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IMPA NEWS

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IMPA News

A Very successful medical update programme on "HIV/AIDS" By Dr. G. Weerasinghe, Consultant Venereologist and Dr. Lilani Rajapakse, Consultant Venereologist was held on Sunday 25th Novemeber 2018 at the OPA auditorium sponsored by National STD/AIDS Control Programme. (NSACP).

PHSRC has decided to put on hold all the price control proposals for fees and charges in the Private Sector. The PHSRC has also decided to take legal action against doctors, medical Centres, laboratories and hospitals who have not registered with the PHSRC.

The Primary Care Diabetic Group of Sri Lanka (PCDG) in collaboration with the IMPA conducted a very successful DINISA Diabetic Care event at the BMICH (Nugasevana) on Sunday 28th October 2018.

IMPA Past President Prof. W.A. Ferdinand expired on Tuesday 31st October 2018 and funeral was held on Saturday 3rd November 2018 at Negombo.

MEDICAL EDUCATION IN SRI LANKA

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This is an abridged version of the EM Wijerama Endowment Lecture
Delivered at the Foundation Sessions of the SLMA in 2018

Western medical education was first introduced to the island b Dr Samual Green a missionary who set up a medical school in Manipay in 1848. This medical school ceased to function after the first batch qualified.in 1850.

Next, many events prompted the opening of the Colombo Medical School . There was an alarming depopulation of the Wanni districts because of (according to officials) "the prevalence of an obstinate and loathsome disease". At the time cholera, malaria and parangi was prevalent in these areas and probably all contributed to these deaths. Dr James Loos, Colonial Surgeon, Northern Province who was asked to investigate the problem said in his report that that there should be doctors all over the island to look after the health of the people and recommended that a medical school be opened to produce these doctors.

And so the Ceylon Medical School was opened on the 1st June 1870 by Sir Hercule Robinson. It is about the 3rd oldest medical school in Asia. The Principal was - Dr James Loos.

The beginnings of the medical school was small. It was located in the Female Surgical Ward of the General Hospital, had 25 students and 3 teachers. The duration of the course was 3 years after which students received a License to practice.

In 1873, the course was extended to 4 years.

Dr EL Koch became the second Principal and in 1881, the Koch memorial clock tower was built in his memory by his students.

The present stately building now stands where it is due to the generosity of , Mudaliyar Samson Rajapakse who in 1876 donated the land on which the Faculty of Medicine now stands .

Several other philanthropists contributed towards the early buildings on this site.

In 1880, the Ceylon Medical School was elevated to the status of a College - Ceylon Medical College, and from 1888, it was permitted to grant the Diploma of LMS – Licentiate in medicine and Surgery which was recognized in Great Britain.

The Ceylon University College was established in 1921. And in 1942, The University of Ceylon was formed by amalgamating the Ceylon Medical College and the Ceylon University College. From 1942, the Ceylon Medical College became the Faculty of Medicine of the University of Ceylon. It now granted the MBBS and the first Dean was Professor WAE Karunaratne

Western medical Education had come to stay in Sri Lanka.
It was the only medical school in Sri Lanka until in 1962 the Peradeniya Medical School was opened.

At present there are 8 STATE medical schools in Sri Lanka, the other six being opened between 1980 and 2010. In addition the Kotalawala Defence Academy opened a medical school in 2009 and two private medical schools the North Colombo Medical College 1980 and SAITM. in 2009.

Colombo (1870, Peradeniya (1962), Jaffna (1978), Ruhuna (1980), Kelaniya (1991), SJP (1993), KDU (2009), NCMC (1980), SAITM (2009).

Around the 1980s or so Medical Schools in Sri Lanka were attracted to the global trend of changing curriculum.

The Edinburgh declaration developed in 1988 provided a milestone guideline to medical schools that were changing curriculum.

