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GOVERNMENT MEDICAL OFFICERS' ASSOCIATION
ESTABLISHED IN 1926



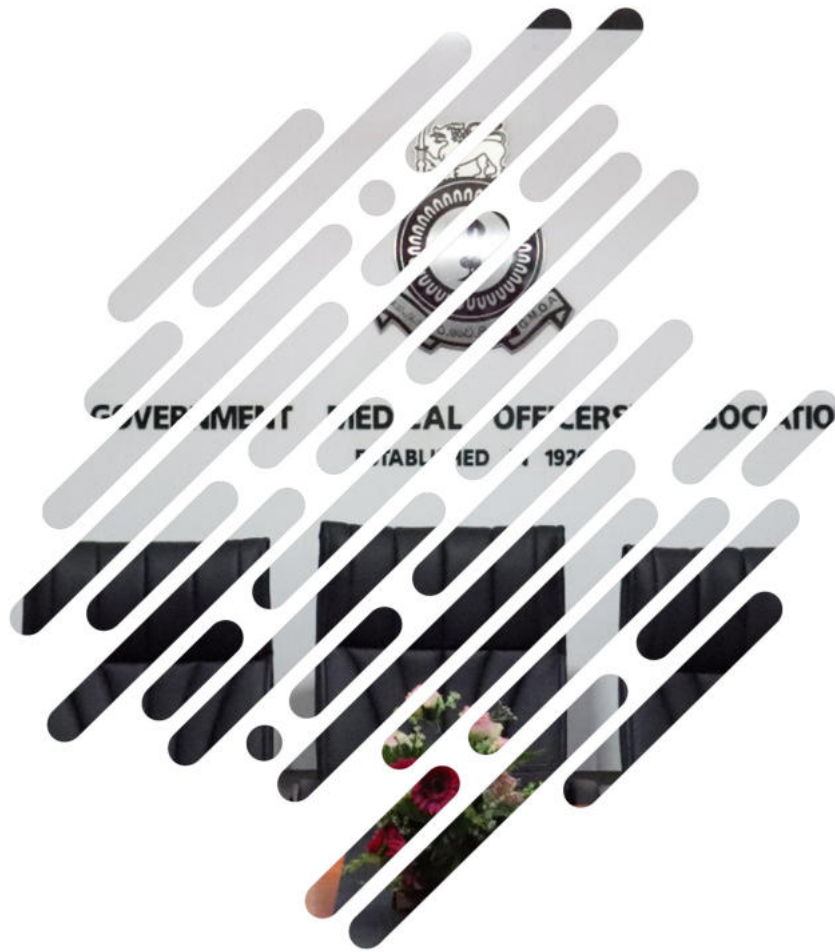
ANNUAL REPORT

2020/2021



GOVERNMENT MEDICAL OFFICERS' ASSOCIATION

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GMOA

GOVERNMENT MEDICAL OFFICERS' ASSOCIATION

Annual Report 2020/2021

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FOREWORD

The Government Medical Officers' Association (GMOA) since its' establishment in 1926, has been working towards the primary objective of membership welfare for the past 96 years. In the past number of years, even though there had been many attempts to defunct GMOA, the association could be safeguarded through a legal and constitutional fight, backed by the strong constitution of GMOA. As a result, the 95th Annual General Meeting could be held in 2022 though it is overdue by one year.

GMOA possesses 95% of all grades of Medical Officers in Sri Lanka, which counts up to 24,000 active members who all are a well-educated and intellectual group of individuals. As such, going beyond the primary objective of the membership welfare, GMOA was able to contribute to policy development in Health and Public Sectors.

During last 11 years, under the visionary leadership of Dr. Anuruddha Padeniya, the President, GMOA has brought about remarkable changes that are noteworthy enough to be noted as "the Strongest Trade Union" by the South-East Asian media and commented by the International media.

The tenure of 2020/2021 came with further challenges in the form of a global health crisis and the worst economic downturn. While working to ensure membership welfare, as GMOA, we contributed to controlling the COVID-19 pandemic through maintaining health capacity and policy development. Furthermore, we proposed ways to face the economic crisis by utilizing the health sector to earn through the concept of the knowledge economy.

Another challenge that surfaced with the COVID Pandemic and related new rules and regulations was the everchanging circumstances that warranted physical distancing and lockdowns that led to practical difficulties in convening more efficient physical meetings. Instead, meetings had to be held virtually utilizing the available Zoom or WebEx technologies, which at times did not allow to earn optimum communication.

However, none of the above was as challenging as working amidst a political crisis where there was no place for suggestions and recommendations made in an intellectual capacity.

Even while working through the said challenges, during past 11 years GMOA promoted policy development and implementation targeting both the country and GMOA. Hence, as GMOA we were able to contribute to ensuring equity and quality of health care services through the role played in policy development for the health sector. Proposals have been formulated and approved by the General Committee of GMOA after reaching consensus to ensure membership welfare and capacity building for the upcoming 2-3 decades. These proposals are already in the process of implementation.

Furthermore, following the vision and the visionary leadership of Dr. Anuruddha Padeniya, the next generation of leadership, who are young and experienced has been created as an investment for the future of GMOA.

Overcoming the aforementioned adversities would not have been possible without the strong membership of GMOA that stood together to safeguard the dignity of GMOA and the medical profession. I sincerely thank our membership for their unwavering support during this period and I hope that the continuous support and devotion of our membership will guide the GMOA and safeguard the unity of the membership in years to come.

Further, on behalf of GMOA, I appreciate the hard work and commitment of our staff at the GMOA Head Office for their relentless efforts that helped us achieve our goals.

Dr. Senal Fernando (Secretary - GMOA)



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 Dr. Yasindu Fernando
 Dr. Malinda Bogamuwa
 Dr. Pavithra Wijesinghe
 Dr. Ranjan Ganegama
 Dr. Himal Kalambarachchi (Convener)

GMOA BRANCH UNIONS

Akkareipattu	Deniyaya BH	Kalutara DGH	Mawanella BH	Pottuvil
Ampara DBU	Dickoya BH	Kamburupitiya BH	Medirigiriya BH	Public Health Sector
Ampara DGH	Diyatalawa BH	Kandy TH	Mental Hospital Angoda(NIMH)	Puttalam DBU
Anuradhapura DBU	DMH	Kantale BH	Meerigama BH	Puttalam BH
Anuradhapura TH	Elpitiya BH	Karapitiya TH	Monaragala DBU	Ratnapura DBU
Army Hospital	Embilipitiya BH	Karawanella BH	Minuwangoda BH	Ratnapura TH
Awissawella BH	Eye Hospital	Kalawana BH	Monaragala DGH	Rikillagaskada
Badulla PGH	Eheliyagoda	Kegalle DBU	MRI	SBSCH Peradeniya
Badulla DBU	Galgamuwa	Kegalle GH	Mullaitivu DGH	Samanthurai BH
Balangoda BH	Galle DBU	Kilinochchi DGH	Mullaitivu DBU	Sri Jayawardanapura
Balapitiya BH	Gampaha DGH	Kinniya BH	Mulleriyawa BH- Colombo East	Tangalle BH
Batticaloa TH	Gampaha Pheri.	Kiribathgoda BH	Muthur BH	Teldeniya BH
Bibile BH	Gampola BH	Kuliyapitiya BH	NIHS Kalutara	Thelipalli BH
Blood Bank	Hambantota DBU	Kurunegala DBU	National Aids STD	Thambuttegama BH
Kandy DBU	Hambantota DGH	Kurunegala TH	Nawalapitiya DGH	Thissamaharama BH
Chilaw GH	Homagama BH	LRH	Negombo GH	Trincomalee GH
Apeksha Hospital	Horana BH	Mahamodara TH	NHSL	Udugama
CMC	IDH BH	Mahaoya BH	Nikaweratiya BH	Vavunia GH
CNTH	Jaffna RDHS	Mahiyanganaya BH	Nuwara Eliya GH	Walasmulla BH
Colombo DBU	Jaffna TH	Mannar GH	Nwara Eliya DBU	Warakapola BH
CSHW	Kahawatta BH	Marawila BH	Panadura BH	Wathupitwela BH
CSTH	Kalmunai AMH (South)	Matale DBU	Peradeniya TH	Welisara CH
Dambadeniya BH	Kalmunai Regional	Matale GH	Point Pedro	Police Hospital
Dambulla BH	Kalmunati North BH	Matara DBU	Polonnaruwa DBU	Wijayakumaratunga Memorial Hospital
Dehiattakandiya BH	Kalutara DBU	Matara GH	Polonnaruwa GH	Welimada

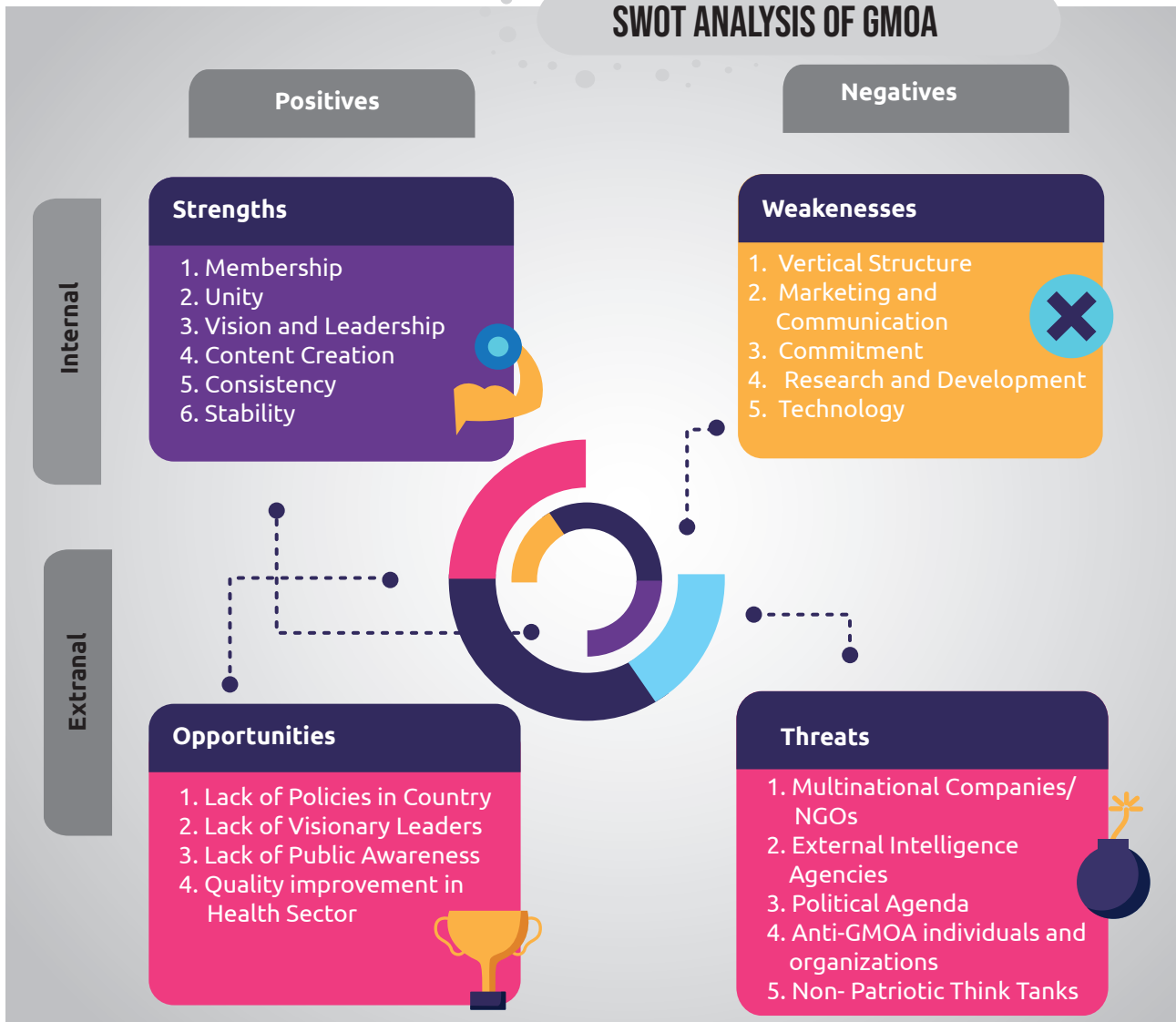
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1. INTRODUCTION



Educated and intellectual membership unlike other Trade Unions, is the core strength of GMOA. Their higher IQ is an asset that can be utilized to introduce novel concepts to improve membership welfare as well as for National Policy development.

But, even with an intellectual membership, the optimum benefits cannot be gained without their unity, as the unity within the membership is the barricade that would stand against the threats that attempt to divide the GMOA.

Furthermore, in addition to unity and membership, a professional organization should possess a vision. At the same time, a patriotic visionary leader is an additional asset for any organization, as he will be the driving force when comes to content creation.

The content such as; the National Wage Policy, National Trade Policy, MBBS by 22, Minimum Standards of Medical Education, Healthy Food and Healthy Lifestyle, and Career Development Pathways for Medical Officers, are created to safeguard the financial stability and dignity of doctors.

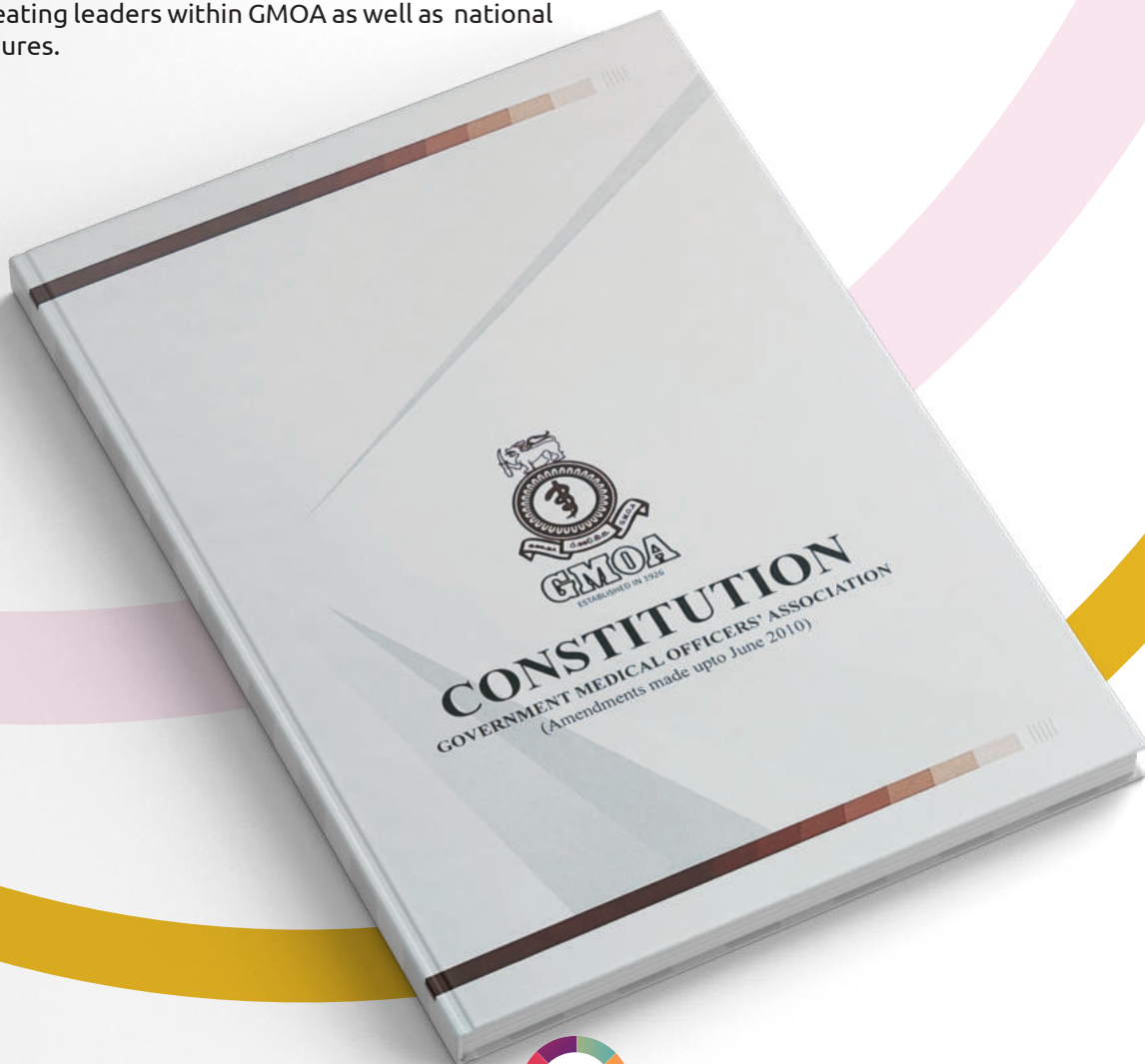
However, content creation without the maintenance of consistency would not lead to generating the optimum outcomes, unless the created content (i.e., the policy) is maintained and updated with necessary revisions.

The stability of GMOA is dependent on its financial strength and the formidable structure of GMOA. The many court cases against GMOA are used to destabilize the financial strength of the organization. The structural stability of GMOA is safeguarded through the structure and mandate as per the Constitution of GMOA, which paved the way to a strong organization today. However, the one identified weakness of the structure of GMOA was the vertical structure.

Thus, according to the visionary concept of Dr. Anuruddha Padeniya, the vertical structure was modified to be functioned as a top-horizontal structure by establishing working groups that allowed for many of the members other than the Executive Committee and General Committee to take responsibilities and gain experiences, creating leaders within GMOA as well as national figures.

In the future, the identified weaknesses in the areas of marketing and communication as well as in research and development need to be improvised and improved, for them to become strengths of GMOA. Furthermore, the external opportunities should be taken positively and utilized to create a country that abides by the policies.

Threats that are external challenges should always be converted into opportunities, unless they are destructive, in which case such threats need to be defeated.





Sri Lanka faces medical emergency as economic crisis hits drug supplies

Union warns of complete breakdown of health system with hospitals 'all running out of medicines'

Sri Lanka's economic crisis has deteriorated into a medical crisis, with the top medical union declaring a national health emergency over a life-threatening shortage of drugs.

On Tuesday the country's most powerful trade union, the Government Medical Officers' Association (GMOA), called a meeting and declared a medical crisis as doctors and hospitals reported a widespread lack of medicine.



The south Asian country is in the grip of the worst financial crisis in its history, with record inflation leading to shortages of fuel and food, and crippling hours-long power blackouts imposed. A state of emergency has been declared and protests erupted across the country calling for President Gotabaya Rajapaksa to step down. On Monday, the entire cabinet resigned, and his ruling coalition lost its parliamentary majority after a vote of no confidence.

Sri Lanka's main opposition party, the United People's Freedom Party (UPFP), led by Rajapaksa, lost its parliamentary majority in a vote on Monday. The party's leader, Anura Kumara Dissanayake, declared that the party would be "on the side of the people," said Anura Kumara Dissanayake, the UPFP leader.

Sri Lanka's main opposition party, the United People's Freedom Party (UPFP), led by Rajapaksa, lost its parliamentary majority in a vote on Monday. The party's leader, Anura Kumara Dissanayake, declared that the party would be "on the side of the people," said Anura Kumara Dissanayake, the UPFP leader.

Milk sachets, chicken, fuel: basics slip out of reach for Sri Lankans as economic crisis bites

The GMOA accused the government of jeopardising Sri Lanka's renowned universal healthcare system, which gives all citizens access to free state healthcare. "Both the government and health ministry have failed to prevent a complete breakdown of the medical system," it said.

