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# IMPA

## NEWS

THE OFFICIAL NEWS LETTER OF THE INDEPENDENT MEDICAL PRACTITIONERS ASSOCIATION

## FROM THE PEN OF THE PRESIDENT...



Dear All,

Happy new year of 2020. May we go from strength to strength and always keep in mind that UNITED WE STAND DIVIDED WE FALL.

Having gathered enough momentum so far this year should take us to greater heights.

Dr Ananda Perera

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# FREE EDUCATION AND FREEDOM FOR FREE MEDICAL EDUCATION IN SRI LANKA

## Professor Sanath P. Lamabadusuriya MBE

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Since Sri Lanka became independent in 1948, education up to tertiary level and health services have been provided free of charge by successive governments.

The late Dr. C W W Kannangara who was born on the 13<sup>th</sup> of October 1884 could be considered as the father of free education in Sri Lanka. He had his early education in Wesleyan College, Ambalangoda and later at Richmond College, Galle.

His vision for education was to have a single education system in all schools, free of tuition fees and promote upward social mobility through acquisition of knowledge, skills and attitudes. He was not against private schools but wanted these to be strictly regulated.

History of State Medical Education in Sri Lanka In Table 1 the establishment of medical schools in Sri Lanka is listed in chronological order.

**Table 1**

### History of medical education in Sri Lanka

- 1840 Manipai - Dr. Samuel Green
- 1870 Colombo Medical School
- 1942 University of Ceylon MBBS
- 1962 Faculty of Medicine Peradeniya
- 1978 Jaffna and Ruhuna
- 1992 Kelaniya and Sri Jayawardhapura
- 2005 Rajarata and Eastern
- 2009 Kotelawala Defence University
- 2018 Sabaragamuwa and Wayamba

### North Colombo Medical College (NCMC)

NCMC was the first private medical school to be established in Sri Lanka and functioned between 1981 and 1991. It was established by the Sri Lanka College of General Practitioners. During this period it produced about 850 graduates inclusive of about 100 consultants including professors. As it tried to award the MBBS (Colombo) degree through the back door, due to intense political pressure it was forced to close down. It was acquired by the government and converted to the Faculty of Medicine, University of Kelaniya.

### South Asian Institute for Technology and Medicine (SAITM)

In 2009 Dr. Neville Fernando established SAITM in order to fill an existing vital need and cater to the growing demand for Private Medical Education (PME) in Sri Lanka. Three batches of students graduated from SAITM in 2015, 2018 and 2017. About one thousand more students were also admitted. The course fee charged was Rs. 9.8 million and scholarships worth Rs.550 million were offered for deserving less privileged students. All students had 'A' level grades higher than the minimum mark set by the University Grants Commission (UGC) for admission to state medical schools for that particular year. For political reasons (led by the GMOA), SAITM had to be closed down and the students admitted to the Faculty of Medicine of the KDU to continue their training. After a decision delivered by the Supreme Court, the SLMC was compelled to register the first three batches of SAITM graduates and they commenced their internship together with the state graduates in September 2019.

### Faculty of Medicine, Kotelawala Defence University (KDU)

This faculty was established in 2009, initially to provide medical officers for the armed forces. Later about 30-40 fee levying foreign students were admitted and charged six million rupees for the entire course. After the closure of SAITM, their students were also admitted paying lesser fees. With the admission of SAITM students the numbers of foreign students had to be reduced.

### The Global Scene

Table 2 illustrates the distribution of state and private medical schools in different continents and countries. In some countries such as Chile, Nepal, Bangladesh and India, there are more private than state medical schools.