This declaration was developed by the World Federation of Medical Education WFME and was endorsed by a resolution in the World Health Assembly in 1989. instead of

Many medical schools round the world including the Colombo Medical school changed to what is called the SPICES CURRICULUM MODEL which embodies much of what is stated in the Edinburgh declaration.

Student centered instead of Teacher centered
Problem based instead of Information gathering.
Integrated instead of Discipline based
Community based instead of Hospital based
Electives System based

This model contrasted with the discipline based rigidly structured Traditional curriculum.

In the Traditional curriculum the pre-clinical subjects of Anatomy, Physiology and Biochemistry were taught in the first 2 years. The 3rd and 4th years concentrated on paraclinical subjects - Pathology, Microbiology, Parasitology, Community medicine, Pharmacology and Forensic medicine. Clinical subjects were also taught in the 3rd and 4th years. The Final year concentrated on Clinical subjects. 2ND mb, 3RD mb & Final MBBS.

Two medical schools, Ruhuna and KDU still follow the Traditional curriculum.

It is not that other medical schools lacked SPICE!

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but they with good reason decided to remain with the traditional curriculum.

Colombo	Spiral curriculum with three streams
Peradeniya	System and subject based modular curriculum
Jaffna	Modified synchronized Traditional curriculum
Ruhuna	**Traditional**
Kelaniya	Spiral curriculum based on organ system
SJP	System based
KDU	**Traditional**

You may well ask, what benefits accrue by moving away from the Traditional Curriculum?

Doctors of my vintage argue that we are jolly good and competent Doctors although we followed the Traditional curriculum.

The Kelaniya medical school performed a good and extensive study to Compare the product at the end of the Traditional curriculum and the more modern curriculums.

Product and Process Evaluation
It was a large scale 'product and process' evaluation from 2009-2012 in which they compared interns produced by the last two batches of the traditional curriculum and the first two batches of the integrated curriculum.

The findings showed that there was no significance difference in medical knowledge and clinical skills. However professional behavior and communication skills grades were significantly higher among interns produced by the integrated curriculum than interns produced by the traditional curriculum.

Minimum Standards of Medical Education
Another development that followed the Edinburgh declaration was the development of MINIMYM STANDARDS FOR MEDICAL EDUCATION.

Minimum standards are criteria for medical education in line with global standards which are applicable to both state and private universities.

The main areas addressed in minimum standards are:-

Mission and Objectives
Educational programme
Assessments of students
Students
Academic Faculty
Educational Resources
Programme Evaluation
Governance and Administration
Continuation and Renewal

In Sri Lanka, the power to make regulations rests with the Sri Lanka Medical Council.

Minimum Standards in Medical Education have been in existence from 2006, and were gazette. They were revised by the author in 2009 (at the time she was the President SLMC) in line with World Federation Guidelines. Revisions were gazette and two comprehensive books were published:-

Recently, a committee appointed by the SLMC drafted revisions to Minimum Standards. They were wetted by the Attorney general and Ministry of health. A minimum Standards document was gazette by the Ministry in 2017 which bore crucial differences to the draft document finalised by the SLMC The controversy is not yet over.

In Sri Lanka, the power to make regulations on medical education rests with the Sri Lanka Medical Council.

The Sri Lanka Medical Council (SLMC)
The Medical Council may after giving The medical council may after giving 2 weeks notice enter a recognized university or institute inspect the courses of study, degree of proficiency at examinations, staff equipment and accommodation facilities.

The medical Council also scrutinizes the facilities available in foreign medical schools to which Sri Lankan students wish to go for medical education. When necessary such approvals are given after 2-3 nominees of the SLMC have visited and reported on these foreign medical schools.

Sri Lankan students who have received foreign medical education cannot sit for the ERPM unless

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they have received medical education in a medical school approved by the SLMC.

Currently the SLMC is functioning without a President and a Registrar and the Vice president and Acting Registrar are doing their best.

Let me brief you about what happened in India.