Gotabhaya Ranasinghe, a cardiologist at the national hospital of Sri Lanka in Colombo, said hospitals were running out of medicines, and many lives were at stake.

"There are important heart medications, medicines for blood pressure, heart attacks, all are running out. I have heard that many cancer drugs are also not available any more, so it is a very worrying situation."

"On Tuesday the country's most powerful trade union, the Government Medical Officers' Association (GMOA), called a meeting and declared a medical crisis as doctors and hospitals reported a widespread lack of medicine."

The medicine shortage has been exacerbated by high taxes, meaning little money has been spent on the health system, and strict price regulation on drugs introduced by the government and continued under the Rajapaksa administration.

The low price of medicines has been a major factor in the shortage, it has been said. "The government has pulled out of the market, and the price of medicines has increased significantly."

GMOA declared MEDICAL EMERGENCY to intact the patient care service in our country during financial crisis that led medical drugs and devices shortage

It came a day after the entire cabinet resigned and the opposition refused to form a unity government with Rajapaksa, instead calling for him to resign, which he has refused to do. The newly appointed finance minister resigned less than 24 hours after taking up the post, and protests across the country showed no sign of abating as police used teargas and water cannon and a curfew was imposed.

"We can see from what's happening on the streets and in our public surveys that people have just lost all faith in the system," said Rannan-Eliya.



<https://www.theguardian.com/world/2022/apr/05/sri-lanka-faces-medical-emergency-economic-crisis-drug-supplies>

PART - 1. DIGNITY ISSUES

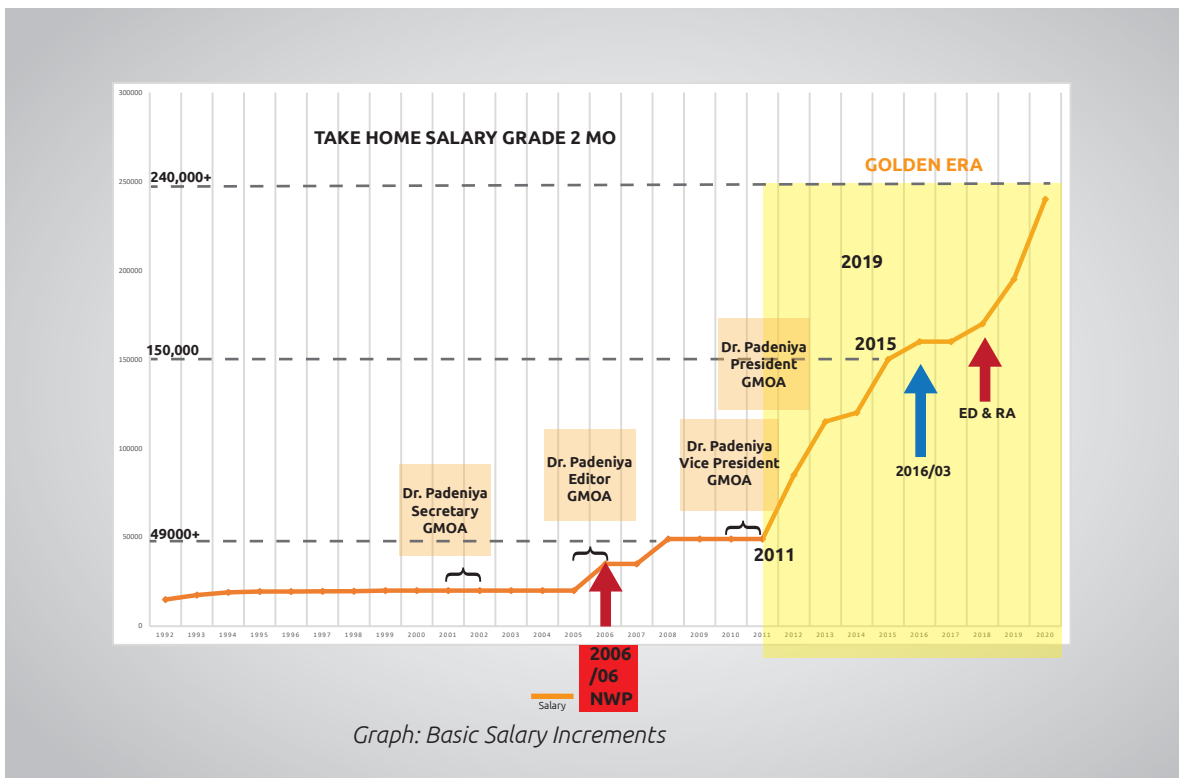
1.1 FINANCIAL STABILITY

1.1.1 BASIC SALARY ANOMALY CORRECTION

Background

Salary is a major driving force in the productivity and outcome generation of an employee. A salary structure based on performance will ensure the retaining of skillful manpower and allow for the appropriate deployment of manpower to maintain a uniform public service island-wide.

The National Wage Policy of Sri Lanka was introduced in 2006 through the circular 06/2006 as a measure to alleviate the public sector turbulence related to salary anomalies which had resulted in a string of trade union actions. At that time, GMOA as a professional organization pioneered the formulation of the National Wage Policy on a scientific basis and since then contributed to safeguarding the established policy with timely updates as with the 2016 basic salary revision that had been implemented in a step-wise manner over a period of 5 years.



However, in 2018, the Government at the time irrationally revised the basic salary of officers in the Attorney Generals' Department and Department of Legal Draftsmen through arbitrary Cabinet Papers, violating the National Wage Policy and thus created significant anomalies within different salary scales of the public sector in the process.

The basic salaries of Sri Lanka Teachers Service and Sri Lanka Principal Service were revised in 2022 through circular 03/2016 (IV). Further, the retirement age of public servants was extended through the circular 02/2022 consequently increasing the service period of public service to an extent for which the existing salary steps could not be matched. Both of these situations added an extra burden to the salary-related issues. As such, the country was yet again on the verge of another string of protests and trade union actions due to salary anomalies.

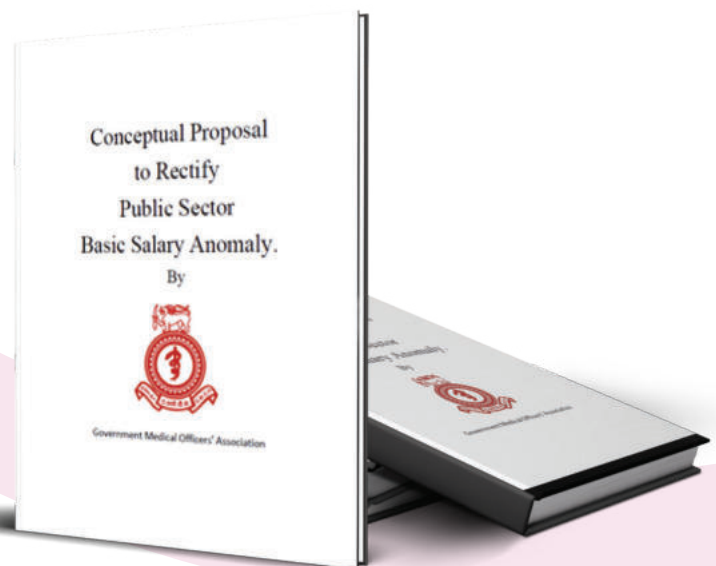
Proposal

In this context, as a responsible trade union, GMOA established a Salary Subcommittee to formulate proposals concerning the issues related to the salary and structural changes for Government Medical Officers, on 9th July 2021 by a General Committee decision under the Chairmanship of Dr. Anuruddha Padeniya / Dr. Chandika Epitakaduwa and Dr. Kasun Gamage was appointed as the Convener of the Subcommittee. GMOA formulated a set of proposals to rectify the ensued salary anomalies by revisiting the remuneration structure of the public sector in order to facilitate due fulfilment of required manpower and to maintain a stable and sustainable public service.

While stressing the importance of following the due process and abiding by the National Wage Policy in revising the salary of the public sector, the **"Conceptual Proposal to Rectify Public Sector Basic Salary Anomaly"** of GMOA presented two feasible options to rectify existing salary anomalies. The two options are to either expand the existing salary compression ratio to 1:5.40 or increase the initial step of the minimum salary in the public sector to Rs. 31,750/= per month while preserving the current salary compression ratio.

Current Status

Upon General Committee approval the proposal has been submitted to the National Pay Commission (NPC) with both verbal and written submissions to Secretary of National Pay Commission and currently awaiting the concurrences of NPC on the proposals to rectify the anomalies in the basic salary of the public sector with appropriate revisions to the National Wage Policy.



1.1.2 GRADE PROMOTION ANOMALY CORRECTION

Background

Appointments and promotions of Sri Lanka Medical Service are governed by the provisions declared in the Medical Service Minute of Sri Lanka and the Public Service Commission of Sri Lanka has been vested with the powers to oversee the grade promotions of Medical Officers.

Public sector promotion schemes are prepared in keeping with the specifications of the National Wage Policy of Sri Lanka that has been introduced in 2006. All grade promotions of Sri Lanka Medical Service and entailed benefits of each grade are decided according to individual educational and professional qualifications.

However, the current global trends of privatization have opened lucrative benefits and opportunities for Medical Officers worldwide. Following this, retaining the doctors within the country as well as in government service has become a challenge. Hence, qualification and performance-based promotion schemes with adequate increments are imperative to retain the manpower in public service.

At such a time, amendments done violating the qualification-based salary and promotion schemes of the National Wage Policy through political decisions to the promotion schemes of some selected sectors have resulted in unrest among other sectors including the parallel and vertical categories of Health Services.

Proposal

As a trade union that played a major role in establishing the National Wage Policy in 2006, which effectively ended the unrest within the public sector at the time, GMOA has taken measures to analyze the current grade promotion scheme for Medical Officers along with the disparities caused by recent amendments and a report with remedial proposals; **“Medical Officers’ Grade Promotion Procedure (Grade Medical Officers / Special Grade Medical Officers) - A Conceptual Proposal”** was prepared by the Salary Subcommittee of GMOA.

A comparison of available grade promotion schemes of the public sector revealed many discrepancies including the Medical Officers who have spent over 6 years as undergraduates and interns, being first recruited to a ‘Preliminary Grade’ before being allowed to enter Grade II and then Grade I unlike in other sectors.

As such many amendments have been suggested to rectify the above matters through this particular proposal and after receiving the approval of the General Committee, the proposal has been submitted to the National Pay Commission with the expectation of rectifying the anomalies in grade promotions of Medical Officers.



Following are the proposed amendments to Grade Promotion scheme for Medical Officers;

- 1| Abolishment of Preliminary Grade
- 2| Recruiting Medical Officers directly into Grade II
- 3| Establishment of Supra Grade for Grade Medical Officers
- 4| Establishment of Supra Grade for Specialist Medical Officers

Current Status

Upon General Committee approval the conceptual proposal has been submitted to the National Pay Commission (NPC) with both verbal and written submissions. NPC consensus is to be acquired for the proposal to rectify the anomalies in the Grade Promotion Scheme of Medical Officers.



1.1.3 DISTURBANCE, AVAILABILITY AND TRANSPORT (DAT) ALLOWANCE REVISION

Background

Medical Officers of Sri Lankan Health Services are expected to provide an Island-wide service with entailed on-call duties for which they can be called at any given time during the specified duty period to attend to patients. Hence, they can be disturbed at any time and have to be available at any time during the duty periods. Further, to fulfil above requirements Medical Officers should utilize a private transport method or find an accommodations near the hospital premises if no accommodation is provided at the hospital.

All the above requirements are bound to affect the daily routines of the individual as well as his family members. Furthermore, the disturbances caused by being available for their on-call duties are not allowed to be compensated by leave or a free period on the following day. Considering the compulsory annual transfer mechanism that requires all the Medical Officers to be transferred every four years and that may compel them to leave their settled residencies or travel long distances daily, all the Medical Officers will invariably face these challenging situations at any point of their career.

Hence, the Disturbance and Availability allowance was introduced initially in 1992 for the salaries of all Medical Officers by circular No.1776 dated 6th November 1992 issued by the Secretary of Health. The allowance was Rs. 2000/- and a transport allowance was not incorporated at that time. Transport allowance of Rs. 3000/- was only added in 1994 through General Circular No.1840 dated 3rd October 1994 issued by the Secretary of Health. Since then, all Medical Officers received Rs. 5000/- DAT allowance.

However, despite the rising cost of living, there was no revision of the DAT allowance till the year 2007. As such the GMOA submitted a proposal to revise DAT allowance and by 2008, DAT allowance was increased to Rs. 10,000/- due to financial constraints, though the initial agreement was to increase the allowance to Rs. 29,000/-. Subsequently, DAT allowance was increased to Rs. 12,500/-, Rs. 15,000/- and Rs. 25,000/- in the years 2011, 2012 and 2013 respectively and upon the requests made by GMOA to the Minister of Health and Minister of Finance at the time, the DAT allowance was increased to Rs. 35,000/- in 2105.

Yet again in 2016, GMOA submitted a proposal on the revision of DAT allowance and subsequently, the Ministry of Health forwarded their recommendations for DAT allowance revision by Letter No MA/MS/M/13/2012 to Salaries and Cadre Commission though approval from the Ministry of Finance is yet to be granted.



Proposal

As such, the Salary Subcommittee of GMOA formulated the conceptual proposal **“Disturbance, Availability and Transport (DAT) Allowance Revision - 2022”** with necessary recalculations according to the increased cost of living and the fuel prices. The proposal was then forwarded to the Health Secretary and relevant authorities.

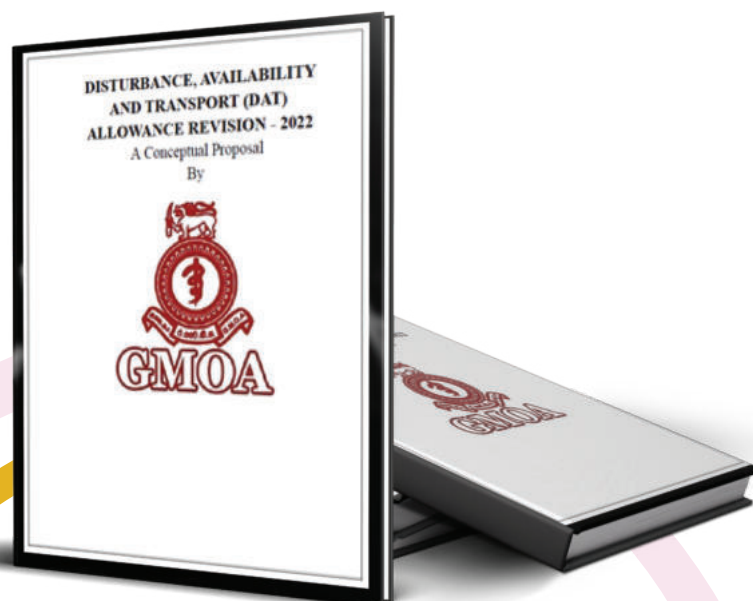
The latest DAT revision proposal recommended by the Secretary, Ministry of Health was in 2018, with a proposed increase in DAT of Rs 70,000/- to Rs 120,000/- monthly. However, the updated DAT allowance proposes an allowance of Rs 200,000/=.



Current Status

The DAT allowance proposal of 2018 was approved by the Ministry of Health, Ministry of Finance and was forwarded to National Salaries and Career Commission. It is awaiting financial allocation from the Treasury.

The proposal of 2022 was approved by His Excellency the President and Secretary, Ministry of Health. The proposal is to be forwarded to the National Pay Commission and then to the Ministry of Finance for approval.



1.1.4 TAXATION POLICY FOR PROFESSIONALS

Background

Taxation is an imposition of compulsory levies on individuals or entities by governments and is a major revenue generation for governments of developed countries. Taxes have been in effect and have been recorded throughout the history of Sri Lanka from the time of the reign of the Kings. The Income Tax Department of Sri Lanka was established in 1932 and has imposed many taxes since then.

Until 2017, professionals were considered a separate category for Taxation purposes with a separate taxation scheme. However, this separate category was annulled through the No. 24 Inland Revenue Act of 2017 (No 24 IRA) and the professionals are subjected to the same taxation scheme as the businessmen and for the first time in the history of Sri Lanka, the "Sick and Sickness" has been earmarked as a taxable commodity.

The conceptual proposal on "**Taxation of Professionals**" briefly explores the deficiencies of the current Taxation schemes and mechanisms in Sri Lanka along with the basics of worldwide practices on tax collection with an emphasis on internationally accepted tax principles of good governance. The purpose of these tax principles is to ensure the efficient collection of revenue, either through the direct or indirect taxes, without unnecessary burden to the tax payer.

According to the data from Central Bank of Sri Lanka on the composition of Government Revenue in 2019, 80% of tax revenue is generated by indirect taxes which is in contrary with the progressive tax systems of developing countries where the major contribution for the tax revenue generation is through direct taxes.

The tax revenue of Sri Lanka when compared with the country's Gross Domestic Product (GDP) has shown a declining trend over the past years despite various attempts to revert the trend by the presiding governments. No 24 IRA is an example of a such unsuccessful attempt to reduce the then budget deficit from 5.5% of GDP in 2017 to 3.5% in 2020. Instead of the expected decline, the budget deficit escalated to 9.3% of the GDP by 2020.



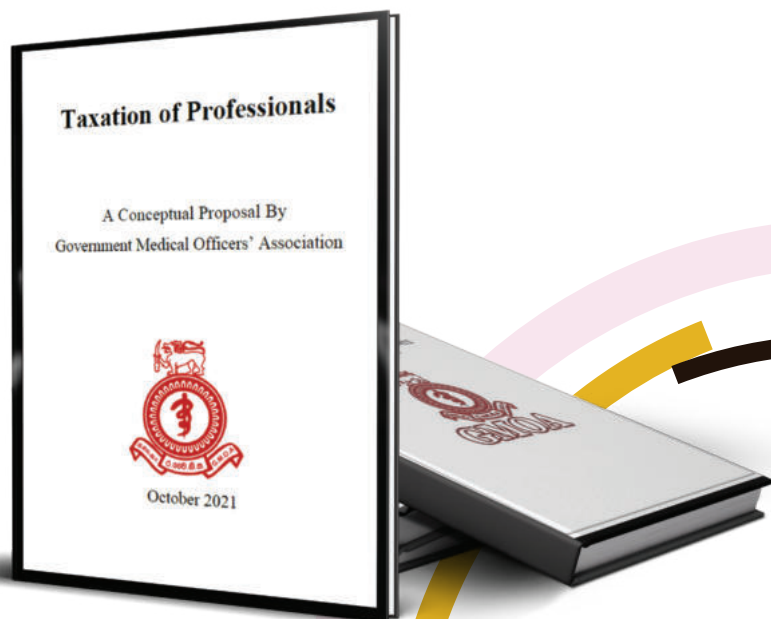
Proposal

Considering these regressive trends, the GMOA as a Trade Union of professionals formulated the aforementioned proposal in 2021 by incorporating following suggestions that would promote attractability and retainability of the professionals in Sri Lanka with an aim towards uplifting the country into a Knowledge Economy hub of the region.



Current Status

Thus far, the proposal has been submitted to the Ministry of Finance both in writing and verbally. Even yet, further efforts have to be made towards achieving recognition for professionals under a separate category with regard to the taxation processes.



1.1.5 REVISION OF FOREIGN LIVING ALLOWANCE FOR POSTGRADUATE TRAINEES

Background

Postgraduate trainees who successfully complete their Doctor of Medicine (MD) at the Postgraduate Institute of Medicine (PGIM), Colombo are required to undergo one-year compulsory overseas training in their specific discipline at an accredited centre. This training is for them to gain further experience in the international practices of their specific field as well as to fulfil the prerequisites to get board-certified as Specialist Medical Officers upon return to Sri Lanka.

