time. The reasons are not specified (Refer Section 6 (6))

> 6 (6) *The Minister may at any time after assigning reason therefore, remove an appointed member of the council from office*

Removal of nominated members of various organizations by the Minister of Health is not acceptable. As a result, members of the regulatory council would not be able to maintain their independence and impartiality.

Further more, when a stake holder association which nominate its members to the regulatory council, finds that their nominees is not serving the interest of the respective association there is no mechanism to remove such a members.

In the event of a nominated member resigns or is expelled from the respective association, he/she still continues as a council member representing the said association.

When formulating the new act the power of the minister should be restricted to remove his nominees after assigning reasons.

Conflicts with Medical Ordinance (Section 9)

> *The Council shall exercise, perform and discharge its powers, duties and functions under this Act in such manner, as the Council considers best calculated to achieve the following objects -*
> *(a) the development and monitoring of standards to be maintained by the registered Private Medical Institutions;*
> *(b) the method of evaluation standards maintained by such Private Medical Institutions;*
> *(c) to ensure that minimum qualifications for recruitment and minimum standards of training of personnel, are adopted by all Private medical Institutions;*
> *(d) To ensure the quality of patient care services rendered or provided by such Private Medical Institutions.*

The minimum qualifications for recruitment and the minimum standard of training of medical professionals and other paramedical categories are already regulated by the Sri Lanka Medical Council. Therefore this section should only apply to the categories that are not eligible for registration by Sri Lanka Medical Council.

Conflicts with Medical Ordinance (Section 10)

> *The Council shall exercise, perform and discharge the following powers, duties and functions:-*
> *(a) the formulation of quality assurance programmes for patient care in Private Medical Institutions and monitoring of the same;*
> *(b) the maintenance of minimum standards for recruitment of all staff engaged or employed in such Private Medical Institutions;*
> *(c) the collection and publication of relevant health information and statistics;*
> *(d) the implementation of a method of grading according to the facilities offered by the respective Private Medical Institutions; and*
> *(e) Such other functions as may be necessary to achieve the objects as referred to in section 5.*

The minimum qualifications for recruitment and the minimum standard of training of medical professionals and other paramedical categories are already regulated by the Sri Lanka Medical Council. Therefore this section should only apply to the categories that are not eligible for registration by Sri Lanka Medical Council.

Delegation of duties and functions of the council (Section 11).

> *The Council may where it considers it necessary, delegate the performance and discharge of its duties and functions under this Act to any member or members of the Council or a Committee consisting of members of the Council who shall perform and discharge such duty or function, subject to the general direction and control of the Council.*

Delegation of duties and functions of the council to a single member may lead to a biased and partial situation.

Fund of the council (Section 12)

> 12. (1) *The Council shall have its **own fund**.*
> (2) *There shall be paid into Fund of the Council -*
> *(a) all such sums of money as may be voted from time to time by Parliament for the use of the Council;*
> *(b) all such sums of money as may be received by the Council by **way of fees, rates, charges or otherwise** in the discharge of its functions;*
> *(c) all such sums of money as may be made available to it by way of grants or donations.*
> (3) *There shall be paid out of the Fund such sums of money as may be required to defray the expenses incurred by the Council in the exercise, discharge and performance of its powers, duties and function under this Act.*

This makes the individuals and institutions registered under to make a mandatory financial contribution to the fund of the council while the regulatory council discharges its functions. This sort of taxation will definitely be reflected on the sick who receive the services of private medical institutions. Instead of appreciating their move to seek medication from private medical institutions with out being a burden to the state health sector this act has gone to the extent of taxing them indirectly. This sort of taxation of the sick is highly unacceptable. Hence, we propose to introduce a mechanism to subsidies the cost in the private sector.

Management of the fund of the council should be transparent and accountable.

Accreditation (Section 13(1))

(1) *The Minister may on the advice of the Council, by Order published in the Gazette, formulate and enforce schemes of accreditation for private medical institutions. Such order should carry all the details specifying the facilities, services and any other factors constituting the criteria for accreditation:*

Provided however, that period of nine moths shall be given to concern interests, before the implementation of such schemes of accreditation or subsequent changes that may be made thereto.

Smaller institutions will be affected by the decisions taken upon a simple majority. Smaller institutions need adequate protection. The new act should be spelled in such a way that that smaller institutions are encouraged to achieve higher standards while not compromising the required criteria.

Power to enter and inspect (Section 14) Clause 14

It shall be lawful for any authorized officer, ***without prior notice, at any time by day or night, to enter any*** *Private Medical Institution, or any premises appertaining thereto, and do all such acts as may be reasonably necessary for the*

(4) *purpose of carrying out any* ***inspection, examination, investigation or survey****, for the purposes of this Act.*

For the purpose of this section "authorized officer" means the. Provincial Director of Deputy Provincial Director of Health Services of the respective Provincial Council or any other officer, as may on the recommendation of the Council be appointed by the Minister by Order published in the Gazette.

Appointing any officer with out technical capacity or expertise, as an authorized officer will be detrimental to the maintenance of the credibility of the council.

The authorized officer should be a person with necessary expertise such as a medical practitioner with a valid registration under section 29 of the Medical Ordinance or under section 43 of the Medical Ordinance.

Offences (Section 15)

1) *Any registered person or body of persons who-*

   (a) *Contravenes or fails to comply with the provisions of this Act or any regulation or rule made there under, or any order or direction lawfully given;*

   (b) *Contravenes or fails to comply with any condition or provision contained in any Certificate of Registration, issued under this Act, shall be guilty of an offence under this Act.*

2) *Any person who-*

   (a) *Attempts to commit an offence under this Act ; or*

   (b) *aids or abets another person to commit an offence under this Act, Shall be guilty of an offence under this Act.*

3) *No prosecution for an offence under subsection (1) or (2) shall be instituted except with the written sanction of the Council.*

There is no provision for the medical institutions to appeal regarding the decisions of the council. The nature and the composition of the appealing body needs consensus of the stake holders.

Regulations made by the Minister (Refer clause 18(1))

18. (1) *The* ***Minister may make regulations*** *in respect of all maters required by this Act to be prescribed or in respect of which regulations are authorized to be made.*

   (2) *Without prejudice to the powers conferred by subsection (1), the Minister may on the advice of the Council make regulations in respect of all or any of the following matters:*

   (b) ***the rates, charges and any other expenses, which shall be recovered or received for any services rendered or performed in terms of the Act;***

   (h) *charges for accommodation, drugs* ***and services rendered by Private Medical Institutions ;***

Constituting the regulatory council becomes meaningless if the minister could make regulations on his own. Making the regulations with out the sanction of the regulatory council with regard to the health care delivery of the private sector may lead to disastrous situations.

Professional charges can not be decided by the regulatory council as they come in to the territory of the ethical practice of the medical professionals who are governed by the medical ordinance.

Rules made by the council (Section (19))

(1) The Council may make rules in respect of all or any of the following matters :-

(i) Defining staffing patterns including minimum qualification, induction and in- service training and refresher courses that should be followed by such personnel;

(1) No rule made by the Council shall have effect unless it has been approved by the Minister and published in the Gazette.

The minimum qualifications for recruitment and the minimum standard of training of medical professionals and other paramedical categories are already regulated by the Sri Lanka Medical Council. Therefore this section should only apply to the categories that are not eligible for registration by Sri Lanka Medical Council.

The need of Approving of the rules by the minister which have been formulated by the council is a threat to its independence.

Interpretation (Section 20)

"Private Medical Institution" means any Institution or establishment used or intended to be used for the reception of, and the providing of medical and nursing care and treatment for persons suffering from any sickness, injury or infirmity , a hospital, Nursing Home, Maternity Home, Medical Laboratory, Blood Bank, Dental Surgery, Dispensary and Surgery, Consultation Room, and any establishment providing health screening or health promotion service, but does not include a house of observation, Mental hospital, Hospital, Nursing Home, Dispensary, Medical Centre or any other premises maintained or controlled by the state any private dispensary or pharmacy or drug stores exclusively used or intended to be used for dispensing and selling any drug, medical preparation or pharmaceutical product, or any Institution or premises registered for any purpose under the provisions of **Ayurveda Act, No. 31 of 1961 and the Homeopathy Act No. 7 of 1970**

This definition needs extensive revision and the definition should not be in conflict with the medical ordinance.

Annex 3

Memorandum of Understanding between the GMOA, IMPA & CGPSL

Agreement of Goodwill to Safeguard the Medical Profession in Sri Lanka

We the undersigned Honorary Secretaries representing the Government Medical Officers Association (hereinafter referred to as GMOA) the Independent Medical Practitioners Association (hereinafter referred to as IMPA) and the College of General Practitioners of Sri Lanka (hereinafter referred to as CGPSL) acting on behalf of the members of the said associations have decided to work together towards safeguarding the Medical Profession in Sri Lanka from the threats arising within or from outside the country.

Introduction

1. GMOA is a Trade Union bearing no. 291 registered on 21st July 1949 under the "Trade Unions Ordinance"
2. IMPA is a non Government Professional Organization incorporated under companies Act No.17 of 1982.
3. CGPSL is an academic organization incorporated by statute in 1974.
4. The membership of the GMOA, IMPA and CGPSL consists of Medical Graduates who are legally registered as "Medical Practitioners" with the Sri Lanka Medical Council (herein after referred to as SLMC) under section 29 of the Medical Ordinance.
5. Members of the GMOA, IMPA and CGPSL consist of 95% of all legally registered Medical Practitioners in Sri Lanka.
6. The GMOA, IMPA and CGPSL unequivocally accept and fully endorse the role of the SLMC as the supreme statutory body to register, control, regulate and discipline the Medical Profession towards ethical Medical Practice.
7. The GMOA, IMPA and CGPSL accept that the SLMC is duty bound to ensure good medical practice towards protecting patients.

Consensus has been reached among GMOA, IMPA and CGPSL

1. We agree only Private Medical Institutions should be registered under the "Private Medical Institutions (Registration) Act No. 21 of 2006"
2. Individuals eligible for registration by the SLMC (including Medical practitioners and Nurses) should register only with the SLMC.
3. Any adverse decisions taken by the "Private Health Services Regulatory Council (PHSRC)" against any member of the GMOA, IMPA or CGPSL will be jointly defended by the GMOA, IMPA and CGPSL.
4. PHSRC has no provision or right in the Act no. 21 of 2006 to register Medical Practitioners or Nurses.
5. Maintenance of Professional standards including communication with patients and relatives, examination of patient, and investigation with regard to patient care should be the purview of the individual independent Medical Professional.
6. Appropriate referral to another Medical Professional is the responsibility of the Medical Professional.
7. SLMC is the only statutory body to investigate any violation of a patients' right and abuse of professional skills.
8. Decision to prescribe the appropriate drug / drugs to a patient should be the independent decision of the Medical Practitioner/ Professional.
9. The GMOA, IMPA and CGPSL agree that members should update their knowledge with regard to new developments in medicine and medical science.
10. The GMOA, IMPA and CGPSL will exercise their fundamental right (which is enshrined in the constitution of Sri Lanka) to take action when appropriate to safeguard the Medical profession in Sri Lanka from the internal and external threats.

This agreement is read over and signed in Colombo on this 28th day of June 2008.

I, Dr Anuruddha Bandara Padeniya, Honorary Secretary of GMOA 275/75, Prof. Stanley Wijesundara Mawatha, Colombo 07, signed this document on behalf of the members of the said association.

.....
Dr. A B Padeniya

I, Dr Hamza Sulaiman, Honorary Secretary of IMPA 275/75, Prof. Stanley Wijesundara Mawatha, Colombo 07, signed this document on behalf of the members of the said association.

.....
Dr. Dr Hamza Sulaiman

I, Dr. Jayantha Jayatissa, Honorary Secretary of CGPSL "Wijerama House", 6, Wijerama Mawatha, Colombo 07, signed this document on behalf of the members of the said association.

.....
Dr. Jayantha Jayatissa

Annex 4

Formation of GMOA Sub Committee on Specialist Affairs and the Fate of AMS

10-08-2007

To All Specialist Medical Officers

.....

Dear Colleague,

Let us first thank all of you for electing us to the Ex Co of the GMOA for the year 2007/2008.

This year becomes very important to the Doctor Community as a whole as many challenges posed by the administration would undoubtedly impinge on privileges hitherto enjoyed by our profession and may lead to the deprivation of some of these benefits, one by one.

As you are aware, one crucial issue, namely the Private Medical Institution Act has been successfully dealt with, so that the rights of our members will not be tampered with.

We would like to remind you that Consultants have provided a protective shield to the GMOA, lending unstinted support in all important issues affecting the membership and acting as a deterrent to any unscrupulous elements who might try to disrupt and weaken the solidarity shown by our members over the years.

We reliably learn that some members who failed to gain office in the GMOA to fulfill their own aspirations and carry out their hidden agendas, are now trying to create a division among the membership. They have gone to the extent of calling members to resign and form a separate Specialist Union. In the past too, such manoeuvres had failed due to the prudence shown by the membership. You would recall that the so called Association of Medical Specialists had to be dissolved and the members of that union became members of the GMOA en block. If the GMOA disintegrates in this manner, it would be very obvious who would benefit from such a disaster.

As promised at the GMOA election, we have already appointed a sub-committee, comprising of specialists from different disciplines to look into and deal with matters concerning Consultant Members so that prompt action could be recommended to the Ex Co. From now on, Consultant Members can make representations to this sub-committee which will comprise of Consultants themselves for the better understanding of the problem and the ability to come up with a solution acceptable to them in a speedy manner. This will circumvent the misunderstandings our Consultant Colleagues experienced in the past. The Consultant sub-committee will be an interim one till the constitution of the GMOA is amended to incorporate such a committee in the decision making process with greater powers.