The Medical Council of India, the MCI was dissolved by the President of India in May 2010 following the arrest of its president under the prevention of corruption Act. Later a National Medical Commission was formed….. A rebirth.

It is hoped that a Sri Lankan Medical Council and Medical Ordinance will emerge which is truly independent, free from the influence of politicians and trade unionists and one that can perform its legally conferred functions without fear or favour.

Selection of students for medical education

A Level students are chosen to study medicine based on merit and district quotas and quotas to educationally under privileged areas.

During the 170 years or so, after western medical education was introduced to the island, global changes have taken place regarding the concept of the role of the physician, primary health care, community based health care, family medicine, mental health, health of the elderly, investigative medicine, information technology and educational theory. These changes influenced the direction and philosophy of medical education and the kind of starting material that should be recruited for medical studies.

The starting material, the student, has to be pluripotent, have adequate intellectual capacity and the potential to acquire skills if he is to be molded into a 'quality doctor'. Proper selection of this student is of paramount importance if we are to fulfill the ultimate aim of producing a good and competent doctor.

Current system of selection to medical education

The University Grants Commission (UGC) of Sri Lanka stipulates 3 S at A levels as minimum grades for entry to medical education. But admission to a government medical faculty for a given academic year is based on the rank order of average Z-scores obtained by the candidate in the related year. Cut off marks, applied by the University Grants Commission, vary from year to year depending on factors such as performance of students in the given year, total number of places offered by universities and the population of each district, etc. These criteria will decide whether the student is able to enter a medical faculty or not.

If we consider the university admission opportunities distributed within the Biology Stream in Sri Lanka, the following could be noted.

In 2013, 40,253 students sat for the GCE A Level in the Biology stream; 20,215 students gained 3 Ss (ie. simple passes) or more (50% pass rate). Of these, over 7,000 students (one of three who passed) were selected to the state universities. About 2,300 students gained 3 Bs and above. Approximately 50% of those who gained 3 Bs and above were selected for medicine in state universities. In 2014,

1,255 of the 7,000 who were selected for university admissions from the Biology stream applicants (one of five) entered government medical faculties.

Comparing these figures with the UK system, which historically has many similarities with the Sri Lankan system, the minimum entry criteria in the standard medical school is 3 As (as opposed to 3 Ss in the one of five students get a chance to study medicine. For some high-ranking universities like Oxford, it could be as high as one of 17. Due to this, at one time, the UK was considering sub-dividing the students who received A grades in their A Levels into A pluses; eg A+, A++,A+++.

What should be the minimum grades for entry into medical education in Sri Lanka?

In many parts of the world, educationists have observed the phenomenon called 'grade inflation' in exam results; ie. the grades obtained by students in successive years have become progressively higher. The reasons for this grade inflation may be at least three fold.

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1. Successive generations of students (supported by the theory of evolution) should be brighter than their previous generations. So, the results keep inflating.

2. When a similar examination has been conducted for a number of years, the later generations have more opportunity to prepare for the examination by studying the past papers.

3. Over the years, private tuition and school-level coaching of the students for A Levels have exponentially increased, and this has also contributed to the inflation of results.

So a student who scores 3 Ss in present times is not the same quality as one who scored 3 Ss in the past.

What then, should be the cut-off grade for medical education in Sri Lanka?

The University Grants Commission (UGC) criteria of 3 - S as minimum grades for entry into medical education are outdated and not realistic or suitable anymore.

They conflict with the minimum standards Gazette Notification of January 26 2018 by the Minister of Heath which states under the subheading STUDENTS " Every student admitted to the Medical Degree Programme of a University or Institute, shall have passed the general certificate of education i.e the Advance level Examination of Sri Lanka or its equivalent examination in the subjects of Biology, Chemistry and Physics with minimum grades of credit passes in the subjects of Biology and Chemistry at one and the same sitting.

So there is a discrepancy between the UGC specification for Medicine and the Regulation made by the Minister of Health Nutrition and Indigenous Medicine.