The majority of the Postgraduate Trainees receive their overseas training in developed countries such as the United Kingdom, Australia and New Zealand and among them, many get attached under the non-salaried category and subsequently have to be financially dependent on the monthly living allowance provided by the Ministry of Health, as opposed to the few who get attached in the salaried category and receive a salary equivalent to a Senior Registrar/Senior Specialist by the institution itself.

This background, neglecting to revise and update the living allowance requirements according to the country of training from 2013 onwards had been identified as a significant misdeed to the young trainees who will eventually return to the country to provide their expertise in optimum patient care delivery. By the year 2021, the trainees already receiving the overseas training had been faced with challenges in covering the expenses of accommodation, food transportation and the basic utilities while the trainees with the expectations to start the said training had faced difficulties of being rejected due to insufficient funding granted through Sri Lankan government scholarships.

Proposal

The GMOA as a Trade Union and a Professional Organization collaborated with the post-MD trainees who were awaiting overseas training under the non-salaried category in June 2021 through its' PGIM Subcommittee, to conduct a survey and develop proposals to rectify the issues related to the Foreign Living allowances of postgraduate trainees.

Through the "Proposal to increase the living allowance for postgraduate trainees who are awaiting overseas training under non-salaried category" necessary calculations and analysis were performed to establish the inadequacy of living allowances and justify the necessity of increasing the said living allowances, with the proposed stipends specified to the country in order to ensure optimum training opportunities for these trainees without financial restraints. Furthermore, special emphasis was given to the need in reviewing these allowances at least once in two years to keep them abreast with the rising cost of living.

Current Status

The DAT allowance proposal of 2018 was approved by the Ministry of Health, Ministry of Finance and was forwarded to National Salaries and Carder Commission. It is awaiting financial allocation from the Treasury.

The proposal of 2022 was approved by His Excellency the President and Secretary, Ministry of Health. The proposal is to be forwarded to the National Pay Commission and then to the Ministry of Finance for approval.



1.2 TRANSFER SYSTEM

Background

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

Though, it is governed by the declared processes through gazettes and circulars many irregularities have prevailed in the transfer system of medical officers causing undue hindrance in maintaining an optimal national health care record. Hence, GMOA together with Ministry of Health took the initiative to establish a Human Resource Management Information System (HRMIS) for Medical Officers and Consultants.

The introduction of this automation and online processing to achieve E-code calendar dates enabled the relevant authorities to meet the inefficiencies in the prevailed system during the era between 2010-2015.

However, the inefficiencies of the ministry together with the interference of the public service commission (PSC) resulted in many conflicts leading to further delays in the annual transfer orders.

Year	Scheduled Date		Issued Date	Delay from the Scheduled Date
2009	01 st Nov 2008	21 st March 2009	4 Month & 20 days	Director Medical Services
2010	01 st Nov 2009	04 th May 2010	6 Month & 03 days	Director Medical Services
2011	01 st Nov 2010	1 st May 2011	6 Month	Director Medical Services
2012	01 st Nov 2011	24 th May 2012	6 Month & 23 days	Dr. Lal Panapitiya (Director Medical Services)
2013	01 st Nov 2012	19 th Mar 2013	4 Month & 18 days	Dr. Lal Panapitiya (Director Medical Services)
2014	01 st Nov 2013	22 nd Dec 2013	1 Month & 21 days	Dr. Lal Panapitiya (Director Medical Services)
2015	01 st Nov 2014	24 th Dec 2014	1 Month & 21 days	Dr. USD Ranasinghe (Director Medical Services)
2016	01 st Nov 2015	22 nd Jan 2016	2 Month & 21 days	Dr. USD Ranasinghe / Dr. Priyantha Athapattu
2017	01 st Nov 2016	30 th Jun 2017	7 Month & 29 days	Dr. Priyantha Athapattu / Dr. Amal Harsha (DDG MS II)
2018	01 st Nov 2017	01 st Jun 2018	7 Month	Dr. Priyantha Athapattu / Dr. Amal Harsha (DDG MS II)
2019	01 st Nov 2018	11 th Apr 2019	5 Month & 10 days	Dr. Priyantha Athapattu Dr. Amal Harsha (DDG MS II)
2020	01 st Nov 2019	18 th Nov 2020	1 Year & 17 Days	Dr. Dilantha Dharmagunawardana / Dr. Priyantha Athapattu / Dr. Amal Harsha (DDG MS II)
2021	01 st Nov 2020	14 th July 2021	8 Month & 11 days	Dr. Dilantha Dharmagunawardana / Dr.G .Wijesooniya (DDG MS II)
2022	01 st Nov 2021			Dr. Dilantha Dharmagunawardana / Dr.G .Wijesooniya (DDG MS II)

Delays in the Annual Transfers for Grade Medical Officers

WHY TRANSFERS ARE IMPORTANT?

- Improve quality as well as equity of Health care service.
- Maintain equal and regular distribution of doctors islandwide.
- Promote deployment of doctors to popular and unpopular station as perceived by doctors.
- Pathways to get transfers out from unpopular stations to popular stations after a specific period of service.
- Avoid unnecessary influence and involvement from externally and internally on transfer.
- Main stakeholder of transfer board GMOA proposed, initiated and established the HRMIS system.
- Maintain the transparency, accountability, independency and legitimacy of the transfer scheme.
- Formulate a legitimate and independent process to address the grievances of membership regard to the transfers.

Proposal

Upon identifying the irregularities GMOA formulated the "Status Report of the Grade Medical Officers' Transfers" through which the following recommendations were made.

- 1| The head of the department should be able to proceed without further explanations as the issues related to the transfer are well clarified in the legal documentations.
- 2| Public Service Commission should adhere to their scope without violating the standard process of transfers.
- 3| GMOA proposed real-time data update to the HRMIS should be re-established.
- 4| Current General Circular Number 01-22/2001 on transfer scheme for grade medical offices should be approved in the cabinet through a Gazette.
- 5| The regulations and the deadlines of the establishment code should be strictly adhered with regard to issuance and implementing of transfer scheme.
- 6| As stated by PSC, a standard operating procedure should be produced by the Ministry of Health with regard to all transfer procedures involving responsible officer and strictly adhered to.

GMOA proposed real-time data update to the HRMIS should be re-established.



Current Status

Following the representations of GMOA, the Grade Medical Officers Surveillance System was introduced and process to upgrade the circular in to a Gazette has been started.

1.3 PROFESSIONAL DIGNITY

1.3.1 ANOMALY CORRECTION OF SRI LANKA QUALIFICATIONS FRAMEWORK

Background

The concept of the Qualifications Framework, in which the qualifications awarded by accredited institutions of a country or a group of countries would be classified into a structured hierarchy, was first initiated in Sri Lanka in 2009 under the World Bank Funded Project “Improving Relevance and Quality of Undergraduate Education” (IQRUE). However, National Professional Qualification Systems (NPQS) and the National Qualifications Frameworks (NQF) have been effective in many other countries long before this time and the NPQS have been utilized to link education and training of the particular country to its labour market and civil society, while NQFs have formally established different qualification levels within the identified fields.

Sri Lanka Qualifications Framework (SLQF), which was initiated in 2009 and further funded through a project of the United Nations; “Higher Education for Twenty-First Century” (HETC), was first published in 2012 by the Ministry of Higher Education with subsequent revision and updating in 2015.

Despite the aforementioned revisions and updates, several issues were identified in the SLQF. The GMOA, as a professional body comprised of Medical Officers, was especially interested in the field of Medicine and identified many anomalies that needed to be addressed eventually leading to the formulation of the “Concept Proposal in Anomaly Correction of Sri Lanka Qualifications Framework” to address them.

SLQF Level	Qualification Awarded	Minimum Volume of Learning for the Award
12	Doctor of Philosophy / MD with Board Certification/Doctor of Letters/Doctor of Science	Minimum 3 years of fulltime or equivalent time of original research after SLQL 6 or above
11	Master of Philosophy	Minimum 2 years of fulltime or equivalent time of original research after SLQL 6 or above
10	Masters with course work and a research component	60 credits after SLQL 5 or SLQL 6 including a research component of minimum 15 credits
9	Masters by course work*	30 credits after SLQL 5 or SLQL 6
8	Postgraduate Diploma*	25 credits after SLQL 5 or SLQL 6
7	Postgraduate Certificate*	20 credits after SLQL 5 or SLQL 6
6	Bachelors Honours	120 credits after SLQL 2 of which 90 credits after SLQL 3, of which 60 credits after SLQL 4, of which 30 credits after SLQL 5
5	Bachelors	90 credits after SLQL 2 of which 60 credits after SLQL 3, of which 30 credits after SLQL 4
4	Higher Diploma	60 credits after SLQL 2 of which 30 credits after SLQL 3
3	Diploma	30 credits after SLQL 2
2	Advanced Certificate (GCE A/L or equivalent)	
1	Certificate (GCE O/L or equivalent)	

Table 1

*Only the extension category study programmes that lead to Postgraduate Certificate, Postgraduate Diploma and Masters by course work are placed at SLQF Levels 7, 8 and 9 respectively. Conversion category study programmes that award Postgraduate Certificate, Postgraduate Diploma or Masters by course work are placed at SLQF Level 6.

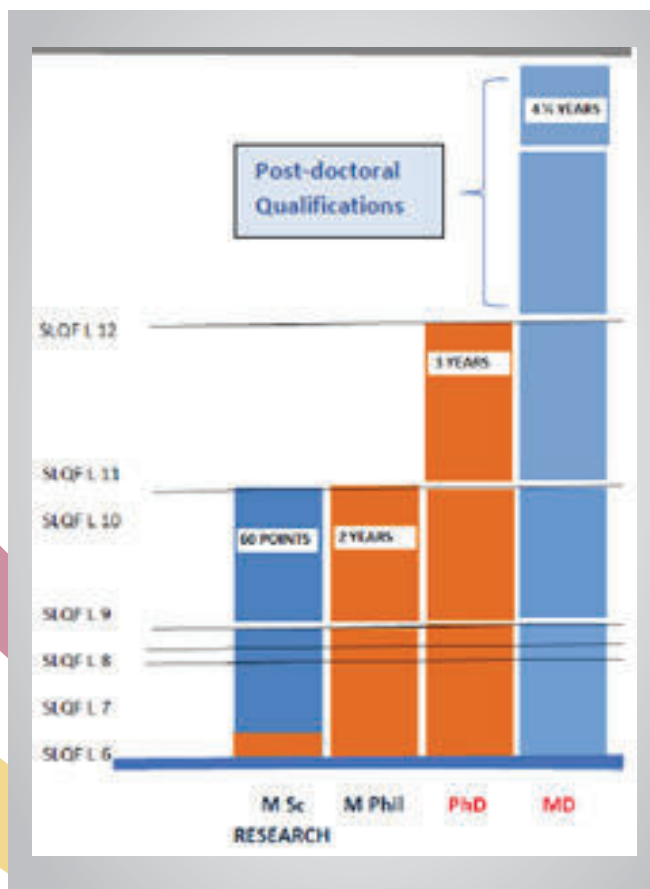
Placement of Educational Qualifications within SLQF

Proposal

While many issues have been identified within the SLQF, one alarming anomaly was related to the placement of certain degree programmes when compared to the Qualifications Frameworks of other countries. As an example, while the Bachelor of Medicine and Bachelor of Surgery (MBBS) degree is placed just below the level of Doctoral degrees in the Qualification Framework of the United Kingdom, Scotland and other European countries due to the special nature of the degree programme, the same degree that abide by the same requisite international standards has been forcefully embedded to a pre-formed level for the Bachelors' Degrees within the SLQF.

A summary of the identified anomalies in the SLQF are as follows.

- 1] Lack of an authorized body to decide the Levels of SLQF.
- 2] Allowing for lateral comparisons within higher education pathways of different fields disregarding the requirements of mobility that only allows for vertical mobility within the same field of study.
- 3] Disparities in SLQF when compared with other international frameworks.
- 4] Issues identified in relation to the concept of credit values.
- 5] Incorporation of bachelor degrees of wide range of credit values within the same SLQF level.
- 6] Credit value miscalculation and controversial placement certain of Bachelor Degrees including MBBS.
- 7] Issues related to the placement of MD Degrees and lack of recognition for post-doctoral work.
- 8] Lack of recognition given for the medical internship.



Current Status

The proposal was circulated among the membership for observations and after allowing for an adequate time the proposal was then forwarded to the Faculty Boards, the Deans of Medical Faculties and the UGC with the expectation of enlightening the stakeholders on the identified issues and initiating the process of anomaly correction at the Medicine Subject Committee appointed by the Quality Assurance and Accreditation Council and the UGC.

1.3.2 SOLUTIONS FOR THE ANOMALIES IN MEDICAL ADMINISTRATIVE GRADE

Background

Medical Officers of Sri Lanka are categorized into Grade Medical Officers, Specialist Grade Medical Officers and Administrative Grade Medical Officers to facilitate the provision of their services in the areas of General Administration, Patient Care Services and Public Health Services as stated in the Medical Service Minute of Sri Lankan Health Service.

Till the year 2007, the Medical Officers who were appointed to Medical Administrative Grade through an interview-based process and the specific posts were considered as end-posts. However, in 2006, the Ministry of Health decided to implement transfers within the Senior Medical Administrative Grade (SMAG), which was one of the two established categories of Medical Administrative Grade. Following Court Cases and petitions filed against this decision, the Medical Service Minute was amended through Gazette No. 1,493/3 dated 2007.04.16 incorporating the recommendation of the Supreme Court-appointed Beligaswatta Committee. The Deputy Medical Administrative Grade (DMAG) was created by this amendment.

Though the DMAG was established in 2007, the first appointments to the DMAG posts were only implemented in 2010 by the Ministry of Health following a court order. Even after that, advertising for DMAG posts and their promotions to SMAG has been delayed on several occasions by the Ministry of Health causing several posts to be left vacant in the Senior Medical Administrative Grade as well as in the Deputy Medical Administrative Grade.

Proposal

The "GMOA Submission to Committee to Review the Medical Service Minute and Propose Appropriate Solution to the Problems Existing in the Medical Administrative Grade" was prepared through a consensus reaching process, with the concurrences of the whole membership and submitted both verbally and in writing to the ministry appointed a committee in March 2022 and a permanent solution to this overdue issue is yet to be obtained.

The issues caused by the above lapses were further aggravated by the arbitrary actions of a former Minister of Health who was a Dental Surgeon and had been in the seat during the 2016-2018 period. The Medical Services Minute was again amended in 2016 by Gazette No. 1996/46 dated 2016.12.09, permitting Dental Surgeons to be appointed to specialized public health programmes and other posts. Furthermore, the same Minister submitted Cabinet Memoranda that carried further changes to the said grade in an ad hoc manner in 2016 and 2018, disregarding the proper process to reach the consensus of relevant stakeholders. These memoranda were approved leading to structural changes in the Administrative Grade without GMOA concurrences, blocking the opportunities of all Medical Officers who had been hoping to enter the Medical Administrative Grade with immediate effect without allowing for a period of grace, unless the prospective Medical Officers were in the possession of MSc/ MD in Medical Administration.

Hence, the GMOA, as a responsible Trade Union comprised of Medical Officers of all three grades, protested the injustice done to the Medical Officers who have had legitimate expectations to get appointed to the Medical Administrative Grade and mediated to establish a Cabinet approved independent committee at the Ministry of Health, with a mandate to revisit and rectify the ensued issue through a consensus reached process. At the same time, the Medical Administration Subcommittee of GMOA convened regularly and formulated a proposal addressing the identified issues related to the Medical Administrative Grade.

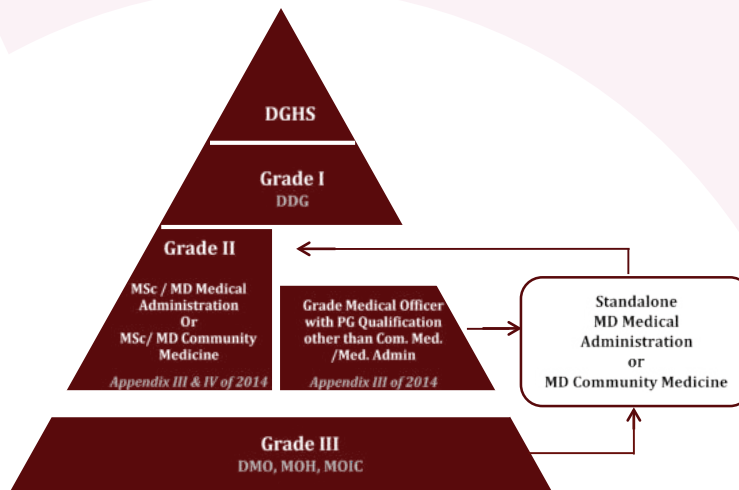
Following are the 14 recommendations included in the aforementioned document.

- 1] Abolish the existing Deputy and Senior Administrative grade and establish a single Medical Administrative Grade with promotional pathway within the grade.

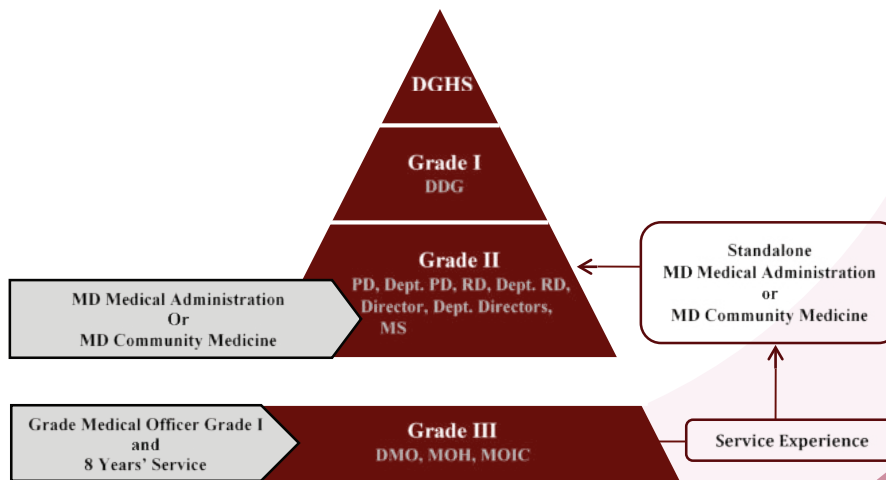
Grade	Recruitment Qualification	Post	Salary Scale
DGHS	Administrative Grade I Medical Officer + MD Medical Administration Or MD Community Medicine	DGHS	SL3
Grade I	Administrative Grade II Medical Officer + MD Medical Administration Or MD Community Medicine	DDG	SL3
Grade II	Medical Officer + MD Medical Administration Or MD Community Medicine	PD, Dept. PD RD, Dept. RD, Director, Dept. Director, MS (Curative Sector/ Preventive Sector/ Common)	SL3
Grade III	Grade Medical Officer Grade I 8 Years' Service	DMO MOH MOIC	SL2

Summary of GMOA proposed Medical Administrative Grade structure

- 2] Demarcation of posts from Grade II and above based on the mandatory qualification. (Posts where mandatory qualification is Medical Administration, mandatory qualification is Community Medicine and posts that are common to both specialties should be listed.)
- 3] Administrative posts related to all healthcare services should be held by Medical Administrators. The posts in the Ministry of Health that deal with healthcare provision and human resources should be listed in the Medical Services Minute.
- 4] The Department of Health should be re-established under the Director General of Health Services who will have both administrative and financial authority.
- 5] Dental Surgeons with post graduate qualifications should be allocated only to the post in the dental services and not to post them in medical service.
- 6] Create a separate technical cadre for Board Certified Specialists in Medical Administration.
- 7] Create positions of Clinical Heads in multi-Consultant units in selected institutions.
- 8] Medical Administrators should be permitted to engage in private practice.
- 9] End posts of Directors in Teaching Hospitals should be abolished.
- 10] Annual recruitment should be made to fill vacant posts in Medical Administrative Grade.
- 11] Establish a mechanism to audit the efficiency of Medical Administrators.
- 12] All Medical Administrators should be provided with benefits given to Senior Administrative Grade.
- 13] Establish an independent commission to grant relief for those subjected to political victimization.
- 14] Standalone MD Medical Administration & Community Medicine course should be established to facilitate obtaining of MD post graduate qualification.