Finally, we would like to urge the membership to refrain from taking hasty decisions as moves are underway to rectify whatever shortcomings the specialist colleagues face in the GMOA. We know that in the past, Consultants were subjected to certain humiliations by various past Ex Co Members and the new Ex Co wishes to reassure you that such incidences would not happen again.

Colleague, the task and challenges ahead will have to be met with courage and firmly to ensure the future of doctors to work with dignity. For this, a united GMOA is a prerequisite.

"UNITED WE STAND, DIVIDED WE FALL"
Yours sincerely,

Dr. V. Senarathne	Dr. J. Balawardana	Dr. A. Karunarathne	Dr. S. Abeywardana
President	Vice President	Vice President	Editor

Annex 5

10-09-2007

To All Specialist Medical Officers

.....

Dear Sir / Madam,

GMOA Subcommittee on Specialist Affairs

We consider specialists are a special category. We believe that they have certain problems unique to them. However it is sad that some of the problems are unresolved as of today.
One good example is the salary of a specialist. During the pre-independence era specialist medical officer was the highest paid in the land placed even above the salary of the then Governor General of Ceylon. Even in 1967 Wilmot Perera salary commission placed the specialist MO above a Supreme court Judge. But today the take home salary of a Specialist MO, despite being the highest accountable person for patient care, is well below some of their subordinates.

Having considered this unsatisfactory situation GMOA decided to appoint a "GMOA subcommittee On Specialist Affairs" .GMOA general committee on 22/07/2007 nominated the following specialists to formulate the said subcommittee.

Dr. Vajira Senaratne(President)	Dr. Sri Lal De Silva	Dr. Jayantha Balawardana
Dr. Saman Abeywardana	Dr. B G N Rathnasena	Dr. Lalith Perera
Dr. Wasantha Sathkorala	Dr. Sunil Perera	Dr. S. Gamini de Silva
Dr. Sujatha Ruwanpathirana	Dr. Sanath Akmeemana	Dr. P. Jayawardhana
Dr. J M Kumarasiri	Dr. Anil Ambawatta	Dr. Kanishka Kamaladasa
Dr. Ananda Wijewickrama	Dr. Sandya Bandara	Dr. Rohitha Jayamaha
Dr Nishendra Karunarathne	Dr. Narendra Pinto	Dr. Damma Jayasekara
Dr. Sarath Kumara Kollure	Dr. Upali Banagala	Dr. Lalantha Ranasinghe
Dr. M Arambepola	Dr. D S Liyanarachchi	Dr. Prasanna Gunasena
Dr. Harsha Sathischandra	Dr. D L Waidyarathne	Dr. Rohan Gunawardana
Dr. Prasad Ranoluwa	Dr. Padma Gunaratne	Dr. Daminda Rajamanthri
Dr. Binara Amarasinghe	Dr. Ravi Dayasena	

Dr. Ajith Karunarathne(Convener)
Any volunteers.....

However we need to analyze the past to learn of our deficiencies that may have lead to this unsatisfactory situation.

Let us see the current composition of the GMOA working committee. All five trustees are specialists though the majority of the members are Grade MOO. GMOA executive committee is lead by specialists. Most of the Branch unions if not all are lead by specialists. But still specialist matters are neglected. Whose fault, may we ask? We believe that specialists as Leaders should be leading to solve problems of all of ours.

Let me quote GMOA editorial March 2007..

" Today, specialists in the GMOA express that specialist's matters are not adequately dealt and medical officers believe in vice versa. Lack of participation in the decision making process of the GMOA is the root cause for this frustrated feeling. As I have pointed out in the last news letter it is time to improve collective decision making process in the GMOA to bring supreme democracy in the union. It is time to have active subcommittees functioning inside the GMOA. One example "GMOA subcommittee on specialist matters" is timely."

Dr. A B Padeniya
Secretary

Annex 6

Extra Duty Allowance of Medical Officers

GMOA Submission on Extra Duty Allowance

At the outset we wish to emphasize the working conditions of the medical officers. In this context it would be relevant to quote from a past salary commission report.
Our views on this are similar to those given in a nutshell in the following extract from the Wilmot Perera commission report (1961).

"In formulating a salary structure for the medical officers certain considerations have to be taken into account, which are peculiar to medical officers alone and would not apply in the case of other categories of public servants. In the first place medical officers functions involve the lives and wellbeing of human beings and it is consequently difficult to asses the value of these functions in terms of the same monetary standards that may be applied to other posts in the public service."

"Secondly medical officers have a far greater potential earning capacity than any other group of officers in the public service and in evaluating their remuneration due weightage has to be given to this factor if the government is to retain medical personnel recruited to man its hospitals and allied services"

"This commission fixed the maximum of specialist salary at that of a commissioner of Assize(& Supreme Court Judge) and offered merit award of Rs.500 00 so that a specialist medical officer could draw a considerably more than his counterpart in Judiciary This position must be maintained. From this it would be seen that the specialist medical officer would be drawing a specialist salary and emoluments more than any other officer in the public service. This position must be maintained if the doctors are to be compensated for their training and work."

Considering the terms and reference laid down by the government, the GMOA wishes to submit its representation.

Background

Medical Officers in the Health Department are entitled for an **Extra Duty Allowance** for performing duties after working hours. Paramedical staff and the other subordinate staff attached to the Health Department are entitled for overtime payments.

The overtime rate is automatically revised with each salary revision. But extra duty allowance of medical officers should be revised by the Salaries and Cadre Commission as it is an allowance. This has always resulted in **delaying revisions of Extra Duty Allowance of Medical Officers for an unreasonable period.**

Last revision of extra duty rates for Medical Officers took place in 2001 based on the salary scales of 1997. **Since then no revision** of extra duty rates has taken place inspite of several salary revisions.

Recommendations

(1) In view of the above, GMOA proposes the following rates:

i.	**Preliminary Grade**	**Rs. 325.00 per hour**
ii.	**Grade II**	**Rs. 460.00 per hour**
iii.	**Grade I**	**Rs. 500.00 per hour**
iv.	**Administrative Grade**	**Rs. 540.00 per hour**

Annex 7

My No. SH/11/2007
Office of the Secretary/ Healthcare & Nutrition
19.11.2007

Dr. Nihal Jayathilake
Additional Secretary (Medical Services)

At a meeting I held with your presence with the GMOA held on 10.9.2007, the following issues were discussed;

1. Revision of fuel/ transport allowances of MOO
2. Revision of extra duty rate for Grade MOO and Administrative Grade MOO
3. Extra duty allowances for Specialist Grade MOO

At that meeting the following committee chaired by you was delegated to study this with relevant officials and make recommendations to enable me to make due recommendations to the Salaries & Cadres Commission for further action.

1. DGHS
2. DDG (MS - I)
3. DDG (MS - II)
4. Secretary, GMOA

I am made to understand that this committee has discussed this matter thereafter.

The GMOA has issued notice of trade union action naming these items as unresolved issues. In view of the fact that the GMOA has addressed these issues to the Salaries & Cadres Commission for their intervention. I contacted Secretary to the Salaries & Cadres Commission and he has informed me that he requires a report form this Ministry before 31st December 2007 for them to take a decision on these issues.

As such, please cause action and submit the report of the above committee to enable me to expedite the matter and submit the required report to the Salaries & Cadres Commission before 15th December. 2007.

Dr. Athula Kahandaliyanage
Secretary/ Healthcare & Nutrition

Annex 8

Report of the Committee Appointed to Study the Revision of Extra Duty Payments and Availability, Disturbance and Transport Allowance for Medical Officers

As instructed by the Secretary, Ministry of Healthcare & Nutrition in his letter No: SH/11/2007 dated 19.11.2007, the issues related to the:

1. Revision of fuel / transport allowances of Medical Officers
2. Revision of extra duty rates for Grade Medical Officers and Administrative Grade Officers
3. Extra duty allowances for Specialist Grade Medical Officers were discussed in detail and the observations, conclusions and recommendations of the committee are given below

A. Observations

The committee has made the following observations:

1. **Extra Duty Rates for Medical Officers and Administrative Grade Medical Officers**
   a. Extra duty rates for the Medical Officers were last revised in 1997.
   b. In view of the above, GMOA has proposed the following rates:
      i. Preliminary Grade Rs. 325.00 per hour
      ii. Grade II Rs. 460.00 per hour
      iii. Grade I Rs. 500.00 per hour
      Iv. Administrative Grade Rs. 540.00 per hour

1. **Disturbance, Availability and Transport Allowance**

   a. Disturbance and Availability Allowance of Rs. 2000.00 was granted by the S/H in his General Circular No: 1776 dated 06 November 1992.
   b. This allowance was renamed as Disturbance, Availability and Transport Allowance, and the amount was increased to Rs. 5000.00 by the S/H in his General Circular No: 1840 dated 03 October 1994 (i.e., additional Rs. 3000.00 was paid as the transport allowance).
   c. This allowance has never been revised thereafter.

3. Extra Duty Allowances for Specialist Grade Medical Officers
   a. At present, Specialist Grade Medical Officers are not paid for the duties carried out after duty hours.
   b. GMOA has proposed a fixed allowance of Rs. 60,000.00 (Rs. 500 X 120 hrs)per month for Specialist Grade Medical Officers.

B.- Conclusions

1. In view of the high inflation, increased cost of living including increased rental prices, increased fuel prices, committee is of the view that these allowances need to be increased.
2. Revision of Disturbances, Availability and Transport Allowance should be based on the increased fuel prices, Increase in Consumer Price Index and the prevailing high inflation rate of the country.

C. Recommendations

1. **Extra duty rates for Medical Officers**
   The committee recommends to revise the Extra Duty rates for all grades. The committee recommends the extra duty rates as follows:

Grade	Present Rate (Rs per hour)	Recommended Rate (Rs per hour)
Preliminary Grade	105.00	295.00
Grade II	140.00	325.00
Grade 1	150.00	380.00
Administrative Grade	150.00	415.00

2. **Disturbance, Availability and Transport Allowance**
   Based on the observations in 2.a to 2.f, the Committee recommends increasing the above allowances to Rs. 26,500.00 per month.
3. **Extra Duty Allowances for Specialist Grade Medical Officers**
   Based on the observations in 3.at to 3.c, the committee recommends an extra duty rate of Rs. 480.00 per hour if the Specialist Grade Medical Officers too, were to be paid for their duties carried out after duty hours.

Dr. Nihal Jayathilaka
Additional Secretary (MS)
Ministry of Healthcare & Nutrition .....

Dr. U A Mendis
Director General of Health Services .....

Dr. S G T R de Silva
Deputy Director General (Medical Services I) .....

Dr. R Wimal Jayantha
Deputy Director General (Medical Services II) .....

Annex 9

Interim Special Allowance for Specialist Medical Officers

Introduction

Medical specialists are considered as **Highly skilled personnel** world-wide and a valuable asset to a country. These remarks are for the starter as a Consultant. Further, more value addition takes place when they gain experience by delivering specialist level patient care. GMOA would like to stress the fact that there is **no comparable public officer in Sri Lankan state sector with this degree of qualifications** making it essential to hold the public post.

Background

In 1946 Specialist medical officers were the highest paid public officers in the island, then Ceylon. Since then, paradoxically, a clear deterioration in the remuneration has taken place despite the wide and valuable contribution in improving the health of the country on par with developed countries.

Even in 1961 Wilmot Perera salary commission has safeguarded specialist medical officers placing them well above his counterpart in Judiciary (Supreme court Judge).

As of today, Ironically Specialist medical officers as Consultants are not entitled for any allowance specific for Consultants. This has created an unhealthy working atmosphere them being the highest accountable officers for patient care are drawing a salary well below their subordinate staff.

Furthermore they are barred in their eligibility for an extra duty allowance disregarding their valuable contributions to the patient care after routine working hours

Observations

GMOA present our observation to highlight the grievances of specialist medical officer and would wish to make our submission in favor of an interim relief in the form of a fixed extra duty allowance.

- Specialist Medical Officers are doing on call work which includes physically attending to patient care after routine working hours. Specialists who are manning stations alone are virtually on call 24 hours a day, 7 days a week and for 365 days an year. These devoted and dedicated consultants who work after routine working hours are not compensated by way of any payment. Hence we feel their work, accountability and responsibilities undertaken after normal working hours be recognized and should be compensated by way of a special allowance.

- Specialist Medical Officers are holding a **Consultant post** in the public sector.

- Medical specialists are considered as **Highly skilled personnel** world-wide. They are groomed to become consultant in the following process without exceptions.

    1. Basic 5 year degree
    2. One year internship
    3. Post Graduate training in Sri Lanka for 4 to 5 years
    4. Post Graduate training abroad at centers of excellence for 2 years

All these qualifications are obtain after proving eligibility at extremely competitive examinations. These qualifications are essential pre-requisites to get posted as Consultant in **Sri Lanka or abroad**. All these qualifications are tailor made to the post. This **12 year long strenuous and stressful training** which is done according to the international standards is challenging. The commitment during and after training is **at the expense of most other human activities**. GMOA would like to stress the fact that there is **no comparable public officer in Sri Lankan state sector with this degree of qualifications** making it essential to hold the public post.

- Consultant is the highest accountable person in the system of patient care delivery. Secondary and Tertiary level Patient care is delivered through specialist units headed by the specialist. He is not only accountable for his own activities and activities of his subordinates. The complex tasks of a specialist unit can be divided into 4 spheres ie.

1 .Clinical activities
Specialist holds the sole accountability for clinical activities which include treatment, prevention, judicial medical activities, clinical audits, standards of patient care, clinical quality, clinical collaborations local and overseas etc, etc.

2. Administrative activities
   Specialist holds significant amount of administrative and financial responsibility as the unit head. He is a member of the management committee of the institution. He acts as the head of the institution as and when it is required.

3. Service activities.
   He is also responsible for service components of the patient care to a significant degree. Proper ventilation, toilets facilities, other aspects of building structure, waiting lists, complains, insurance matters, patient safety are some these activities.

