

Delay in the Service Confirmation of Selected Groups of Workers in the Government Health Service of Sri Lanka

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Abstract

Objective

To describe the delay in service confirmation and to implement an intervention to improve timely confirmation for selected categories of employees, Regional Directorate of Health Services (RDHS), Hambantota, Sri Lanka.

Methods

Nursing Officers (NOs) and Health Service Assistants (HAS) were identified as the most affected by the delay. The documents needed for the promotion, delays experienced by already permanent employees (Group A) and post-probationers awaiting promotion (Group B) were described.

An intervention was developed to enhance submitting documents and evaluation were done in phase 2 and 3 respectively.

Results

NOs and HSA in group A experienced mean delays of 83.1 weeks (SD 27.3) and 136.1 weeks (SD 75.6) with significant difference. Trend was similar in group B. Initiation of activities needed for promotion by RDHS has taken 170.2 (SD 8.7) weeks for NOO and 173.9 (SD 37.4) weeks for HSA in group B. HSA were less compliant in submitting documents. Heads of Institutions (HOI) showed delays in submitting annual reports.

The intervention resulted in receiving all documents to be submitted by employees, and significant increase in receiving annual reports of HoI which increased from 52.0 % to 74.0%. Recommendation of personal files of HSA for the promotion by Regional Director Hambantota (RDH) was increased ($p < 0.01$, from 04% to 40%). Usage of the checklist to update personal files improved significantly from 0.9% to 71.2% ($p < 0.01$).

Conclusion

The delays in promotion has affected all selected employees in RDHS, Hambantota. It has to be improved by regular supervision of processing of required documents, and by early initiation of the process of promotion.

Key Words: Probation, Delay, Employees in Regional Health Service

Introduction

Every new employee recruiting to the government service of Sri Lanka has to undergo 3 year period of probation. It is a stretch of time during which a new employee receives extra supervision and coaching, either to learn the job and to turn around performance problems (1) (2) (3). Probation has been devised with deliberate objectives. Setting expected behaviours of employee, creating a period to discipline and to attain satisfactory competencies with less stringent legal restrictions on employer are the keys (2) (4). Loh (5) has produced beneficial evidences for employee by proving probation induced self-selection of employments by new entrants. Employees on probation accumulate no seniority and do not enjoy all rights mentioned in service minutes of the service. Rights include protection from unexpected layoffs, unwanted transfers, and access to

pension plans. Employers generally have greater discretion and freedom to discharge employees during probationary periods (5).

Period of probation is predetermined in posts of Government of Sri Lanka (GOSL). Shop and Office Employees (Regulation of Employment and Remuneration) Act of Sri Lanka, 1954 and Employment of Trainees (Private sector) Act of Sri Lanka have not mentioned any specific period of probation for the private sector employees (6) leaving it to the discretion of individual entrepreneur.

Although the gravity of probation has to be well comprehended by the employees, it seems that the things have been taken for granted in the government service. Head of Institution (HoI) of employee is empowered to impose GOSL regulations. Observations and judgemental inferences of HoI were requested to enter in the annual reports of the probationer (1). Any complacency in supervision creates less productive skill gathering and development of deviant behaviours.

Employees in Sri Lanka government health service could work either under the Ministry of Health (MoH) or under the Provincial Ministries of Health (PMoH) according to the provisions of 13th amendment of Sri Lanka's constitution (7) (8). The Provincial Public Service Commission is the Employer for employees under the PMoH. PMoH executes its power through the Provincial Secretary, Provincial Directorate (PDHS) and the Regional Directorate. There are two or more regional directorates under each provincial directorate. Regional Director (RD) is the technical and administrative head of the district.

All provincial appointing authorities are abide by the establishment code's appendix number 4, issuing letter of appointment (1). Appointing to the permanent status, a government employee's basic right is certified by this regulation (3). Since completing of probation, any employee strives to achieve promotion to the permanent status. Employer must form a definite opinion on extension or termination of probation within the stipulated timeframe of probation, as a delay in promotion means probationer continues to be a probationer (9).

