

ANALYSIS OF  
ADMINISTRATIVE FAILURES  
IN  
MEDICAL HUMAN RESOURCE  
RECRUITMENT AND DEPLOYMENT  
IN  
THE DEPARTMENT OF HEALTH  
SRI LANKA



By

Government Medical Officers' Association

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## *Executive Summary*

Provision of high quality health care while ensuring equity, is both a priority and an obligation of the health care system. This can only be achieved by optimal management of human resources. Medical professionals are the leading human resource in the health sector. In this report we examine the administrative deficiencies of Medical Human Resource Recruitment and Deployment (MHRRD) in Department of Health (DoH).

The task of MHRRD is performed only at a national level in Sri Lanka and the accountability lies with Deputy Director General assigned with Medical Services DDG (MS) in DoH. MHRRD is governed by the Establishment code, Transfer circular of Grade Medical officers and by consensus of the stake holders.

Currently DDG (MS) does not have either hard or soft processed data of Medical Officers. All efforts made by the Minister of Health and the main stake holder, the Government Medical Officers Association (GMOA) to establish a comprehensive computerized database of Medical Officers have not succeeded to- date due to administrative failures. Today, DoH operates without a data base of Medical Officers.

‘Annual transfers’ is the most vital component in MHRRD and all other transfers evolve around it. However, we have observed that the annual transfers were never ordered on time and the delays were extremely significant and unacceptable which has a significant repercussions on patient care delivery, carrier prospects of medical professionals and other relevant consequences.

Moreover, DDG (MS) has failed to implement majority of the transfers, mainly due to insubordination of Heads- of- Institutions, which has become the norm.

GMOA proposed a computerized Human Resource Management and Information System (HRMIS) in April 2013, as a collaborative effort with the DoH, but medical administration did not adequately comply with it.

Several organizations, including Information and Communication Technology Agency of Sri Lanka (ICTA) affiliated to Presidential Secretariat and GMOA has expressed displeasure over these administrative failures.

As such, we recommend

1. Establishment of a computerized updated data base of medical professionals
2. Streamlining of recruitment and deployment according to governing policies

## Observations

### 1. Current administrative structure for Medical Human Resource Recruitment and Deployment (MHRRD).

Medical officers are categorized into 3 groups; Grade Medical Officers, Specialist Medical Officers and Administrative Grade Medical Officers. Recruitment and deployment of all medical officers performed as an all island service in both preventive and curative health sectors.

Recruitment and deployment of above categories is done nationally and only by Deputy Director General Medical Services (DDG MS) division. A decade ago, DDG (MS) tasks were divided to DDG (MS I) and DDG (MS II) as follows.

- DDG (MS I) is responsible for recruitment and deployment of Specialist Medical Officers and Administrative Grade Medical Officers.
- DDG (MS II) is responsible for recruitment and deployment of Grade Medical Officers

Figure 1.



### 2. Governance of MHRRD

Governance of MHRRD done by;

- Establishment Code
- General Circular no 01- 22/2001 issued on 30<sup>th</sup> September 2001 (development of this circular was done by GMOA and Ministry of Health)
- Transfer boards and by consensus.

### 3. Lack of a computerized database hindering optimal human resource management

Ministry of Health does not have a reliable data base and recruitment and deployment is done manually. In the current context, most of the organizations maintain soft data bases to safeguard the efficiency. Actual situation is DDG MS division does not have a hard or soft data base. This situation is not acceptable since computerized data base is vital for optimal human resource management.

#### 4. Administrative Inefficiencies in issuance of annual transfer orders on time

According to Establishments' code the Ministry of Health should follow the following timeline as specified in figure 2.

Figure2

<b>Time - table specified by the Establishments Code for annual transfers</b>	
1.	All medical officers who will be completing 4 years or more of service in a particular station by <b>December 31<sup>st</sup></b> of that particular year will be noted for transfer in the annual transfer list in that particular year.
2.	Head of the Institution should submit details of MO's (noted or not) to the DGHS by <b>15<sup>th</sup> July</b> .
3.	The annual transfer list (i.e the list of Medical Officers who are noted for transfer and the list of vacancies) will be published by <b>15<sup>th</sup> August</b> .
4.	<b>Transfer list</b> (intervening decided by transfer board) should be notified by <b>1<sup>st</sup> of October</b> .
5.	<b>Appeals</b> entertained up to <b>15<sup>th</sup> October</b> .
6.	Annual transfers and appeals will be finalized before <b>31<sup>st</sup> October</b> .
7.	Final decision of the appeal board should be communicated to medical Officers by <b>1<sup>st</sup> of November</b> .
8.	Effective date of transfer will be from <b>1<sup>st</sup> of January</b> of that year.