The actual performance of those who are selected to follow medicine is far higher than that, particularly due to grade inflation. With such grade inflation, the rational and logical measure should be to make the bar higher than demanded by the UGC or the Minister of Health.How the UK responded was to increase the bar as 3 A-grades minimum.

On the basis of the 2013 and 2014 results in Sri Lanka that I showed, where there is a surplus of students with 3 Bs or over for the current Sri Lankan medical applicants, 3 Bs could be argued as the baseline, or its equivalent.

We suggest that the cut off could be 3 Bs or its equivalent as determined as follows. Say grade A is scored 5, grade B scored 3, grade C-2, and grade S-1, 3 B grades would be 9 and the equivalent would be ABC - 10, and ABS-9.

So the minimum entry grades for medicine could be BBB, ABC or AAS.

This could be justified, as even within the underprivileged districts, those who are getting low grades are a very small minority of outliers. For example in 2014, 30 students from Nuwara Eliya had 3 Bs and above, and 32 students were selected for medicine.

You may ask.. why worry? Students with good grades are competitively getting in for medicine in state medical schools despite the complications of a district quota system.

The danger is this. If a private medical school is opened tomorrow, obviously for students who can afford it, It can admit students with the UGC approved score of 3 passes only i.e. 3 Ss.

In a similar system in Malaysia, the grades for entry to medicine are BBB, ABC or AAC. It is worthwhile noting that the Malaysian system does not consider even a single S grade as an adequate qualification to study medicine.

If we examine our District Quota system it is an exercise in affirmative action Affirmative action with regard to medical school selection are not unique to Sri Lanka. Well planned and precisely executed entry systems that favour educationally disadvantaged are available in the developed world. E.g. the US medical schools admission system has mechanisms to ensure racial and ethnic representation.

I repeat that these systems are precisely executed

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after frequent review. In Sri Lanka we have stuck with the same District quotas for the last 37 years or so.

However, as you know these decisions are ones that will depend on political will. And their commitment to correct the present systems discrimination against high performing students. Do not imagine that these high performing students are all rich. There are among them many lower middle class and middle class students who if the present system continues will be deprived of an opportunity to do medicine.

I hold that There are many aspects about the selection of students for medicine That require urgent review.

Private Medical Education

Attempts to introduce private medical education in Sri Lanka has met with vehement and strong opposition leading to at times to civil unrest as it did in 1988.

On July 4 1980 the College of General Practitioners inaugurated the North Colombo Medical College (NCMC). Some members of the Board of Governors were the friends of president J R Jayawardene. The NCMC was given the Ragama Hospital to develop as their teaching hospital. Having made this relatively easy start, the Board over reached themselves and demanded the MBBS ceritificate of the Colombo Medical Faculty. An otherwise peaceful venture soured and strong opposing not only to the award of the Colombo certificate but to the NCMC as a whole built and the issue was used by the JVP as a handle to obtain strong support from the Univerisity system. There was an insurrection whose momentum nearly toppled the Premadasa Presidency. The NCMC was nationalized. And its Board replaced by a Competent Authority Prof Carlo Fonseka. It became the Faculty of Medicine of the University of Kelaniya.

Similar to the NCMC, SAITM which was begun as a BOI project. From its inception SAITM faced much opposition especially also because they did not have at the start a clinical teaching facility. A decision to close SAITM was finally taken but logistics are still being worked out as to which students will sit for the KDU final examination.

One glaring problem that of private medical schools have is that they find it difficult to recruit qualified persons as permanent academic staff and depend heavily on visiting staff from state medical schools.

Furthermore there are Inadequate opportunities and arrangements for clinical training. Private hospitals cannot fulfill the criteria of clinical training.

State medical schools belong to a system with inbuilt checks and balances that guard standards. E.g. all state medical schools come under the purview of Universities and the University structure. There are Faculty Boards of permanent staff. Faculty Board decisions are under the scrutiny of the University Senate for academic matters and the University Council for disciplinary matters.