Health services of Hambantota, Sri Lanka (a district in the southern province) is administrated under the regional Director of Health Services, Hambantota (RDH). There are 67 health institutions including three Base Hospitals (BH), 17 divisional hospitals and 12 Medical Officer of Health (MOH) areas. BH is a hospital provides services of consultant medical officers and MOH is responsible for the public health activities.

RDH has noted receiving frequent complains on long delays experienced by Health Service Assistants (HSAs) in appointing them to permanent status. A preliminary survey to examine it using a random sample of 79 personal files of employees already appointed to permanent status was done to verify the complaint with the support of the RDH. Delay is defined as the time period between the date of completing the period of probation and the date of appointing to the permanent status (9).

Table 1.1: Delay (weeks) experienced by a random sample of employees in promotion to permanent status (n=79)

Employee group	Number	Mean Delay(weeks)	Range(weeks)
Nurses (NOs)	11	71	7-132
Management Assistants (MAs)	8	41	31-81
Drivers	06	51	39-79
Medical Laboratory Technicians (MLTs)	08	49	39-71
Health Service Assistants	46	121	80-401

NOs and HSAs have experienced the longest mean delays. The reasons for delay could not be explained adequately when discussed the matter with Administrative Officer (AO) and the relevant management assistants (MAs) at RDH. Hence studying contributory factors leading to the delay from the perspectives of all stake holders in the process was considered as a justifiable exercise.

RDH is responsible to supervise the employees under probation and for major part of the process in appointing them to permanent status. In addition there is an compulsory administrative need to streamline the process of timely preparation of necessary documents to decide the eligibility of appointing employees to permanent status.

Objective

To describe the delay in service confirmation and to implement an intervention to improve timely confirmation for selected categories of employees, Regional Directorate of Health Services (RDHS), Hambantota, Sri Lanka.

Materials And Methods

This was an interventional research project which was conducted in 3 phases.

Phase 1 Described the delay experienced by the selected groups of employees in RDHS Hambantota. Employees who completed probation on or before 01.11.2019 were identified as a group, and duration of delay and causes for delay were described for the selected groups.

Phase 2 Developed and implemented an intervention to appoint employees who were awaiting promotion to permanent status after completing probation on or before 01.11.2020.

Phase 3 Assessed the effectiveness of the interventions in facilitating appointment of employees.

All nursing officers (n = 256) and Health Service Assistants (n = 330) who were under the RDHS Hambantota were selected as the project population. Employees whose personal files were available at RDHS Hambantota during phase 1 of the study were included and those transferred out of the district during the study period were excluded. Key Informant Interviews (KII) with officers who were handling the process of promoting to permanent status and desk reviewing of personal files of the study population were done in the phase 1 to describe the the delay. The study population was categorized into 3 groups using 01.11.2019 as a land mark. Characteristics of each group and delay were described.

Group A - Employees who were already appointed to the permanent status on or before 01.11.2019

Group B - Employees who were awaiting appointment to permanent status after completing probation on or before 01.11.2019

Group C - Employees who were under probation on 01.11.2019

A Self-Administered Questionnaire was developed to assess the group B employees' awareness and behaviour regarding the process of promotion to the permanent status. It was send by post to each employee. The purpose of the SAQ was explained in an information sheet attached to it. Receiving SAQ by the employee was verified by contacting them over the phone.

In phase 2, an intervention was designed to complete the unavailable documents which have led to the delay. It included a checklist to update document availability in personal files, developing a communication network for employees in Group B using the postal addresses and the contact numbers of each employee in group B, Acknowledging Group B on the reasons for delay and developing a guide titled '**Document Preparation Guide for Appointing Health Care Workers to Permanent Status**'. The guide was sent to each Head of the health institutions under the RDHS, Hambantota to refresh awareness on the preparation of documents needed for the promotion.

The Ethics Review Committee of the Post Graduate Institute of Medicine, University of Colombo, Sri Lanka granted ethical permission (No. ERC/PGIM/2019/184 on 08th November 2019).

Results

KII revealed errors or delay in following documents and/or procedures as reasons for the delay

- Letter of assuming duties
- Non updating history sheet
- General 160 and 278
- Non providing annual reports on time
- Declaration according to 6th amendment of the constitution of Sri Lanka
- Certifying authenticity of educational certificates

The study population was categorized in to 3 gorups. Table 4.1 displays it.