However, over the past decade Ministry of Health has failed to achieve this timeline as shown in figure 3.

You may appreciate the delays are extremely significant and grossly unacceptable. We would emphasize no transfer order was issued before the effective date. As such we conclude this entire operation is a total failure, which has a significant repercussion on patient care delivery, carrier prospects of medical professionals and other related consequences

Year	Issuance of 'Noted list'		Issuance of Final order by circular		Delay from the effective date of transfer order (1 <sup>st</sup> of Jan)
	Scheduled date	Issued date	Scheduled date	Issued date	
2013	15 <sup>th</sup> Aug 2012	24 <sup>th</sup> Jan 2013	31 <sup>st</sup> Oct 2012	19 <sup>th</sup> June 2013	6 months & 19 days
2012	15 <sup>th</sup> Aug 2011	19 <sup>th</sup> Sep 2011	31 <sup>st</sup> Oct 2011	24 <sup>th</sup> May 2012	5 months & 24 days
2011	15 <sup>th</sup> Aug 2010	5 <sup>th</sup> Oct 2010	31 <sup>st</sup> Oct 2010	16 <sup>th</sup> May 2011	5 months & 16 days
2010	15 <sup>th</sup> Aug 2009	12 <sup>th</sup> Oct 2009	31 <sup>st</sup> Oct 2009	04 <sup>th</sup> May 2010	5 months & 04 days
2009	15 <sup>th</sup> Aug 2008	4 <sup>th</sup> Nov 2008	31 <sup>st</sup> Oct 2008	27 <sup>th</sup> Mar 2009	3 months & 27 days
2008	15 <sup>th</sup> Aug 2007	3 <sup>rd</sup> Oct 2007	31 <sup>st</sup> Oct 2007	22 <sup>nd</sup> Feb 2008	2 months & 22 days
2007	15 <sup>th</sup> Aug 2006	Not Available	31 <sup>st</sup> Oct 2006	Not Available	
2006	15 <sup>th</sup> Aug 2005	Not Available	31 <sup>st</sup> Oct 2005	Not Available	
2005	15 <sup>th</sup> Aug 2004	10 <sup>th</sup> Dec 2004	31 <sup>st</sup> Oct 2004	24 <sup>th</sup> June 2005	6 months & 24 days

Figure3 - Failure in the commencement of transfer procedure in scheduled timeline.

## 5. Administrative inefficiencies in implementing annual transfers

Significant majority of annual transfer orders are currently not being implemented raising serious concerns about administrative accountability. Figure 4 will give the failure of individual institutions as a percentage.

*(Annexure 1 – Extract of the list of grade medical officers who have more than seven years of service in present station)*

Station	Number of Medical Officer in the same station for >7 years	Number of Medical Officer transfers which haven't been taken place	Failure Percentage (%)
National Hospital Sri Lanka	86	50	58.13%
Accident Service	27	17	62.96%
Lady Ridgeway Hospital	13	2	15.32%
Castle street hospital for women	5	4	80%
Cancer Institute Maharagama	35	28	80%
De Soyza Maternity Hospital	9	5	55.55%

*Figure 4 - A summary of failure percentages in some hospitals.*

## 6. GMOA Proposal

GMOA worked with a vision to optimize the human resource management in the health sector by introducing a computerized Human Resource Management Information System (HRMIS) for the health sector. HRMIS was approved by Minister of Health, Secretary of Health, DGHS and DDG MS II and necessary administrative instructions were issued. *(Annexure 2 – Letter issued by the Ministry of Health on initiation of HRMIS).*

However, these directives were not implemented by Heads of Institutions, causing undue delays in compiling the database. This unprecedented level of gross insubordination by heads of institutions has become the norm in Ministry of Health, highlighting deeper administrative failures. *(Annexure 3 - Number of HRMIS data collection forms received from each institution to the Ministry of Health).*

## 7. Resistance within the Ministry of Health against constructive reforms

Information and Communication Technology Agency of Sri Lanka (ICTA), affiliated to Mr. Lalith Weeratunga, Secretary to His Excellency the President, made arrangements to computerize the entire health sector including human resources. We learnt that all such efforts were met with reluctance and sabotage from the Ministry of Health and the project has come to a halt.