### Medical Education in China

China is a popular destination for our students to study medicine abroad. However the average time taken by these graduates to pass the Examination for Registration to Practise Medicine (ERPM) examination was 18 months

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**Table 1.**

Country	Public	Private	Total	
USA	69	62	131	Chile 35/60
UK	43	01	44	Caribbean 56/60
Germany	35	01	36	Nigeria 02/34
France	07	00	07	Sudan 08
Nepal	11	11	22	Gulf 08/32
Bangladesh	30	60+06	96	China, Canada
Spain	26	02	28	France, South Africa
Australia	17	02	19	Greece. Netherlands
New Zealand	02	00	02	Malaysia 11/29
Japan	50	29	79	Thailand +
India	134	137	271(348)	Philippine+

to two years. There were 3-4 attempts at the ERPM examination by 90% of graduates and 10% had more attempts. In China there are several medical schools and in the Tianjian Medical School there are over a hundred Sri Lankan students in each batch. Sri Lankan doctors visit this school to conduct classes for our students to prepare for the ERPM examination when they eventually return. The course fee is about Rs.10 million and the medium of instruction is English.

#### Medical Education in the Russian Federation

In Russia the fee structure is based on a quota system. The first quota is only for Russian students who are admitted on merit and no fees are charged. The second quota is for Russian students who failed to enter on merit and 50% of the fee is charged. The third quota is for foreign students who pay 100% of the fee. In 2009 the free quota: paying quota was 70:30 and it gradually changed to 60:40 in 2019.

#### Medical Education in Nepal

The first medical school was established in 1980 and presently there are 4 state and 12 private medical schools. Many Sri Lankan students study medicine in Nepal draining massive amounts of foreign exchange. Generally the educational standards are satisfactory because Sri Lankan students who later appear for the ERPM examination pass it without much difficulty.

#### Medical Education in IMU Malaysia

The IMU is another popular destination for Sri Lankan students who pay heavy fees to be taught by Sri Lankan academics employed by the IMU!

#### Current Status of Education

In our country only a minority of students eventually enter a university to pursue higher education. The statistics are shown in Table 3.

**Table 3**

#### Primary and Secondary Education

- 300,000 students enter Grade 1 annually
- 30,510 students entered the universities in 2018
- 70,000 students travel abroad for education
- About Rs. 231 billion drained out of the country annually for education

#### Doctor - Patient Ratios

The doctor-patient ratios in different countries are shown in Table 4. It is estimated that about 1480 medical graduates qualify from the state medical schools each year. Of these about 200 doctors leave the country annually facilitated by the absence of a compulsory period of service. In 2019 there were 29,954 medical officers registered with the SLMC. The WHO recommends a total of 40,000 doctors for Sri Lanka. Therefore there is a shortage of about 10,000 doctors at present. It is estimated that for every student who enters a state medical school, about two others travel abroad for medical studies.

**Table 4**

#### Doctor Patient Ratios

Total number of doctors in Sri Lanka - 29,954  
 Sri Lanka 1 for 728 in 2019  
 U.K. 1 for 357 in 2013

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**Table 5.**

Service provider	Number	Dual employment	Contribution	50%	Total
Medical officers	17960	60%	10800	5400	23360
Consultants	2100	93%	1953	977	2077
University staff	625	72%	450	225	850
Full time GPs	3090			3090	3090
Defence forces	320	60%	192	96	416
<b>Total</b>	<b>24095</b>		<b>13395</b>	<b>9788</b>	<b>29793</b>

*Source : Dr. Dilip de Silva Consultant in Health Economics and Consultant in Community Dentistry*

**Table 6.**

University	2012	2013	2014	2015	2016	2017
UOC	205	188	189	202	198	164
UOP	192	192	204	199	208	160
SJU	175	150	155	153	152	123
UOK	189	157	173	182	162	120
UOJ	71	67	88	108	96	65
UOR	152	126	129	137	146	92
EUSL	27	37	33	58	49	35
RUSL	163	176	172	174	182	148
<b>Total</b>	<b>1174</b>	<b>1093</b>	<b>1143</b>	<b>1216</b>	<b>1195</b>	<b>907</b>

- Australia 1 for 350
- Cuba 1 for 350
- India 1 for 1700
- Spain 1 for 208
- Germany 1 for 257
- France 1 for 312
- Pakistan 1 for 1400