4. Research and Academic activities
   Specialist should have the minimum facilitation to update himself in par with the scientific developments. He has the obligation to look after the teaching and training of all staff including postgraduate and undergraduate medical trainees. The research obligation of a specialist is neglected today due to reasons beyond their control.

- Specialist is an essential tool in developing and implementing health standards and quality.
- Specialists are making an essential contribution in developing and implementing national and international health policy and guidelines.
- The silent but extremely valuable contribution made by medical profession towards the ongoing war over three decades was never appreciated by any means by authorities but by the gratitude from the hearts and minds of the brave soldiers who were looked after by us.
- Considering the value of these highly skilled personnel, other countries revote them in several ways including high wages. Salary structure in 1946 (Pre-independence) defended these principles to keep the specialist salary at the highest, which is well above the Head of State, then Governor General of Ceylon. At that time there was no reason to demand various allowances and the doctor in that era was obliged and could do the necessary contribution to the country.
- Politicization of the public sector ruled out all basic norms that led to a situation that doctors remunerations were degraded far below their subordinate staff in 1989.
- In 2004 "National Council for Administration" initiated developing National Wage Policy. They could do only the categorization of public officers into four categories. Since the council did not have adequate expertise, they outsourced the task to experts in salary structuring. It was done with transparency and with the participation of true ambassadors of the respective working category. Halfway through this process, an interim implementation of this policy was done. Opportunistic categories who did not want to stand by principles, agitated against the NCA which led to the unfortunate result of abolition of the NCA. Subsequently the present" Salaries and Cadre Commission" (SCC) was appointed.
- The NCA could analyze only the basic salary and that is also halfway though. Allowances and privileges of public officers are yet without any rational basis. Specialist medical officers are the worst affected category of this whole scenario.
- Specialist medical officers categorized under SL-3 by the last salary revision. But still they are not provided with official transport facilities or equivalent allowance.
- Specialist medical officers are holding consultant posts but without any privileges assigned to consultants in the public sector.

Recommendations

1. **Specialist Medical Officers should be rewarded with appropriate allowances to suit their contribution as medical consultants.**
2. **Until such allowances are duly introduced Specialist medical officers should be paid with an interim allowance.**
3. **Fixed extra duty allowance of Rs. 75 000 equivalent to 120 Hours of extra duty should be used as the interim measure which can be facilitated within the available provisions.**

Annex 10

Saturday off for Medical Officers

GMOA/SH/2007
14-08-2007

Dr. H A P Kahandaliyanage
Secretary/Health
Ministry of Healthcare & Nutrition
Colombo

Dear Sir,

RE : Duty Hour Adjustment to Make Five Day Week for Medical Officers

With regret we note that the Medical officers serving in Ministry of Health are without a circular indicating their duty hours. This needs to be addressed without further delay.

During this exercise we need to consider several important concerns including the following.

When Medical officers attached to Ministry of Health are serving five and half days, our counterparts in other countries serve for only five days per week or even less. This requirement has been justified internationally based on productivity and several other scientific parameters.

Imbalance in decision making created due to overwork has been highlighted in several litigation issues. As such medical administration in other countries calls explanation from medical if they work beyond their accepted duty hours.

Thank you.

Yours faithfully,

Dr. A B Padeniya
Secretary
Cc: Secretary, Ministry of Public Administration
Secretary, National Salaries and Carders Commission

Annex 11

Litigation against Medical Practitioners

The Report on the Workshop on Medical Litigation-organized by the GMOA on 6th May 2001 at BMICH.

In the recent past there has been a growing tendency for litigation against medical practitioners. It cannot be denied that every citizen has the right to seek redress in a court of law if he feels that he has been treated unfairly. In Sri Lanka, doctors are working under trying overcrowded conditions with minimal resources. Hence, there bound to be the occasional mishap or incorrect diagnosis. It is rather unfortunate that there are at present more than hundred medical negligence cases pending in the courts of this country against consultants and even against some post intern medical officers.

If this recent trend continues, there will be definite tendency for medical officers to practice defensive medicine. Then the cost of medical care especially with respect to drugs and investigations will drastically go up. There will be a significant burden on the state health sector. The rich and the poor alike will have to face the consequences of prolonged and unnecessary hospital stays. GMOA reliably understands that a group of lawyers with vested interests are orchestrating a campaign against prominent medical officers. It has been learned that some are willing to appear free of charge on the promise of receiving 50% of the compensation.

Therefore, the GMOA has taken the lead role in this issue and will organise a series of programmes that will sensitise this issue on its members. As an initial step a workshop was held at the BMICH on medical litigation. Please find the detailed report of the workshop below. Subsequent to this workshop, a series of discussions were held between the GMOA and the Minister and the officials of the Ministry of Health. It was accepted by them that the trend in litigation will make doctors inconvenienced and force them to practice defensive medicine. It is inevitable that the expenditure on health will drastically go up compromising the sustainability of the present health system. At the same time lack of norms on heath care delivery, lack of proper guidelines to medical officers and deficiencies in documentation in medical records were identified as lapses pertaining to this issue from our side.

With regard to the legal aspect it was decided to have a discussion with the Hon. Attorney General to find out possible remedial measures within the existing legal system and to formulate necessary legislative measures to avoid litigation. Therefore the GMOA has planned to organise a workshop on the improvement on documentation, preparation of norms of health care delivery and preparation of guidelines to medical officers in December 2001 with the participation of relevant stake holders. We hope you will contribute actively.

Programme			
8.30 am	Registration	10.30 am	Tea
8.55 am	National Anthem and lighting of the oil lamp	11.00 am	Group Discussion
9.00 am	Address by Dr. Wimal Jayantha - President GMOA	11.30 am	Presentations
9.05 am	Address by Dr C S Dalpadadu - Act. DGHS	12.15 pm	Panel Discussion and Recommendations
9.10 am	Introduction to the problem of litigation in medical practice - Dr. A Samarasekera Consultant JMO	01.00pm	Vote of Thanks - Dr. A B Padeniya
9.30 am	Legal aspects of Medical Negligence - Mr. D P Kumarasinghe PC - former Addl. Solicitor General		
9.50 am	Importance of documentation in medical negligence Mrs. Dias Wickramasinghe, senior state counsel		
10.10 am	Socio psychiatric aspects of medical litigation - Dr D J V Harischandra Consultant Psychiatrist		
10.20 am	Presentation by the SLMA - Dr Denis Aloysius		

Discussion Topics

Panel 1
Government doctors in Sri Lanka are working under very primitive conditions due to lack of adequate resources and facilities. Therefore there may be cases of relative negligence reported.

* What steps do we need to take to protect doctors in such situations?
* How do we move towards minimising such occurrences in the future?

Panel 2
When a case is filed against a doctor in the government service alleging that he/she or members of the team were negligent;

* Who should defend him/her?
* Who should pay compensation?
* The role the insurance plays in medical negligence?

Panel 3
What should the procedure be when there is an adverse news item in the media pertaining to medical negligence?

* By the doctor?
* By the institution?
* By the health administration? (Department / Ministry)

Panel 4
What should the procedure be, when there is a complaint pertaining to medical negligence?

* By the doctors
* By the institution
* By the health administration

Litigation against Doctors

In view of the recent trend where the doctors working in both the government and the private sector are being sued for medical negligence, the GMOA organised a seminar titled LITIGATION AGAINST DOCTORS PERTAINING TO MEDICAL PRACTICE on Sunday 6th May 2001 at the BMICH. This meeting was first of its kind at which doctors, lawyers and administrators sat together and discussed this issue of national importance.
The main objectives of the programme were to;

1. recognise the gravity of the problem
2. identify its consequences
3. To plan a strategy a doctor should adopt in his medical practice in order to avoid such claims of negligence. The specific target group in this instance were the medical consultants.

At the outset **Dr. Wimal Jayantha**, president GMOA welcoming all present, appraised the gathering on the current situation. He focussed especially on doctors in the government sector, who work under many constraints. The limitation of financial resources in the government service at present will not permit any further improvement in the facilities provided by the state health sector in the foreseeable future. He pointed out that most doctors, considering the plight of the masses who seek treatment at the government medical institutions, cut corners to provide a reasonable service. But it is unfortunate that many patients and the government expect a "first class service" without providing decent facilities. He said that it is unfortunate that there are interested parties who are inciting naive patients to take up medical negligence suits for personal gains. He invited all those present to participate actively and formulate a plan that will help doctors to face this situation.

The opening address was by **Dr. Ananda Samarasekera**, former president GMOA and consultant JMO T. H. Hospital Ragama. He traced the concept of medical negligence to Greek & Roman times. He stated that medical practitioners do not enjoy any immunity and they can be sued for breach of contract on the grounds that they have failed to exercise reasonable skill and care. He defined negligence as the omission to do something which a reasonable man would have done under normal circumstances, or doing something which a reasonable man would not do. He explained to the gathering that a case of negligence may be filed in a court of law either as a civil or a criminal case.

In civil cases, the idea is legal duty breached by conduct which is unreasonable when it is assessed against accepted standards. The judgement of a civil case is given on the balance of probabilities. In a criminal case negligence refers to conduct which is more seriously deficient in being grossly careless or reckless and indifferent to the likely risk of causing human injury or death. He stated that in criminal negligence it must be proven beyond doubt that the doctor has been negligent. He also stated that apart from negligence there were other areas of interest in which medical personnel are liable for litigation. Few examples are artificial insemination, in-vitro fertilisation, breach of confidentiality, euthanasia and medical research.

Dr. Samarasekera stated that taking all this in to consideration, it is very important to understand the very trying circumstances in which doctors practise medicine in Sri Lanka. He stated that doctors are currently cutting corners, making ends meet with very basic facilities to provide a service to the poor patients who come to the government hospitals. He cited an example of a hospital in close proximity to Colombo where the number indoor patients are more than double the bed strength at any given time. He further stated that at the OPD a patient is afforded only four minutes to take a history, examine and plan a treatment strategy. This is grossly inadequate, and mistakes are bound to occur. Apart from the enormity in numbers, there are some other practices in the government sector that are bound to cause mishaps. For example;

- a surgeon is responsible for carrying out surgeries apart from managing his ward. Medical officers working in blood banks with no proper training.
- The very unsatisfactory practise of interns having to carry out cross matching of blood.
- MO anaesthesia having to provide general anaesthesia without consultant cover.
- The lack of roper lab and radiological facilities and lack of trained staff.

Dr. Samaraskera stated that even if one was to attempt providing these facilities in a hospital, the inevitable red tape, lack of finances and time consuming procedures do not permit it. Despite all these drawbacks the doctors have been able to maintain a decent service all these years. He emphasised that most of the negligence litigation occur in the casualty department, intensive care units and paediatric units.

Dr Samarasekera summed up by out lining several important points to which discussions should be directed. He said that under no circumstances should the rights of the patients be curtailed. There should also be an adequate buffer for innocent and diligent workers. People who work under trying conditions should not have to shoulder the burden of mishaps that may occur due to no fault of theirs. Defensive medicine should not be practised. The mushrooming of medical insurance schemes should not be encouraged. By no means should we allow the threat of litigation jeopardise the advancement of medical science. His parting comment was that the work of a doctor was similar to repairing of an aircraft that is flying or repairing a motor vehicle that is on the move.

Dr S Dalpadado ,speaking on behalf of the Director General of Health Services explained that the department is well aware of the gravity of the problem. He reiterated that the health department should ensure that all doctors who are not culpable of gross negligence should be looked after. He appreciated that the vast majority of doctors are doing a yeoman service despite severe shortcomings in the government health sector. He lamented that there is a very severe shortage of financial resources and there will not be a significant improvement in this regard in the near future. This year initially 21 million rupees was reserved for the health budget. Within a week one million was cut and a further 10 % of the recurrent expenditure was cut later. Hence we are able to provide only the most basic health needs. Dr Dalpadado reiterated that definitely there will be no increase in the health budget in the next two years. He urged the doctors to suggest as to where the movement of resources can be helpful. He also suggested the creation of a medical insurance fund to help the spiralling cost of litigation. He urged that the doctors should not treat the bed head ticket despite the possibility of litigation. His concluding request was for the doctors to work diligently and undertook to ensure that the government would protect them.

Mr. D P Kumarasinghe, the former additional solicitor general, enlightened the audience on legal implications pertaining to medical negligence. In legal terms, he defined negligence as "not to foresee what a reasonable man would have foreseen". He said the dilemma as to whom this reasonable man is the acid test. "When deciding negligence on a person who posses a special skill the reasonable man would be another person who have acquired the same special skill, acting under similar circumstances". Hence, it is unfair to judge the performance of a doctor working in the government sector, with a doctor who practises in a foreign country. He stated that the legal entity "duty of care" comes in to effect once a professional agrees to take up the cause of a client, whether voluntarily or charging a professional fee. In a medical context, duty of care comes in to effect as soon as the doctor decides to treat a patient. Mr Kumarasinghe stated that in the case of government medical practise, the law is unsettled as to when the doctor should take up the responsibility of the patient. At present, it may be at the point where the patient is admitted to the ward. Hence, the doctor has no chance in the state medical sector, in deciding if a particular patient should be his responsibility or not.

Mr Kumarasinghe continuing further stated that the duty of care is by no means a warranty of perfect result. It only means that an accepted standard of skill has been practised. The acceptable standard of skill need not be the view of the majority of the general population, but in this case the view of the doctors of the same level of competence. But the said doctor has convince the court that whatever his actions within the circumstances were in the best interest of the patient.

Mr Kumarasinghe went on to say some other mannerisms by which a doctor would be culpable as negligent. Non disclosure of risk pertaining to investigations, surgeries and treatment, in which the possible hazards are not explained to the patient could be considered as negligent. He also pointed out that if a doctor undertakes to treat a patient in a hospital at which the necessary facilities are not available, he runs the risk of being found negligent if some mishap were to occur and the proper treatment cannot be afforded. In the case of the government sector, this will not arise as the medical officer is bound to work in the hospital. If such a situation arises, the Department of Health will have to answer and face the consequences. Mr Kumarasinghe once again reiterated the fact that the patient is treated free by no means an excuse to avoid litigation if negligence were to occur.

