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OF SRI LANKA



**Sectoral Oversight Committee on
Education and Human Resources Development**

**Expansion of Medical Education in Sri Lanka
With the Participation of the Private Sector:
Adopting the South Asian Institute of Technology and
Medicine (SAITM) as a Model**

Sub-Committee on Higher Education

23rd November 2016

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Summary

The success of Sri Lanka's health sector is largely due to its effective public delivery system. Government-provides healthcare is free for all the citizens, the public health sector has inadequate capacity, limited access to specialized doctors. The waiting list for this type of care is usually very long. In addition to a disparity in the available care between rural and urban areas, the health infrastructure in the North and East of the country is poor owing to damage caused during the country's civil war. According to the data available in 2012, the total qualified Doctors: in the country found to be 17,129 (a doctor per 1,187 persons). But it should be increased to average of 670 people per doctor, for better medical care in Sri Lanka. According to the WHO recommendation there should be 40,000 doctors in the country and it clearly indicates there is a shortage of about 25,000.

How can we address this problem?

Only 1100 doctors are graduated from state medical faculties per year and it will take about 19 years to fill the gap. Approximately 82% of students who are qualified to do higher education in the Biology streams do not get an opportunity to enter to the State Universities. According to the current financial constraints of the country, the government is unable to open new Medical Faculties to meet the increasing demand in the country. As a result, about 10,000 students who were not enrolled for free university education would go to foreign countries for university education or follow foreign university degrees within Sri Lanka annually. The brain drain from the country is exacerbated as these students who left the country for foreign university education and children of Sri Lankan expatriates who are also studying in foreign universities do not return to Sri Lanka following their graduation. The parents of these children who are also professionals do leave the country with the children and the country loses not only the child but also the professional parent

A close analysis of the reality of the free education policy shows, in fact, that there is no 100% free Education in Sri Lanka today. School admission charges, private tuition fees in almost all the subjects from primary to secondary school level, other fees and expenses have to be incurred by parents under the so-called free education system. It has therefore become necessary that private institutions have to be introduced in order to meet the urgent needs of the student population. As the government permitted the private sector to embark into hospitals, transportation (private buses), primary and secondary schools (private and international schools) it should open the door for the private sector to set up universities as well. Currently if a student in an International School wants to pursue a carrier in medicine they will have to leave the country as there is only one private medical school in Sri Lanka (SAITM) which is also having many problems for its existence. The GMOA and the state university students do not allow the SAITM students to get the clinical training in the government hospitals and the registration at the SLMC.

Currently the only private medical school in Sri Lanka is South Asian Institute of Technology and Medicine (SAITM). However, the Sri Lanka Medical Council (SLMC) has refused granting provisional registration for these students,

Although the SAITM claims that graduated students have had adequate clinical exposure, the SLMC is not in agreement. Inadequate clinical exposure is the *only* remaining issue that has to be corrected

for the satisfaction of the SLMC. The clinical exposure of the SAIMT students have got is way more than the clinical exposure of the students in foreign medical schools which SLMC recognises without any conditions

As recommendations, it can be addressed under three streams namely, enhance the clinical exposure of SAIMT medical students through Public-private partnership, maintain the standards of the MBBS programme of SAIMT by a Monitoring Body and future Long term measures for the expansion of private medical education in Sri Lanka- long term measures

The Proposal to enhance the clinical exposure of SAIMT medical students through Public Private Partnership can be achieved by following measures.

Take over the NPTH to the Government

Government can take over the NPTH and should function as a government hospital. Of the thousand beds at NPTH, 100 beds should be reserved as a private wing. Awissawella, Mulleriyawa and Horana Hospitals should be affiliated as additional Teaching Hospitals. A fee for providing clinical training for the SAIMT students should be decided by the Ministry of Health, Nutrition and Indigenous Medicine and the SAIMT following discussion with the parliamentary oversight committee. An MOH area preferably Kaduwela and another one should be allocated for teaching Community Medicine. A Judicial Medical Officer (JMO) should be appointed to these hospitals to conduct the Forensic medicine appointment.