**Situation analysis in Sri Lanka**

The current status of medical officers in Sri Lanka is shown in Table 5. The output of medical graduates by the

state universities are shown in Table 6. As could be seen in Table 5, our country is short of all categories of doctors. At the current rate of production of medical graduates by state medical schools, it would take more than 10 years to fill the gap. If PME is allowed, this discrepancy could be rectified within a shorter time frame. There is valuable time wasted between qualifying at the 'A' level examination and entering medical schools. There is a further delay between graduation and commencement of internship because all graduates commence their

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**Table 7.** Missing out with 3 'A's

NUMBER OF STUDENTS OBTAINED "3 A" AND NOT SELECTED FOR THE COURSE OF STUDY IN MEDICINE						
	DISTRICT	A/L YEAR				
		2016	2015	2014	2013	2012
1	COLOMBO	7	7	4	-	-
2	GAMAPAHA	1			-	-
3	KALUTARA				-	-
4	MATALE				-	-
5	KANDY				-	-
6	NUWARA ELIYA				-	-
7	GALLE	6			-	-
8	MATARA	6			-	-
9	HAMBANTHOTA				-	-
10	JAFFNA				-	-
11	KILINOCHCHI				-	-
12	MANNAR				-	-
13	MULAITIVU				-	-
14	VAVUNIYA				-	-
15	TRINCOMALEE				-	-
16	BATTICALOA				-	-
17	AMPARA				-	-
18	PUTTALAM				-	-
19	KURUNEGALA	1			-	-
20	ANURADHAPURA				-	-
21	POLONNARUWA				-	-
22	BADULLA				-	-
23	MONARAGALA				-	-
24	KEGALLE				-	-
25	RATHNAPURA				-	-
	<b>TOTAL</b>	<b>21</b>	<b>7</b>	<b>4</b>	<b>0</b>	<b>0</b>

internship after a common list is provided by the UGC. As the different universities conduct the Final MBBS examination in a staggered manner, the UGC is compelled to do so. This procedure could be changed by offering internship to those who have qualified, for two batches, on two fixed days of the year such as 1st of March and 1st of September. This would also discourage students from resorting to industrial action in individual faculties.

#### **Selection of students for state medical schools**

Currently students are selected for state medical schools based on the performance at the 'A' level examination a quota basis. 40% are selected on merit, 55% on a district quota basis (DSQ), determined by the population in each district and 5% from educationally under privileged areas. At the time the present quota system was introduced, it was planned to increase the merit quota at the expence of

the district quota, over the years as the standards in rural schools improved. However for political reasons the DSQ remains unchanged.

As depicted in Table 7, there was a total of 38 students who obtained 3 'A's, in 2014, 2015, 2016 and 2017. As shown in Table 8, there was a total of 1518 students, during the period 2010 to 2016, who obtained two 'A's and one 'B', but failed to gain entry to the state medical schools.

This is totally unacceptable and is a severe indictment on the prevailing DSQ. Some of these students whose parents were affluent may have proceeded abroad for higher studies at great cost. These students and their parents were compelled to be separated for at least five years and some of them may not have returned to Sri Lanka

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Table 8.

## Missing out Medicine with 2A/1 B

University Admission									
No. of students missing Course of study Medicine after obtaining "2A" and "1B"									
District Code	District	2009	2010	2011	2012	2013	2014	2015	2016
1	Colombo	28	69	70	58	47	73	116	131
2	Gampaha		5	1	11		5	17	24
3	Kalutara	1	8	3	13	1	7	8	24
4	Matale		3		1				1
5	Kandy	2	7	15	9	13	22	14	39
7	Galle	3	24	8	12	22	17	30	58
8	Matara	13	26	15	10	12	15	23	43
9	Hambantota	8	5	3	5	3	7	10	14
10	Jaffna		1	2	1	1	12	9	23
11	Kilinochchi								1
14	Vavuniya						1		1
16	Batticaloa							1	8
17	Ampara							2	2
18	Puttalam						1		2
19	Kurunegala		12	5	10	1	13	19	23
20	Anuradhapura								4
21	Polonnaruwa							1	
22	Badulla				2				4
24	Kegalle	2	14	2	2		1	9	9
25	Ratnapura	2		1			1	10	21
		59	174	125	134	100	175	269	432