The next presentation was by **Ms. Dilrukshi Dias Wickramasinghe,** senior state counsel. She based her presentation of the necessity of proper documentation. At the outset she stated that it is extremely difficult to prove a doctor of being negligent. One of the main reasons that doctors are found wanting in court is the fact that there is poor documentation. She cited examples from Prof. Priyani Soysa vs Arasakularatne case, where there had been a gaping lack of notes in the bed head ticket. She reiterated that DATE, TIME and SIGNATURE are the most important elements that come in to question during litigation trials. She stated that "no more can doctors get away with skimpy bed head tickets". It is important that even senior consultants make sure that all treatment procedures, examination findings and lab reports are recorded meticulously in the bed head tickets. Consultants should not totally rely on their sub ordinates for the documentation, but should peruse the entries as often as possible. All referrals should be signed and date and time of examination must be recorded. She emphasised that time is very important. On several occasions during negligence cases the time had not been recorded, and the doctors had to face the consequence as a result. She urged doctors wherever it is possible to ask the patient to sign on the BHT once advice on any major investigation or surgery is given.

Mrs Wickramasinghe further added that the lack of conformity on the part of doctors during such negligence inquiries is very detrimental. For example, during departmental preliminary inquiries the doctor is mostly relaxed and makes certain statements, which sometimes are contrary to the recordings of the BHT. However when the police inquiry begins the doctor is under pressure and there may be conflicting statements made. During the trial, these contradictions are used to the disadvantage of the doctor. Hence, it is vitally important that doctors should always maintain uniformity during proceedings. Since most of these inquiries take place over a long period of time, the chronology of the evens must be written down as soon as the doctor feels that there is a possibility of litigation. She further urged that all doctors in the govt. sector be well aware of departmental circulars, which state the responsibilities and duties of doctors and other categories of staff. This is very important as in the case of intravenous drug administration, where it is specifically stated as to who should administer which drug. If there has been a mishap in such a procedure, irrespective of whose fault it is, the blame will lay on the person the departmental circulars stipulate

Dr D J V Harischandra consultant psychiatrist explained to the gathering the psychological aspects of medical negligence. He explained that during a time of grief the family and friends of a deceased person try to identify a person to take up the responsibility for the death, the most likely person would be the doctor who cared for the patient. He further found fault with the media for blowing incidents out of proportion. He stated a very pertinent point regarding the lack of knowledge of English amongst the nursing staff. The fact that there is no communication amongst the nursing staff and the doctors via the BHT leaves room for many mishaps. Dr Harischandra quoted extensively from Indian medical history and drew analogies from different eras to some happening in recent times.

Dr Dennis Aloysius speaking on behalf of the Sri Lanka Medical Association reminded that the once sacred doctor patient relationship is crumbling due to the pompous attitude of some doctors. He stated that arrogance is at the root of most cases of alleged negligence. He further invited all doctors to form a coalition and stay united, as it will be impossible for medical negligence suits to succeed if doctors stay together.

PANEL DISCUSSIONS

The discussions were held under four general topics. After deliberations there were presentations followed by further discussion.

Question no. 01

What should the procedure be when thee is a complaint of medial negligence.

- Take in to custody the bed head ticket
- Get the whole team together and recall the events in chronological order.
- Note any omissions or alterations in the BHT
- Make a separate resume
- Critically evaluate issue the
- Make sure all forthcoming statements tally with each other
- Do not alter or interpolate the BHT

The ministry of health should employ a highly specialised team of legal advisors to intervene and help its employees.

Question no. 02

- What procedure should a doctor adopt when there is adverse media publicity?
- What procedure should the relevant institution and the health ministry take?

THE DOCTOR - should not write to the relevant newspaper. Should recollect all the relevant facts and write them in chronological order. Read the allegations and try to find out answers to the questions that are being asked. Communicate with the head of department. Do not provide a written statement.
THE INSTITUTION- the DMO/Director should commence a proper fact finding inquiry immediately to the preliminary inquiry

THE HEALTH DEPARTMENT- the preliminary inquiry should be started immediately. The inquiring officer must be adequately qualified in the relevant specialty and must have the required specialist knowledge of the matter in question. If the recommendations made by the inquiring officer are contrary to accepted guidelines, the relevant professional body should make a written submission stating so.

Question no. 03

In case of litigation

- Who should pay the cost if a doctor is found guilty
- Who should defend the doctor

In the case of a civil case, the current practice must prevail. The attorney general must look after the doctors' interests. If the doctor is found to be guilty the health department must pay the damages.

In a criminal case, there is a need for strong medical protection/defence union. This should be a non profit making and should consist of senior lawyers and doctors. From the very outset legal advice must be given to all members. Answering adverse media demand should also be handled. The department should be urged to start an insurance scheme in the line of Agrahara for the purpose of payments to patients.

Question no. 04

What steps have to be taken by doctors and health authorities to protect doctors working under trying conditions?

1. Educate the public on the lack of facilities at all government medical institutions. Individual units should have a list of facilities available and the services that could be afforded. Prior to admitting each patient to the hospital, make sure the patient or a guardian signs a document accepting lack of facilities and other constraints within the hospital.
2. Have specialised personnel who can support grieving relatives especially after bereavement.
3. Prior to medical litigation in courts of law, an arbitration panel that is well aware of the ground situation and conditions of eh government sector should study facts and make independent recommendations.
4. Immediately stop current practice of the health department that do not conform to the health department circulars.

    a. Major surgeries without consultant anaesthetist cover
    b. Appointing senior registrars to one man stations to cover up for consultants

It was felt that as long as the work is being done everyone is happy but when there is a problem the doctor will have to take the blame even though he is not adequately qualified, yet is assigned to that post by the health department.

Mr D P Kumarasinghe reiterated that performing surgeries without consultant anaesthetist cover is extremely unsatisfactory and in the case of a mishap the consultant surgeon is liable for having undertaken the surgery without the adequate facilities and qualified anaesthetist.

Annex 12

Litigation Against Medical Practitioners
Workshop No 1: Current Practice of Inquiry

Theme : Dealing with Litigation to be Fair by Doctors, Patients and the System

Venue : Blood Bank Auditorium, Narahenpita

Date & Time : 11th May 2008 at 8.00 a.m.

8.00 a.m.	Registration		
8.30 a.m.	Welcome Speech by Dr Vajira Senarathna	-	President - GMOA
8.40 a.m.	Address by Dr H A P Kandaliyanage	-	Secretary Ministry of Health
8.50 a.m.	Address by Dr H H R Samarasinghe	-	President- SLMC
9.00 a.m.	Address by Hon. C R De Silva PC	-	Attorney General of Sri Lanka
9.15 a.m.	Address by Mr. Victor Perera	-	Inspector General of Police
9.30 a.m.	Introduction to the Workshop by Dr A B Padeniya	-	Secretary - GMOA
10.15 a.m.	Tea		
10.30 a.m.	How to face a Departmental Inquiry - By Dr Wimal Jayantha - Deputy Director General of Health Services - Chairpersons: Dr Joe Fernando / Dr. Ajith Mendis		
11.00 a.m.	How to face Inquiries conducted by SLMC by - Dr Ananda Samarasekara - Vice President- SLMC - Dr Palitha Abeykoon - Council member- SLMC - Chairpersons: Dr H H R Samarasinghe / Prof Lalitha Mendis		
11.30 a.m.	How to face a Police inquiry on complaints against Medical Practitioners by - Mr J Thangawelu - DIG/Legal (Rtd) - Mr. Gamini Dissanayake (SSP) - Director/Legal - Mr. M K D W Amarasinghe (SSP) - Director/Crimes - Chairpersons: Mr. Gamini Navarathne (Senior DIG) / Dr B J C Perera		
12.00 noon	How to face a Judicial Inquiry on complaints against Medical Practitioners by - Mr Palitha Fernando PC - Additional Solicitor General - Mrs Dilrukshi Dias Wickramasinghe - Deputy Solicitor General - Chairpersons: Hon. C R De Silva PC / Mr D P Kumarasinghe PC		
12.45 p.m.	Panel Discussion - "What is the Ideal Inquiry?" - Chairpersons: Dr H A P Kahandaliyanage / Dr J Balawardena / Dr L Senanayake		
1.15 p.m.	Vote of Thanks by Dr B T Gunasekera		

Annex 13

GMOA Ensure the Inclusion of Experts in Inquiries into Clinical Interventions

GMOA/SH/2007
12.11.2007

Dr.H.A.P.Kahandaliyanage
Secretary,
Ministry of Healthcare & Nutrition,
Colombo.

Dear Sir,

Re: Harassment of Medical Officers of Eye Hospital Colombo

GMOA Branch Union at Eye Hospital with the participation of GMOA Executive Committee met the Director General of Health Services on the above issue.

First I would like to emphasize the fact that the GMOA has never interfered with the disciplinary matters if they are conducted in an unbiased and transparent manner. Further the GMOA has always given the cooperation to disciplinary inquiries conducted according to accepted procedure. But we would like to reiterate that we will not tolerate any type of influence or bias in these procedures to harass or to take revenge against a Medical Officer in an unfair manner. We will not hesitate to protest in the strongest possible manner in such an event. We respect your good office and strongly believe that you will ensure such status in the Health Ministry.

In July 2007 some officers attached to the internal audit have visited Eye Hospital and taken away 51 diaries of Medical Officers and kept them for nearly three months. As you are aware the diaries of the Medical Officer is the formal document of reporting for duty at an institution. Medical Officers carryout their responsibilities in the spheres of administration, clinical and in judicial areas as well. Hence the diary has a vital role to play in their daily work.

The internal audit officers **have not followed the accepted procedure** and they did not have the simplest courtesy to inform individual doctors that such a move is taking place. It was confirmed at the discussion that this **discriminatory move** is a "special move" by them due to the political influences and reasons best known to you.

Consequently Medical Officers were not aware what has been done and no explanation or clarification was made to them; **nor were they given an opportunity** of getting a clarification from the Ministry despite their repetitive efforts.

The first GMOA discussion with the Director General of Health Services on 21-09-2007 revealed that he was not aware about the issue and agreed to serve justice. At the second discussion with the Director General of Health Services on 02/11/2007 the Director General of Health Services himself after making some clarification, revealed that the diaries were sent to Public Service Commission by you.

We learn that the purported mistakes in the diary entries were wrongly highlighted as financial irregularities. However we are not in a position to comment on the so called mistakes since we were not given any information with regard to the same. This is extremely unfair by the Medical Officers and we consider it as a mere abuse of authority. You may be the first person as a Secretary to a Ministry who consider mistakes in the diary entries as financial irregularities. You have created presidence in sending all mistakes to entries to due to reports or vouchers to the PSC for action. If you were to be fair by these 51 Medical Officers you should be sending each mistake to this nature to PSC.

As you are aware Medical Officers attached to the Eye Hospital do maintain the **shortest waiting list in the world** for patient care delivering despite limited resources. For example in the UK the waiting list for a cataract surgery is 20 months while ours is less than two weeks. Please note this unusual quantity of work is dealt **without compromising the international standards**.

If you have time to see the statistics, on average doctor patient contact exceeds **50000 per month** with **more than 1500 surgeries**. In addition they do referral visits to all other hospitals and deliver specialized services to the **Military personnel** to the extent of conducting regular clinics in Military institutions. Further they contribute expertise on eye care at all kinds of out side clinics including " Suwaudana".

Instead of appreciating the work done by these dedicated doctors, you have acted in a manner which contrary due to pressure on you. This has resulted in frustration among doctors as a natural sequence of events. Due to this reason these dedicated and experienced Medical Officers have decided to confine to their share of work without overburdening themselves. A doctor will only see 24 patients per day. This will result in a waiting list as in other counties, probably extending to 6-8 years the least.

We would also like to bring it to your notice that all the extra duty claims of the concerned Medical Officers have been authorized by the relevant consultants and approved by the Director of Eye Hospital.

In conclusion we request your good office

1. To withdraw the 51 dairies sent to PSC without following the accepted procedure.
2. To follow the accepted disciplinary procedure with regard to findings in the diary entries.
3. To hold an inquiry against officers who followed the wrong procedure.
4. To appoint a committee to prepare a circular giving instructions to Medical Officers on maintaining the diaries to address the root cause of the issue.

Thanking you,

Dr.A.B.Padeniya
Secretary

26.05.2008

Dr. H.A.P. Kahandaliyanage
Secretary,
Ministry of Healthcare & Nutrition,
Colombo.

Dear Sir,

Re: Unacceptable Disciplinary Procedures

GMOA hope you will not dispute that our members irrespective of their grade comply and respect disciplinary procedures. Our compliance and cooperation extended should not be taken as our weakness.

We find the inquiries are a fact finding mission leading to the final recommendation. These recommendations after inquiries are generally used in favour of rectifying any anomaly and to serve justice. Ultimately this will improve the service benefit in patient care provided the inquiries are conducted efficiently.

However we feel the Ministry of Health is abusing disciplinary procedures to cover its own deficiencies in inquiring teams. To be precise the person holding the acting Deputy Director General (Investigation) post is incompatible to be in charge as he lacks the qualification, experience and grade to be appointed to that post. Even his subordinate officers lacks experience, expertise, proper attitude and work towards politically motivated agendas. For example the inquiry panel sent to PGH/Ratnapura were deficient in expertise to peruse the BHT's maintained by doctors nor did they understand the meaning of a call book. They conducted the inquiry with the idea of " fixing" someone and were biased with preconceived judgement of saving the nurses from misery. The inquiring officers before initiating the inquiry should have known the duties of nurses. They should have known that "Nurses shall not leave the ward unattended" was mentioned in their duty list.