Back log clearance should be addressed immediately

Ministry of Health, Nutrition and Indigenous Medicine should give permission to use Awissawella Hospital for other major specialties such as Medicine, Surgery, Gynecology and Obstetrics, Pediatrics, and subspecialties as agreed by the Ministry of Health, Nutrition and Indigenous Medicine at the Parliamentary Oversight committee. Currently SAIMT students use Awissawella hospital only for Forensic Medicine and Psychiatry. But Awissawella hospital has many sub specialties such as EYE and ENT Further, **A block release** of students to several General and Base Hospitals in the provinces should be coupled.. Kalutara, Gampaha, Karawanella, Wathupitiwala, Nawalapitiya, Matale and Nuwaraeliya were decided as possible hospitals.

Maintaining Standards of SAIMT MBBS Programme is also an important factor which decides the future of privates medical schools in the country. In order to maintain the standard following measures should be implemented. The Ministry of Higher Education and Highways has many responsibilities in this regard.

A strict selection criteria for the SAIMT medical school should be adopted with the corporation of UGC. Minimum A/L qualifications would be 2 C and one S or an equivalent qualification in London A/Ls. Twenty percent full scholarships should be granted by SAIMT to the students who marginally missed admission to the state medical faculties from each district.

A monitoring body should be appointed by the Parliamentary Oversight Committee for the SAIMT and that committee should exist as the main authority until the smooth functioning of the new set up of SAIMT.

Final MBBS examination for SAIMT students should be conducted according to the standards and guidelines stipulated by the UGC for the state medical faculties .This was already done at their first and the second final MBBS examinations already held in 2016.

In expansion of private medical education in Sri Lanka as long term measures, start privately-funded fee-levying medical schools affiliated to the well established government medical faculties.

1. Introduction

In Sri Lanka, a large number of Students who are qualified to enter universities – approximately 82% - do not get places as under graduates in our State Universities. The Number of State Universities are therefore, unable to meet the ever increasing demand in the country. This is a burning issue that should not be postponed considering the mental health of students who have not been afforded opportunities by the state universities.

It has therefore becomes necessary that private institutions have to be introduced in order to meet the urgent needs of the student population who do not have places in state universities. The government is also unable to provide increased opportunities in such universities due to financial constraints.

It is, therefore, most opportune to find urgent solutions to bridge the gap between the supply and demand requirements for increased placements/avenues for higher studies for the students who do not get places at state universities.

In order to increase the health facilities, of the country, the main obstacle is the vast shortage of doctors. Because of this demand and social factors, many students seek the help of foreign universities to enter the medical profession as there were no private medical colleges in the country until 2009. Economically, it is a burden for the country due to the loss of foreign exchange reserves and brain drain Further more, the majority of these foreign universities give a sub standard medical education .This fact is very clear since there are large number of failures at the ERPM examinations conducted by the SLMC for foreign qualified medical graduates before granting them the registration

Currently the only private medical school in Sri Lanka is the medical school at South Asian Institute of Technology and Medicine (SAITM).

The first Batch of Medical Students of the South Asian Institute of Technology and Medicine has graduated with the degree of MBBS. However, the Sri Lanka Medical Council (SLMC) has refused granting provisional registration for these students, enabling them to practice medicine in Sri Lanka.

Although the first few batches of SAITM have had adequate clinical exposure, the SLMC is not in agreement. SLMC seems to have considered only those clinical appointments carried out at the Neville Fernando Teaching Hospital (NFTH) whereas students of SAITM have been doing clinical work in leading Private hospitals in Colombo such as Asiri Surgicals, Lanka Hospitals, Nawaloka Hospital and Oasisi Hospital. This has been done under the supervision of leading consultants in this country

1.1 Current issue of SAIMT

Issues raised against providing registration for the SAIMT MBBS Degree by the committee appointed by the SLMC have been largely rectified (Forensic Medicine and Community Medicine appointments were completed at Awissawela Base Hospital and Kaduwela MOH area respectively) . Inadequate clinical exposure is the *only* remaining issue that has to be corrected for the satisfaction of the SLMC.