Interim provision for 2 years grace period



GMOA proposed structure of Medical Administrative grade

Current Situation

The Secretary, Ministry of Health agreed to resolve the issues pertaining to Medical Administrative Grade by following through the recommendations that will be made by the appointed committee.

1.3.3 END OF RAJITHA'S ERA WITHIN SLMC

Background

Sri Lanka Medical Council (SLMC) is the statutory body of Sri Lanka established per the Medical Ordinance to safeguard the rights of the health care seekers by way of ensuring the academic and clinical practice standards of Medical Practitioners. As the sole body to regulate medical practice it is important to ensure the independence of the SLMC without unnecessary interferences from individuals or bodies with political or other agenda.

However, the composition of the SLMC as specified under section 12 of Part III, allow the Minister of Health to nominate the President of SLMC and four more members to the council that is otherwise consisting of elected members. Even with the above implications, the political interferences to the work of SLMC have been at a minimum until the tenure of former Minister of Health, Dr. Rajitha Senarathne.

Following his influence and implementation of his propaganda within SLMC, many complaints were made against the SLMC, directly affecting the dignity of SLMC nationally as well as internationally. Following are the most highlighted complaints with regard to the SLMC, that drove this statutory body to a dark era within 2016 – 2019 period and that had been highlighted in the **“GMOA Submissions to the Committee to Inquire on SLMC Related Complaints on Current State of Affairs in the SLMC in Order to Deliver its Expectations”**.

Role of GMOA and Achievements

Following the election of GMOA members to the SLMC, GMOA closely observed the above irregularities caused by the former Minister of Health and his collaborators and requested the succeeding Minister of Health to investigate the actions in order to ensure the dignity of the SLMC. Upon that request, the Minister of Health at the time, Hon. Pavithra Wanniarachchi appointed a 5-member committee to inquire into the issues within SLMC and make recommendations.

Following the report of the appointed committee, many changes have been made within the SLMC including the removal of individuals with conflicts of interest from the SLMC, the appointment of the current President of SLMC, Prof. Vajira Dissanayaka and the initiation of recognizing the SLMC election regulations and establishing the minimum standards of medical education. Thus, the dignity of SLMC was ensured and Rajitha's era within the SLMC came to an end.

- 1| Purposeful delaying of SLMC elections.
- 2| Abusing the SLMC disciplinary procedure to take revenge on GMOA members.
- 3| Failure to ensure minimum standards and registering candidates without minimal qualifications.
- 4| Appointment of unacceptable personnel to SLMC to ensure the interests of SAITM and substandard medical education.
- 5| Issues related to the de-recognition of foreign universities.
- 6| Undue delaying of ERPM examination.



1.3.4 SLMC ELECTION REGULATIONS

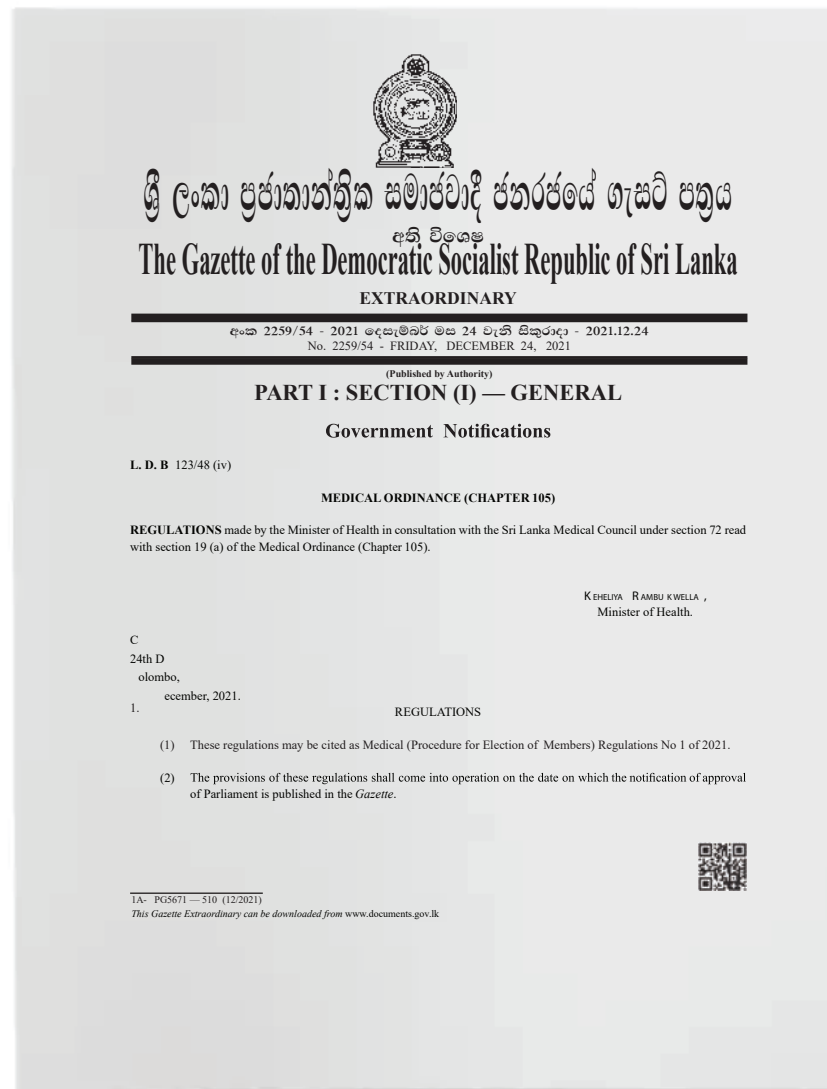
Background

Medical Ordinance of Sri Lanka specifies the composition of Sri Lanka Medical Council (SLMC) which is inclusive of eight members elected by medical practitioners registered under section 29.

However, the election regulations have not been gazetted since its inception.

Achievement

Following the last election that was held in 2018 and by which GMOA members were elected to the SLMC, many issues that arose due to the lack of election regulations have been observed. Despite many attempts at deterring the process to gazette election regulations, GMOA was able to gazette the SLMC election regulations through the Extraordinary Gazette No. 2259/54 dated 24.12.2021.



1.3.5 MINIMUM STANDARDS OF MEDICAL EDUCATION

Background

The Sri Lanka Medical Council has been made responsible through the Part III section 19(e) of Medical Ordinance of Sri Lanka, for “the maintenance of medical education including standards relating to courses of study, examinations, staff, equipment, accommodation, training and other facilities at the universities and other institutions which grant or confer any qualification which entitles a person to obtain registration under this ordinance.”

However, there had been no constructive efforts made towards the establishment of appropriate minimum standards of medical education even by 2018, despite the passing of many years from the establishment of the SLMC and despite the efforts made by Prof Lalitha Mendis and Dr. Terrance Gamini De Silva in the past. This lapse in responsibility had led to many court cases and led to unfavorable outcomes related to the issues such as SAITM where students who did not even fulfil the minimum entry criteria to enter university had been enrolled.

Role of GMOA

When members of GMOA were elected to the SLMC in 2018, GMOA could make close observations on the issues that have arisen within the council and which had disrupted the effects on the smooth functioning of the statutory body responsible for protecting health care seekers by ensuring the maintenance of academic and professional standards, discipline and ethical practice by health professionals who are registered with it.

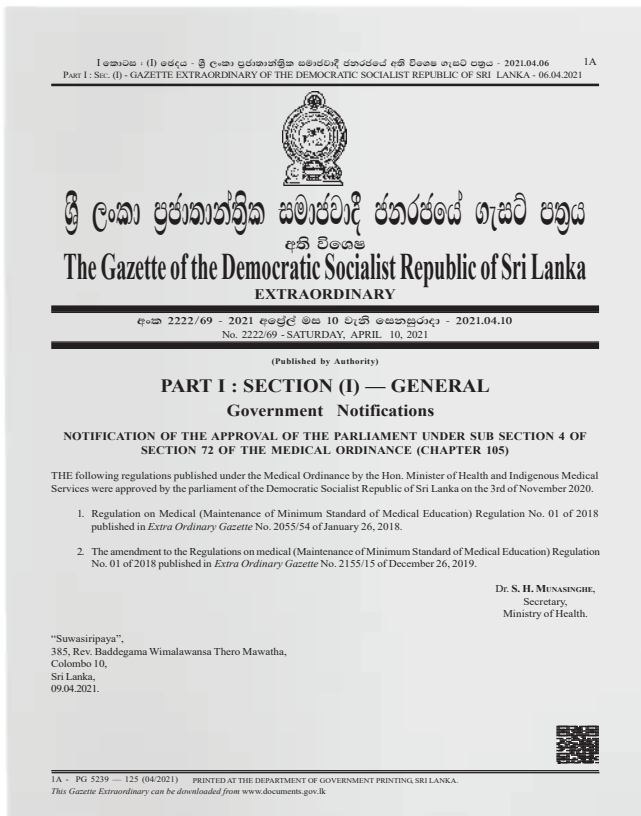
Upon identifying the necessity of establishing the minimum standards of medical education, not only to maintain the local and international standing of Sri Lankan medical professionals, but also to prevent a repeat of another controversial situation like SAITM, GMOA advocated the procedures to establish minimum standards of medical education.

Yet, the amendments to the Minimum Standards of Medical Education that were published through the Gazette 2055/54 on 26.01.2018 lacked the ideal entry requirements to medical degrees.

Achievements

Among various drawbacks, mainly caused by Dr. Rajitha Senarathne and supporters of SAITM the minimum standards of medical education were gazetted through the Gazette 2155/15 dated 26.12.2019. Even then, the granting of Parliamentary approval had been delayed and GMOA had to make representation to the Ministry of Health, requesting to expedite the routine process of obtaining the approval to the gazette.

In the end, the Minimum Standards of Medical Education was declared and approved by the Parliament on 10.04.2021.



PART - 2. MEMBERSHIP WELFARE

2.1 CAPACITY BUILDING

2.1.1 ROAD MAP ON CAREER DEVELOPMENT PATHWAYS FOR MEDICAL OFFICERS

Background

The issue of the absence of a proper career development pathway for medical officers has been identified and discussed for many years. Though the need was identified, no proper road map to implement such a process had been developed.

Role of GMOA

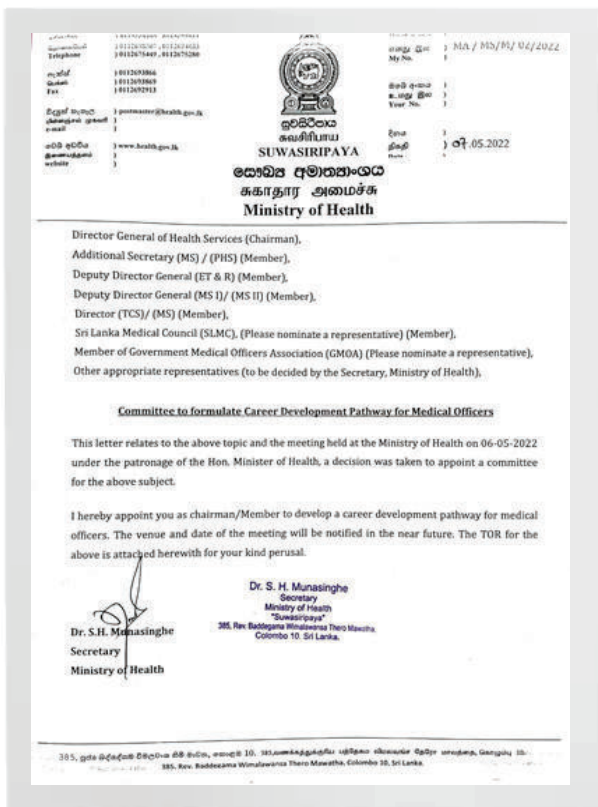
A GMOA Subcommittee was established in this regard under Dr. Chandika Epitakaduwa and the conceptual draft proposal for the Road Map on Career Development Pathways was formulated with emphasis on streamlining the career pathway.

Following GMOA representations, a committee has been appointed at the Ministry of Health regarding this issue, of which the GMOA has been made a stakeholder.

Furthermore, having identified the necessity in expanding the postgraduate opportunities, GMOA had discussions with Prof. S.D. Dharmaratne, Director of Post Graduate School of Medicine, Peradeniya and he has agreed to support the development of new postgraduate opportunities to facilitate the Career Development Proposal of GMOA.

Current Status

After reaching a consensus through a broader discussion among the membership, the proposal will be forwarded to the Committee appointed by the Ministry to establish a methodology for stepwise implementation through relevant authorities along with enhancement of Postgraduate training opportunities.



Letter issued by the Secretary, Ministry of Health appointing a committee to formulate career development pathway



2.1.2 MBBS BY 22 YEARS – CONCEPT PROPOSAL TO OPTIMIZE AGE OF GRADUATION

Background

Sri Lanka is one of the few countries that offer government-funded education opportunities expanding from school education to undergraduate education. Though up until the 1980's the education system allowed for a student to complete his school education by the age of 17 years and to graduate by the age of 22 years with a MBBS degree or by 20 years with a degree in either BA or BSc, the recent 2-3 decades have shown a significant delay in achieving the same educational qualifications.

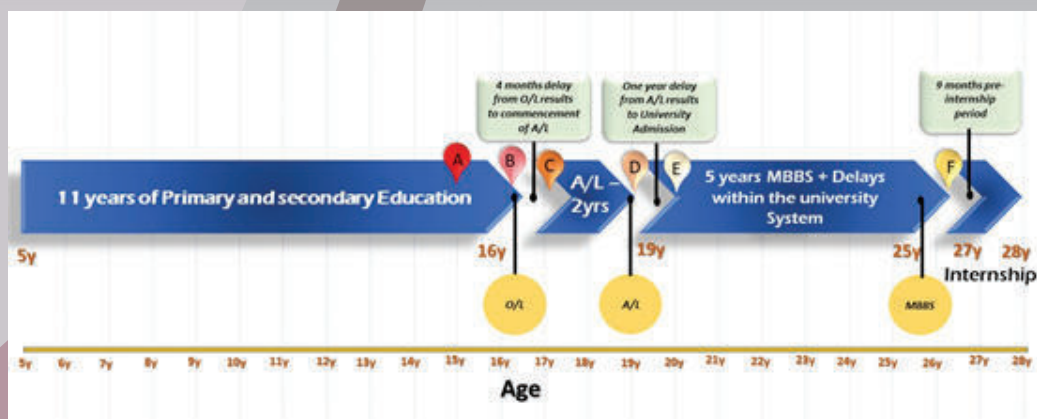
Following many educational reforms in the government education system, currently, there is on average a 5-year delay which is neither experienced by the Sri Lankan private sector nor the international field causing many drawbacks for Sri Lankan Individuals nationally, regionally and internationally along with a huge loss in revenue generation and maximum proficient and productive years of professionals.

Proposal

Thus, having identified the adverse effects of this delay which is significant enough to incur incalculable losses in the academic, economic, professional and social development of an individual and consequently affecting the whole country, the President of GMOA, Dr Anuruddha Padeniya pioneered to propose the concept to optimize the age of graduation and formulate the "MBBS By 22 Years – Concept Proposal to Optimize Age of Graduation."

The concept proposal highlighted the identified delays within the local education system and the impacts of the said delays on the individual in professional, financial and social capacities and the impact on the economy causing macroeconomic and national level losses due to loss of highly skilled working years.

Issues Identified	Responsibility
A 13 year school education	Ministry of Education
B O/L in grade 11	Ministry of Education
C Delay in issuing O/L results	Department of examination
D Delay in issuing A/L results	Department of examination
E Delay in University Admission	University Grants Commission
F Delay in Internship	Ministry of Health



Identified delays within the Local Education System

The proposed strategies aimed at optimizing the age of graduation are as follows.

Strategy	Proposed activities	Responsibility
Optimizing the School Education and Examination structure	GCE (O/L) should be placed at Grade 10 when student is of age 15 years and to be held in month of August.	Ministry of Education
	GCE (O/L) results should be released by October enabling students to decide their future stream of education by December.	Department of Examinations
	GCE (A/L) should commence in January and Examination should be placed in Grade 12 when student is 17 years old to be held in month of December.	Ministry of Education
	GCE (A/L) results should be released by February enabling students to decide their future stream of education by April.	Department of Examinations
	Allow grade 12 students to sit for the examination in six months after the grade 13 students sit for the examination to prevent backlog.	Department of Examinations
	Immediately after graduation Internship should be commenced.	Ministry of Health
Optimizing the University Education	University admission should commence on the month of April when student is of age 18 years.	Ministry of Higher Education & University Grants Commission
	Ensure completion of MBBS by 22 years and BA/BSc by 20 years.	
	Admitting students to all the universities in the country on the same day and completing all their final examinations by a national deadline.	
	Academic activities should be conducted with strict adherence to national timelines and deadlines.	
	Immediately after graduation Internship should be commenced.	Ministry of Health

Current Status

The proposal was forwarded to all the relevant academics including Vice-Chancellors and Deans of universities, the Parliamentarians along with the President and the Prime Minister and the relevant Ministries and Institutes related to school, Undergraduate and Postgraduate education and the suggestions are to be implemented as agreed by the Ministry of Education.



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 சபாநாயகர், இலங்கை பாராளுமன்றம்
 Speaker, Parliament of Sri Lanka

11th November 2021

Dr. Anuruddha Padeniya,
 President,
 The Government Medical officer's Association,
 No.275/75, Professional Centre
 Prof.Stanely Wijesundera Mawatha'
 Colombo-07

Dear Dr. Padeniya,

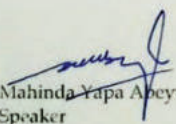
GMOA Concept Proposal to Optimize Age of Graduation

I am in receipt of your letter dated 21/10/2021 and I have perused the Concept Proposal of the GMOA on reverting to obtaining MBBS by 22 years and BSC by 20 years of age.

Having reviewed the Concept Proposal, I recognize that this proposal relates to essential measures that are a long-standing requirement of the country to assist our young doctors and intellectuals to be competitive in the international arena, and to contribute to the development of Sri Lanka at their prime. I further recognize that there will be practical difficulties and obstacles which are specific to the Sri Lankan context in implementing such proposals.

Therefore, I state that that I would extend the assistance and cooperation required from the Legislature and its members in reviewing, evaluating these proposals, and implementing the necessary reforms for the benefit of the future generation.

Thanking You,
 Yours Sincerely,


 Mahinda Yapa Abeywardana
 Speaker

Mahinda Yapa Abeywardena
 Speaker
 Parliament of Sri Lanka
 Sri Jaywardenepura Kotte

2.1.3 NEW POSTGRADUATE DISCIPLINE OF CLINICAL TRAVEL MEDICINE

Background

While maintaining the standards of the existing postgraduate disciplines of Medicine to ensure the in-country patient care provision, it is essential to identify new global trends and generate further opportunities in the Health Sector for the benefit of individuals and subsequently for the whole country. As such, earning through the Knowledge Economy and enhancement of Medical Tourism targeting foreign revenue generation, have come to light recently.