Here we would like to reiterate that inspite of our repeated requests to streamline the disciplinary procedures, our members are victimized due to administrative inefficiency and politicization of this system. The end result of this is irrecoverable damage caused not only to our system but to patient care as well. The glaring example is the recent incident in PGH/ Ratnapura and the sequence of events thereafter.

As a responsible trade union consisting of professionals we suggest that you should take urgent steps to depoliticize the unit under your control. In order to have faith among our membership these inquiries should be impartial and it is imperative that capacity building of inquirers is essential. Further a mechanism should be developed to complain regarding the conduct of inquirers and to initiate inquiry against them.

GMOA has taken a strong decision that in future our members will extend their cooperation in conducting a disciplinary inquiries provided the following procedures are adhered to.

i. The officer conducting the inquiry should provide the authorizing letter provided to him to conduct the inquiry.
ii. Authority authorizing an officer should declare his credentials in writing.
iii. Inquiring officer should provide the copy of the complaint.
iv. Inquiring officer should declare his credential prior to initiating an inquiry.

We will not hesitate to do away from complying with disciplinary procedures if a proper transparent, efficient and technically sound mechanism is not developed as a matter of urgency. GMOA feels such a fair mechanism will help the system and will maintain discipline among health care workers. All these steps undoubtedly will lead to better health care and ultimately benefit each and every patient in all parts of the country.

Thanking you,

Dr. A B Padeniya
Secretary

Cc Hon. Minister of Health
Secretary/ Public Service Commission
Secretary/ HE the President
Secretary/ Public Administration
Additional Secretary/ MS/ Health
Director General of Health Services
Deputy Director General (MS I)
All Heads of Institutions

Annex 15

Inclusion of Medical Officers for Official Transport

රාජ්‍ය පරිපාලන සහ ස්වදේශ කටයුතු අමාත්‍යාංශය
ආයතන අංශය
அரசாங்க நிர்வாக, உள்நாட்டலுவல்கள் அமைச்சு
தாபனப் பிரிவு
MINISTRY OF PUBLIC ADMINISTRATION AND HOME AFFAIRS
ESTABLISHMENTS DIVISION
Independence Square, Colombo 7, Sri Lanka
Website : www.pubad.gov.lk

Telephone (94) 011-2696211-13 Fax (94) 011-2695279 E-mail

My Ref. E/7/3/2/41-1 Your Ref

17 SEP 2007

Secretary,
Ministry of Health Care and Nutrition.

Inclusion of Government Medical Officers
for Official Transport Facilities
P.A. Circular 22/99 dated 08.10.1999

The GMOA made a representation to the Hon. Minister of Public Administration and Home Affairs on 11.09.2007 and the following concerns were expressed.

I. The post of Government Medical Officer is not included as a post entitled to use official vehicle facility in the P.A. Circular 22/99

II. A decision has to be made on duty hours of Government Medical Officers.

III. The Government Medical Officers should be included in category I for the purpose of the payment of allowance on Language Proficiency approved by P.A. Circular 3/2007 by canceling the inclusion already made to category 3.

02. Following clarifications were made by this Ministry in respect of the above concerns.

I. Since all Medical Officers appointed to various posts which come under 1:1:1 of P.A. Circular 22/99 are entitled to Official Transport Facilities, it was clarified that, in order to include other Medical Officers who are not entitled to such facility, the application attached to the said Circular should be perfected and forwarded to me along with a recommendation made personally by the Secretary of the respective Ministry, as mentioned in para 2.3 of the Circular. Therefore, while clarifying that a report would be submitted to the Cabinet of Ministers after arriving at a decision by the Committee in regard to the possibility of making such officers entitled to the facility in accordance with the Circular the GMOA was requested to initiate necessary action in terms of the para 2.3.

III. **It was clarified that the inclusion of Medical Officers in category 3 under P.A. Circular 3/2007 was done on the grounds that oral communication is sufficient in the diagnosis process. It was further pointed out that, Medical Officers would have to satisfy both requirements, i.e. passing the subject of Tamil at G.C.E. (O/L) and the oral test conducted by the Department of Official Languages, if they are included in category 1. Accordingly, it was clarified that Medical Officers have been included to category 3 in general and only the Medical Officers engaged in administrative functions have been included in the category 1. However, the request can be positively considered.**

03. I shall be thankful if you could send us your observations on the above at you earliest.

W.M. Bandusena.
Add.Secy. (Public Administration)
Ministry of Pubic Administration
and Home Affairs

Copy to:- Secretary, GMOA.

MD\Secretary\New

Annex 16

Elimination of Illegal Medical Practitioners

Illegal Medical Practitioners

Minutes of the Meeting with the Police Legal Directorate and the GMOA

Date : 25/04/2008
Time : 8.30 a.m.

Present:

1. Dr. Athula Kahandaliyanage - Secretary / Ministry of Healthcare & Nutrition
2. Mr. Gamini Dissanayake - Senior SSP / Director Police Legal Division
3. Mr. Neil Hettiarachchi - ASP
4. Dr. Anuruddha Padeniya - Secretary / GMOA
5. Dr. Pushpitha Ubeysiri - Asst. Editor / GMOA
6. Dr. Chandana Atapattu - Asst. Secretary
7. Dr. S Sivapriyan - Executive Committee Member
8. Dr. Upul Gunasekara - GMOA

The following matters were discussed

Elimination of Quacks

Dr. A B Padeniya, Secretary / GMOA explained the progress achieved on above in collaboration with the Attorney Generals Department, and Police.

The GMOA initiated the dialogue with the Attorney General. Attorney General then referred this to the Inspector General of Police for his assistance and guidance.

The GMOA had then met the Inspector General of Police, and he has directed the respective senior Police Officers Mr. Gamini Navarathne Senior DIG and Mr. Gamini Dissanayake Senior SSP / Director Legal Division to organize and implement legal action on such offenders.

Dr. Padeniya explained that there are three medical councils in which the registered medical practitioners are registered in Sri Lanka. That includes

(i) The Sri Lanka Medical Council
(ii) The Ayurvedic Council
(iii) The Homeopathy Council

Hence before the crackdown on illegal practitioners the information regarding the registration of above three councils needs to be gathered and police can initiate its legal actions on the above information.
To streamline this process it was mentioned that an umbrella organization comprising of all three councils and other stakeholders like the Police, the representatives of the Attorney Generals Department, and the GMOA should oversee the activities of the crackdown on illegal medical practitioners.

Dr. Padeniya emphasized that the PMIR Act lacked the legal provisions to incorporate medical practitioners registered in other medical councils like Homeopathic and Ayurvedic. He also mentioned that the GMOA is currently drafting other amendments to the act as requested by the President and amended version of the PMIR Act will be presented to HE the President in the near future.

Mr. Gamini Dissanayake Senior SSP, Director Police Legal Division, mentioned that they can apprehend the quacks on following grounds.

1. Through Medical Ordinance
2. Forgery /impersonation of a doctor can be dealt with through the penal code
3. CDD Act-through the authorized officers which includes the MOH's, Police officers. Police can assist and facilitate the authorized officers on this initiative.

It was explained by Mr. Dissanayake that the Ayurvedic and Homeopathic practitioners practicing and storing western medicine can be apprehended through this act.
The GMOA requested the Secretary of Health to organise an awareness programme /s Seminar comprising of MOH's, the Police OIC's, representatives of the respective councils and the AG's department to educate and to direct these officers on implementation of the above crackdown. The Secretary agreed to conduct a seminar at the Ministry as early as possible.

Dr. Athula Kahandaliyanage Secretary / Ministry of Healthcare & Nutrition

Annex 17

Car Permit for Medical Officers

Car Permit

1. In addition to the concessions given on taxes, the Excise duty for Petrol vehicles less than 1600cc and Diesel vehicles less than 2000cc were made 0%. This reduced approximately Rs. 200000 - 300000 of the total tax of imported vehicles.

2. Increase of taxes (RIDL - 2.5-5% and SRL 1%) made on 07-11-2007 was not imposed on vehicles imported under concessionary permits on the request of GMOA. This decision saved approximately Rs. 100000 - 300000 on each vehicle.

3. Increase of Tax rates (RIDL 5%) imposed through the National Budget 2008 was effective from 01-01-2008. Following the intervention of GMOA the Secretary/Treasury agreed and instructed the Sri Lanka Customs not to impose additional taxes on vehicles imported from the LC's opened before 01-01-2008. This further saved Rs. 100000 - 300000 on each imported vehicle.

4. The Secretary Treasury further instructed the customs to refund the additional tax amount charged from the permit holders to LC refunded.

5. Due to the rapid depreciation of US Dollar against Japan Yen & EURO a situation came up that certain vehicles couldn't be cleared from the customs as the CIF limit has exceeded the stipulated limits in the permit.

   The finance Ministry amended the car permit circular on 27-08-2007 allowing an additional 10% of CIF limit to be exceeded in the permits on the request of GMOA to solve this problem.

6. GMOA requested the treasury to amend the policy on validity period of permits and a circular was issued on this matter on 18-12-2007 by the Director General of Trade, Tariff and Investment Policy.
   Therefore,
   (a) If the LC is opened with in the 6 month validity period an extension is not necessary.
   (b) If the LC is not opened with in the validity period of 6 months an extension would be given once on valid reasons.

7. Treasury allowed the permit holders to obtain financial facilities by mortgaging the vehicles to commercial banks and financial institution.

8. GMOA made representations to President's Secretary, Treasury Secretary and Commissioner General of Motor Traffic to change the ugly red number plate. A decent number plate was introduced as a result.

9. GMOA intervened to help our members to solve the problems arised with vehicle importers
   Eg:
   (a) Toyota vehicles - Settled the problem of lack of certain accessories
   (b) KIA vehicles - Misunderstanding on calculation of taxes was compensated by providing concessions

10. GMOA arranged a special vehicle Insurance Scheme for imported vehicles in collaboration with certain insurance companies.

11. GMOA intervened to release the vehicles which were stranded in the port due to the CIF value of those vehicles going beyond 10% ceiling (due to Foreign Currency fluctuation), since early March 2008.

12. To overcome this problem it was agreed to lift the ceiling on CIF value on all LC's opened through the concessionary permits.

13. The Treasury also directed the Ports Authority to waive off demurrages charges imposed by them due to vehicles been held up at the Custom. This had amounted to Rs. 60,000 on some vehicles.

14. Following the cancellation of permits the GMOA met the Secretary to Treasury and requested to reinstate the circular, and will peruse to revive the circular as early as possible.

15. The GMOA helped around 7200 doctors who were not able to open the LC's on 31/03/2008 due to a banking procedure delay. The Secretary to the Treasury made a request to the Central Blank and the Central Bank give necessary instructions to the Commercial Banks to facilitate the opening of those Lc's.

Annex 18

GMOA Protest against Minister Nimal Siripala Dictating Terms on Medical Prescription

Doctors given a choice – Generic names or jail

by Don Asoka Wijewardena

Beginning today (January 1) doctors, both in the private and public sectors, will have to prescribe drugs under their generic names and explain to patients the advantages of prescribing drugs under generic names instead of trade names.

This regulation is being implemented under the Private Medical Ordinance Act and Government Medical Ordinance Act.

Continued **on page 2**

Doctors...

From **page 1**

Health Ministry sources said that private sector and government doctors who fail to comply with the regulation could be prosecuted and jailed up to six months or fined a maximum of Rs 50,000. In the case of Government sector doctors all hospitals have been notified of this.

Doctors in the private sector could be rewarded by pharmacies since drugs under the trade names are costlier and the margin of profit, too, being high, Health Ministry sources said.

Healthcare Minister Nimal Siripala de Silva told The Island that the rationale for this initiative was that multinational pharmaceutical companies had been exploiting patients and inexpensive drugs were being sold at exorbitant prices under trade names.

He said that generically one tablet of paracetamol was only 26 cents, but under different trade names it is sold for prices varying from Rs 2 to Rs 10. This was a naked exploitation by multinational companies whose only motive was maximum profit. Of late, low quality drugs had flooded the Sri Lankan pharmaceutical trade as organised groups had smuggled cheaper and inferior drugs from Bangladesh and India and Pakistan where the drug market was often operated unlawfully.

Referring to State-run hospitals, Minister de Silva said that the Health Ministry had already sent the circulars to all hospitals and if any doctor violated the regulation, appropriate disciplinary action would be taken against him or her under the provisions of the Government Medical Ordinance Act.

When asked about the status of bogus medical laboratories run by unqualified personnel, Minister de Silva explained that an island-wide survey carried out by the Health Ministry had found that there were around 3,000 to 4,000 private laboratories in operation, but only 400 laboratories had been registered with the Health Ministry. The Health Ministry would never register any laboratory employing unqualified technicians. The Health Ministry's flying squad had been instructed to raid bogus laboratories operated secretly across the country. Under the Private Medical Institution Act any person or company operating illegal medical laboratories without due registration with the Health Ministry would be prosecuted in accordance with the provisions of the Act.

Annex 19

SRI LANKA MEDICAL COUNCIL
31, NORMS CANAL ROAD, COLOMBO -10
In repty please quote A/C/COIT.

11th January 2008

Hon. Nimal Siripala de Silva,
Minister for Healthcare and Nutrition,
"Suwasiripaya",
Colombo 10.

Imprisonment of Doctors for Prescribing Brand-named Drugs

The Sri Lanka Medical Council unanimously decided at its last meeting held on 4th January 2008 to write to you regarding the statement on the above matter you made on Television, which was watched by many doctors and the general public.

We are appalled that a Minister of Health should threaten doctors with imprisonment for prescribing drugs using their brand names. There are many crimes that may need imprisonment but this does not warrant such punishment. It is very unlikely that a Minister of Health in a civilized country would castigate doctors in this manner.

The Regulations under the Cosmetics, Devices and Drugs Act published in the Government Gazette of 6 July 1992 states that doctors should write the generic name of the drug when prescribing, but may write a brand name within parenthesis. The Sri Lanka Medical Council in the book "Ethical Guidelines for Medical and Dental Practitioners" has instructed the doctors to follow this procedure.