Purpose of this paper is to propose actions that should be taken to rectify issue of inadequate clinical exposure under three main objectives:

- 1 Enhance the clinical exposure of SAIMT medical students
- 2 Maintain standards of the SAIMT - MBBS programme
- 3 Future expansion of private medical education in Sri Lanka

The above three goals should be addressed under three main mechanisms respectively.

- Public-private partnership
- Monitoring Body
- Long Term measures

2. Proposal to enhance the clinical exposure of SAIMT medical students through Public-Private partnership

2.1 Background

At present the NFTH is the main Teaching Hospital that provides clinical training for SAIMT Medical Students. Even though it is well equipped and patronized by leading consultants in the country, owing to its location and levying a fee the number of patients attending is less. Further, as patients prefer Government Hospitals particularly in case of accidents and emergencies, the exposure of SAIMT Medical Students in accident and emergencies is minimal. Although the number of patients at NFTH would have been adequate for first few batches where the number of students were less, but with the increase in the number of students in subsequent batches, the patient numbers are inadequate, hence there is a need to take measures to increase the patient numbers at NFTH.

2.2 Measures to be taken to improve patient numbers at NFTH

2.2.1 Take over the NFTH by the Government

Government can take over the NFTH as an immediate solution for the existing problem. Currently there are thousand beds at NFTH of these except for hundred of beds, other 900 beds should be made available for the public free of charge. The remaining hundred beds can be set aside as the private wing of the NFTH as the Merchant Ward in NHSL. Of the 900 beds which is given free, four hundred beds will be given to five professorial units (80 beds per each unit) namely Medicine, Surgery, Gynecology and Obstetrics, Pediatrics, Psychiatry.

Of the other 400 beds, one unit each should be allocated for medicine, surgery, Gynecology and obstetrics and Psychiatry (80 beds per each unit as above) these units will be headed by consultants appointed by the Ministry of Health. Rest will be allocated for the essential subspecialties such as ENT, Eye and Orthopedics etc. These units can be either SAIMT academic staff or consultants appointed by the Ministry of Health. In the private wing (Merchant ward) the patients of the consultants attached to the academic staff of the SAIMT should be given priority for the 100 beds. All retired consultants could do the channeling in the private wing.

2.2.2 Management of Staff of NFTH

A Hospital Director and a Board of Management will be appointed by the Health Ministry.

Composition of the Board of Management should be as follows:

- A Chief Executive Officer (CEO)
- A nominee by the Ministry of Health, Nutrition and Indigenous Medicine
- A nominee by the Ministry of Higher Education and Highways
- A nominee by the Finance Ministry
- Four members nominated by the Prime Minister

Until these boards are fully functional, the activities in relation to this change will be supervised by the Parliamentary Sectoral Oversight Committee on Higher Education and Human Resource Development. Further it will ensure the smooth functioning between the NFTH and SAIMT Medical School.

2.2.3 Salaries of the staff of the NFTH

The salaries of the consultants of the professorial units, and the academic staff (Professors and Senior lecturers) will be remunerated by the SAIMT.

The salaries of other consultants appointed by the Ministry of Health and the rest of the medical Officers, Nurses, Paramedics, Labourers and the Office Staff will be paid by the Ministry of Health, Nutrition and Indigenous Medicine. This is the arrangement in the other Teaching Hospitals in this country. All the intermediate grade doctors ie the SR, Registrars and SHOs will be appointed by the Ministry of Health, Nutrition and Indigenous Medicine. The nursing staff, paramedical, minor staff and office staff also have to be appointed by the Ministry of Health, Nutrition and Indigenous Medicine.

The profit from the private wing has to be used for the development of the hospital.

2.2.4 Affiliation of Awissawella, Mulleriyawa and Horana Hospitals as additional Teaching hospitals for SAIMT Medical School

Affiliation of these hospitals are essential as there are large number of students are awaiting to do clinical (the backlog). Currently, there are 3 batches of students who are supposed to do clinical but unable to start their clinical training at the proper time due to lack of clinical training facility as their seniors are currently engaged in clinical training at NFTH. The seniors themselves have not completed the stipulated number of clinical appointments on time so far. SAIMT should pay a stipulated fee on behalf of each student to these government hospitals (currently KDU pays a stipulated amount to the Sri Jayawardenepura Hospital). Both the government and SAIMT can contribute to the development of these hospitals

2.2.5 A designated MOH area for SAIMT Students

A MOH area preferably Kaduwela should be allocated as the MOH area of the SAIMT medical faculty with unhindered access to the staff of Community medicine department for teaching purposes.

