

# Induction Address 1992

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Your Excellency, Dr Theva Buell Past President, Members of the Council, Members of the College, Chancellors of University of Colombo & Vidyodaya, distinguished Ladies and Gentlemen.

At the outset may I thank my immediate predecessors for sponsoring my election to office and the College for supporting the election.

This is an opportunity to thank Dr Buell for his services to the College as President 1991 and the innovations he has introduced such this Induction.

The College will celebrate its Silver Jubilee in September having been founded in September 1967.

The Objectives of the College are the following:-

- i. to advance knowledge in medicine and to promote research
- ii. to promote postgraduate education in medicine
- iii. to promote fellowship among those engaged in the practise of and research in medicine.

The Council has among many other functions, the power to hold examinations and appoint when necessary boards of examiners required for conducting such examinations from time to time.

It is then no wonder that the College at that time, opposed the Government of the day establishing a Postgraduate Institute of Medicine under the Ministry of Higher Education.

The strong opponents of that time, stalwarts of the College and the GMOA would now understand that the establishment of the PGIM was indeed a step forward in the development of Postgraduate Medical Education in this country.

Medical education — has to be safeguarded as many milestones in this process of development have demonstrated. Having served on the Board of Management almost from its inception, I can say that the journey through the years has not been easy. The wisdom of experienced educationists and management experts along with legal guidance has overcome problems along the way. It is important to listen to the clients in order that they bear no grievances. They or their representatives (may be the GMOA in most instances) can truly play in identifying and preventing injustice.

A knowledge of the history of medical education and any precedent in the records would certainly would steer management in the right direction. Further a multi-disciplinary team of management with accountability to Government yet with flexibility of action has been useful. There has been no interferences. The institute has developed by leaps and bounds over the years. What has been said does not necessarily wave a magic wand over the whole system.

Lord Rosenhiem PRCP UK, a well known and one of the earliest examiners and a Fellow of this College is his reports evaluated the standards of our examinations — the Doctorate of Medicine as worthy of high commendation. However, there are many considerations I wish to spotlight. This comes from experie-

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\* *President, Ceylon College of Physicians 1992.*

nce in undergraduate and postgraduate medical education, having held the chair in Paediatrics in the University of Colombo for 25 years and with consultant experience in four of the nine provinces of Sri Lanka in four decades.

The Board of management might sometimes question the low percentage of examination successes. The external examiner might wonder about the quality of candidates who fail. Is there a solution to these situations? The aspirations of medical graduates might occasionally be unjustifiably directed to a higher degree not really matching their potential. Because of the unavailability of a local examination many may feel that any examination is within their reach. The screening examination as for the MRCP UK has been overcome, before launching the Postgraduate training. Then how could there be a more efficient filter?

Perhaps the training itself has to be better supervised. There has been much discussion about the allocation of the trainees. We as consultants must see our images in the mirrors of our clients. It is not that they are always right but their choices are based often on undergraduate and intern experience of who is a good teacher. Once again, let us look inwards at ourselves. Is there sufficient supervision of trainees? Are we patronising towards them and not correcting them enough?

Do we discuss clinical problems and their management on ward rounds? Finally do we evaluate our own clinical decisions? I believe that their choices must be considered in the allocation of supervisors, but of course with limits, considering the number of consultants in a unit.

We appoint a conscientious tutor who arranges in course lectures on a priority basis. Does this happen diligently in every teaching unit in Colombo and the Provinces?

In this SILVER JUBILEE YEAR I would urge that the College sets up committees in Paediatrics, Neurology, Cardiology, Nephrology, Rheumatology, Diabetes etc. I welcome suggestions from Fellows and Members to expand the academic activities of the College.

Let me brief on this occasion as you will hear me again in September at the Silver Jubilee Celebrations. So may I conclude by saying that in these twenty five years the College has matured in experience and in the acquisition of knowledge. Let us rally round the College at this juncture, celebrate our twenty five years of existence in a fitting manner to move a step forward in this, the last decade of the twentieth century.

Thank you all for gracing the occasion and join us in promoting Fellowship at the reception on the lawn outside.