There is a doctor-patient relationship cultivated since time immemorial. Patients have implicit trust in doctors and this trust and respect is mutual. Therefore, it is most unlikely that any doctor will prescribe an expensive drug when a cheap, equally effective alternative is available.

When a doctor prescribes a drug, he must be certain in his own mind that the drug has the desired effect, without deleterious side effects. This responsibility cannot be delegated to pharmacists. Who ultimately will take the responsibility? Will it be the prescribing doctor or the dispensing pharmacist or sales-person? There is a serious shortage of pharmacists in the country and it would be still worse if the responsibility is given to an un-qualified, unregistered person.

Some of the generic products may be as equally potent and safe as the original brand drug. It must be mentioned here that a brand drug is manufactured in technologically advanced pharmaceutical industries at great cost. The parent company retains the patent rights for a few years and thereafter various pharmaceutical companies produce the drug at a lower cost. Hence, such drugs are cheaper than the original drug for which expenditure was incurred for research and development.

In Sri Lanka, there is no scientific evaluation of bio-equivalence of a drug in a laboratory in testing each and every drug imported to the country. To perform chemical analysis, quality assurance, bio-availability etc. would be a severe strain on the financial resources of the Health Ministry. Besides, highly trained persons and sophisticated equipment are required for all this. At present, only a few drugs can be tested for their quality and the above parameters.
It is impossible for any authority or organization to determine the need for a drug. Medicine is a rapidly advancing science and new discoveries of drugs are highlighted in the medical literature every day. Further, even lay persons, because of the easy accessibility of information are aware of new discoveries and indications. Is it fair to deprive a patient of such a discovery which often may be life-saving?

There are also drugs which cannot be written in generic names such as multi-vitamin tablets, compound preparations, paediatric preparations with a peculiar palatability and inhalers used in asthma. The quality of drugs also depend on transport, storage and shelf-life. Hence, all generic drugs may not be of equal efficacy.
Before drastic changes to the present policy of drug prescribing, opinions of a broader section of the medical professionals including professional organizations and practicing doctors should have been obtained. We are of the opinion that it is quite in order for the brand name of a drug to be included along with the generic name as stated in the Regulations under the Cosmetics, Devices and Drugs Act published in 1992.
Yours faithfully,

Dr. N J Nonis
Registrar

Annex 20

PAGE THREE

The Island 3
Friday 18th January, 2008

SLMC appalled at Health Minister's threat

by Brian Tissera


Nimal

The Sri Lanka Medical Council (SLMC), the country's apex body representing the medical profession, in a written communication to Health Minister Nimal Siripala de Silva has stated that it is quite in order for doctors to include the brand name of a drug together with the generic name. This is provided for in the cosmetics, Devices and Drugs Act of 1992, it said.

The letter, forwarded by the Council Registrar, Dr. N. J. Nonis, adds: "We are appalled that the Minister of Health should threaten doctors with imprisonment for prescribing drugs using their brand names. There are many crimes which may need imprisonment but this is not a crime and does not warrant such punishment. It is unbecoming for a Minister of Health in a civilized country to castigate doctors in this fashion."

The SLMC wrote to the Minister subsequent to a statement made by him and broadcast on television that doctors who prescribe drugs by brand name would be imprisoned.

Dr. Nonis has told the Minister:

"When a doctor prescribes a drug, he must be certain in his own mind that the drug has the desired effect, without deleterious side effects. This responsibility cannot be delegated to the pharmacist. Who ultimately will take the responsibility? Will it be the prescribing doctor or the dispensing pharmacist or sales person? There is an acute shortage of pharmacists in the country and it would be still worse if the responsibility is given to an unqualified, unregistered person.

"Some generic productions may be as potent and safe as the original brand. A branded drug is manufactured in technologically advanced pharmaceutical industries at great cost. The parent company retains the patent rights for a few years and thereafter various pharmaceutical companies produce the drug at a lower cost. Hence, such drugs are cheaper than the original drug for which expenditure was incurred for research and development," he said.

"In Sri Lanka, there is no scientific evaluation of bio-equivalence of a drug in a laboratory in testing each and every drug imported to the country. To perform chemical analysis, quality assurance, bio-availability etc. would be a severe strain on the financial resources of the Health Ministry. Besides, highly trained persons and sophisticated equipment are required for all this. At present, only a few drugs can be tested for their quality and the above parameters.

"It is impossible for any authority or organization to determine the need for a drug. Medicine is a rapidly advancing science and new discoveries of drugs are highlighted in the medical literature every day. Further, even laymen, because of the easy accessibility of information are aware of new discoveries and indications. Is it fair to deprive a patient of such a discovery which often may be life-saving?"

"There are also drugs which cannot be written in generic names such as multi-vitamin tablets, compound preparations, paediatric preparations with a peculiar palatability and inhalers used in asthma. The quality of drugs also depends on transport, storage and shelf-life. Hence, all generic drugs may not be of equal efficacy."

"Before drastic changes to the present policy of drug prescribing, opinions of a broader section of the medical professionals including professional organizations and practicing doctors should have been obtained. We are of the opinion that it is quite in order for the brand name of a drug to be included along with the generic name as stated in the Regulations under the Cosmetics, Devices and Drugs Act published in 1992."

Annex 21

GMOA Protest against Regulating Professional Fees

ශ්‍රී ලංකා ප්‍රජාතාන්ත්‍රික සමාජවාදී ජනරජයේ ගැසට් පත්‍රය

අති විශෙෂ

The Gazette of the Democratic Socialist Republic of Sri Lanka

EXTRAORDINARY

අංක 1526/7 - 2007 දෙසැම්බර් 04 වැනි අඟහරුවාදා - 2007.12.04

No. 1526/7 - TUESDAY, DECEMBER 04, 2007

(Published by Authority)

PART I : SECTION (I) — GENERAL

Government Notifications

L.D.B. 8/2006

PRIVATE MEDICAL INSTITUTIONS (REGISTRATION) ACT, No. 21 OF 2006

REGULATIONS made by the Minister of Healthcare and Nutrition under Section 18(2) (B) of the Private Medical Institutions (Registration) Act, No. 21 of 2006.

Nimal Siripala De Silva,
Minister of Healthcare and Nutrition.

Colombo,
29th November, 2007.

Regulations

1. These regulations may be cited as the Private Medical Institutions (fees) Regulations No. 2 of 2007.

2. Any medical practitioner, dental surgeon, medical specialist or general practitioner who is engaged in the medical profession or practicing medicine, surgery or dentistry as the case may be,

(*a*) shall inform the patient or the person accompanying the patient of, the fees that would be charged by such medical practitioner, dental surgeon, medical specialist or general practitioner, in respect of the different categories of services rendered by each of them ; and

(*b*) shall exhibit or cause to be exhibited in a conspicuous place of the clinic or premises in which such person carries on his consultation, a complete table of fees charged in respect of the different categories of services being rendered.

1 A

3. Every private medical institution which provides healthcare services and which, is registered under the Act,

(*a*) shall inform the patient or the person accompanying the patient, the fees that would be charged by such institution in respect of the different categories of services rendered by such institution ; and

(*b*) shall exhibit or cause to be exhibited in a conspicuous place of the institution, a complete table of fees charged in respect of the different categories of services being rendered.

4. In the case of any private medical institution, such institution shall make available for the information of the patients a brochure setting out the fees payable by the patient to the institution for the services being rendered by such institution, and a complete table of fees including the fees being charged by the medical specialist who would be rendering their services at such institution.

5. It shall be the duty of the medical specialist or the private medical institution to cause the table of fees or the brochure as the case may be to be updated, if there has been a revision of the fees or charges specified therein, and also to state the date from which the new charges are to be effective.

6. Any person who contravenes the provisions of these regulations shall be guilty of an offence.

7. In these regulations.—

"Act" means the Private Medical Institutions (Registration) Act, No. 21 of 2006.

12-453

PRINTED AT THE DEPARTMENT OF GOVERNMENT PRINTING, SRI LANKA.

Annex 22

රජයේ වෛද්‍ය නිලධාරීන්ගේ ගැටළු සම්බන්ධව පැවැති සාකච්ඡාවේ සටහන්
2008.01.11 - පෙ.ව. 11.00 අරලියගහ මන්දිරය

ප්‍රධානත්වය - අතිගරු ජනාධිපති මහින්ද රාජපක්ෂ මැතිතුමා

සහභාගිත්වය - ඇමිණුම් ලේඛනය යා කර ඇත.

	සාකච්ඡා කළ කරුණු / තීරණ	වගකීම
01.	**වෛද්‍ය නිලධාරීන්ගේ වැටුප් හා දීමනා සංශෝධනය:**	
	1. වෛද්‍යවරුන්ගේ වැටුප් හා දීමනා , ගෙවනු ලබන විශේෂ කාල දීමනා, රාජකාරි කාර්‍ය හා පැමිණ සිටීමේ විශේෂ දීමනාව රු:2000/- වශයෙන් ගෙවනු ලබන අතර, එය 1992 වර්ෂයේ දී අවසන් වරට සංශෝධනය කර ඇත. ඒ අනුව මෙම දීමනාව රු:8000/-දක්වා වැඩි කරන ලෙස ඉල්ලා සිටින ලදී. එමෙන්ම, 1994 වර්ෂයේ සිට ප්‍රවාහන දීමනාව වශයෙන් ගෙවනු ලබන රු:3000/-ක දීමනාව පවතින ඉන්ධන මිල අනුව සලකා සෞඛ්‍ය, ආරක්ෂණ හා පෝෂණ අමාත්‍යාංශය විසින් රු:21,000/ දක්වා වැඩි කිරීම [illegible] නිර්දේශ කර ඇති බවට කරුණු පෙන්වා දෙන ලදී.	
	දැනට සම්පූර්ණ වශයෙන් ගෙවනු ලබන රු:5000/-ක මුදල 100%කින් , එනම් රු:10,000/- දක්වා වැඩි කිරීමට තීරණය කරන ලදී. එම ගෙවීම 2008 ජූනි මාසයේ සිට ක්‍රියාත්මක වේ.	- ලේකම්, මුදල් හා ක්‍රම සම්පාදන අමා - ලේකම්, සෞ,ආර. හා පෝ. අමා.
	3. වෛද්‍යවරුන් ඉටු කරන අමතර රාජකාරි වෙනුවෙන් ගෙවනුලබන දීමනා ද, දීර්ඝ කාලයකින් වැඩි කර නොමැති බැවින්, එය ද වැඩි කරන ලෙස ඉල්ලා සිටින ලදී.	
	1994 වර්ෂයෙන් පසු මෙම දීමනාවල වැඩිවීමක් සිදු, වී නොමැති බැවින්, දීර්ඝ වශයෙන් අධ්‍යයනය කර නිර්දේශ ඉදිරිපත් කිරීමට වැටුප් කොමිසමට උපදෙස් දෙන ලදී. මෙහිදී සමස්ත සෞඛ්‍ය ක්ෂේත්‍රය තුළම දීමනා සැලකිල්ලට ගෙන ඒ පිළිබඳව ප්‍රතිපත්තියක් සැකසීම අත්‍යාවශ්‍ය බව ද පෙන්වා දෙන ලදී.	- සභාපති, ජාතික වැටුප් හා සේවක සං. කො.ස. - ලේකම්, සෞ, ආර හා පෝ. අමා.
02.	**පෞද්ගලික වෛද්‍ය ආයතන ලියාපදිංචි කිරීමේ පනත**	
	මෙම පනත ක්‍රියාත්මක කිරීම පිළිබඳව වෛද්‍යවරුන් සමඟ සාකච්ඡා නොකළ බව සඳහන් කරන ලදී. විශේෂ රෝගීන්ගෙන් අයකරන ගාස්තුව පෞද්ගලික වෛද්‍ය ආයතන තුළ ප්‍රසිද්ධියේ පළ කිරීම ප්‍රායෝගික නොවන බව ද වෛද්‍ය සංගමය විසින් පෙන්වා දෙන ලදී.	
	• කෙසේ වුවද පෞද්ගලික වෛද්‍ය ආයතන ලියාපදිංචි කිරීමේ පනතට අදාලව වෛද්‍ය සංගමයේ නිරීක්ෂණ ඉල්ලා සිටිය ද, මෙතෙක් එම සංශෝධන ලැබී නොමැති බව ගරු සෞඛ්‍ය අමාත්‍යතුමා පෙන්වා දෙන ලදී. ඉදිරි සති දෙක තුළදී, වෛද්‍ය සංගමයේ සංශෝධන ලබා දෙන බව පෙන්වා දෙන ලදී.	- ලේකම්, රජයේ වෛද්‍ය නි. සංගමය
	• රෝගීන්ගෙන් අය කරන ගාස්තුව ප්‍රසිද්ධියේ පළ කළ යුතුය යන කොටස සංශෝධනය කිරීම සඳහා අවශ්‍ය ඉදිරි පියවර ගැනීමට තීරණය විය.	- ලේකම්, සෞ, ආර. හා පෝ. අමා
03.	**ජාත්‍යන්තර ප්‍රමිතීන් අනුව වෛද්‍යවරුන්ගේ සේවා කාලයක් සැකසීම**	
	• [illegible] වෛද්‍යවරුන් රාජකාරි සහ අතිකාල ලබා ගැනීමට [illegible] සම්බන්ධයෙන් නිරීක්ෂණ සහිත වාර්තාවක් සකස් කිරීමට සෞඛ්‍ය, ආරක්ෂණ හා පෝෂණ අමාත්‍යාංශ ලේකම් වෙත උපදෙස් දෙන ලදී.	- ලේකම්, සෞ, ආර. හා පෝ. අමා
	• සමස්ත සෞඛ්‍ය ක්ෂේත්‍රයේ අතිකාල දීමනා ගෙවීම් ක්‍රමය පිළිබඳව පූර්ණව අධ්‍යයනය කර නිරීක්ෂණ සහිත වාර්තාවක් ඉදිරිපත් කරන ලෙසට වැටුප් කොමිසම වෙත උපදෙස් දෙන ලදී.	- සභාපති, ජාතික වැටුප් හා සේවා.සං.කො.ස.
04.	**පශ්චාත් උපාධි වෛද්‍ය පාඨමාලාවන් :** සෑම වෛද්‍යවරයෙකුටම විදේශ රටක මාස 03ක කාලයක් ගත කිරීමට අවස්ථාව ලබා දෙන ලෙසටත්, විශේෂඥ පුහුණුව සඳහා වෛද්‍යවරුන්ට රජය විසින් ගෙවනු ලබන රැඳීම දීමනාව වැඩි කරන ලෙසටත් ඉල්ලා සිටින ලදී.	
	• දැනට මේ සම්බන්ධයෙන් කටයුතු කෙරෙමින් පවතින බව සෞඛ්‍ය, ආරක්ෂණ හා පෝෂණ අමාත්‍යාංශ ලේකම් විසින් සඳහන් කරන ලදී.	- ලේකම්, සෞ, ආර. හා පෝ. අමා
05.	**වෛද්‍ය ආඥා පනතට සංශෝධන :** වෙළඳ නාමය වෙනුවට ඖෂධයේ නාමයෙන්ම රෝගීන් සඳහා බෙහෙත් වට්ටෝරු ලිවීමෙන් රෝගීන්ට ගුණාත්මක භාවයෙන් උසස් ඖෂධ ලබා දීමට හැකියාවක් නොමැති බවට වෛද්‍ය සංගමය කරුණු ඉදිරිපත් කරන ලදී. සෞඛ්‍ය අමාත්‍යාංශය විසින් මෑත කාලයේ දී, ඖෂධ වර්ගයේ නමින් ලබාගත් ඖෂධ වර්ග 12ක් ඉවත දැමීමට සිදුවීමෙන් රටට විශාල පාඩුවක් සිදු වී ඇති බවට ද කරුණු ඉදිරිපත් කරන ලදී.	
	• එම ඖෂධ පිළිබඳව හා සිදු වී ඇති අලාභයන් පිළිබඳව විමර්ශනය කර සති දෙකක් තුළ වාර්තාවක් ඉදිරිපත් කරන ලෙස අතිගරු ජනාධිපතිතුමා විසින් සෞඛ්‍ය අමාත්‍යාංශයේ ලේකම් වෙත උපදෙස් දෙන ලදී.	- ලේකම්, සෞ.ආර. හා පෝ.අමා
	• වෛද්‍ය ආඥා පනතට අදාලව වෛද්‍ය සංගමයේ නිරීක්ෂණ දෙසතියක් තුළ ඉදිරිපත් කිරීමට උපදෙස් දෙන ලදී.	- ලේකම්, රජයේ වෛද්‍ය නි. සංගමය
	• වහාම මෙයට විසඳුමක් ලෙස ජේනක ඖෂධ ප්‍රතිපත්ති ක්‍රියාත්මක කිරීමට අවශ්‍ය පියවර ගන්නා ලෙස අතිගරු ජනාධිපතිතුමා උපදෙස් දෙන ලදී.	- ලේකම්, සෞ.ආර. හා පෝ. අමා