2.2.6 A Judicial Medical Officer (JMO)

A judicial Medical Officer (JMO) should be appointed to either one of these hospitals for students to attend the Forensic medicine appointment

2.3 Back log clearance (this should be addressed immediately)

2.3.1 Permission to use Awissawella Base Hospital for all specialties.

As an immediate solution the Health Ministry should give permission to use Awissawella Hospital for other major specialties such as Medicine, Surgery, Gynecology and Obstetrics, Pediatrics, and subspecialties with a stipulated fee as decided by the Ministry of Health. At present SAIMT students use this hospital for Forensic Medicine and Psychiatry only.

2.3.2 A block release of students

A block release of students to several General and Base Hospitals in the Provinces can be done to clear the backlog. The Ministry of Health, Nutrition and Indigenous Medicine on principle, has agreed to release these hospitals for the SAIMT students namely Kalutara, Gampaha, Karawanella, Wathupitiwala, Nawalapitiya, Matale and Nuwaraeliya. *These hospitals are currently not used for clinical training by state medical students.*

This can be implemented immediately as the required infrastructure and the personnel already exist.

Similar action has been taken in the past in the state medical faculties such as affiliations of Kurunegala General Hospital, Gampola, Mawanella and Kegalle Base Hospitals to the Faculty of Medicine of the University of Peradeniya. They are now known as teaching hospitals.

3. Maintenance of the Standard of SAIMT MBBS Programme and the Implementation

3.1 Selection criteria for the SAIMT medical school

A Strict Selection Criteria should be adopted with the corporation of UGC. Minimum A/L qualifications would be 2 C and one S or an equivalent qualification in London A/Ls.

All the other criteria adopted by the UGC for state universities can be considered such as excellence in Extra- Curricular Activities. Proficiency in English should be a must. A stipulated percentage of the total can be allocated for the children of professionals and tax payers. Twenty percent full scholarships should be granted to the students who marginally missed the entry to state medical faculties from each district by SAIMT

3.2 Appointing a Monitoring body for the SAIMM

3.2.1 Background

In the state universities the whole academic, financial matters are monitored at different levels such as faculty board, senate, and the council. All the academic matters are strongly monitored by them and staff is bound with red tapes by having all regulation bodies. A university council is the executive body of a university governance system, an advisory body to the Vice Chancellor. Finally the council is under the UGC and the Ministry of Higher Education and Highways. The council is responsible for all financial matters, academic activities, as the principal governing body of the University to ensure its overall good management and well being.

3.2.2 The concept of Monitoring body for SAIMM : Why it is needed ?

Though the Dean of the SAIMM attends UGC standing committee, she/he is legally not bound to the UGC as state faculty Deans because the authority which appoints the Dean and the other key figures are the Chairman, and the Board of Directors of SAIMM – who are the owners of this company. Therefore it is in doubt whether the most suitable persons are in these key positions. But in state universities the Dean is elected among the heads of Departments by a popular vote. In the SAIMM, the governing body is the chairman the Chancellor (Dr Nevil Fernando). It is obvious that this monopoly of administration should be balanced by few responsible members to be par with state universities. So it is essential to have a monitoring body to overrule the current administration.

3.2.3 The responsibilities of the monitoring body

i) Entry qualification for the SAIMM medical undergraduates: At present students apply to medical course at SAIMM he/she should have minimum of two Credit passes and a simple pass (2 C one S). To enter the state medical faculties as stipulated by the UGC is three simple passes (3 s) only. There should be an agreement between the UGC and the SLMC in this regard

ii) Supervision of academic work by close communication with the Dean, Heads of Departments and Student Representative (the batch top of a selected year)

iii) Supervision of Financial matters: With respect to distribution of the profit for the well being, further development of NFTH and student welfare etc. and close association with the UGC, SLMC, Ministry of Higher Education and Highways with regarding the quality and the standard of the training and the education given for the undergraduates of SAIMM, should be the other concerns of this monitoring body.