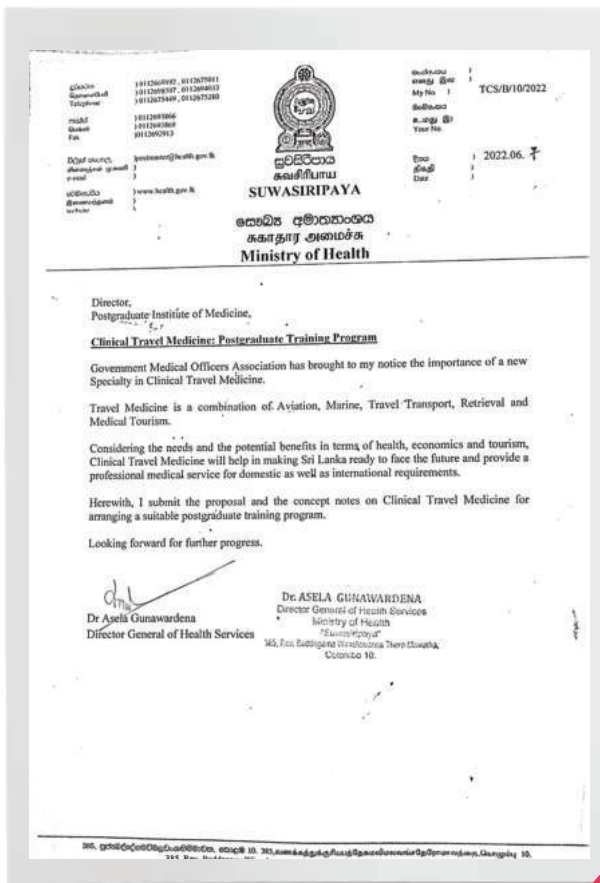
Sri Lanka, being an island located geo-strategically in the ancient maritime 'Silk Road', with a 1300km coastline, 4 major ports, 3 minor ports, 3 international airports and a lucrative tourist industry has the potential to be benefitted in the areas of health, economy and tourism by establishing the novel discipline of Clinical Travel Medicine which is an amalgamation of Aviation, Marine and Transport Medicine.

Proposal

The "Proposal for Establishing Clinical Travel Medicine in Sri Lanka," extensively discusses the benefits that will arise through this new discipline, along with suggestions on the subject areas, initial requirements, duration and admission criteria to enter the programme.

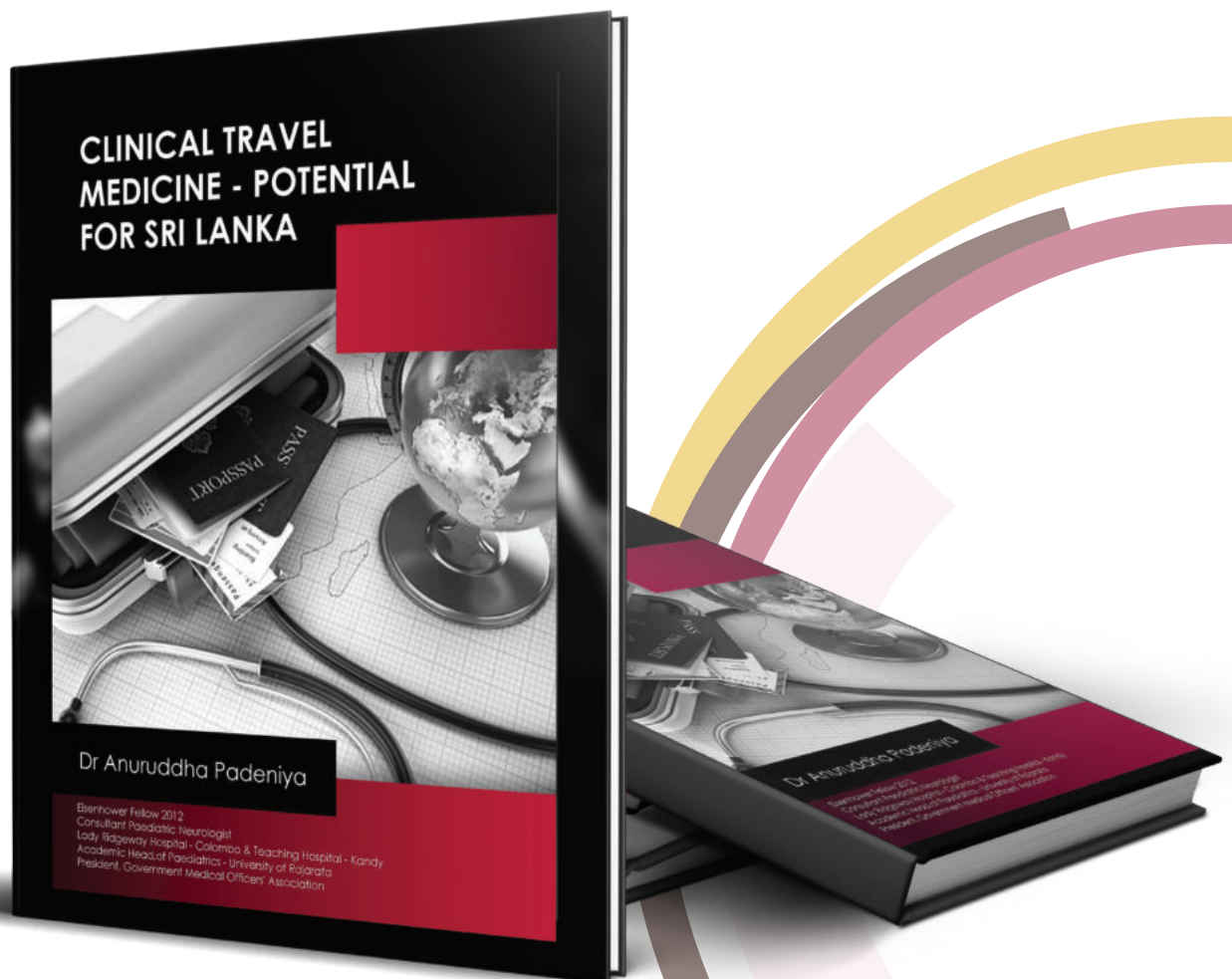
The fields of Aviation Medicine and Marine Medicine both had been established for military purposes in the 19th century during the World Wars and later on were modified to meet commercial requirements. Further, highly specified specialties of Aerospace Medicine and Dive and Hyperbolic Medicine were also established to meet the technological advancements and health requirements that arose with exposure to extreme environmental conditions through such advancements.

The discipline of Travel Medicine has evolved over the past 25 years leading to the founding of various international societies such as the International Society of Travel Medicine and journals. A need for a new discipline called Clinical Travel Medicine was identified by the GMOA and the need became more pronounced with the COVID-19 pandemic. Furthermore, upon establishment of the new discipline, it has the possibility to grow within the country as well as internationally.



Current Situation

Concurrences for the developed proposal had been obtained from both educational and political stakeholders and coursework for the new discipline will be developed and implemented by the PGIM and the Director General of Health Services has directed the Chairman, Post Graduate Institute of Medicine PGIM to initiate the process to launch this new postgraduate discipline.



2.1.4 CONTINUOUS MEDICAL EDUCATION

Background

Knowledge in the field of medicine is continuously getting updated. Hence, the medical professionals can not solely depend on the knowledge gained during their undergraduate years. However, there was no established system for the medical officers to get updated on the recent developments in the field of medicine, especially if the said medical officers opt not to follow any postgraduate education. Furthermore, unlike other professional fields, the opportunities for the medical professionals to improve their knowledge after the basic degree was far and in between.

Role of GMOA

Thus, a need in establishing a structured and well-organized system to impart with the most recent global developments and their practical application in the local context was identified. As a responsible trade union and a professional organization, GMOA in collaboration with the academic arm of GMOA; the Society for Health Research and Innovation (SHRI) launched the Continuous Professional Development (CPD) Programme for Medical Officers.



Initiation

From early December 2020, the CPD programme was initiated and henceforth was continued to be held at 9.00 am, every Sunday. Due to the constraints that had arisen due to the COVID-19 pandemic and to allow for the medical officers from all around the country to participate, the programmes are being conducted through zoom technology with 100-500 real-time participants. However, the viewership is much more for the sessions uploaded to YouTube.

The target group for these sessions are mainly the medical officers attached to the Outpatient Departments (OPD) and those who are engaged in private practices. Hence, the scope of the sessions is made to cover a variety of areas in emergency care, COVID management and the conditions with which the patients commonly present to the outpatient care. The participants are given the opportunity to assess their knowledge by themselves with the pre-session analyses and post-session assessment and an e-Certificate is issued for all participants at the end of each session.

Current Status

50 CPD Programmes had been held in the year 2021. So far in 2022, 19 CPD programmes were held.



2.1.5 LEADERSHIP ENHANCEMENT PROGRAMME

Background

The sustainability of an organization depends on the leadership. As such, it is important to train younger generations in Leadership skills and facilitate them to gain experience by giving them responsibilities of working committees. Furthermore, this will expand the working group of GMOA with young and new generations and will facilitate the aim of overcoming the traditional vertical structure of the organization by establishing the ideal top-horizontal structure.

Role of GMOA

In this context, focused one-day workshops on Leadership Enhancement were conducted with the participation of young doctors from around the country. At this 1st stage, around 60 medical officers were trained in leadership skills.



2.1.6 GOOD INTERN PROGRAMME

Background

Internship marks the beginning of the journey as an independent medical practitioner. The transition from a medical undergraduate to a medical officer who will be responsible for the health of patients in real world comes with various challenges to the Intern Medical Officer, where not only the clinical skills but also the skills in communication, coping with stress and working within a multidisciplinary team will have to be utilized. Furthermore, considering the vital role they play in delivering health care at the ward setup it is important to ensure their competency in managing patients and situations and consequently ensure the optimum service care provision for the patients.

The novel concept

Hence, the novel concept of “Good Intern Programme”(GIP) was introduced in 2013, aiming to fill gaps in the transition from undergraduate education to medical internship along with quality development and soft skills enhancement of the prospective Intern Officers. Since then, the programme was held consecutively each year.



GIP 2021

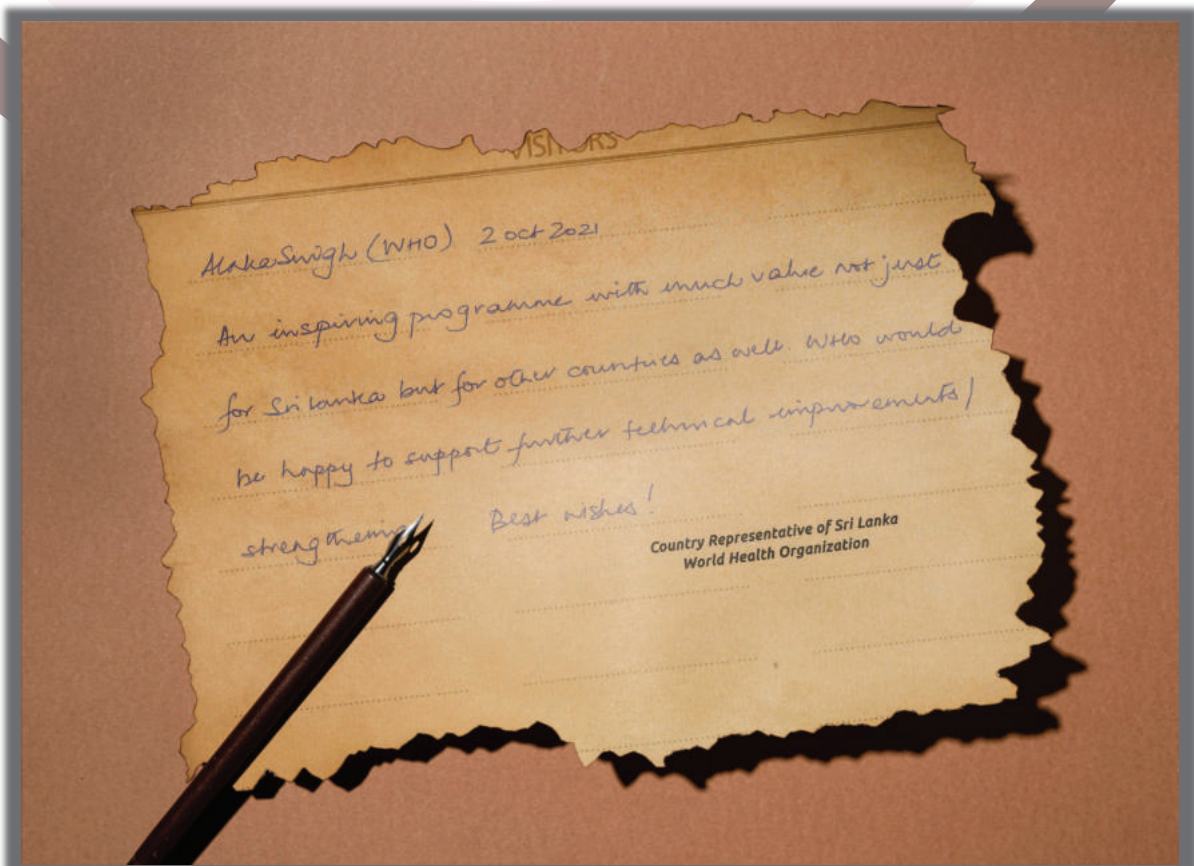
The GIP-2021 was held for the 9th consecutive year on the 2nd and 3rd of October, 2021 in collaboration with the Ministry of Health. Due to the COVID-19 pandemic and its regulations that required social distancing, the organizing was especially challenging. In keeping with the prevailing situation, the programme was successfully conducted through a virtual platform with the participation of more than 680 prospective Intern Medical Officers including local and foreign graduates and 30 resource persons.

The Good Intern Programme was usually conducted in three phases;

- 1| Residential Second Language Training Programme
- 2| Medical Documentation Programme and Hospital Based Clinical Training Programme
- 3| 2-day Training Programme covering aspects of "Good Medical Practice"

However, due to the prevailing situation, the programme had to be modified and a special session on "COVID-19 in practical world for the pre-interns" was introduced in collaboration with the World Health Organization (WHO) to disseminate the rapidly evolving information and upgrade the management of COVID-19.

Good Intern Programme, which is conducted as a well-structured, well-focused and demand-oriented programme, was highly appreciated by the WHO Representative to Sri Lanka, Dr Alaka Singh and she had expressed her willingness to facilitate the upgrading of this programme initiated by GMOA, so that it would reach regional and international medical communities.





2.2 SCHOOLING FOR DOCTORS' CHILDREN

Medical Officers who have benefitted from the free education system highly value the education of the children. However, the unique service obligations that are entailed in the island-wide health care provision, including mandatory transfers every four years and mandatory foreign training required of the postgraduate trainees, hinder the prospects of gaining admission to schools for the children of Medical Officers.

As such GMOA acts in ensuring the schooling of the children of the Medical Officers as a measure of membership welfare.

Thus, nearly 350 children were admitted to National Schools while another set of children are in the process of getting admissions.

Current Status

Minister of Education Hon. Susil Premajayantha has agreed to establish a sustainable mechanism to admit the doctors' children to schools.



4.3 NEW MEDIA APPEARANCES



Sinhala Media Spokesmen










Tamil Media Spokesman



Dr. Hamsamal Weerasuriya
 Dr. Chamil Wijesinghe
 Dr. Prasad Ranaweera
 Dr. Kanchitha Samarathne
 Dr. Prabath Sugathadasa
 Dr. Ruwan Jayasooriya
 Dr. Kosala Thennakone

Dr. Thanigaivasan Ratnasingam









Dr. Thenuwan Wickramasinghe
 Dr. Rajeev Menon
 Dr. Thivanka Manawadu
 Dr. Iraga Madushan

PART - 3. HEALTH SECTOR ISSUES

Background

COVID-19 which was caused by SARS-CoV-2 virus was first detected in Wuhan Province, China in December 2019 and soon started to spread at a rapid pace suggesting high transmissibility with high levels of disease-related morbidity and mortality. GMOA, as a trade union and an organization consisting of professionals who practice evidence-based medicine, advocated for scientific and evidence-based measures to face the COVID-19 pandemic and achieve the best outcomes for the public. Recommendations were made from time-to-time to the government, the opposition, and the public to promote consistency and collaboration.

Role of GMOA

From the initial period of pandemic, GMOA identified the primary responsibility in strengthening the health sector. In that regard, steps were taken to identify available human and physical resources, to prioritize health care needs among vulnerable populations, advocate for the establishment of new care facilities, to develop and implement a strategy for vaccination and ensure the welfare of all healthcare workers during the pandemic. The recommendations were included in the following strategic proposals;

- 1| GMOA COVID-19 Exit Strategy -April,2020
- 2| GMOA COVID-19 Exit Strategy Sri Lanka - Reinforcement October 2020
- 3| GMOA COVID-19 Exit Strategy Sri Lanka -Reinforcement May 2021
- 4| GMOA COVID-19 Exit Strategy Sri Lanka -Recommendations for the COVID-19 Vaccination Programme in Sri Lanka
- 5| Integrated Home-Based Care System (HBCS)
- 6| Extension To Exit Strategy to Mitigate
- 7| Facing Omicron and Future New Variants of SARS-CoV-2 Virus

3.1 COVID -19 PANDAMIC

Upon identifying the need for innovative ideas and technologies to face the pandemic, the GMOA steered the process of recognizing worthy innovations that would facilitate the management of COVID-19.

Public involvement was critical to the success of mitigation measures. Hence, at the initial stages of the disease, GMOA made efforts to enhance public awareness regarding the disease. Furthermore, GMOA collaborated with Ministry of Health and many other stakeholders to develop New Normalcy Guidelines: Advocacy Brief. The DReAM concept was at the core of this project, along with concepts such as "Meetaren Jeewithe."

Integrated Home-Based Care System (HBCS) was launched by the Ministry of Health in June, 2021, in collaboration with GMOA, Dialog Axiata PLC, the Bank of Ceylon and Wavenet International to support the near exhausted health institutions in managing COVID-19 patients. Patient management within the system was led by many consultants and medical officers and their deployment was coordinated by GMOA, allowing for smooth functioning of the system.

The vaccination against COVID-19 was initiated on 29th January 2022 in Sri Lanka. However, the initial programme lacked focus and a clear scientific strategy despite the availability of scientific evidence on benefits of vaccinating against COVID-19, including the reduced morbidity and mortality. GMOA proposed to prioritize vaccination of the population above 60 years of age, together with high-risk groups such as those suffering from chronic diseases and their complications in order to achieve a reduction in disease-related morbidity and mortality.