Table 4.1: Categorization of employees in the sample

Category	Number of NOs	Number of HSAs
Group A:	160	182
Group B:	05	50
Group C:	67	97
Total	232	329

Delays experienced by employees (Table 4.2)

Table 4.2: Delay experienced by Group A in promoting to permanent status (weeks)

Statistical variable	NOs-Group A (n =160)	HSAs-Group A (n=182)
Mean	83.14	136.11
Std. Deviation	27.32	75.61
Median	78.00	112.00
Mode	76.00	76.00
IQR	67 – 97	86.75 – 176.25

IQR=Inter Quartile Range

Comparison of distribution of delays experienced by NOs and HSAs for Skewness and Kurtosis using Shapiro-Wilk test, was significant ($p < 0.001$). Hence Mann Whitney U test was used for comparison of differences between the two groups.

Table 4.3: Comparison of distributions of delays in group A

Delay	NOs (n=160)				HSAs (n=182)				Sig.
	Mean	SD	Media n	IQR	Mean	SD	Media n	IQR	
Delay in weeks	83.1	27.3	78.0	67 - 97	136.1	75.6	112.0	86.8 – 176.3	Z=8.19 $p < 0.001^*$

*Mann Whitney U test was used (non - parametric test), SD= Standard Deviation, IQR=Inter Quartile Range

There was a significantly difference in the delay between two employ groups in Group A ($p < 0.001$).

Table 4.4: Comparison of delay experienced by employees in group B

Parameters	Nurses (n=05)	HSAs (n=50)

	Mean	SD	Median	IQR	Mean	SD	Median	IQR
Delay in weeks	111.4	31.3	112.0	80 – 142.5	119.4	85.9	106.5	52.0 – 160.5

A pattern of delay similar to that of group A was observed in group B. A Significant test wasn't performed as only five NOs were in the Group B. IQR for delay was 67 – 97 and 52 – 160.5 weeks for NOs and HSAs respectively.

Table 4. 5: Behaviour of employees expecting promotion and their awareness on delay in the process of promotion

Factor	Incidence	
	Number	%
Awareness		
On the date ending probation	34	82.9
On the date to be promoted to the permanent status	27	65.2
Behaviors		
Ever visiting RDHS to seek information on delay	34	82.9
Number underwent disciplinary procedures	01	2.4
Change of working station during probation	09	21.9
Failure to produce educational certificates	05	12
Failure to produce either letter of appointment or medical or birth certificate	03	07.0
Experience of ever receiving requests to submit missing documents	12	29.2
Number satisfied with the process of promotion (Number of employees responded = 21)	04	07.2

There were 41 (74.5%) answered SAQs received by the post and 82.9% were aware of the date ending the probation. Equal percentage has ever visited RDHS to inquire about their promotion. 21.9% who received requests from RDHS, Hambantota proved active involvement of MAs in promotional process.

Delay in certifying authenticity of educational certificates

Department of Examinations has taken comparatively almost a year to certify certificates (Table 4.6). IQRs of both groups were overlapping on each other while hovering around one year period.

Table 4.6: Period (weeks) taken to check the authenticity of the educational certificates

Employee Group B	Institution	Mean	SD	Median	IQR
NOs (n=05)	Department of Examinations	56.00	8.54	60.00	47 - 63
HSAs (n=37)*	Department of Examinations	54.22	20.08	54.00	43.50 – 67.00
HSAs (n=4)*	Zonal Education Office	154.00	98.09	108.00	99-301

(*There were 9 personal files without evidence)

Evidence on duration taken by RDHS to initiate checking the documents of new employee

Table 4.7 describes the period taken to send requests to check the authenticity of educational certificates. IQR for both groups indicate starting procedures very late in the post probationary period of employees.

Table 4.7: Period (weeks) taken to initiate checking documents by RDHS Group B

Employee Group B	Mean	SD	Median	IQR
NOs (n=05)	170.20	8.70	170.00	162 - 178
HSAs (n=41)*	173.98	37.49	167.00	151 - 190

(*There were 9 personal files without any evidence)

Submission of documents by employee

Among Group B, there were only two NOs' files without one document which was corrected promptly (Table 4.8).