Annex 23

GMOA Protest against Overseas Leave Restriction To 21 Days By Mr. Nimal Siripala

පොදු චක්‍රලේඛ අංක:-
01 - 02/2007

මගේ අංකය : ඊඩී/එස්ටී/04/2006
සෞඛ්‍ය ආරක්ෂණ හා පෝෂණ අමාත්‍යාං
'සුවසිරිපාය'
පූජ්‍ය බද්දේගම විමලවංශ හිමි මාවත,
කොළඹ: 10.

2007.02.02 දින.

සියළුම පළාත් සෞඛ්‍ය ලේකම්වරුන්,
පළාත් සෞඛ්‍ය අධ්‍යක්ෂවරුන්,
නියෝජ්‍ය සහ ප්‍රාදේශිය පළාත් සෞඛ්‍ය සේවා අධ්‍යක්ෂවරුන්,
විමධ්‍යගත ඒකක සහ විශේෂිත ව්‍යාපාර ප්‍රධානීන්,
රෝහල් අධ්‍යක්ෂවරුන්/ වෛද්‍ය අධිකාරීන් සහ
සෞඛ්‍ය අමාත්‍යාංශය යටතේ ඇති ආයතන ප්‍රධානීන්.

වෛද්‍ය නිළධාරීන්ගේ විදේශ නිවාඩු.

සමහර වෛද්‍ය නිළධාරීන් විදේශ නිවාඩු අයදුම් කිරීමේදී, ප්‍රමාණවත් කාලයක් ඇතිව නිවාඩු ඉල්ලුම්පත්‍ර ඉදිරිපත් නොකිරීම හා අසම්පූර්ණ නිවාඩු ඉල්ලුම්පත්‍ර ඉදිරිපත් කිරීම නිසා අපහසුතා මතුවී ඇත. මින් ඉදිරියේදී විදේශ නිවාඩු අයදුම් කිරීමේදී පහත කරුණු අනුගමනය කළයුතු බව මින් දන්වමි.

02. I. ආයතන සංග්‍රහයේ XII:1:4 වගන්තිය අනුව විදේශ නිවාඩු සඳහා එවන ඉල්ලුම්පත්‍ර හැකි සෑමවිටම එම නිවාඩුව ආරම්භ වන දිනට මාස තුනකට පෙර ආයතන ප්‍රධානියා වෙත ඉදිරිපත් කළයුතුය. අවම වශයෙන් නිවාඩු ආරම්භ දිනට මාසයකටවත් කලින් විදේශ නිවාඩු අයදුම්පත්‍ර මෙම අමාත්‍යාංශයට ලැබීම සැලැස්විය යුතුය.

II. සියළුම විදේශ නිවාඩු ඉල්ලීම් පොදු 126 ආකෘති පත්‍රයෙන් ඉල්ලුම් කළයුතුය. එම ආකෘති පත්‍රයේ සියළුම කොටස් නිවැරදිව සම්පූර්ණ කළයුතුය.

III. විදේශ ගතවන නිළධාරියා තම නිශ්චිත කාලයක් තුළ ඉටුකිරීමට පවරා ඇති කාර්යයන් සම්පූර්ණ කර තිබේද යන වග සඳහන් කළයුතු අතර, ආයතන ප්‍රධානියා ද එය සහතික කළයුතුය.
(උදාහරණ: වෙන්වූ මණ්ඩල රාජකාරි, තාක්ෂණ ඇගයීම් කමිටු රාජකාරි, පශ්චාත් උපාධි හා වෙනත් පුහුණු වැඩසටහන් ආදිය)

IV. නිවාඩු කාලය තුළ නිළධාරියා ගේ රාජකාරි ආවරණය කිරීමට යොදා ඇති වැඩපිළිවෙල.

....02

v. ආයතන ප්‍රධානියාගේ නිර්දේශය.

vi. තමන් අයදුම් කළ විදේශ නිවාඩුව අනුමත වී නිමේදැයි තහවුරු කරගෙන ඉන්පසු විදේශ ගතවීමට පෙර සෞඛ්‍ය සේවා අධ්‍යක්ෂ ජනරාල් කාර්යාලයේ ඇති ලේඛනයේ විස්තර සටහන් කර අත්සන් කළයුතු අතර, නිවාඩුව අවසන්වී ආපසු මෙරටට පැමිණි විගස එම ලේඛනයේ අදාල විස්තර සටහන් කර අත්සන් කළයුතුය.

03. නිවාඩු අයිතිවාසිකමක් නොව, වරප්‍රසාදයකි. එය අනුමත කරනු ලබන්නේ හදිසි අවශ්‍යතා වයත්ට යටත්ව බවද අවධානයට යොමු කරවමි. (ආයතන සංඥාවේ ×II : I : I)

04. විදේශ සංචාර ප්‍රමාණය වසරකට උපරිම තුන් වතාවකට සීමා කරනු ලැබේ. මෙම මුළු කාලය දින 21 නොඉක්මවිය යුතුය. මීට අමතරව විදේශ නිවාඩු ලබාගත හැක්කේ විශේෂ හේතු මත පමණි.

05. විදේශ නිවාඩු පිළිබඳ පූර්ව අනුමැතියකින් තොරව විදේශ නිවාඩු ලබාගත හොත්, හෝ අනුමත නිවාඩු කාලය අවසානයේ නියමිත දිනට සේවයට වාර්තා නොකළහොත් සේවය හැරගියා සේ (V.D.P.) යළකා ක්‍රියා කිරීමට සිදුවන බවද අවධානයට යොමු කරවමි. මෙවැනි නිළධාරීන් පිළිබඳව වහාම සෞඛ්‍ය අමාත්‍යාංශයට දන්වා එවීම සියළුම ආයතන ප්‍රධානීන්ගේ වගකීමක් බවද අවධානයට යොමු කරවමි.

06. මෙම වක්‍රලේඛයේ අඩංගු කරුණු සියළුම වෛද්‍ය නිළධාරීන්ගේ දැනගැනීමට සලස්වන මෙන් ද දන්වමි.

(වෛද්‍ය අතුල කහඳලියනගේ)
ලේකම්
සෞඛ්‍ය ආරක්ෂණ හා පෝෂණ අමාත්‍යාංශය.

Annex 24

මගේ අංකය:- ඊසි/එස්ඒ/04/2006
සෞඛ්‍ය ආරක්ෂණ හා පෝෂණ අමාත්‍යාංශය,
"සුවසිරිපාය"
385, පූජ්‍ය බද්දේගම විමලවංශ හිමි මාවත,
කොළඹ 10.
2007.10.16.

සියළුම පළාත් සෞඛ්‍ය ලේකම්වරුන්,
පළාත් සෞඛ්‍ය අධ්‍යක්ෂවරුන්,
නියෝජ්‍ය සහ ප්‍රාදේශීය පළාත් සෞඛ්‍ය සේවා අධ්‍යක්ෂවරුන්,
විමධ්‍යගත ඒකක සහ විශේෂිත ව්‍යාපාර ප්‍රධානීන්,
රෝහල් අධ්‍යක්ෂවරුන්/වෛද්‍ය අධිකාරීන් සහ
සෞඛ්‍ය අමාත්‍යාංශය යටතේ ඇති ආයතන ප්‍රධානීන්.

<u>වෛද්‍ය නිලධාරීන්ගේ විදේශ නිවාඩු</u>

ඉහත කරුණ පිළිබඳව මා විසින් නිකුත් කරන ලද අංක:- 01 - 02/2007 හා 2007.02.02 වන දින දරණ චක්‍රලේඛයට වැඩි මනත් කරමි.

එම චක්‍රලේඛයේ අංක 04 ඡේදය මෙයින් ඉවත් කරන අතර ඒ වෙනුවට පහත ඡේදය ආදේශ කරන බව මෙයින් දන්වමි.

04. විදේශ සංචාර සඳහා වෛද්‍ය නිලධාරියෙකුට වසරකට ලබාගත හැකි මුළු කාලය ආයතන සංග්‍රහයේ Xii පරිච්ඡේදය ප්‍රකාර විය යුතු අතර, කිසියේත් එම ප්‍රමාණය නොඉක්මවිය යුතුය. නිවාඩු අනුමත කරනු ලබන කාල සීමාව තීරණය කරනු ලබන්නේ සේවා අවශ්‍යතාවය හා රටේ පවතින වාතාවරණය සලකා බැලීමෙන් අනතුරුවය.

වෛද්‍ය එච්.ඒ.පි.කහඳලියනගේ
ලේකම්,
සෞඛ්‍ය ආරක්ෂණ හා පෝෂණ අමාත්‍යාංශය.

Annex 25

Birth & Death Registration

GMOA Submission on Issues Related to Hospital Births and Deaths

Introductions

The births and deaths occurring in the country should be legally documented according to the provisions in the "Births and Deaths Regulation Act (Cap 129). For the implementation of the legal provisions, "Registrars of Births and Deaths" are appointed for demarcated administrative areas. Medical Officers working in government hospitals help the "Registrars" by providing relevant information with regard to births and deaths occurring in hospitals.

Gravity of the Problem

When patients are admitted to government health care institutions for emergencies (including delivery and labour) or for any other non emergency admissions or for scheduled admissions, the patient's identification is not called for, and preferably it should be maintained but not practiced due to practical reasons.

When deaths or births occur consequent to hospital admissions medical officers are burdened with filling numerous procedural documentations which may have lot of legal implications cropping up later.

Present status

As at present there is no uniformity in the procedures adopted to notify hospital births and deaths. Different healthcare institutions are adopting different procedures in documenting births and deaths that occur consequent to hospital admissions.

(a) Births

Information regarding a birth in a government hospital can be given to the registrar through one of the following forms.

(i) Health 522 - "Births Details" form which can be filled and signed by the midwife and given to the patient with the counter signature of the medical officer (Annexure I)

(ii) B 148 - "Particulars relating to a birth occurred in the hospital". The form contains basic details about a birth and required to be signed by the medical officer-in charge of the hospital / healthcare institution. (Annexure II)

(iii) B 32 - "Declaration of Birth" form issued under the provisions of section 16 of "Births and Deaths Regulation Act". This requires the Registrar to act according to the provisions in law. (Annexure III)

(b) Deaths

Under sections 31 of the "Births and Deaths Registration Act" it is the responsibility of the attending doctor to state the cause of death, if known, when a patient he is treating dies of a natural cause. Information regarding a death in a government hospital can be given to the registrar through one of the following

(i) B 12 - Statutory "certificate of cause of death" form issued under the provisions of section 31 of "Births and Deaths Registration Act"
(Annexure IV)

(ii) B 33 - "Declaration of Death" form, this includes the declaration stating the cause of death, where the doctor is functioning in the capacity of the declarant as well as the medical practitioner issuing the certificate of cause of death. Therefore filling the B 33 declaration is necessarily a function of the Registrar. (Annexure V)

Legal Implications

The documents related to births and deaths have become important in the recent past and are related to crimes such as.
(a) fraud in insurance claims
(b) fraud in inheritance matters
(c) fraud done to escape legal proceedings (Death certificate issued to living person)
(d) selling or missing of babies from hospitals for "illegal adoptions" and to overcome or bypass this tedious process of legal adoption.