A notable lacunae in the system is that neither the UGC nor the SLMC have formulated a comprehensive approved guideline for the setting up of a private medical school.

The Indian Medical Council has such a Guideline detailing the standards that should be there for 50 students, 100 students, 150 students and so on. There are also specifications on extent of land, buildings other facilities and staff.

Without such regulations, private medicals can mushroom in Sri Lanka and will continue to be a disaster until all these nuts and bolts are in place.

At present anyone can open a private medical school. If it happens, are we to once again permit medical students to keep away from lectures and protest to demolish what they perceive as unjust and a challenge to their future.

I cannot not refer to the dedication of academic staff in state medical Faculties and of the extended Faculty i.e. the consultants in Government Hospitals who sustain the standards of medical education.

The best example I can offer is the manner in which the Rajarata medical Faculty camer into being.

In 2005 due to a computer error about 150 students who had sat A levels were wrongly informed that they had been selected for medicine. State

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medical Faculties refused to absorb them and the government decided quite rashly to open an entirely new medical school. At Rajarata, the facilities were nil. Lectures were held in a youth training centre and a Buddhist temple. Accommodation was in Hotels that ad closed because Tourism was at a low ebb.

The situation was rescued by 5 academics mostly from Peradeniya and Ruhuna who worked tirelessly and got the medical school off the ground. Prof Malkanthi Chandrasekara, Prof P A J Perera, Prof Malini Udupihillai, Prof Thilak Hettiarachchi, Mrs Makuloluwa.

Tthe world Federation of medical Eduation has with the WHO, published on How to set up a medical school. The last stage is the admission of students. i.e. the WFME way.

The Sri Lankan way was start with the students and build a medical school round them.

The clinical Teaching facility for Rajarata was completed in 2012. Until which time the Anuradhapura Hospital was used. So, it may be said that six batches of students suffered with sub optimal facilities Because the blunderbuss Sri Lankan way of doing things

Postgraduate Medical Education

The first MD Medicine examination was held in 1949 and the DTM& H in1945, the MOG in 1952 and the MS in 1953.

In 1967, Lord Rosenheim, president of the Royal College of Physicians of London said "Your MD is awarded on the results of a very searching examination and having acted as external examiner here on two occasions I hold your MD in very high regard. It is in fact of a standard Very similar to our London Membership."

In 1974, the Institute of Postgraduate Medicine – the IPM came into being under the Directorship of Professor KN Seneviratne. The functioning of this Institute was hampered by lack of resources and its course were not popular with local Drs because the London membership examinations continued to be recognized by the government as adequate to grant specialist consultant posts.

In 1980, the IPM was renamed as the Postgraduate Institute of Medicine -PGIM and the government made a landmark and excellent decision to grant exclusive recognition to PGIM s degrees for future consultant posts. This was the turning point after which postgraduate medical education flourished in Sri Lanka.

Courses at the PGIM are organized and implemented through 22 Boards of Study and 30 Specialist Boards of Study.

Besides the PGIM, several Universities in Sri Lanka offer postgraduate medical courses. At the Faculties of Medicine or though Faculties of Graduate studies. There are a some questions regarding postgraduate education.

Are we providing sufficient opportunities for postgraduate medical education?

Has a comprehensive external and internal review been done of Postgraduate Medical Education in Sri Lanka? and how it could be made more available.

In summary, I have so far presented to you a birds eye view of how western medical education developed in Sri Lanka in the last 148 years. I hope I have presented a convincing case for increasing the all Island merit quota to about 80%, I have pointed out the need to elevate and upgrade the A level qualifications for entry into medicine and to review and examine how postgraduate medical education can be made accessible. Also the urgent need for guidelines and specifications for the opening of medical schools.

Much has been achieved in Medical education. Much is yet to be achieved.

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