An overview of medical education system in Sri Lanka

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To provide an efficient, effective health care service of good quality, several categories of skilled personnel are required. Among them, medical officers constitute a key category of personnel who need to have specific skills to provide health care for the people and also to enable them to give leadership to all health-related activities. Thus medical education programmes i.e. training of medical officers constitute an area which is of special concern to all those who are interested in improving the health care services.

The health care providers in Sri Lanka today could be broadly categorised as those providing the Western system (allopathic) of health care and those providing the traditional (mainly Ayurveda) systems of health care.

The Ayurvedic systems in legal terms include Ayurveda, Siddha and the Unani systems of medicine. Organised teaching in Ayurveda started in 1929 with the establishment of the College of Indigenous Medicine which became a government institution in 1941. The College of Ayurvedic Medicine was made the Institute of Indigenous Medicine of the University of Colombo. Admission to the Institute is based on the performance of the GEQ (Advanced Level) examination. The duration of the course is five years after which the student has to undergo an internship for a period of one year before being registered by the Ayurvedic Medical Council. In recent years, the Institute of Ayurveda has undergone a turbulent period leading to long periods of closure. According to available information, approximately 40 - 50 graduated from the Institute of Ayurveda annually during the recent years.

In addition to the Institute of Ayurveda of the University of Colombo, the Siddha Ayurveda College at Gampaha also trains practitioners for registration with the Ayurvedic Medical Council. Recently this College was also given university status. The health services in the Ayurvedic system are provided through the state sector as well as the private sector. At present it is estimated that there are approximately 4500 traditional physicians and 4000 general physicians who are certificate holders registered with the Ayurvedic Medical Council and another 5500 traditional specialists practising in the country.

The Western (allopathic) system of medical care was introduced to Sri Lanka first by the Portuguese, then by the Dutch and was consolidated by the British. They established the Civil Medical Department in 1859 and were responsible for the establishment of a training institution for medical personnel, the Ceylon Medical College in 1870. With the establishment of the University of Ceylon in 1942, the Ceylon Medical College became the Faculty of Medicine of the University of Ceylon.

Expansion of the facilities for medical education commenced in 1960 with the establishment of the Second Medical School in Peradeniya. This was followed by the establishment of two (2) more medical schools, in Galle and Jaffna in the early 1980s and two (2) more, in the mid-1990s. Thus, at present there are 6 medical schools in the country.

As with the provision of health care services, medical education has been a state sector responsibility under the system of providing free education Training in the medical schools is provided free of charge. The only deviation to this system was the establishment of a Private Medical College in early 1980s which led to several problems within and outside the university system. This Medical College was later taken over to the university system as the fifth Medical Faculty in the country by the University of Kelaniya.

The entry to the Faculties of Medicine is highly competitive and is based on the performance at the GCE Advanced Level examination. There is no other form of assessment made of the prospective candidates.

The undergraduate medical course is of five years duration following which they have to complete an internship of one year to be eligible for registration by the Sri Lanka Medical Council, the body responsible for monitoring and maintaining the professional standards of several categories of health

personnel. At the present time, the Ministry of Higher Education is responsible for undergraduate training and the Ministry of Health is responsible for internship training.

To a large extent, the medical education system in Sri Lanka has followed the British model. The traditional medical curriculum is broadly divided into pre-clinical, para-clinical and clinical training. This curriculum is being followed in most of the medical schools at present. The pre-clinical training which lasts for the first five terms focuses on the basic sciences – anatomy, physiology and biochemistry. During the next six (6) terms referred to as the para-clinical training, the students are introduced to the clinical disciplines (medicine, surgery, paediatrics, obstetrics and gynaecology and psychiatry) in the teaching hospital setting, parallel with the training in the other relevant subjects i.e. parasitology, microbiology, pathology, pharmacology, community medicine and forensic medicine. The fifth year of the medical course i.e. the "final year" focuses mainly on clinical training with the students being trained in the professorial wards in the teaching hospitals. In the traditional curriculum, exposures to settings outside the teaching hospitals are very limited.

Many innovative changes aimed at making the curriculum more appropriate to the Sri Lankan setting have been made by some faculties in recent years. The introduction of an integrated curriculum emphasising self-learning, paying more emphasis to community orientation and exposure to clinical settings outside the teaching hospitals, in the Faculty of Medicine, Colombo in 1995/96 is a major change in the system of medical education.

Faculties of medicine in the universities in Sri Lanka are the main providers of medical graduates in the country. The number of medical graduates who qualified from the faculties from 1985 - 1995 are presented in Table 1.

In addition to those qualifying from the universities in Sri Lanka, a varied number of persons obtain the medical degrees from training institutions in a wide range of countries. The responsible authority for maintenance of professional standards in the health-related professions is the Sri Lanka Medical Council which requires that those graduating from institutions outside the faculties of medicine in Sri Lanka should pass a special examination held under the Act 16, prior to obtaining full registration to practise in Sri Lanka.