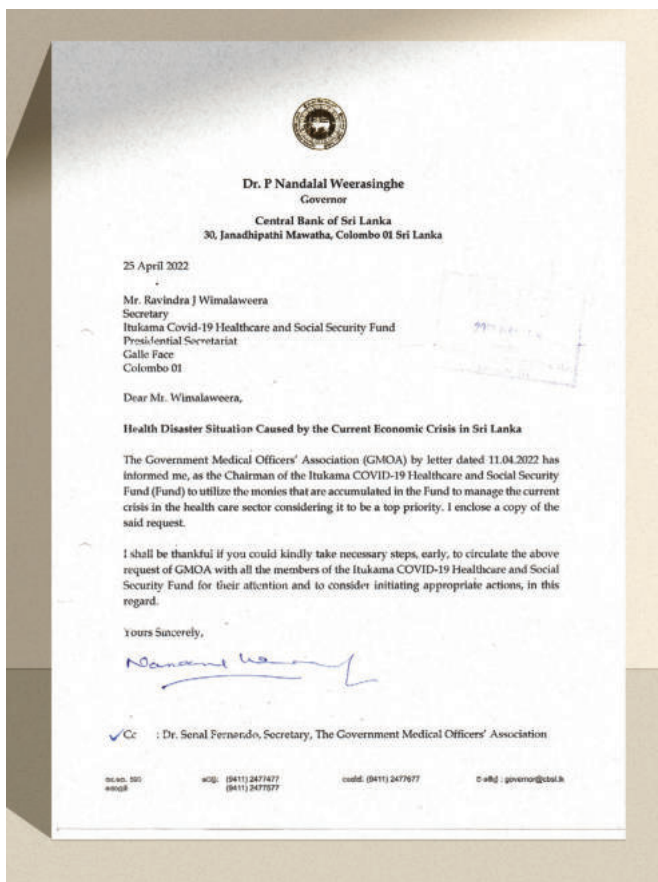
3.2 DRUG SHORTAGE

Background

From early on of the financial crisis in Sri Lanka, that is caused by the poor economic and financial management, GMOA had been concerned regarding the uninterrupted service provision in health sector. As a responsible Trade Union consisting of medical professionals, we raised concerns over a possible drug and medical equipment shortage. Despite early warnings, the crisis worsened jeopardizing the Health Sector with an ensuing country-wide essential drug and equipment shortage and endangered the lives of the citizens violating their Fundamental Rights of the Right to life and Right to health.

Role of GMOA

Upon making the above observations, GMOA convened a programme to coordinate donations of drugs and equipment from the International Community and the Sri Lankan doctors and citizens abroad. In order to further aid the health sector, GMOA Executive Committee requested the newly appointed Governor of the Central Bank of Sri Lanka to utilize the already accumulated funds of the ITUKAMA COVID-19 HEALTHCARE AND SOCIAL SECURITY FUND to rectify the matter, as the primary objective of the aforementioned project from the initiation itself had been to maintain the Health Care service at an optimum without allowing for a system collapse ensuring an uninterrupted health service.



PART - 4. NATIONAL INTERESTS

4.1 GMOA POLICY ON GENERAL SIR JOHN KOTHALAWALA NATIONAL DEFENSE UNIVERSITY ACT

Background

The Universities and the accredited Higher Education Institutes of Sri Lanka are governed by the University Grants Commission (UGC) established under the Universities Act No. 16 of 1978. The UGC was vested with the powers to determine the courses and the academic qualifications that will be awarded, number of students that shall be admitted annually etc. in consultation with the governing authority by the above Act.

The General Sir John Kothalawala Defence Academy was established in 1981, utilizing the personal donations made to the government by Sir John Kotalawala, for the specific purpose of establishing an international defence institute that would enhance the educational qualifications of the military personnel and subsequent quality development of the Sri Lankan Military Services. The Academy was termed a university by Act No. 27 of 1988 violating the Universities Act and finally became the General Sir John Kothalawala National Defence University through the Sir John Kotalawala Defence Academy (Amendment) Act No. 50 of 2007.

In the beginning, only the military personnel were allowed to study at this higher education institute. However, by 2014 the institute was even awarding Medical Degrees that do not directly come under the scope of military subjects along with a variety of courses to the children of military officers and the dual citizens.

In such a background, the General Sir John Kothalawala National Defence University Bill which was published in 11th April 2018 had many controversial clauses violating the Universities Act including the clause 2. (1) of part I - "Notwithstanding the provisions of the Universities Act, No. 16 of 1978, there shall be established a University called the General Sir John Kotelawala National Defence University" essentially removing the governing authority of this university from the UGC.

Furthermore, the University established under the above-mentioned bill was granted the power through the Clause 4. (b) of Part II - "provide for such courses of study and instruction in such branches of learning for officer cadets, officers of the armed forces, public servants and other persons leading to the award of such degrees, diplomas and other academic distinctions;" to award courses to an entity mentioned as "other persons" without specifications, implying the ability of the universities established under this bill to directly get involved not only in the education of the military personnel but also in the civilians.

The General Sir John Kothalawala National Defense University Bill which had many controversial aspects including the power granted to function as a university independent of the Universities Act, was published in the Gazette on 11th April 2018 and was presented to the Parliament on 26th March 2021 despite the growing public unrest and protests.

Role and Achievements of GMOA

GMOA launched an academic fight against the said Act by formulating and forwarding a comprehensive report addressing the following identified controversies within the proposed bill along with adverse repercussions of the said bill to the Higher Education, Medical Education and Health, Government Services and the University System.

- 1| Violation of state policy
- 2| Disregarding the University Act and other regulatory authorities
- 3| Unclear student enrollment procedure
- 4| Structuring the administration of the university under a military governance

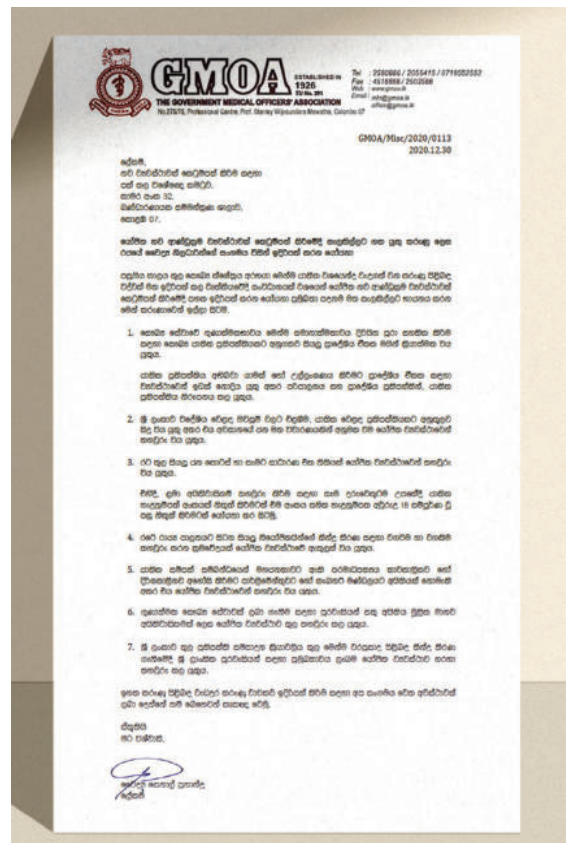


4.2 PROPOSALS FOR NEW CONSTITUTIONS

On September 2020, the Cabinet of Ministers approved the appointment of a committee of experts consisting of legal experts under the chairmanship of President’s Counsel Romesh de Silva, to draft a new constitution.

As a professional organization consisting of intellectuals, GMOA submitted the following suggestions to the “Expert Committee to Draft a New Constitution” in December 2020, outlining the issues related to the Health Sector and national issues in general.

- 1] All regional units should act in accordance with a national health policy to ensure the quality as well as equity of the health service throughout the island.
- 2] Sri Lanka's entry into foreign trade agreements must be in line with a national trade policy and the new constitution should ensure that the said policies are approved by a referendum in the end.
- 3] The proposed constitution should ensure one law for all communities and all people in the country.
- 4] The proposed constitution should include a mechanism to ensure accountability and responsibility for the decisions of all the representatives that are governing the country.
- 5] Neither the Parliament nor the Cabinet has the right to temporarily or permanently abolish the sovereignty of the people over national resources and this must be ensured in the proposed Constitution.
- 6] The right of citizens to access quality health care should be guaranteed as a fundamental human right within the proposed Constitution.
- 7] The proposed Constitution should ensure that Sri Lankan citizens have priority in the policy-making process as well as in decision making on privileges in Sri Lanka.



4.3 PROPOSALS FOR CORRUPTION FREE GOVERNANCE BY ENSURING INTEGRITY

Background

With emergence of an unprecedented social, economic, health and political crisis, the general public, who was under duress due to the economic downturn, foreign exchange crisis, high inflation, health crisis and energy crisis, initiated a peaceful, voluntary but determined struggle against the government and the entire political system.

The main objective of this people's struggle was to change the existing degenerate, rejected political system and create a system of government and parliament that can be held accountable and responsible to the people as well as the country in order to prevent corruption and fraud. However, it was no secret that the vast majority of current Parliamentarians and Politicians had been accused of misconduct and they had lost public confidence.

Hence, the people's struggle ensued as an attempt to put an end to the existing failed government and degenerate political system and develop a good political culture and formulate a patriotic procedure that secures the democracy of the country. As GMOA, we believed that all Political Parties and groups should put aside their personal agenda and should work together to identify short-term, mid-term and long-term solutions and formulate a national program where a constitutional mechanism would be made responsible for the stabilization of the country within a certain time frame and steps would be taken afterwards to hold elections democratically.

Proposals

In that regard, GMOA proposed that statutory solutions should be provided for the following aspects within a specific time frame.

- 1| Ensuring national security and sovereignty and creating an environment in which the rule of law applies equally to all in the country.
- 2| Ensuring the right to life of all people.
- 3| Declaring a minimum standard when appointing public representatives.
- 4| Deprivation of the privileges of public representatives and subjecting them to a mechanism of accountability and responsibility.
- 5| Subjecting the public representatives and political parties to a continuous audit.
- 6| Introducing a mechanism to evaluate the performance of all public representatives including the Cabinet of Ministers.
- 7| Eliminate politicians who are unable or unwilling to perform their duties to the required level of expectations and introduce a specific methodology to compensate for the damage caused.
- 8| Formulating fixed national policies without political interferences for all the fields of the country including the Economy, Health, Safe Food, Trade etc.
- 9| Maintenance of all government institutions without political interferences and ensuring an independent mechanism for appointing government officials.
- 10| Granting priority to local entrepreneurs and enterprises.
- 11| Ensuring and safeguarding fundamental democratic rights including the rights for peaceful protests and freedom of speech.
- 12| Safeguarding public services such as free education and free health service and national resources.

The above proposals were submitted to political and intellectual parties of concern.

ROLE OF GMOA IN BRIEF

"Effective date" of Annual Transfers

"Effective date" of the Annual Transfers was declared in General Circular 01-22/2021 dated 30/09/2021 by the Director General of Health Services on Transfers of Grade Medical Officers, "Effective date of transfers will be from 01st January of the effective year of transfer. If any transfer is differed, the effective date of transfer should still be considered as 01st of January of that year".

1

Extra Ordinary gazette notification 1589/30 dated 20/02/2009 on procedural rules of Public Service Commission on appointment, promotions and transfer of public officers states "All Annual Transfers may be made effective from 01st January. It shall be the responsibility of the Authority with Delegated Power to issue the Annual Transfer orders at least two months before the effective date of Annual Transfers, i.e. before 01st of November."

ID Number for Children

National Identity Card at Birth is a sustainable development goal of providing "Legal Identity for all". This is an important requirement as children of our country will gain significant advantages individually and for family and will also provide benefits to the country in many aspects such as tracing childhood disease patterns.

2

Primary Health Care Service

"PHC is a whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people's needs as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people's everyday environment. -WHO and UNICEF-

3

Post Intern List Publication

GMOA was able to intervene to ensure publication of Post Intern list without unnecessary delay.

4

School Admission for doctor's children

Doctors belong to an all island service with four yearly annual transfers due to service exigencies and hence unable to fulfill the criteria in grade I school admission circular, Therefore, GMOA took up this crucial issue to help our membership.

5

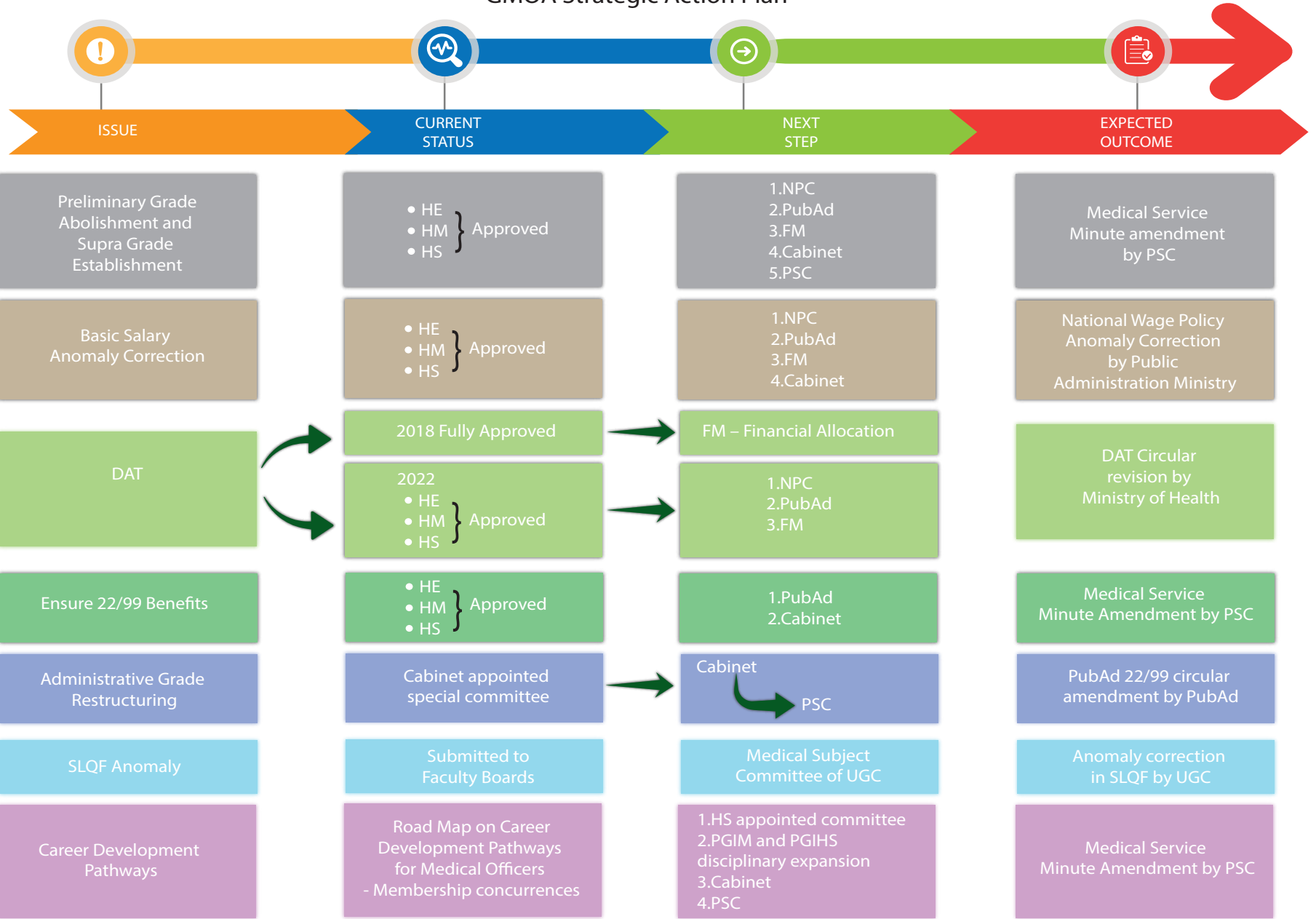
GMOA mediated School admissions for last two years,
2020-120 children
2021-140 children

Doctors Heritage Trust

This is a non profit organization which works to preserve and protect the nature and cultural heritage of Sri Lanka and to increase doctors, public and travelers awareness of the country's historic natural and architectural treasures. The DHT plans to build a good working relationship with other national and heritage trusts worldwide, on an equal footing and mutually rewarding manner.

6

GMOA Strategic Action Plan





8	Quacks Elimination	DDG PHS 1 appointed to convene stakeholders	1.Stakeholder meetings 2.Legal/ AG approval 3.Legislation approval	Multisectoral Task Force establishment and implementation
9	Simplify Research Allowance claiming methodology	<ul style="list-style-type: none"> • HE • HM } Approved • HS Draft Circular submitted	HM approval for Draft Circular	New Research Allowance claiming circular by Health Ministry
10	Strengthening; NMRA Act Food Act NATA Act	<ul style="list-style-type: none"> • HE • HS } Approved DDG PHS I appointed.	Legislative amendments and enactments.	New circular and gazette by Health Ministry.
11	Grade MO Transfer Circular	<ul style="list-style-type: none"> • HE • HS } Approved D/ MS appointed.	Cabinet → PSC	Gazette Grade MO Transfer by PSC/HM
12	Leave for National Revenue Generation	<ul style="list-style-type: none"> • HE • HM } Approved • HS Ministry stakeholders to develop the process	1.NPC 2.PubAd 3.FM	<ul style="list-style-type: none"> • E-Code amendment • PubAd Circulars
13	Clinical Travel Medicine	<ul style="list-style-type: none"> • HE • HM • HS • Education Ministry • UGC 	1.PGIM Curriculum Development 2.UGC 3.CTM Board	Establishment of PG Discipline & Medical Service Minute Amendment
14	MBBS By 22 (6 steps)	<ul style="list-style-type: none"> • HE • Education Ministry 	Education Reform Council → Cabinet	Implementation of 6 steps
15	Revision of Foreign Living Allowance for PG trainees)	<ul style="list-style-type: none"> • HE • Treasury Secretary 	Circular revision by Treasury Operationst	Revision by DG Treasury Operations
16	Doctors' Heritage Trust Healthy Canteen Project for Doctors			

HE- His Excellency, the President; HM – Minister of Health; HS – Health Secretary; FM – Minister of Finance; PubAd – Ministry of Public Administration; NPC – National Pay Commission; PSC – Public Service Commission; DAT – Disturbance, Availability and Transport Allowance; UGC – University Grants Commission; PGIM – Post Graduate Institute of Medicine, Colombo; PGIHS – Postgraduate Institute of Health Sciences, Peradeniya; DDG PHS I – Deputy Director General, Public Health Services; AG – Attorney General; D/ MS – Director, Medical Services; CTM – Clinical Travel Medicine; PG – Postgraduate; DG – Director General



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பிரதம அமைச்சரின் அலுவலகம்
PRIME MINISTER'S OFFICE

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58, ஸ்ரீமத் ஏர்னஸ்ட் ஜி சில்வா மாவாத்த, கொழும்பு 07,
58, Sir Ernest de Silva Mawatha, Colombo 07.
Web : www.pmooffice.gov.lk

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දිනය : 2022.01. 05

සභාපති
රජයේ වෛද්‍ය නිලධාරීන්ගේ සංගමය

රජයේ වෛද්‍ය නිලධාරීන්ගේ සංගමය සමඟ පවත්වනු ලැබූ සාකච්ඡාව

උක්ත කරුණ සම්බන්ධයෙන් ගරු අග්‍රාමාත්‍යතුමාගේ ප්‍රධානත්වයෙන් 2022.01.04 දින පෙ.ව.10.00ට අරලියගහ මන්දිර පරිශ්‍රයේ දී පැවැත් වූ සාකච්ඡාවේ, සාකච්ඡා සටහන ඔබගේ දැන ගැනීම සඳහා කාරුණිකව මේ සමඟ ඔබ වෙත යොමු කරමි.

ඇන්ටන් පෙරේරා
අග්‍රාමාත්‍ය අතිරේක ලේකම් (සංවර්ධන)

පිටපත :
නීතිඥ වමීන්ද කුලරත්න මහතා, අග්‍රාමාත්‍ය අතිරේක ලේකම් (ආයතනික හා විශේෂ කටයුතු) - කා.දැ.ගැ.ස.