2009---59, 2010---174, 2011---125, 2012---134, 2013---100, 2014---175, 2015---269, 2016---432

after graduation thereby worsening the brain drain. Those students who were not affluent would have remained at home pursuing a career with less job prospects.

### The need and justification for Private Medical Education (PME) in Sri Lanka

There are several reasons for having PME in Sri Lanka.

- The country is short of doctors and the resources of the government are stretched. If there is a surplus in the future, they could travel abroad and earn valuable foreign exchange. As our standards of medical education has an excellent reputation abroad, there would not be a problem for them to find suitable employment. It is much more dignified to export doctors rather than housemaids!
- The massive loss of foreign exchange amounting to billions of rupees could be drastically reduced.
- Students from other countries would be attracted to study medicine in Sri Lanka, bringing in valuable foreign exchange.

- The local students would have to compete with foreign students to obtain higher grades thereby promoting healthy rivalry.
- There are other fields of university education in the private sector such as for law, architecture, accountancy, management, business studies and Information technology (IT).

### Safeguards in establishing PME

- The admission criteria should be determined by the UGC and the minimum mark for admission should be higher than the minimum mark for admission to a state medical school for that year.
- Scholarships should be offered to less privileged students.
- The training and teaching facilities within the faculties, teaching hospitals and the community, should be closely monitored by the SLMC.
- Preferably new private schools should be established

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in provinces and districts away from the big cities so as to minimize the internal brain drain. It would also lead to economic development of these rural areas.

- e) All evaluations should be conducted together with the participation of academic staff from other state universities as visiting examiners so as to ensure transparency.

### The Opposing Forces

There are two main opposing forces for the establishment of PME in Sri Lanka. Firstly the agencies which find placements for students to study medicine abroad, because they would lose out on a massive income if less students proceed abroad.

Secondly, the doctors (majority of whom are members of a powerful trade union) who conduct courses for foreign graduates who are preparing to appear for the ERPM examination.

### Sri Lanka Medical Council (SLMC)

The current SLMC was established under the medical ordinance of 1927. The chief function of the SLMC is to safeguard the health of the community. At present the composition of the SLMC is dominated by the medical profession and the community is not represented. It should be restructured immediately with representatives from sectors such as education, law, accountancy, clergy

etc., as in the General Medical Council (GMC) of the UK, where the majority are lay members.

The UGC and SLMC must agree on a common set of medical standards for admission to local and foreign medical schools both in the state and private sectors, which should then be gazetted. The SLMC should visit the state medical schools regularly and monitor the staff/student ratios and facilities available for training within the faculty premises, hospital sector and in the community. If there are deficiencies, these should be highlighted and if not rectified in due course, such schools should be derecognized.

### The need for a National Health Commission (NHC)

A NHC should be established by the government which is responsible to parliament. It should be funded through the national budget, be an independent institution with specific terms of reference, have a representative membership, monitor implementation of policies and funding and submit regular reports to the parliament and public.

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<b>State Medical Schools In Sri Lanka</b>	
<u>Total Admissions - 1470</u>	
1.Colombo – 1870	6.Sri Jayawardhanapura – 1992
2.Peradeniya – 1962	7.Eastern -2005
3.Ruhuna - 1978	8.Rajarata-2005
4.Jaffna – 1978	9.KDU- 2009
5.Kelaniya – 1992	
In 2018 - Sabaragamuwa	
Wayamba	
Later Moratuwa	
Total Admissions to Universities in 2018—	30,510
Total admissions to Medical Faculties--	1470
Total admissions to Sabaragamuwa Medical Faculty	70



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