Table 4.8: Improvement of availability of documents produced by Group B NOs (n=5)

Documents	Pre-Intervention		Post-Intervention		Significance
	No	%	No.	%	
Letter of appointment	5	100.0	5	100.0	NA
Birth Certificate	5	100.0	5	100.0	NA
National Identity Card	5	100.0	5	100.0	NA
Agreement - General 160	5	100.0	5	100.0	NA
Oath - General 278	5	100.0	5	100.0	NA
Oath - 6 th amendment of constitution	3	60.0	5	100.0	Z=1.58 p=0.11 *
Medical Certificate	5	100.0	5	100.0	NA
GCE O/L certificate	5	100.0	5	100.0	NA
GCE A/L certificate	5	100.0	5	100.0	NA
Provision of guarantee and Bond	5	100.0	5	100.0	NA

*(p<0.05), NS= Not Significant

Among Group B, nine HSAs (19.6%) were identified without having GCEO/L educational certificate. (Table 4.9) One did not respond to the intervention. Other lacking documents were completed by the post assessment.

Table 4.9: Improvement of availability of documents produced by Group B HSAs (n=50)

Documents	Pre-Intervention (n=50)		Post-Intervention (n=50)		Significance
	No	%	No.	%	
Letter of appointment	48	96.0	50	100.0	Z=1.43 p=0.153
Birth Certificate	50	100.0	50	100.0	NA
National Identity Card	48	96.0	50	100.0	Z=1.43 p=0.153
Agreement - General 160	48	96.0	50	100.0	Z=1.43 p=0.153
Oath - General 278	48	96.0	50	100.0	Z=1.43

					p=0.153
Oath - 6 th amendment of constitution	50	100.0	50	100.0	NA
Medical Certificate	47	94.0	49	98.0	NA
GCE O/L certificate	37	80.4	45	99.0	NA
GCE A/L certificate	5	--	5	--	
Student Performance indicator	4	100.0	4	100.0	NA

Submission of Documents by Heads of Institutions

Delayed submission of annual reports was an identified error causing delay in promotion. It affected three NOs. Only twenty-seven (54%) HSAs had 1st/2nd year reports. Following the intervention, few HoI produced twelve 1st/2nd year annual reports recording an improvement of 24%. Pre interventional availability was 26 (52%) for the 3rd /final year report. Eleven 3rd/final year reports were received following the intervention giving rise to 22% improvement. All improvements were significant ($p < 0.05$) (Table 4.10).

Table 4.10: Improvement of availability of documents produced by HoI for Group B (n=55)

Documents	Pre-Intervention (n=5)		Post-Intervention (n=5)		Significance	Pre-Intervention n=50		Post-Intervention n=50		Significance
	No	%	No.	%		No	%	No.	%	
Annual report – 1 st year	3	60.0	5	100.0	Z=1.58 p=0.11 *	27	54.0	39	78.0	Z=2.53 p=0.011
Annual report – 2 nd year	3	60.0	5	100.0	Z=1.58 p=0.11 *	27	54.0	39	78.0	Z=2.53 p=0.011
Annual report – 3 rd year and Final Report	2	40.0	5	100.0	Z=2.07 p=0.038*	26	52.0	37	74.0	Z=2.28 p=0.023
Letter of assuming duties	5	100.0	5	100.0	NA	47	94.0	50	100.0	Z=1.76 p=0.078

*($p < 0.05$), NS= Not Significant

Finalization of Documents by RDHS

Non updating history sheets was the standout issue with regards to documents of NOs. Three personal files were certified and sent to PDHS for further processing following the intervention (Table 4.11).

With regards to HSAs' documents, obtaining details of efficiency bar and affidavits for errors in name, and updating history sheets were the major deficiencies identified. Post intervention, there were significant improvements in completing all 3 types of documents (Table 4.11) which enabled RDH to produce 20 personal files to the PDHS for further processing.

