

MINUTES OF THE MEETING HELD ON 27/01/2014 CHAIRED BY THE DGHS TO DISCUSS GREY AREAS IN ANNUAL TRANSFERS.

The Current scheme is governed by the health minute which states as follows

Medical services minutes gazette in 1991 describe Supernumerary appointments as follows.

<p>8 A 1 කොටස : (I) දේශ - ශ්‍රී ලංකා ප්‍රජාතාන්ත්‍රික සමාජවාදී ජනරජයේ අති විශේෂ ගැසට් පත්‍රය - 1991.05.17 PART I : Sec. (I) - GAZETTE EXTRAORDINARY OF THE DEMOCRATIC SOCIALIST REPUBLIC OF SRI LANKA - 1991.05.17</p> <p>10. <i>Transfers :</i></p> <p>10.1 Transfer of Medical Officers are according to the exigencies of the Department.</p> <p>10.2 When husband and wife are both Specialists and desire to work in the same station, they must make an irrevocable choice on whether the transfers are determined on the seniority of the husband or the wife and posting will be according to this basis. However, husband/wife will not be entitled to hold a post to which he/she is not entitled on seniority. He or she may have to accept a post in a station very closeby or work as a supernumerary or resident officer according to his/her seniority.</p>
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As you notice supernumerary status are granted in E-code in medical service minute

There are two views in the implementation of supernumerary status as is does not spell out clearly in the service minute.

01. the one view is abolition of supernumerary status
02. supernumerary appointee should be given the equal status and rights as they properly appointed consultant

The abolition of supernumerary status cannot be done without changing E-code of the service minute.

On the other hand supernumerary appointee cannot be given the same rights and equal status of the other consultant since supernumerary is a privilege.

However, there are shortcomings in the current practice mainly because supernumerary posts are granted outside the annual transfer list. in this background GMOA decided to intervene to have a policy on supernumerary appointment with consultation of Ministry of Health.

The objective of the proposed changes is to restrict the numbers that enter the supernumerary scheme and the privileges enjoyed by the appointees.

However, this would be done within the provision of the existing health minute, in the form of a health ministry circular.

A. Supernumerary Appointments

1. Supernumerary posts would be given subject to exigencies of service
2. The number of posts to be granted in given year in a particular field may be limited according to service needs.
3. An applicant for a Supernumerary posts should apply through the annual list.
4. The applicant should apply for an annual list post in the same district/province if available. It is only in the event that the applicant is unable to secure an annual list post that he/she would be considered for a Supernumerary post in the same district/ province
5. Supernumerary posts would be given to an institution in the same district/province depending on proximity to the spouse's hospital. However Supernumerary posts would not be given to teaching hospitals.
6. The Supernumerary appointee would be given a consultant post and work arrangements would be determined by Director General of Health Services. The appointee may be asked to do cover up duties at hospitals in the district/province.
7. Supernumerary posts would be given only for two transfers of the spouse (up to a maximum of 8 years). Thereafter the transfers would be according to the usual annual list / end posts scheme.
8. The Supernumerary appointee could apply for transferable posts at a station only after two years.
9. The Supernumerary appointee could apply for an end pots at any time.
10. Once the Supernumerary appointee opts for a transferable or end post he/ she would not be able to revert back to the Supernumerary scheme.

B. Consultant Transfers on Medical Grounds

- 1) The ministry can give a temporary appointment initially and convey the decision to the Transfer Board.
- 2) After 3months, the relevant person should go through a medical board appointed by the ministry (the treating consultant should not be a part of the medical board).
- 3) The medical Board decision should be conveyed to the Transfer Board which would assign a post accordingly.
- 4) The Medical Board decision should be reviewed every 6months

C. consultant appointments to second posts

1. Seconded of consultants to the posts of government and semi-government institutions will be done subject to exigencies of service.
2. Vacancies for the seconded posts will be advertised in the ministry website.
3. Selections for seconded posts will be done according to the present marking scheme for the consultants.
4. Secondment will be given only for a period of 2yrs, during which seniority will be preserved.
5. The consultant should revert back to the ministry of health after 2yrs.
6. If a consultant holds a seconded post for more than 2yrs seniority will be lost.

The changes proposed above would be included in an internal circular to be issued by the Ministry of Health. Any communication in this regard could be directed to the following persons

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