An important landmark in the system of medical education in Sri Lanka is the introduction of post-graduate medical education. In May 1979, the Postgraduate Institute of Medicine (PGIM), University of Colombo was established with the responsibility of providing post-graduate training in all relevant specialities for medical specialists to work in the health care system in Sri Lanka.

At present, post-graduate training is provided in 21 specialities and a total of 31 training programmes are available at the PGIM, 12 of them leading to 'part' specialisation (Diploma - 9; MSc - 3) and others leading to full specialist qualifications (MD/MS - 19). Duration of the training programmes varies between specialities and usually includes a component of overseas training. Those who complete the required training as fully qualified specialists are board certified as a specialists by the Board of Study in the relevant disciplines. The number of trainees who were successful at the post-graduate training programmes during the past five years are given in Table 2.

Medical education, both undergraduate and post-graduate cannot be considered in isolation from other important considerations such as the organisation for provision of health care services in the country, other resources available for health care and the health care needs of the population of Sri Lanka.

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Table 1

Number of medical graduates who obtained qualifications by faculty 1985 - 1995

Year	*Colombo*	*Peradeniya*	*Galle*	*Jaffna*	*Kelaniya*	*Total*
1985	149	95	76	65	-	385
1986	145	81	68	44	-	338
1987	-	72	68	67	-	207
1988	-	-	-	-	-	-
1989	-	-	-	66	-	66
1990	130	86	93	05	-	314
1991	155	82	102	-	-	339
1992	144	89	86	68	64	451
1993	152	89	114	56	83	494
1994	159	97	105	44	98	503
1995	154	128	115	48	121	566

* None have graduated from the University of Sri Jayawardhanapura.

Source: University Grants Commission, Statistical Handbooks for 1985 - 1990 and Ministry of Health, Sri Lanka, Annual Health Bulletin for 1991 - 1995.

Table 2

Number of trainees who obtained post-graduate qualification at the PGIM 1991 - 1995

Qualification	1991	1992	1993	1994	1995	Total
Diplomas	57	72	76	81	72	358
MSc	11	18	15	24	26	94
MD/MS	52	64	73	83	54	326
Total	120	154	164	188	152	778

Source: Ministry of Health, Annual Health Bulletin 1992 - 1996.

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In the health care system of Sri Lanka, the state is the main provider of health care and a majority of the medical officers are employed by the state sector. However, a substantial number of them work in the private health care services, both as general practitioners as well as specialists, both in out-patient and in-patient settings. Reliable information of the number, distribution, type of settings in which they work etc. are not available for those in the private sector. Hence any assessment of the availability of medical officers, distribution etc. could only be done for those employed in the state sector.

In keeping with the increase in the number of medical graduates qualifying from the faculties, the availability of medical officers shows an increase during the past 15 years from 13.9 per 100,000 population in 1980 to 25.5 per 100,000 population in 1995. These rates though higher than those of many African countries, are far below those of many developed countries.

It is important to note that even though the availability of medical officers in relation to the population has shown an increase, the inequalities in the availability of medical officers between districts have not shown any major improvements. In 1995, the availability of medical officers per 100,000 population varied from 71.5 in the Colombo district to 6.4 in the Moneragala district. (This proportion is less than one (1) in the districts of Kilinochchi and Mullativu which could be identified as 'conflict areas'). This is an area of concern even though lack of reliable data related to the personnel in the private sector poses limitations in drawing conclusions. Several factors influence the availability of medical officers at district level which include the availability of infrastructure facilities for provision of health care as well as those in other sectors such as education.

Increased opportunities for training as medical officers have been provided by increasing the number of medical schools and also by marginally increasing the intake in each medical school. It is not clear whether these decisions have been made taking into consideration the development of the health services specially those provided through the state sector. If the state sector is to employ the increasing numbers of medical graduates who qualify in the next few years, it will be necessary to review and make required modifications in the health care system of Sri Lanka. Such changes will have to take into consideration, the budgetary provisions available for health care. In a country where state sector employment was almost guaranteed for the medical graduates, limitation of such opportunities in the future has to be considered with a view to minimising the negative social impacts of such a situation.

The Presidential Task Force appointed to make recommendations on the health services in Sri Lanka has focused its attention on the important subject of human resources development. The recommendations made by this Task Force will need to be taken into consideration in further developing the medical education programme in Sri Lanka.

A major challenge for the medical education programmes is to produce medical professionals who will be able and willing to serve the people of Sri Lanka with competence, compassion and care, in the changing demographic and epidemiological scenario and the health sector reforms likely to be encountered in the 21st Century.