J/E/MPM/Health/GMO

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**රජයේ වෛද්‍ය නිලධාරීන්ගේ සංගමය සමඟ
පැවැත් වූ සාකච්ඡාව**

දිනය : 2022.01.04
 ස්ථානය : අරලියගහ මන්දිරය
 වේලාව : පෙරවරු 10.00
 මූලසුන : අග්‍රාමාත්‍ය ගරු මහින්ද රාජපක්ෂ මැතිතුමා

දේශපාලන අධිකාරියේ සහභාගීත්වය

නම	තනතුර / ආයතනය
1. ගරු කෙහෙළිය රමුක්වැල්ල මැතිතුමා	සෞඛ්‍ය අමාත්‍ය

රජයේ නිලධාරීන්ගේ සහභාගීත්වය

අග්‍රාමාත්‍ය කාර්යාලය	
2. ගාමිණී එස් සෙනරත් මහතා	අග්‍රාමාත්‍ය ලේකම්
3. වමින්ද කුලරත්න මහතා	අතිරේක ලේකම් (ආයතනික හා විශේෂ කටයුතු)
4. උදේශ් සෙනවිරත්න මහතා	ජ්‍යෙෂ්ඨ සහකාර ලේකම් (සංවර්ධන අංශය)
5. ප්‍රියංග නානායක්කාර මහතා	ජ්‍යෙෂ්ඨ සහකාර ලේකම් (ආයතනික හා විශේෂ කටයුතු)
6. ෆාතිමා ෆර්සානා මහත්මිය	සහකාර ලේකම්(සංවර්ධන අංශය)

මුදල් අමාත්‍යාංශය	
7. හිරසන්සා කළුනේත්ති මහත්මිය	කළමනාකරණ සේවා අධ්‍යක්ෂ ජනරාල්

සෞඛ්‍ය අමාත්‍යාංශය	
8. විශේෂඥ වෛද්‍ය එස්.එච්.මුණසිංහ මහතා	ලේකම්
9. විශේෂඥ වෛද්‍ය අසේල ගුණවර්ධන මහතා	සෞඛ්‍ය සේවා අධ්‍යක්ෂ ජනරාල්

10.	වෛද්‍ය ටී විජේසූරිය මහතා	නියෝජ්‍ය සෞඛ්‍ය අධ්‍යක්ෂ ජනරාල් වෛද්‍ය සේවා II
11.	අවන්ති කරුණාරත්න මිය	අධ්‍යක්ෂ, සෞඛ්‍ය අමාත්‍යාංශය

රාජ්‍ය සේවා, පළාත් සභා හා පළාත් පාලන අමාත්‍යාංශය		
12.	වන්දනා කුමාරසිංහ මහතා	ආයතන අධ්‍යක්ෂ ජනරාල්

ජාතික වැටුප් කොමිෂන් සභාව		
13.	වන්දුනි සේනාරත්න මහත්මිය	ලේකම්, ජාතික වැටුප් කොමිෂන් සභාව

රජයේ වෛද්‍ය නිලධාරීන්ගේ සංගමය		
14.	විශේෂඥ වෛද්‍ය පී.එස්.එම්.ඒ.බී.පාදෙණිය මහතා	සභාපති
15.	විශේෂඥ වෛද්‍ය වන්දික එපිටකධුල්ල මහතා	උප සභාපති
16.	වෛද්‍ය එම්.ඒ.ජේ.එස්.ප්‍රනාන්දු මහතා	
17.	වෛද්‍ය එච්.එන්.ඩී.සොයිසා මහතා	
18.	වෛද්‍ය ටී වාසන් මහතා	
19.	වෛද්‍ය තෙනුවන් තරංග මහතා	
20.	වෛද්‍ය කසුන් වාමර මහතා	
21.	වෛද්‍ය ප්‍රභාත් සුගතදාස මහතා	
22.	වෛද්‍ය ඉන්දික රත්නායක මහතා	

සාකච්ඡා සම්බන්ධීකරණය		
23.	අමන්දා කරුණාතිලක මහත්මිය	සහකාර ලේකම්
24.	සඳමාලී රාජපක්ෂ මිය	ක.සේ.නී
25.	චම්ල ගල්හේන මහතා	කා.සේ.සේ

	කාරණය/යෝජනාව/තීරණය	වගකීම
	<p>වෛද්‍ය වෘත්තිකයින් මුහුණපා ඇති පරිපාලන ගැටලු කිහිපයක් පිළිබඳ ගරු අග්‍රාමාත්‍යතුමන් සමඟ සාකච්ඡා කිරීම සඳහා රජයේ වෛද්‍ය නිලධාරීන්ගේ සංගමය විසින් සිදු කරනු ලැබූ ඉල්ලීමකට ප්‍රතිචාර වශයෙන් සහ එකී ගැටලු සඳහා සාධනීය විසඳුම් ලබා දීම උදෙසා මෙකී සාකච්ඡාව කැඳවන ලදී.</p> <p>ඒ අනුව රජයේ වෛද්‍ය නිලධාරී සංගමයේ සභාපති විශේෂඥ වෛද්‍ය අනුරුද්ධ පාදෙණිය මහතා වෙත කරුණු ඉදිරිපත් කිරීම සඳහා අවස්ථාව ලබා දෙමින් මෙම සාකච්ඡාව ආරම්භ කරන ලදී.</p> <p>රජයේ වෛද්‍ය නිලධාරී සංගමයේ නිලධාරීන් විසින් ඉදිරිපත් කරන ලද ගැටලු , යෝජනා සහ එකී ගැටලු සඳහා ලබා දුන් තීන්දු තීරණ පහත පරිදි වේ.</p> <p>1.0 වෛද්‍ය මාරු මණ්ඩලවල අනුමැතියකින් තොරව පශ්චාත් සීමාවාසික අනුයුක්ත කිරීම් සිදු කිරීම</p> <p>1.1 රජයේ වෛද්‍ය නිලධාරී සංගමයේ කරුණු පැහැදිලි කිරීම</p> <ul style="list-style-type: none"> • වෛද්‍යවරුන්ගේ පශ්චාත් සීමාවාසික අනුයුක්ත කිරීම් සිදු කිරීමේ දී මෙතෙක් පැවැති ක්‍රමවේදය නම් එකී අනුයුක්ත කිරීමේ මණ්ඩලය තුළ රජයේ වෛද්‍ය නිලධාරීන්ගේ සංගමයේ නියෝජනයක් තිබීම බව විශේෂඥ වෛද්‍ය අනුරුද්ධ පාදෙණිය මහතා විසින් පෙන්වා දෙන ලදී. • එම ක්‍රමවේදය වෙනස් කරමින් රජයේ වෛද්‍ය නිලධාරී සංගමයේ නියෝජනය ඉවත් කිරීමෙන් එකී පත්කිරීම්වල විනිවිදභාවයට අගතියක් සිදු වීම හා සෞඛ්‍ය සේවාවේ සත්‍ය සේවා අවශ්‍යතාවය සපුරාලීමට නොහැකි වීම යන කාරණා ඉස්මතු වීම මත සමස්ත සෞඛ්‍ය සේවාවේ ඵලදායීතාවය හීනවීම තම සංගමය විසින් අනාවරණය කර ගත් මූලික ගැටලුව බව අනුරුද්ධ පාදෙණිය මහතා විසින් පෙන්වා දෙන ලදී. • මෙකී ක්‍රමවේදය වෙනස් කිරීම සෞඛ්‍ය අමාත්‍යාංශය ක්‍රියාත්මක කළ පරිපාලන ක්‍රමවේදයේ දෝෂයන් හේතු වී ඇති බවට, රජයේ වෛද්‍ය නිලධාරීන්ගේ සංගමය විසින් කරුණු ඉදිරිපත් කරන ලදී. 	


<p>1.2</p>	<p>සෞඛ්‍ය අමාත්‍යාංශයේ කරුණු පැහැදිලි කිරීම</p> <ul style="list-style-type: none"> • පශ්චාත් සීමාවාසික අනුයුක්ත කිරීම, මාරු කිරීම කාර්යයක් ලෙස නොව පත්කිරීම් කාර්යයක් බවත්, එය රාජ්‍ය සේවා කොමිෂන් සභාව විසින් ද අර්ථගන්වා ඇති බැවින්, ඒ සඳහා වෘත්තීය සමිති නියෝජනයක් අවශ්‍ය නොවන බව නියෝජ්‍ය සෞඛ්‍ය සේවා අධ්‍යක්ෂ ජනරාල් වෛද්‍ය ජී විජේසූරිය මහතා විසින් කරුණු පැහැදිලි කරන ලදී. • එසේම, පශ්චාත් සීමාවාසික අනුයුක්ත කිරීමේ දී මූලිකව සලකා බලන ප්‍රධාන නිර්ණායකයන් වන්නේ; <ol style="list-style-type: none"> 1. වෛද්‍යවරුන් නොමැති වැසුණු දුෂ්කර ප්‍රදේශයන්වල රෝහල් සහ ග්‍රාමීය සෞඛ්‍ය ආයතන සඳහා අනුයුක්ත කිරීම 2. වෛද්‍යවරුන් නොමැතිව ක්‍රියාත්මක නොවන විශේෂඥ වෛද්‍ය ඒකක සඳහා අනුයුක්ත කිරීම 3. දුෂ්කර ප්‍රදේශවල ඇති රෝහල්වල ස්ථාන මාරු ලැබ එහෙත්, අනුප්‍රාප්තිකයෙකු නොමැතිව නිදහස් වීමට නොහැකි වෛද්‍යවරුන් සිටින රෝහල් සඳහා අනුයුක්ත කිරීම <p>යනුවෙන් පැහැදිලි කරන ලදී.</p> 	
<p>1.3</p>	<p>ආයතන අධ්‍යක්ෂ ජනරාල් වන්දන කුමාරසිංහ මහතාගේ කරුණු පැහැදිලි කිරීම</p> <ul style="list-style-type: none"> • 2009.04.02 සිට රාජ්‍ය සේවයේ පත්කිරීම්, උසස් කිරීම්, හා මාරු කිරීම් පිළිබඳ රාජ්‍ය සේවා කොමිෂන් සභා කාර්යය පටිපාටික රීති බලාත්මක බැවින්, එකී විධිවිධාන යටතේ අදාළ පත් කිරීම් හෝ මාරු කිරීම් සිදු විය යුතු බව දන්වා සිටින ලදී. • දැනට පශ්චාත් සීමාවාසික අනුයුක්ත කිරීමේ දී මූලිකව සලකා බලනු ලබන නිර්ණායකයන්ගෙන් 3 වැන්න, පෙර මාරු මණ්ඩල තීරණයක අවශ්‍යතාව සපුරාලීමක් වන බැවින්, එවැනි අවස්ථාවල දී වෛද්‍ය සේවාවේ කාර්යය භාරය, සේවා අවශ්‍යතාවය සලකා අදාළ විධිවිධාන පිළිබඳව රාජ්‍ය සේවා කොමිෂන් සභාව සමඟ විධිමත් සම්බන්ධීකරණයෙන් වඩාත් නම්‍යශීලී ප්‍රවේශයක් වෙත යාම සුදුසු බව ආයතන අධ්‍යක්ෂ ජනරාල් විසින් පෙන්වා දෙන ලදී. 	

රජයේ වෛද්‍ය නිලධාරීන්ගේ සංගමය සමඟ පැවති සාකච්ඡාව
 ප්‍රධානත්වය - අතිගරු ජනාධිපතිතුමා
 2022 පෙබරවාරි මස 28 වන දින පෙ.ව 11.45ට ජනාධිපති කාර්යාලයේ දී

සාකච්ඡා කළ කරුණු	කීරණ/ ඉදිරි ක්‍රියාමාර්ග	වගකීම
1. රාජ්‍ය අංශයේ වැටුප් හා දීමනා ලබා දීම ක්‍රමවත් කිරීම	1.1 රාජ්‍ය අංශයේ වැටුප් හා දීමනා ලබා දීම ක්‍රමවත් ආකාරයට සිදු කිරීම පිළිබඳව සාකච්ඡා කරන ලද අතර ඒ වෙනුවෙන් පහත යෝජනා ඉදිරිපත් කරන ලදී. <ul style="list-style-type: none"> • අමාත්‍ය මණ්ඩල සංදේශ හෝ අමාත්‍යාංශ විසින් පත් කරනු ලබන කමිටු හරහා වැටුප් සංශෝධනයන් සිදු කිරීම වෙනුවට එම කටයුතු ජාතික වැටුප් කොමිෂන් සභාවේ නිර්දේශ මත පමණක් සිදු කිරීම. • ජාතික වැටුප් ප්‍රතිපත්තිය මත පිහිටා තීරණ ගැනීම. • ජාතික වැටුප් කොමිෂන් සභාව ඒ පිළිබඳ විශේෂඥතාවය හා තාක්ෂණික දැනුම සහිත නිලධාරීන්ගෙන් ශක්තිමත් කිරීම. • දීමනා ලබා දීම වෙනුවෙන් ප්‍රතිපත්තියක් සකස් කිරීම. • සුදුසුකම් මත පදනම් වූ වැටුප් ව්‍යුහයක් වෙනුවට කාර්ය සාධනය මත පදනම් වූ වැටුප් ව්‍යුහයක් නිර්මාණය කිරීම. 1.2 යෝජිත නව වැටුප් ප්‍රතිපත්තිය සැකසීමේදී සමස්ත රාජ්‍ය සේවයේ නියෝජනය වන පරිදි සියළුම පැතිකඩයන් ඔස්සේ නිසි විශ්ලේෂණයක් සිදු කිරීමටත්, ඒ සඳහා නිසි විශේෂඥතාවය සහිත සම්පත් දායකයින් යොදවා ගන්නා ලෙසත් අතිගරු ජනාධිපතිතුමා උපදෙස් ලබා දෙන ලදී.	- ලේකම්, ජාතික වැටුප් කොමිෂන් සභාව
2. විශේෂඥ වෛද්‍යවරුන් හා ශ්‍රේණි වෛද්‍යවරුන්ගේ ශ්‍රේණි උසස් කිරීමේ පටිපාටියේ ඇති විෂමතාවයන් නිවැරදි කරවා ගැනීම	2.1. වෛද්‍යවරුන්ගේ ශ්‍රේණි උසස් කිරීම සම්බන්ධව පැන නැගී ඇති විෂමතාවය නිවැරදි කිරීම වෙනුවෙන්, දැනට පවතින ප්‍රාථමික ශ්‍රේණිය අහෝසි කර නව ශ්‍රේණියක් හඳුන්වා දීම සම්බන්ධයෙන් යෝජනාවක් ඉදිරිපත් කරන ලද අතර මේ සම්බන්ධයෙන් සොයා බලා සුදුසු පියවර ගන්නා ලෙස උපදෙස් ලබා දෙන ලදී.	- ලේකම්, සෞඛ්‍ය අමාත්‍යාංශය - ලේකම්, මුදල් අමාත්‍යාංශය - ආයතන අධ්‍යක්ෂ ජනරාල්
3. උපාධි වයස ප්‍රශස්ත කිරීම	3.1. දැනට ශිෂ්‍යයෙකු උපාධියක් ලබා ගැනීම සඳහා සුදුසුකම් ලැබීම තෙක් පාසැල් අධ්‍යාපනය තුළ වැය කරන කාල සීමාව අවම කිරීම සඳහා සුදුසු ප්‍රතිසංස්කරණ සම්බන්ධයෙන් අධ්‍යාපන අමාත්‍යාංශය විසින් අමාත්‍ය මණ්ඩලය පත්‍රිකාවක් මගින් අ.පො.ස. උ/පෙළ විභාගයෙන් විශ්වවිද්‍යාල ප්‍රවේශය සඳහා වර්තමානයේදී ගතවන කාල සීමාව මාස 9කින් පමණ අඩු කිරීමට අවශ්‍ය ක්‍රමවේද සැකසීමට අවශ්‍ය අනුමැතිය 2021 වර්ෂයේදී හඳුන්වාදී ක්‍රියාත්මක කෙරේ. 3.2 නවද, යෝජිත කාලය අවම කිරීම වෙනුවෙන් 11 ශ්‍රේණිය ඉවත් කිරීමේ ශක්‍යතාවය පිළිබඳව අධ්‍යාපන අමාත්‍යාංශය, අධ්‍යාපන ප්‍රතිසංස්කරණ, විවෘත විශ්වවිද්‍යාල හා දුරස්ථ අධ්‍යාපන ප්‍රවර්ධන රාජ්‍ය අමාත්‍යාංශය, ජාතික අධ්‍යාපන ආයතනය හා විශ්ව විද්‍යාල ප්‍රතිපාදන කොමිෂන් සභාව සමඟ සාකච්ඡාවක් පැවැත්විය යුතු බවට අතිගරු ජනාධිපතිතුමා විසින් උපදෙස් ලබා දෙන ලදී.	- ලේකම්, අධ්‍යාපන අමාත්‍යාංශය - ලේකම්, අධ්‍යාපන ප්‍රතිසංස්කරණ, විවෘත විශ්ව විද්‍යාල හා දුරස්ථ අධ්‍යාපන ප්‍රවර්ධන රාජ්‍ය අමාත්‍යාංශය

