

# FACING THE HUMAN RESOURCE CHALLENGES IN THE PRIVATE HEALTH SECTOR

A Conceptual Proposal

By



**Government Medical Officers' Association**

This Document is prepared upon the request of

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## **Executive Summary**

Sri Lanka's health service comprises of both government and private health sectors. Regulatory authorities ensure the standards and quality of the government sector health provision, but the regulation of health care delivery of the private health sector has not yet been adequately addressed. This deficiency has led to many shortcomings in the recent past.

To address this issue and to formulate a lasting solution, the GMOA proposes the following conceptual draft.

- 1.** Utilization of government sector medical officers to provide round-the-clock health care service to private sector hospitals
- 2.** Interim measures to face the immediate human resource crisis in the private sector hospitals where foreign specialists have been employed without due qualifications
- 3.** Identification of human resource demands of the health sector from a national view point while appreciating the international and regional trends
- 4.** Development of a national strategy to facilitate health related government policy such as promoting health tourism, knowledge economy concepts etc.

## The Background

Sri Lanka's health service is undoubtedly the leading healthcare provision of South Asia, with its' health care indices and qualitative standards in par with the rest of the developed world.

The Government health sector provides free healthcare, especially over 90% of residential health, to the vast majority of the nation. Health care providers of government hospitals are supervised by proficient government 'specialists' who have undergone a stringent training program, both local and foreign. Having first obtained the MBBS degree and completion of an internship, they are required to successfully complete a rigorous postgraduate training program. Though possessing the mandatory qualifications he is still required to undergo a further training in the specialized field of study both within Sri Lanka as well as in a foreign, recognized, Post Graduate Institute of Medicine (PGIM) approved center. Only then is he finally 'board certified' by the post-graduate institute of medicine and appointed as a specialist grade medical officer.

The main regulatory authorities including the Ministry of Health, Sri Lanka Medical Council, PGIM etc. ensure that competent, qualified medical specialists are appointed to each government hospital. The Public Service Commission overlooks the appointment of medical administrators to government hospitals so that an efficient, disciplined and contented public service is provided in an equitable manner, free of all negative influences.

Delivery of safe health care to the public is ensured and the legal framework set up to permit the necessary changes should any shortcomings arise so as to ensure the smooth functioning of these public institutions towards free health care delivery.

The private health care sector was initially established as an ally to the government sector to meet increasing health demands. It benefitted the government indirectly as the cost of providing free health care to the entire nation was adding a huge burden to the health budget of our country. Specialist care was then provided by government specialists, who engaged in private practice outside their normal duty hours.

In the post war era, Sri Lanka's private health sector has undergone tremendous expansion. Fully equipped private hospitals are being established throughout the country including major cities such as Kandy, Galle, Matara, Jaffna, Kurunegala, Vavuniya, Hambanthota and Anuradhapura.

Health care has emerged not simply as a service, but projected more as a lucrative investment. With many new investors entering the private health care market and existing institutions branching out, the ever increasing competition amongst them demands that specialist care is provided round the clock. It is in fact the limitations in human resource that has been the major obstacle for the rapid development of private health sector. Owing to the inability of the private sector to provide sufficient emoluments to attract 'full-time' specialists from the government sector, this human resource crisis has further worsened. Had attractive remunerations been provided, the private sector could have easily lured the many number of specialists who have migrated abroad for financial security and retained them within Sri Lanka.

Therefore, unable to fulfill financial obligations and other vested interests already committed to, the private sector is compelled to opt for alternative recruitments of specialist man power. As a consequence specialists from foreign countries, especially India, are recruited to fill the void thus created.

Unlike in the government sector the same stringent regulatory process does not apply for recruitments to the private sector. Though provision is provided by the section 67A of the current medical ordinance for the registration of foreign doctors, it allows the issue of only 'temporary registrations' and that too for recruitments in the capacity of a "medical practitioner". The term is broad and imprecise, and thus provides the opportunity for many interpretations. Unfortunately there is no clear policy or a methodical evaluation process for recruitment of a 'Specialist', nor to assess their qualifications and skill levels. The end result is that such temporary registrations are issued haphazardly and for indefinite periods.

Foreign doctors, though recruited in the capacity of a "medical practitioner", are seen in the private sector working as 'specialists' and even as 'super specialists'. Without the provision of a legal framework the regulatory authorities of the national health system have their hands tied behind their backs unable to take necessary action to prevent substandard foreign doctors working parallel with the qualified, trained local specialists. The issue has been further confounded by the lack of a specialist registry in Sri Lanka. The public is blind to the true nature of the "specialist" they channel and have no way of ascertaining whether whatever credentials and experience that is advertised are indeed true.