Table 4.11: Improvement of availability of documents produced by RDHS for Group B

Documents	Pre-Intervention (NOs)		Post-Intervention (NOs)		Significance	Pre-Intervention HSAs		Post-Intervention HSAs		Significance
	No	%	No.	%		No	%	No.	%	
Obtaining the details of Efficiency Bar	5	100.0	5	100.0	NS	41	82.0	48	96.0	Z=2.24 p=0.025
Sending educational certificates to check authenticity	5	100.0	5	100.0	NS	40/41	97.0	46/49	93.0	*
Extension of the probation	0	0.0	0	0.0		0	0.0	0	0.0	**
Absorption to the Provincial Service	5	100.0	5	100.0	NS	47	94.0	50	100.0	Z=1.76 p=0.078
Salary increment	5	100.0	5	80.0	NS	47	94.0	50	100.0	Z=1.76 p=0.078
Updating history sheet	1	20.0	5	100.0	Z=2.58 p=0.009	3	6.0	35	70.0	Z=6.59 p<0.001
Detecting name changers and requesting affidavits	0	0.0	0	0.0	**	1	2.0	8	16.0	Z=2.45 p=0.014
Recommendation of the Final Report (Declaration made by the RDHS)	0	0.0	3	60.0	**	2	4.0	20	40.0	Z=4.35 p<0.0001

** Statistical test can't be applied due to 0 values, * Change in denominator

Introduction of a checklist

Use of the introduced check lists for updating personal files was assessed at end of the project. It was noted that the check list had been used by MAs to update personal files of probationers and those awaiting promotion.

Table 4.12: Assessment of post interventional use of the check lists by MAs in updating personal files

Group	Pre-Intervention		Post-Intervention		Significance test**
	No.	%	No.	%	
Group B (n=55)	0	0.0	41	74.5	
Group C (n=164)	2	1.2	115	70.1	Z=13.02 p<0.001
Total (n=219)	2	0.9	156	71.2	

** Statistical test can't be applied due to 0 values

The total number of employees in Group B and C were 219. Checklists have been used to update 71.2% (n=156) personal files of employees of both groups waiting promotion and under the probation.

Table 4.13: improvement of pre interventional least available document

Document	Relevant employee	Pre-Intervention		Post-Intervention		Significance test**
		No.	%	No.	%	
Oath-6th amendment of the constitution	NOs	3	60.0	5	100.0	Z=1.58 p=0.11
GCE O/L certificate	HSAs	37	80.4	45	99.0	NS
3 rd /Final annual report	HoI	26	52.0	37	74.0	Z=2.28, p=0.023
Updating history sheet of HSAs	RDHS	3	6.0	35	70.0	Z=6.59, p<0.001
Availability of Checklists		2	1.2	156	71.2	Z=13.02, p<0.001

There were significant improvements (Table 4.13). RDH recommended 23 employees to promote to the permanent status. It promoted 41.8% of the sample to the permanent status (Table 4.11).

Discussion

The period of probation has been an important instrument in human resource management. Hence supervision of employees during probation has to be planned intensively (2). Even though the employer entertains special authority over probationary employee, it is important preparing sound evidence on conduct and efficiency of employee to eliminate violation of rights of either party. Non promoting employee on time to permanent status leads to a complex dilemma with no guideline on rights of either party. In India, completion of probation didn't imply any right to demand confirmation (9). This view has been critically counter attacked by pointing out the limitations of appointing authority in exercising its powers in post probationary period (10). Once the period of probation was over, employee couldn't be expelled from the employment.

This project was planned in 3 phases due to existence of a complex dilemma of promoting employees to the permanent status in district health administratio, Sri Lanka. There was a long delay in promoting NOs and HSAs to permanent status in RDHS Hambantota.

The delay in promotion has affected more on HSAs than on NOs (Table 4.2, 4.3, 4.4). The documents identified as reasons for delay were further scrutinized in the quantitative assessment. Out of all documents educational certificates were the only documents subjected to check authenticity. It is a mandatory requirement that should be undertaken soon after the recruitment due to possibility of submitting forged documents. In contrast checking authenticity is a prerequisite in entering to medical and allied professions in Australia (11). The duration taken to send educational certificates to check authenticity ranged from 151 to 190 weeks (IQR) from the date of appointment (Table 4.7). In alternative terms, it indicated that almost all employees had completed probation when certificates were sent to check authenticity. It also pointed out that checking authenticity of educational certificates had been downsized to a requirement for promoting post probationary employees, leaving its true objective behind. Identification of authenticity checking as a factor causing delay was a biased inference as it could be accommodated well within the period of probation which lasts 3 years (Table 4.6).