A Medical Officer may be either interdicted or indicted by a court of law for innocently filling the details in the bed head ticket (BHT) (which may be false information) on to the legal forms related to births and deaths.

Section 67 of "Births and Deaths Registration Act"

67. Every person who-

1. knowingly and wilfully tears, defaces, destroys, or injures any notice, certificate, declaration, book, or document kept under this Act or under any past enactment or any part of such notice, certificate, declaration, book or document, or any part of such certified copy; or
2. knowingly and wilfully inserts any false particulars in any register, certificate, declaration, book or document, kept under this Act or under any past enactment, or knowingly and wilfully alters any entry in such register or any such certificate, declaration, book or document ; or
3. signs or issues any false certificate relating to a birth, death, or still birth ; or
4. certifies in writing to be a copy or extract of any book or document kept under this Act or any past enactment, knowing such copy or extract to be false in any particular,

shall be guilty of an offence and shall be liable on conviction to rigorous imprisonment for a term not exceeding seven years or to a fine not exceeding five thousand rupees.

Justification for streamlining

(i) There need to be a uniform system throughout the country and what would be the role of the "Registrars" if all the declarations are also taken over by the medical officers.
(ii) Is it justified to request the doctors to declare as true any information which has come to their (doctors) knowledge in the course of their duties.
(iii) Therefore the accepted practice in state sector hospitals regarding death is to fill the "Death Declaration Form" (B33) and this cannot be enforced when form B12 to be filled exclusively by medical officer is available.
(iv) Likewise the accepted practice in state hospitals regarding birth is to fill the "Particulars relating to a birth occurred in the hospital" (B 148) form by a Medical Officer and he cannot be enforced to fill the additional "Declaration of Birth" (B 32) form.
(v) Medical Officers are also protected by some articles in the constitution in Sri Lanka. They are
(a) *1. Article 10 - Every person is entitled to freedom of thought, conscience and religion*
(b) *2. Article 14(1)(g)*
(c) *3. Article 15 (5) and 15 (5) (a)*
(d) *4. Article 28 - The exercise and enjoyment of rights and freedom is inseparable from the performance of duties and obligations and accordingly it is the duty of every person in Sri Lanka to work conscientiously in his chosen occupation*
(vi) According to section 33 (d) of the medical ordinance, if a medical officer is convicted under section 68 (i) (c), (d), or (e) of the "Births and Deaths Registration Act", the name of the medical practitioner may be erased from the register.
(vii) If a person is guilty of an offence under section 67 of the "Births and Deaths Registration Act", he is liable to be imprisoned for 7 years.

Therefore in the above given circumstances it is not justified to expect the doctors to declare conscientiously any unknown information as true, Doctors should only under take any duty given to them by the statute and respect the rule of law.

Solutions

(i) To implement a uniform system of registration of births and deaths in the country, this matter should be discussed with officials of the "Registrar General's Department and all other stake holders.
(i) Duties of the medical officers and registrars should defined clearly in the following manner.
(a) Births - Medical Officers should use only B 148 to notify the particulars of birth
(b) Deaths - Medical Officer should use only B 12 to notify deaths
(c) All declarations related to births and deaths shall be the duty of the Registrars
(i) DGHS should withdraw the general circular 700 dated 27th October 1973 and should issue a new circular once consensus is reached on this matter with the "Registrar General".

Thanking you,
Yours faithfully,

Dr. A B Padeniya
Secretary

Annex 26

Stream lining the Poison Information Centre

GMOA/DGHS/2007
17.11.2007

Dr.Ajith Mendis
Director General of Health Services,
Ministry of Healthcare & Nutrition,
Colombo.

Dear Sir,

Re: VP/ OPD/ NHSL

Dr.B.A.Lamabadusuriya, Consultant Physician made representation to GMOA requesting her to be given an extension to her current post as VP/OPD/NHSL as it is her last year in the government service based on E-code provisions.

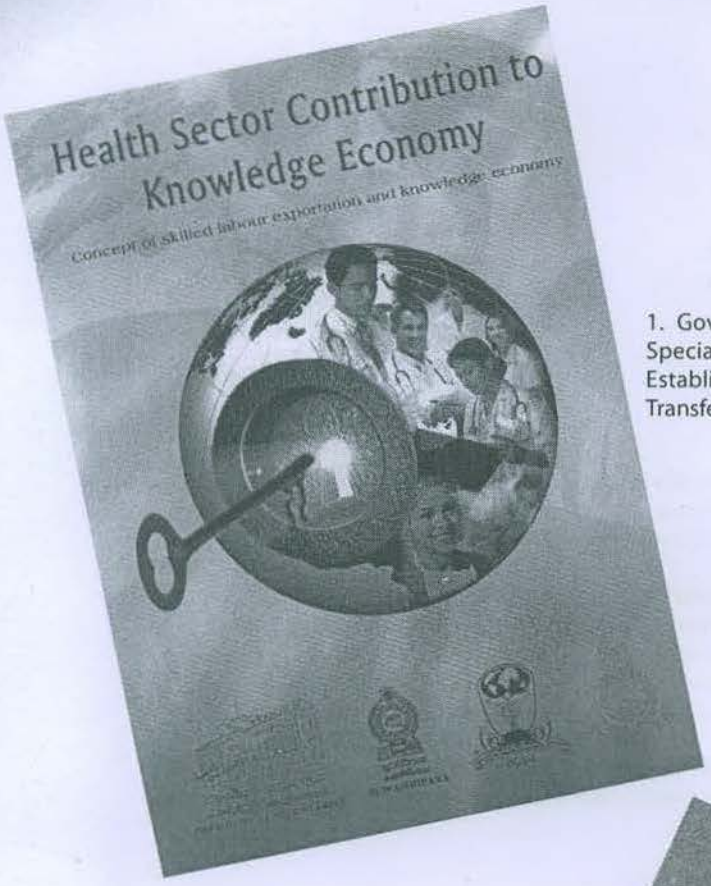
GMOA General Committee discussed her request and decided to convey that the GMOA has no objection in her attachment to NHSL as VP/OPD provided that it would not affect appointments of any other specialist. GMOA propose her as VP/OPD should be assigned the task of providing specialist coverage for 05 Medical Officers attached to "Poison & drug information Centre".

GMOA reiterate you to ensure that the other eligible Consultant Physicians should not be affected by this move since her post is requested as an additional post.

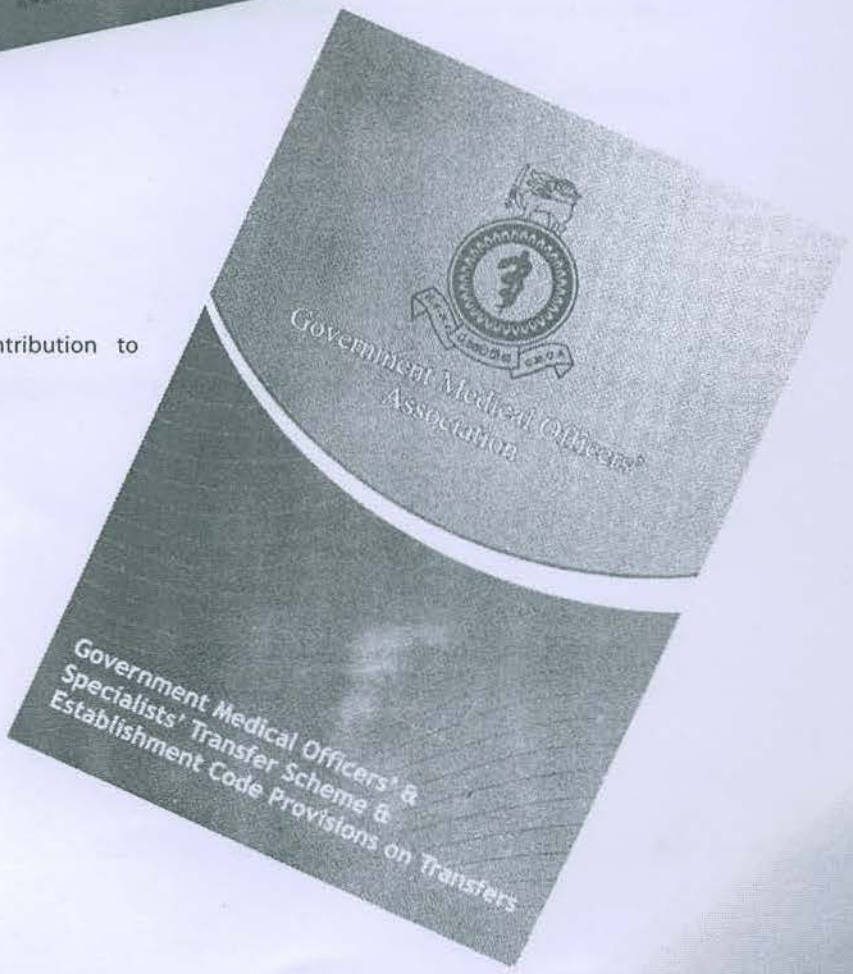
Thanking you,

Yours faithfully,

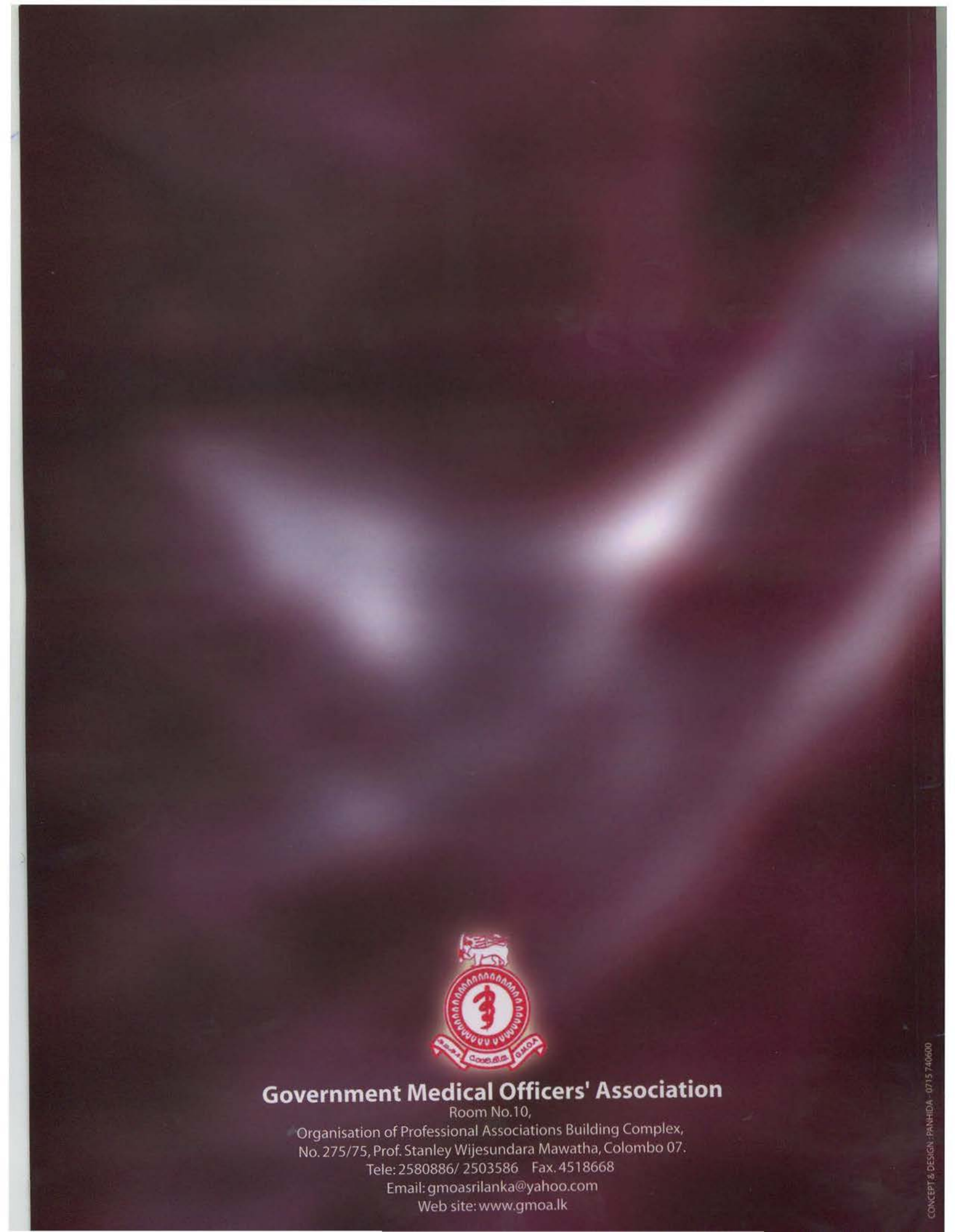
Dr.A.B.Padeniya
Secretary



1. Government Medical Officers' & Specialists' Transfer scheme Establishment Code Provisions on Transfers.



2. Health Sector Contribution to Knowledge Economy.



Government Medical Officers' Association

Room No.10,
Organisation of Professional Associations Building Complex,
No. 275/75, Prof. Stanley Wijesundara Mawatha, Colombo 07.
Tele: 2580886/ 2503586 Fax. 4518668
Email: gmoasrilanka@yahoo.com
Web site: www.gmoa.lk

CONCEPT & DESIGN - PANHIDA - 0715 740600