With the end of a gruesome war that had gripped the entire country for almost 30 years, the stranglehold on the country's economy has been released. It is through the clear farsighted vision of His Excellency Mahinda Rajapaksa, President of Sri Lanka, that the concept of 'Health Tourism' has been introduced to our country. Sri Lanka hopes to become a global health destination offering the best medical treatments in the world. In the West, rising medical costs and long waiting times means that a growing number of foreigners as well as expatriates are taking advantage of the affordable, high quality private healthcare in Sri Lanka.

Yet, the keystone in achieving this vision is to ensure that health standards and a quality service is maintained. It is encouraging that private hospitals are introducing concepts such as ISO standards to project themselves to the foreign clientele. But with the current outdated regulatory framework and the mediocre legal background achieving and maintaining human resource standards is found wanting. If incidents that bring disrepute to the health institution continue to take place, and a patient reveals sub-standard qualifications of a supposedly foreign 'specialists', not only would the private institutions themselves be unable to defend their recruitment, but more importantly it would tarnish the image of Sri Lanka's health system to the international community.

## **The Current Crisis**

The GMOA took the initiative by discussing this issue with the Ministry of Health. Through a committee under the chairmanship of the DGHS together with the participation of all stakeholders steps were taken towards establishment of a ‘Specialist Registry’ and an evaluation process for registration of foreign medical professionals.

The constructive approach taken towards achieving a solution to the issue has unfortunately precipitated a crisis in the private health care system. Of the 18 applications for registration of foreign specialists submitted to the SLMC, according to the new evaluation procedure, all were rejected. If such is the case, all substandard foreign doctors would be revealed and decisions to revoke their contracts would become necessary. Private sector hospitals would become severely short of specialist human resource personnel and find themselves unable to function.

It is essential that the public and private health sectors function in partnership, thus a solution is needed.

Mr. Gotabhaya Rajapaksha, Secretary to the Ministry of Defense, who is also the Chairman of Lanka Hospitals Pvt Limited approached the GMOA, and on his request the GMOA has drafted this concept document to face the human resource challenges in the private health sector.



## The Solution

The conceptual document outlining the mechanism to ensure uninterrupted patient care delivery in private sector hospitals.

### **1. Utilization of government sector medical officers to provide round-the-clock health care service to private sector hospitals**

This concept is not one that is totally unfamiliar. The best working models of such a public-private partnership of the health care system can be seen in countries such as Australia and Singapore and have been immensely successful. In 2006 the GMOA introduced the concept of 'knowledge economy' and we highlighted and initiated the concept of skilled labour exportation. The GMOA concept was accepted as a 'national policy' and was spelt out in the budget speech of 2007. Under the directions given by the Presidential Secretariat, the GMOA, along with the Ministry of Health and the PGIM joined hands to implement this concept. Though the concept of 'knowledge economy' was initially established for the exportation of skilled labour to foreign countries for revenue generation, the model can be easily extended towards mobilizing medical officers to cater the demand within Sri Lanka in private sector hospitals. It is proposed to mobilize government medical officers for full time work in private hospitals on contract basis as a public-private partnership for the development of private health care in Sri Lanka. We propose a mechanism whereby leave is granted for medical officers on completion of a certain number of years of working in government hospitals. For example, an eligible medical officer is allowed to work on contract basis with private hospitals for period of 1-2 years at the end of which he must return back to the government service without loss of seniority.

### **2. Interim measures to face the immediate human resource crisis in the private sector hospitals where foreign specialists have been employed without due qualifications**

As an interim measure we suggest to formulate a committee comprising of representations from the Ministry of Health, GMOA and the private sector to develop a transfer mechanism until the aforementioned process is established.

### **3. Identification of human resource demands of the health sector from a national view point while appreciating the international and regional trends**

A long term mechanism needs to be developed for a lasting solution. Sri Lanka needs to step up its human resource development so that highly skilled experts in specialities, sub specialities in both professional and technical categories, in keeping with international trends are groomed. Institutions such as the PGIM that possess the necessary visionaries capable of this task, need to intensify their efforts. Collaboration is required with other specialized training centres elsewhere in the world.

Sri Lanka should envisage a future that possess the infrastructure capable of producing health care expertise equipped with the latest cutting edge technology that will project Sri Lanka as a health care super power not only of the region but even globally.

**4. Development of a national strategy to facilitate health related government policy such as promoting health tourism, knowledge economy concepts etc.**

The relevant stake holders must be gathered for a consultative discussion to restructure to a new paradigm of government policy on how the health sector can contribute towards the economy through the development of concepts such as health tourism, knowledge economy etc.