	සාකච්ඡා කළ කරුණු	තීරණ/ ඉදිරි ක්‍රියාමාර්ග	වගකීම
4.	රා.ප.වනුලේඛ 22/99 පරිදි සියලු ශ්‍රේණිවල වෛද්‍යවරුන් සඳහා ප්‍රවාහන දීමනාව ලබා දීම හා වෛද්‍යවරුන් සඳහා දැනට ලබා දෙන DAT දීමනාව සංශෝධනය කිරීම	4.1.මෙම යෝජනාව සම්බන්ධයෙන් පරීක්ෂා කර බලා සුදුසු ඉදිරි පියවර ගැනීමට කටයුතු කරන ලෙස අතිගරු ජනාධිපතිතුමා විසින් උපදෙස් ලබා දෙන ලදී.	<ul style="list-style-type: none"> - ලේකම්, මුදල් අමාත්‍යාංශය - ලේකම්, සෞඛ්‍ය අමාත්‍යාංශය - ලේකම්, ජාතික වැටුප් කොමිෂන් සභාව - ආයතන අධ්‍යක්ෂ ජනරාල්
5.	පර්යේෂණ දීමනාව	5.1 දැනට වෛද්‍යවරුන් සඳහා යෝජිත පර්යේෂණ දීමනාව ලබා දීමේ හැකියාව සඳහා විශ්වවිද්‍යාල ප්‍රතිපාදන කොමිෂන් සභාව සහ සෞඛ්‍ය අමාත්‍යාංශය එක්ව සුදුසු ක්‍රමවේදයක් සකස් කිරීමට එකඟ විය.	<ul style="list-style-type: none"> - ලේකම්, සෞඛ්‍ය අමාත්‍යාංශය - සභාපති, විශ්ව විද්‍යාල ප්‍රතිපාදන කොමිෂන් සභාව
6.	වෛද්‍යවරුන්හට පශ්චාත් අධ්‍යාපනය ලබා ගැනීමට ඇති අවස්ථා වැඩි කිරීම	<p>6.1 වෛද්‍යවරුන් සඳහා ලබා දෙන පශ්චාත් උපාධි අවස්ථා වැඩි කර දෙන ලෙස හා සායනික සංවරණ වෛද්‍ය විද්‍යාව පිළිබඳ පුහුණු පාඨමාලා හඳුන්වා දීමට අවශ්‍ය පියවර ගන්නා ලෙස ඉල්ලීමක් ඉදිරිපත් කරන ලදී.</p> <p>6.2 සායනික සංවරණ වෛද්‍ය විද්‍යාව පිළිබඳ පුහුණු පාඨමාලාව මෙම විෂය සම්බන්ධයෙන් සොයා බලා ඉදිරි කටයුතු කිරීමට අවශ්‍ය ක්‍රියාමාර්ග ගන්නා ලෙස සෞඛ්‍ය අමාත්‍යාංශයේ ලේකම්වරන්, විශ්ව විද්‍යාල ප්‍රතිපාදන කොමිෂන් සභාවේ සභාපතිවරන් දැනුම් දෙන ලදී.</p>	<ul style="list-style-type: none"> - ලේකම්, සෞඛ්‍ය අමාත්‍යාංශය - සභාපති, විශ්ව විද්‍යාල ප්‍රතිපාදන කොමිෂන් සභාව
7.	දැනුම මත පදනම් වූ ආර්ථිකයක් ඇති කිරීම අරමුණු කර ගනිමින් සෞඛ්‍ය සේවයේ මානව සම්පත් යොදා ගැනීම හරහා ආදායම් උත්පාදනය කිරීම.	7.1.මේ සම්බන්ධව පෞද්ගලික අංශයේ හෝ විදේශයන්හි සේවය කිරීම සඳහා දැනට විශ්වවිද්‍යාල ආචාර්යවරුන්ට ලබා දෙන සජන වාර්ෂික නිවාඩු (Sabbatical Leave) ආකාරයේ නිවාඩු ක්‍රමයක් හෝ වර්ෂ කිහිපයක නිවාඩුවක් ලබා දිය හැකිද යන්න සොයා බැලිය යුතුය. මෙහි ශක්‍යතාවය, ලබා දිය හැකි කාණ්ඩයන් හා ක්‍රියාත්මක කරන ආකාරය සොයා බලන ලෙස අතිගරු ජනාධිපතිතුමා විසින් දැනුම් දෙන ලදී.	<ul style="list-style-type: none"> - ලේකම්, සෞඛ්‍ය අමාත්‍යාංශය
8.	වෛද්‍යවරුන්ගේ දෙවන භාෂා ප්‍රවීණතාවය ලබා ගැනීම වෙනුවෙන් අඛණ්ඩව පුහුණු වැඩසටහන් සඳහා යොමු කිරීම.	<p>8.1.මෙම පුහුණුව සිදුකරන පුහුණු ආයතනය වෙත අවශ්‍ය ප්‍රතිපාදන ලබා දීමේ ගැටළුවක් පවතී නම් ඒ සඳහා සුදුසු වෙනත් ගොඩනැගිලි පරිශ්‍රයක් ලබාගැනීමට ඉල්ලීමක් ඉදිරිපත් වූ අතර, අවසාන MBBS විභාගය හා ප්‍රතිඵල ලැබෙන කාලය තුළ මේ සඳහා යොමු කිරීමට හැකිනම් වඩාත් ඵලදායී බවද සාකච්ඡා විය.</p> <p>8.2.මේ සම්බන්ධයෙන් සෞඛ්‍ය අමාත්‍යාංශය, විශ්වවිද්‍යාල ප්‍රතිපාදන කොමිෂන් සභාව, මුදල් අමාත්‍යාංශය හා රාජ්‍ය භාෂා දෙපාර්තමේන්තුව අතර සාකච්ඡා කර සුදුසු පියවර ගන්නා ලෙස අතිගරු ජනාධිපතිතුමා විසින් උපදෙස් දෙන ලදී.</p>	<ul style="list-style-type: none"> - ලේකම්, සෞඛ්‍ය අමාත්‍යාංශය - ලේකම්, මුදල් අමාත්‍යාංශය - සභාපති, විශ්ව විද්‍යාල ප්‍රතිපාදන කොමිෂන් සභාව - කොමසාරිස් ජනරාල්, රාජ්‍ය භාෂා දෙපාර්තමේන්තුව

	සාකච්ඡා කළ කරුණු	තීරණ/ ඉදිරි ක්‍රියාමාර්ග	වගකීම
9.	වයඹ විශ්වවිද්‍යාල පිළිබඳ ගැටළුව	<p>9.1. කුලියාපිටිය ශික්ෂණ රෝහල වෛද්‍ය ශිෂ්‍යයන්ගේ පුහුණුවීම් සඳහා ප්‍රමාණවත් නොවන නිසා මෙවන විට කුරුණෑගල රෝහල ශික්ෂණ රෝහලක් බවට පත් කර ඇතත්, වෛද්‍ය පීඨය හා ශික්ෂණ රෝහල අතර ගමනාගමනය අපහසු වීම නිසා ප්‍රායෝගික ගැටලු මතු වී ඇති බැවින් වෛද්‍ය පීඨය කුරුණෑගල රෝහල ආසන්නයේ යෝජිත ස්ථානයක ස්ථාපනය කිරීමට යෝජනා විය.</p> <p>9.2. නමුත් මේ වන විට වයඹ විශ්වවිද්‍යාලයේ වෛද්‍ය පීඨය සඳහා රු බිලියන 3.5 ක පමණ මුදලක් ආයෝජනය කර ඉදිකිරීම් සිදු කර ඇති බව විශ්වවිද්‍යාල ප්‍රතිපාදන කොමිෂන් සභාවේ සභාපති විසින් දන්වන ලදී.</p> <p>9.3. විශ්වවිද්‍යාල ප්‍රතිපාදන කොමිෂන් සභාව මේ සම්බන්ධයෙන් කමිටුවක් හරහා ගැඹුරින් අධ්‍යයනය කොට සුදුසු තීරණ වලට එළඹිය යුතු බවට අතිගරු ජනාධිපතිතුමා විසින් උපදෙස් ලබා දෙන ලදී.</p>	<p>- ලේකම්, සෞඛ්‍ය අමාත්‍යාංශය</p> <p>- සභාපති, විශ්ව විද්‍යාල ප්‍රතිපාදන කොමිෂන් සභාව</p>


 වන්දිමා වික්‍රමසිංහ
 ජනාධිපති අතිරේක ලේකම්
 ජනාධිපති ලේකම් වෙනුවට
 2022.03.07

සහභාගීත්ව නාම ලේඛනය

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|------------------------------------|---|
| 1. ගරු කෙහෙලිය රඹුක්වැල්ල මැතිතුමා | ගරු සෞඛ්‍ය අමාත්‍ය |
| 2. ගාමිණී සෙනරත් මහතා | ජනාධිපති ලේකම් |
| 3. එස් ආර් ආටිගල මහතා | ලේකම්, මුදල් අමාත්‍යාංශය |
| 4. මේජර් ජනරාල් සංජීව මුණසිංහ මහතා | ලේකම්, සෞඛ්‍ය අමාත්‍යාංශය |
| 5. මහාචාර්ය කපිල පෙරේරා මහතා | ලේකම්, අධ්‍යාපන අමාත්‍යාංශය |
| 6. මහාචාර්ය සම්පත් අමරතුංග මහතා | සභාපති, විශ්වවිද්‍යාල ප්‍රතිපාදන කොමිෂන් සභාව |
| 7. වන්දුනි සේනාරත්න මහත්මිය | ලේකම්, ජාතික වැටුප් කොමිෂන් සභාව |
| 8. සුඛ නිලුක්ෂාන් මහතා | අයවැය අධ්‍යක්ෂ ජනරාල්, මුදල් අමාත්‍යාංශය |
| 9. හිරංසා කළුමනේ මහත්මිය | කළමනාකරණ සේවා අධ්‍යක්ෂ ජනරාල්, මුදල් අමාත්‍යාංශය |
| 10. වෛද්‍ය අසේල ගුණවර්ධන මහතා | සෞඛ්‍ය සේවා අධ්‍යක්ෂ ජනරාල්, සෞඛ්‍ය අමාත්‍යාංශය |
| 11. ධම්මිකා වික්‍රමසේකර මහත්මිය | ප්‍රධාන මූල්‍ය නිලධාරී, සෞඛ්‍ය අමාත්‍යාංශය |
| 12. වෛද්‍ය සුදන් ධර්මරත්න මහතා | නියෝජ්‍ය අධ්‍යක්ෂ ජනරාල් (වෛද්‍ය සේවා), සෞඛ්‍ය අමාත්‍යාංශය |
| 13. වෛද්‍ය ජී විජේසූරිය මහතා | නියෝජ්‍ය අධ්‍යක්ෂ ජනරාල් (වෛද්‍ය සේවා), සෞඛ්‍ය අමාත්‍යාංශය |
| 14. වෛද්‍ය හේමන්ත හේරත් මහතා | නියෝජ්‍ය අධ්‍යක්ෂ ජනරාල් (අධ්‍යාපන පුහුණු හා පර්යේෂණ), සෞඛ්‍ය අමාත්‍යාංශය |
| 15. ආර් පී කේ එන් අලගල්ල මහතා | අධ්‍යක්ෂ (ආයතන), රාජ්‍ය සේවා, පළාත් සභා හා පළාත් පාලන අමාත්‍යාංශය |

රජයේ වෛද්‍ය නිලධාරීන්ගේ සංගමයේ නියෝජිතයින්

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| 16. වෛද්‍ය පී එස් එම් ඒ බී පාදෙනිය මහතා | නියෝජිත |
| 17. වෛද්‍ය එම් ඒ ජේ එස් ප්‍රනාන්දු මහතා | නියෝජිත |
| 18. වෛද්‍ය එච් එන් ඩී සොයිසා මහතා | නියෝජිත |
| 19. වෛද්‍ය ටී වාසන් මහතා | නියෝජිත |
| 20. වෛද්‍ය තෙනුවන් තරංග මහතා | නියෝජිත |
| 21. වෛද්‍ය පරාක්‍රම වර්ණසූරිය මහතා | නියෝජිත |
| 22. වෛද්‍ය ප්‍රභාත් සුගතදාස මහතා | නියෝජිත |
| 23. වෛද්‍ය ඉන්දික රත්නායක මහතා | නියෝජිත |
| 24. වෛද්‍ය ප්‍රසාද් කොළඹගේ මහතා | නියෝජිත |
| 25. වෛද්‍ය හත්සමාල් වීරසිංහ මහතා | නියෝජිත |
| 26. වෛද්‍ය කසුන් වාමර මහතා | නියෝජිත |
| 27. වෛද්‍ය ප්‍රසාද් හේරත් මහතා | නියෝජිත |
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| 29. චන්දිමා වික්‍රමසිංහ මෙය | ජනාධිපති අතිරේක ලේකම් |
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| 33. සමීත දයාසේකර මහතා | ජනාධිපති සහකාර ලේකම් |

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சுகாதார அமைச்சு

Ministry of Health

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உமது இல)
Your No.)

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திகதி) 06.2022
Date)

Secretary
GMOA

Minutes of the Meeting with the GMOA on 06th June 2022 at 11.00 am

Herewith I am forwarding the Minutes of the meeting held on 06.06.2022 at Secretary's Office, Ministry of Health for your information and necessary action accordingly.

Dr Sunil De Alwis
Additional Secretary (Medical Services)

Dr. Sunil De Alwis
Consultant in Medical Administration
Additional Secretary (Medical Services)
Ministry of Health
"Suwasiripaya"
385, Rev. Baddegama Wimalawansa Thero Mawatha,
Colombo 10.


Minutes of the meeting with Secretary of Health and GMOA held on 6th June 2022 at MoH.

Participants

No	Name	Designation
1	S Janaka Sri Chandraguptha	Secretary of Health
2	Dr Sunil De Alwis	Additional Secretary Medical Services
3	Dr Lakshmi Somathunga	Additional secretary Public Health Services
4	Dr Lal Panapitiya	DDG MS I
5	Dr S M Arnold	DDG PHS I
6	Dr Ayanthi karunarathne	D / MS
7	Dr Chandika Epitakaduwa	GMOA
8	Dr Senal Fernando	GMOA
9	Dr Prasad kolabage	GMOA
10	Dr Naveen De Soyza	GMOA
11	Dr Prasad Kumara	GMOA
12	Dr Chamil Wijesinghe	GMOA
13	Dr Prabath Sugathadasa	GMOA
14	Dr Chandana Dharmarathna	GMOA
15	Dr Thenuwan Wickransinghe	GMOA

The meeting was chaired by S Janaka Sri Chandraguptha / Secretary of Health. The matters discussed, the decisions taken and the actions agreed upon at the meeting as follows:

	Topic	Discussion	Decision	Responsibility
01	Health Sector Salary cutdown and impending disaster	Dr Senal Fernando explained the issues created by the arbitrary letter issued by the Chief Finance Officer to curtail allowances of doctors. Further, he emphasized that although the arrears payments have been done, there is no uniformity in implementing decisions taken at the meeting with Health Minister.	Secretary of Health (SH) assured that there will be no restriction of services, salaries or allocations of health staff. Also, agreed to issue appropriate instructions to all heads of institutions not to curtail any allowance of doctors. SH informed that GMOA complaint against CFO1 has been forwarded to Senior Asst Secretary (Flying squad)	CFO- I Senior Asst. Secretary (Flying squad)


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02	Proposal on Grade Promotion procedure of Specialist Medical Officers and Grade Medical Officers.	GMOA explained the importance of implementing the following proposals. * Conceptual Proposal to Rectify Public Sector Basic Salary Anomaly * Grade/Special Grade Medical Officers' Grade Promotion Procedure * Disturbance, Availability and Transport (DAT) Allowance Revision - 2022 GMOA requested to forward them with the recommendations of SH	Secretary of Health instructed DDG MS - I to review the proposals and send him with observations to recommend and forward to salary and cadre commission within 1 week.	DDG MS - I
03	Issues related to Native Language Training Programme	Dr Senal Fernando and Dr Prasad Colabage explained the importance of native language program and the issue with financial allocations. Also, GMOA proposes that the living cost during the program could be born by the relevant participants.	SH agreed that the program should be continued and instructed Additional Secretary PHS to rectify the issue of financial allocations and Addl Sec MS to follow up.	Addl Sec PHS Addl Sec MS
04	Drug shortage in the country and enactment of MOH authority within the drug act..	GMOA emphasized the necessity of MOH and AMOH authority within the NMRA act, food act and NATA act. Also, it was explained how it will rectify the issue of drug shortage in the country.	SH instructed Additional Secretary PHS and DDG PHS -I to look into the matter within one week and bring in needed amendments to the NMRA act, Food Act and NATA Act to enact the PD/RD/MOH & AMOH authority.	Addl Sec PHS DDG PHS 1
05	Restructuring of Medical Administrative Grade	Dr Senal Fernando and Dr Naveen Soyza explained the arbitrary gazette notification issued to restructure the medical administrative grade disregarding the fact that a committee has been appointed through a cabinet decision to bring in recommendations. GMOA also explained the inefficiency of the legal department of the ministry which paved the way for the above gazette notification. Addl Sec PHS said, it was noticed that the relevant stakeholders were not consulted regarding the above matter.	Committee report still pending. SH instructed the Additional Secretary MS to do the needful to obtain the final report of the said committee by 30th June 2022 and assured until that no alteration in the medical administrative structure will be carried out	Addl Sec MS DDG MS-I
06	Organogram for Ministry of Health	GMOA explained that there are reliable information regarding alteration of the organogram of the ministry and no stakeholder was consulted in this regard.	It is agreed that any such alteration will not be carried out without stakeholder consultation.	Addl sec MS Addl Sec PHS DGHS DDG Planning

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07	Anomaly correction of Pub Ad 22/99 circular	GMOA explained that despite being agreed at the meeting with His Excellency, Prime Minister and Minister of Health still the process of incorporating medical officers into the 22/99 circular has not been implemented. Full set of documents in this regard was handed over to the SH.	SH instructed officials to forward the documents with recommendations to the Ministry of Public Administration for further actions within a period of 1 week.	Addl Sec Medical Services Addl Sec Admin I CFO I
08	Simplify the research allowance claiming procedure	Dr Senal Fernando explained the hardship doctors faced to claim their research allowance due to the inconvenient procedure adopted by the Ministry of Health. Also it was explained that the UGC chairman agreed to introduce the university system of research approval and claiming to the Ministry of Health during the meeting held with His Excellency the President . Draft circular in this regard was handed over SH.	SH agreed and appointed a committee chaired by SH to formulate a methodology to introduce a similar system as universities to approve the research that will promote the research culture among doctors. Committee members - SH, Additional Secretary Medical Services, DDG ET and R, Representative from GMOA	Addl Sec MS DDG ET and R Representative from GMOA
09	Establishment of Clinical Travel Medicine discipline under PGIM	GMOA explained the importance of initiating a new post graduate discipline of Clinical Travel Medicine which is a foreign revenue generating avenue. Also, it emphasized the continuous delay in the process. DDG MS - I said the relevant letter to Director PGIM has been already sent and next step is to discuss the matter with Director PGIM	SH instructed to discuss the matter with Director PGIM, within 1 week and expedite the process of starting clinical travel medicine as a new Post Graduate discipline	DDG MS - I Director PGIM
10	Arbitrator attempts to introduce a new food safety policy	GMOA said that there is reliable information that the ministry of health has taken steps to amend the food act without stakeholder consultation. Additional Secretary PHS said that there is no move to amend the food act, but a process to establish a national food authority with a view of quality accreditation is underway, coordinated by National Quality Infrastructure Committee at Export Development Board.	SH instructed Addl Sec PHS to discuss the matter with Director EOH & FS and inform the GMOA regarding the process.	Addl Sec PHS Director EOH & FS
11	Knowledge Economy contribution and Sabbatical Leave	GMOA explained the importance of Knowledge Economy concept and the potential revenue generation capacity through the sabbatical leave process. Ad Sec Medical Services said that a technical report in this regard has been prepared and the next step is to discuss the matter with stakeholders.	Addl. Sec, MS informed that a stakeholder meeting is scheduled on 08/06/2022	Addl Sec MS GMOA AMS

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12	Quacks Elimination mechanism	GMOA pointed out the importance of elimination of quacks and the need for a comprehensive stakeholder meeting in this regard.	SH instructed DDG PHS - I to convene a comprehensive stakeholder meeting at the earliest possible.	DGHS DDG PHS - I
13	Upgrading Medical Officers Transfer Circular to a Gazette Notification.	GMOA mentioned the necessity of upgrading Grade MO transfer circular into a gazette which will ensure swift and timely transfer process in future. Director MS mentioned that a draft document in this regard has been prepared and inputs of SH and DGHS has been taken.	SH instructed Director MS to convene a transfer board meeting to finalize the process within 2 weeks.	DGHS Director MS GMOA
14	SLMC Election regulation enactment	GMOA pointed out that the process of enactment of SLMC election regulations is at its final steps and the legal department of the Ministry of Health should re-gazette it.	SH instructed DDG PHS - I to look into the matter and expedite the process.	DDG PHS - I CLO
15	Any Other Matters	<p>i) GMOA mentioned that Extra Duty payment for the period of 12-2pm for doctors placed in the Ministry of Health and the Medi House building has been stopped by the ministry without any valid reason. Ad Sec PHS said that it is unfair not to pay for that period.</p> <p>ii) GMOA emphasized the inefficiency and hatred behavior of Act DDG MS 2 towards doctors. GMOA gave the evidence that Act DDG MS2 has not paid the due salary of a doctor who is reattached as per the SH instructions for a period of 3 months. Also Act DDG MS2 has asked for an audit query for a doctor who has been paid by the NHSL who is in a legal reattachment post.</p>	<p>SH instructed Addl Sec PHS to send the recommendations by 08/06/2022 to rectify the issue.</p> <p>SH instructed Addl Sec MS to immediately look into the matter and pay the arrears salary of said officer.</p>	<p>Addl Sec PHS</p> <p>Addl Sec MS DGHS</p>


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G.M.O.A

GOVERNMENT MEDICAL OFFICERS' ASSOCIATION

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