#### **8. Misuse of resources by public officials**

Many officials of Ministry of Health have been on overseas to study human resource management and introduce newer and more efficient systems to the Sri Lankan health sector. However, there have been no noticeable structural improvements to the health sector. This raises concerns over the accountability.

### *Recommendations*

1. Establish a computerized database of Medical Officers urgently considering it as a top priority.  
Ministry of Health should set a clear deadline for the establishment of the database and ensure full compliance by taking stern disciplinary action against any insubordination.
2. Implement an online application system for annual transfers parallel to manual applications.
3. Strict adherence to regulations and deadlines of the Establishments Code.
4. Ensure full implementation of transfer orders without delay.







**Annexure 3 - Number of HRMIS data collection forms received from each institution to the Ministry of Health up to 7th July 2013 .**

INSTITUTION	NO OF MOs	NO of RESPONSES	FAILURE RATE %	RESPONSIBLE AUTHORITY
<b>WESTERN PROVINCE</b>				
AMC	4		100	Dr. S.L. Deniyage
CMC	31	26	16.2	Dr. Pradeep Kariyawasam
Blood Bank	345		100	Dr. Senerath Jayasekara
MRI	20	19	5	Dr. Anil Samaranayake
NHSL	832	1	99.88	Dr. Anil Jayasinghe
CSWH	96	118	-22.91	Dr. W.K. Wickramasinghe
LRH	300			Dr. Rathnasiri Hewage
CSTH	394	93	76.4	Dr. Asela Gunawardane
DMH	74	52	29.73	Dr. Mahina Rajapaksha
Eye Hospital	129	89	31.01	Dr. S.A.H. Liyanage
Cancer hospital Maharagama	180	103	42.78	Dr. Kanishka Karunaratne
NIMH	41		100	Dr. Jayan Mendis
RDHS COLOMBO	335		100	Dr. B.T.S.K. Siriwardhana
Health Education	18		100	Dr. R.D.F.C.Kanthi
FHB	22		100	Dr. D.C.Perera
STD/AIDS Programme	18	10	44.5	Dr.N.Edirisinghe
Epidemiology Unit	5		100	Dr. paba palihawadana
AFC			100	Dr. U.S.B. Ranasinghe
PD Colombo	3		100	Dr. Amal harsha de Silva
GH Jayawardhanapura	130		100	Dr. S.A.K. Gamage
BH Homagama	136		100	Dr. Pradeep Rathnasekara
BH Awissawella	88		100	Dr. S. Panagoda
BH Mulleriyawa	46		100	Dr. D.M.A.P.Gunawardane
BH Angoda(IDH)	28	18	35.72	Dr. S.M. Anorld
CNTH Ragama	253		100	Dr. U.R.L.M.Perera
NPTCCD – Welisara	52	8	15.38	Dr. G. Wijesooriya
GH Gampaha	171		100	Dr. Sudath Darmawardena
BH Wathupitiwala	158		100	Dr. Sisira Kumara
GH Negombo	199		100	Dr. Thaufeek
RDHS Gampaha	684		100	Dr. A.L.A.L. Padmasiri
GH Kalutara	201	265	-31.84	Dr. W.L.L.U.C.Kumarathilaka
NIHS Kalutara	36		100	Dr. Lakshman Gamlath
RDHS Kalutara	326	169	48.16	Dr. Udaya I. Ratnayaka
<b>NORTH WESTERN PROVINCE</b>				
TH Kurunegala	319		100	Dr. M.D.S.Rajamanthrei
RDHS Kurunegala	408	309	24.27	Dr. Palitha Yapa
BH Kuliypitiya	94		100	Dr. Sudarshana Arambepola
DGH Chillaw	101	86	14.86	Dr. Dinusha Jayasinghe
RDHS Puttalam	202		100	Dr. Paul Ranjith
<b>Uva Province</b>				
GH Badulla	51		100	Dr. M.K.S.I. Kumara
BH Diyatalawa	60		100	
RDHS Badulla	128	37	71.1	Dr. M.K.D. Senanayaka
GH Monaragala	68		100	Dr.R.M.D.Rathnayake
BH Mahiyanganaya	41		100	
RDHS Monaragala	110	106	3.7	Dr. P.D.K. Adikari
<b>SOUTHERN PROVINCE</b>				
GH Hambantota	89	3	96.63	Dr. M.W.A.K.Mediwaka
RDHS Hambantota	164	3	98.18	Dr. Suranga Dolamulla
TH Karapitiya	349	41	88.26	Dr. B.A.M.S.Perera
TH Mahamodara	61		100	Dr. A.Priyani Senadheera