There were indentations in providing documents by employees with regards to Letter of Appointment, National Identity Card, General 160, General 278 and educational certificates (Table 4.9).

The rationale of probation was watching ability and skills of employee before absorbing them into the service permanently (9). Phase 1 findings pointed out rather clumsy attention paid on preparing annual reports by HoI (Table 4.10, 4.11). Promotions of three nurses and 24 HSAs were affected by delays in submissions of annual reports. It was quantitatively the most prominent issue which needed scrutiny.

Finalization of documents was the last activity undertaken by RDHS, Hambantota in the process when all other documents were available in personal files (Table 2.1). Periodical checking of availability of documents in each personal file was the activity that could provoke finalization of documents. Availability of a check list in each file for the purpose of periodical updating, enhances easy identification of delays in document availability. In pre intervention, only two check lists (0.9%) were available in 219 personal files of Group B and C (Table 4.13). Although the availability of a check list didn't mean the regularity of paying attention to update personal files, it is a positive step for cross-checking the document availability.

The pre-interventional findings were used to educate each responsible person for preparation of documents using a five-pronged strategy. The RDH was presented pre-interventional findings. It was helpful to get authorization of interventional activities. Informing each affected individual was used to get corporation of employee and as a medium to address respective HoI. The Employee responses were reinforced using periodical feedback through the developed communication network. Document Preparation Guide for HoI was found to be useful in drawing their attention on preparation of annual reports and as a guide for Management Assistants.

Intervention resulted in completion of all documents produced for Group B leaving one behind.

Annual reports needed for NOs were fully completed (Table 4.9). Improvement in receiving 1st and 2nd year annual reports for HSAs recorded a significant improvement ($p=0.01$). A significant improvement noted for 3rd year reports too ($p=0.02$) (Table 4.11). It indicated the receptiveness of the HoI, but ten ignored it. The improvements resulted in fulfilling all documents needed for the promotion by RDH for three personal files of NOs and 20 personal files of HSAs. The MAs have been prompted to complete history sheets recording significant improvements (Table 4.12, 4.13).

The check list introduced in the intervention has been readily accepted by MAs. There was a significant improvement ($p<0.001$) in using checklist to update personal files of both employees who have completed and those who were undergoing probation.

Intervention has resulted in completing the documents for 23 employees who were experiencing delay in promotion to the permanent status. In addition, it acknowledged the affected employees regarding the reasons for delaying their appointments. The feedback on the performance of responsible officers at RDH and those of its peripheral health institutions influenced them to produce missing documents. It has stressed the importance of in-depth supervision of issues related to human resource management which has the potential to discriminate relatively less organized but important health employees.

Findings of the project stressed the need of a special emphasis on the use of annual report (Table 2.1). It is an important mean of producing efficient and disciplined employee. Rather obsolete use of this important instrument by supervising offices has created a situation which questions the productivity of 3 years long period of probation.

Conclusions

Complain of HSAs under RDHS Hambantota on long delay in promoting them to the permanent status has been based on actual experiences. The delay has a significant negative impact on selected groups of employees with a greater indent on HSAs than that for NOs.

The delays in document preparation at the level of HoI and at RDH have contributed considerably for overall delay in the promotion.

The objective of checking the authenticity of educational certificates was to detect submission of false certificates. Initiating it late provides access to individuals who produce fraudulent certificates to get access in to the government service. The objective of the preparation of annual reports on probationers was to improve skills and the organizational behaviour of them. Poor attention on preparation of annual reports has been observed in the study. Steps should be taken to improve the use of annual reports.

Developing a dialogue with employees was important as a strategy to influence the rapidity of producing HoI dependent documents.

Regular updating of personal files by MAs has not been supervised using a proper instrument.

Intervention resulted in a significant improvement in producing the necessary documents.

There is a potential to use the delay in promotion to permanent status as an indicator of the efficiency of work performance at the RDHS Hambantota.

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