Two officers should be appointed to oversee the financial matters regarding SAIMM and the Ministry of Health, Nutrition and Indigenous Medicine.

This monitoring body will function until the establishment of an independent quality assurance body for all medical faculties of the country.

3.2.4 Proposed Composition of the Monitoring Body

- (i) Representative of the Ministry of Health, Nutrition and Indigenous Medicine preferably, a Deputy Director General (Financial matters should be monitored)
- (ii) Member of UGC/Ministry of Higher Education and Highways appointed by the UGC Chairman will Convey UGC matters
- (iii) SLMC member appointed by chairman of SLMC Convey SLMC matters,
- (iv) The Director of the NFTH

- (v) A member from the Association of Medical Specialists among the extended staff of the SAIMM medical faculty
- (vi) Elected Member from the Parents Association
- (vii) SAIMM Chairman
- (viii) A SAIMM student representative (A student from each batch preferably who was the batch top of the previously held examination)
- (ix) Dean/SAIMM, Faculty of Medicine
- (x) SAIMM legal officer
- (xi) Accountant of the SAIMM
- (xii) Heads of the Departments of SAIMM

3.3 Standards of Examinations

3.3.1 Final MBBS examination for SAIMM students

The final MBBS examination of SAIMM should be conducted according to the standards and guidelines stipulated by the UGC for state medical faculties as it was already done at their first and the second final MBBS examination held in 2016. The structure of the examination i.e the number of MCQs & SEQ and essay questions, pattern and duration of long and short cases clinical examination and Viva voce should be similar. The students are examined by external examiners, professors, senior lecturers of state medical faculties and consultants from the government hospitals as in any other state medical faculties. All the examinations conducted so far by the SAIMM were carried out adhering to all above standards.

4. The Responsibilities of the Government

In order to carry out smooth functioning of the proposal the support of the Ministries of Higher Education and Highways, Health, Nutrition and Indigenous Medicine and the SLMC and UGC is essential. As a government policy the following responsibilities will be imparted to the above Ministries and organizations, and the Parliamentary Sectoral Oversight Committee on Education and Human Resource Development.

4.1 Responsibilities of the Ministry of Higher Education and Highways and UGC

- i) Involvement of the activities of the monitoring body
- ii) Facilitate the SAIMM to be in par with other state medical Faculties through administration
- iii) Coordination with the SAIMM administration for the Final MBBS and a Common MCQ Examination, instructing the Deans of State Medical Faculties to make their staff members participate in the clinical component of the final MBBS

4.2 Responsibilities of the Ministry of Health, Nutrition and Indigenous Medicine

- i) Involvement of the activities of the Monitoring Body
- ii) Management and Appointing authority of the Director, medical staff including consultants, other medical officers ,nurses, paramedics office staff and the minor staff to the NFTH
- iii) Facilitation to conduct the Final MBBS of SAIMT by releasing Ministry of Health, Nutrition and Indigenous Medicine Consultants as external examiners.
- iv) Provide the required facilities for clinical training of SAIMT medical students at Awissawella, Mulleriyawa and Horana Base Hospitals and other hospitals which were identified in the provinces, as given in 1.5.2(the hospitals in the provinces will be needed until the backlog is cleared)and Kaduwela MOH area and another MOH area.
- v) To bear the recurrent expenditure, operational and capital expenditure of the NFTH
- vi) Recognize SAIMT medical graduates. To absorb SAIMT Medical Graduates to the internship according to the existing criteria.
- vii) Appointing Medical Dean of the SAIMT as a committee member of SLMC

4.3 Responsibilities of the SLMC

- i) Involvement of the activities of the monitoring body
- ii) Facilitation of the conduction of Final MBBS of SAIMT
- iii) Facilitate the SAIMT activities through the Medical Dean of SAIMT