RDHS Galle	203	61	69.96	Dr. P.K. Wijewickrama
PD Galle		36		Dr. H. Edirimanna
BH Balapitiya				Dr. Jeewadara
GH Matara	215	5	97.68	Dr.M.A.S.C.Samarakoon
RDHS Matara	152	49	67.77	Dr. Sanath De Silva
<b>SABARAGAMUWA PROVINCE</b>				
PGH Ratnapura	102	112	-9.8	Dr. K.M.D.Dharmapriya
RDHS Ratnapura	218	315	-44.49	Dr. Athula Dangalla
GH Kegalle	129		100	Dr. Lalith Poddalagoda
RDHS Kegalle		22		Dr. Gamini Seneviratne
<b>NORTHERN PROVINCE</b>				
TH Jaffna	285		100	Dr. B.Pushpathirajha
RDHS Jaffna	58	71	-22.4	Dr. A.H. Ketheeswaran
GH Vavuniya	135		100	Dr. Sathyamurthi
RDHS Vavuniya	30	30	0	Dr. N. Maheendiran
GH Mannar	45		100	Dr. Rajani Anton Sisil
RDHS Mannar	65	60	7.7	Dr. N. Fareed
GH Kilinochchi				Dr.P.Karthikeyan
RDHS Kilinochchi	56	58	-3.57	Dr. P. Karthikeyan
GH Mullativu	33		100	Dr. V.Shanmugaraja
RDHS Mullativu	21	41	-95.23	Dr. A. Thileepan
<b>NORTH CENTRAL PROVINCE</b>				
GH Polonnaruwa	102		100	Dr. Pani Somarathna
RDHS Polonnaruwa	92	57	38.1	Dr. Noel Udugama
TH Anuradhapura	235	63	73.2	
RDHS Anuradhapura	168		100	Dr. Palitha Bandara
<b>EASTERN PROVINCE</b>				
GH Batticaloa	139	86	38.2	Dr. K. Muruganadan
RDHS Batticaloa	90		100	Dr. S. Sathumugam
GH Ampara	93	97	-4.3	Dr. P.K.C.L. Jayasinghe
RDHS Ampara		126		Dr. Senaka Thalagala
GH Trincomalee	99		100	Dr. Gnanakunanan
BH Kantalai	45	46	-2.22	
RDHS Trincomalee	89		100	Dr. P.K. Gnanakulam
BH Kalmunai North	41	46	-12.19	Dr.M.S.M.Jabeer
AMH	53	54	-1.88	Dr. A.L.M.Nazeer
BH Akkareipattu	46	52	-13	Dr.M.M.Taseem
RDHS Kalmunai		90		Dr. M.S. Ibralebbe
<b>CENTRAL PROVINCE</b>				
GH Nuwara eliya	65		100	Dr. S.A.A.N. Jayasekara
RDHS Nuwara eliya	127		100	Dr. V.S.K. Subasinghe
TH Kandy	530		100	Dr.W.G.A.Dissanayaka
TH Peradeniya	181	63	65.2	Dr.C.S.M.Gunathilaka
SBSC	70		100	Dr.H.M.W.J.Herath
BH Gampola	62	53	14.52	Dr.A.M.S.Weerabandara
RDHS Kandy	298	78	73.83	Dr. W.A.K. Wijesinghe
Dental hospital Peradeniya		14		Dr. N.M.M.Iqbal
GH Matale	101		100	Dr.H.M.Arjuna Thilakarathna
GH Nawalapitiya	68		100	Dr.Mahendra Senevirathne
RDHS Matale	204		100	Dr. Lalith Dissanayaka
<b>TOTAL</b>	<b>14372</b>	<b>3370</b>		