4.4 Responsibilities of the SAIMT

- i) Hand over the NFTH to the government to allow the students of SAIMT to get the proper clinical training
- ii) Twenty percent full scholarships should be granted to the students who marginally missed to the state medical faculties from each district by SAIMT
- iii) Adhere to the guidelines stipulated by the Ministry of Health, Nutrition and Indigenous Medicine and the Ministry of Higher Education and Highways.
- iv) Give support to ensure the smooth functioning of the monitoring body

5. Future expansion of private medical education in Sri Lanka by long term measures

5.1 Background

The students who are qualified for higher education after Advanced Level should find opportunities in preferable fields. In Sri Lanka, except medicine the students get the opportunity do a professional course such as engineering IT, Mangement and in science streams.

At present only private medical school is SAIMM. It can accommodate at least 20 students who have just missed entering state medical schools by offering twenty percent full scholarships. This policy can be adopted by the future private medical schools as well.

5.2 Establishment of Private Medical Education

Because of the limited vacancies in the existing state medical schools, it is proposed to start privately-funded and fee-levying medical schools with the government involvement. To initiate the project , the university of Colombo (as the international school of Medicine , Colombo : targeting international students), and Peradeniya , will be ideal because of the existing resources and the international recognition. The benefits for the respective university will be the getting funds from this venture for the upgrading of the facilities of the state faculties of Medicine.

When Sri Lankan students are recruited to these universities a soft loan system can be introduced for them.

Finally, new medical schools can be started affiliated to other fully fledged faculties namely, Galle, Sri Jayawardenapura and Kelaniya. The government can initiate to upgrade the close by district general hospitals which have many facilities, manpower, and large patient numbers to the teaching hospital standard, with the contributions respective funding agencies. It should be noted that these hospitals are currently not used by any one of the state medical faculties to teach their students as shown below.

Colombo Medical Faculty - Negombo hospital
Peradeniya Medical faculty - Nuwareliya hospital
Galle medical faculty - Matara hospital
Jayawardenapura Medical Faculty - Kalutara hospital
Ragama medical faculty - Gampaha hospital

5.3 Benefits for the Government

- i) Generate a lot of direct and indirect employment opportunities - for academics and non-academics as well as doctors and nurses.
- ii) Limit of the drain of foreign exchange from our country for the purpose of medical education overseas.
- iii) Earn foreign exchange for our country, with clever marketing strategies can attract foreign students (since the west is hostile many middle-eastern and other Muslim countries, we will be able to attract them quite easily) Many foreign students who come as electives, prefer Sri Lanka over other South Asian countries as our patients are very co-operative and they can get hands-on experience which they will not get in the west and some of the Asian countries due to

religious reasons. Also, they can communicate with our patients because a large percentage of our patients have functional knowledge of English

iv) Reduce the burden for the government for the salary increase of professors and lecturers in state universities who are at the moment disgusted about their salary, this is the very reason why it is difficult to recruit medical teachers to the universities as the government medical officers salary with other allowances - such as overtime etc - is double that of a senior lecturer in a state medical faculty). They would be able to be visiting lecturers to these private medical schools.

v) The patients of those areas will also get the benefits because of the upgrading of the district general hospitals to teaching hospitals. Many subspecialties will be added e.g neurosurgery, urology etc and the number of doctors, specialists and non-specialists who work there will also increase.

6. Conclusions and Recommendations

6.1 Conclusions

(i) There is genuine and urgent need to increase the number of Doctors in the Country

- (ii) Of the large number of students who qualify to do enter medical faculties do not Get placement in state faculties due to limited vacancies
- (iii) Government is not in a position to expand or start new medical faculties
- (iv) Large number of students go overseas to pursue medical education with a Massive loss of foreign exchange which the country can ill afford
- (v) There is a need to expand the opportunities for medical education in Sri Lanka

6.2 Recommendations

- (i) To establish new medical schools in Sri Lanka with the participation of the private sector
- (ii) To stream line the function of the existing private medical school in SAIMM
- (iii) To alleviate all the obstacles for private medical education through clear policies and present these proposal to the public highlighting the benefits they would get from these ventur

