


Editorial

Outstation state medical faculties in Sri Lanka: nobody's children when it comes to sustainability!Anjana Silva^{1*}, Kosala Weerakoon¹, Janaka Pushpakumara¹, Sampath Paththinige¹¹Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka, Saliyapura 50008, Sri Lanka.**Keywords:** Medical education, Sri Lanka**Copyright:** ©2023 Silva A *et al.*  This is an open-access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.**Funding:** None**Competing interest:** None**Received:** 14.07.2023**Published:** 25.07.2023✉ **Correspondence:** nkanjanasilva@gmail.com <https://orcid.org/0000-0002-9968-3707>

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The trend of establishing new outstation MBBS degree programs

The extraordinary gazette issued by the Minister of Higher Education of Sri Lanka, on 20th March 2023 gave clearance to the Uva Wellassa University to establish a Faculty of Medicine under the Universities Act of Sri Lanka, and to run a MBBS degree program. This is the 12th MBBS degree program in the state university system under the purview of the University Grants Commission (UGC). These 12 MBBS degree programs and the one offered by the Faculty of Medicine of the General Sir John Kotelawala Defence University (KDU), which is established under a separate parliamentary Act, are the MBBS degree programs delivered by government institutes in Sri Lanka. Of the 12 MBBS degree programs under the purview of the UGC, six have been established over the last 17 years. Five of the recently-established MBBS degree programs are in 'outstation' universities (Rajarata, Eastern, Wayamba, Sabaragamuwa and Uva Wellassa Universities), and the other is at the University of Moratuwa, located within the Western province.

MBBS degree program is one of the most in-demand undergraduate programs in Sri Lanka, hence the recent wave of outstation faculties of Medicine has undoubtedly expanded the free education opportunities in the country. The student enrolment in the MBBS degree programs of the state universities has markedly

increased recently, from 1166 in the 2009 Advanced Level (A/L) examination (high school certificate giving university entrance) intake to 1494 in the 2018 A/L intake followed by 1967 in the 2019 A/L intake[1-3]. The added number of MBBS undergraduates was distributed among all the state universities including the recently established outstation faculties. Of the 2019 A/L intake, 26% and of the 2020 A/L intake, 28.5%, were enrolled in the five recent outstation MBBS degree programs. While the establishment of new MBBS degree programs has progressively shifted medical faculties and their benefits to communities in the peripheries, the matter of contention is whether enough attention has been paid to the sustainability of these programs in the long run.

What makes MBBS degree programs unique?

The learning needs of MBBS undergraduates far exceed routine classroom-based teaching-learning activities and require comprehensive learning opportunities through community- and hospital-based clinical training activities. Further, these different teaching-learning activities should be meaningfully organized within the curriculum to provide early clinical exposure, and horizontal and vertical integration among different disciplines for the acquisition and continuous enhancement of professional competencies and values expected of a basic doctor. Sri Lanka Qualification

Framework [4] and Subject Benchmark Statement in Medicine [5] published by the UGC provide curriculum requirements in the local context, while the Extraordinary gazette by the Minister of Health on “Maintenance of minimum standards of medical education” on 26th January 2018 presented the curriculum and resource requirements of the universities or institutions in the conduct of MBBS degree programs.

The World Federation for Medical Education (WFME) prescribed standards for human and physical resources, clinical training, and information resources required to conduct medical undergraduate programs effectively [6]. These local and global standards and guidelines highlight the need for greater physical and human resources within the university system, teaching hospitals, and community health settings resourced enough to provide adequate training, with the involvement of external stakeholders such as specialist doctors, medical officers, other healthcare workers, patients and the community. Moreover, MBBS degree programs should have the capacity to update the curricula with the rapidly changing trends of medical education, and evolving healthcare context across the globe. Therefore, establishing a new MBBS degree program should be a carefully made policy decision based on the inputs of all stakeholders, considering the quality of the program and its outcomes, sustainability as well as continuous improvement. Unfortunately, it is not well reflective whether such a thought process existed before the implementation of any of the recently-established MBBS degree programs in Sri Lanka.

Outstation MBBS degree programs: who’s children?

The need for an increased healthcare workforce in the country is evident by the recent statistics (such as the high doctor-population ratio), however, likely, the establishment of the new MBBS degree programs at outstation universities is not solely due to this national need, but also compelled by the possible political intentions and imposed on to the higher education authorities. These new faculties are compelled to develop an educational program that is manageable with limited resources, recruiting a few staff members to somehow run the MBBS degree program and putting up a few buildings with lecture halls and tutorial rooms, and sending the students to surrounding health care settings and the community for training, and transforming a nearby hospital into a professorial unit that may not have adequate resources for comprehensive clinical training. What is more unfortunate is that achieving and maintaining the quality standards set by the national and global authorities has become an uphill task for these new outstation MBBS degree programs in particular,

even before the current drier circumstances in the country unfolded, with the increasing student numbers each year aggravating the problems faced by these faculties.

Human and physical resource crisis

The attraction of qualified academics, especially those with medical training, has ever been a challenge for the newly established and outstation faculties due to many complex reasons such as salary discrepancies, schooling opportunities and options for children and the issues in the quality of living conditions in outstations. This greatly increases the workload of the existing staff and the chronically unfilled carders of academic departments force the existing staff to be overwhelmed by teaching, quality assurance and administration commitments, thereby limiting opportunities for research and professional development. For these enduring reasons, even those who are recruited as probationary lecturers, tend to leave for greener pastures once they are qualified, making these outstation faculties ‘human resource supply centres’ for established medical faculties. The situation has been further aggravated by the current economic crisis, with many qualified academics who have been shouldering the development of these outstation faculties opting to resign and migrate. Recent administrative decisions such as the suspension of new recruitments to the universities and the recent changes in the payee tax policy have further aggravated the staff issues in these faculties. One of the strengths of the new outstation medical faculties has been their teaching hospitals that facilitate robust clinical training for undergraduates with a rich diversity of patients. However, with the current human resource crisis faced by the health sector with many specialists working in outstation tertiary care centres opting to leave the country, these outstation tertiary hospitals are in a constant struggle to run some of their units even with temporary measures such as allocating acting consultants. This causes interruptions and creates inconsistencies in the clinical training compromising the quality of the MBBS degree programs.

Lack of adequate funding: the vicious cycle

The funding allocation for essential infrastructure and the timely completion of such projects has been a major problem in the entire university system over the last decade. The state universities in Sri Lanka are largely dependent on government funding with a lesser contribution of self-generated funds. There are no equal grounds for the outstation medical faculties compared to the established medical faculties in competing for opportunities to secure funding. The faculties with

several degree programs and a larger total number of students receive the bulk of the funding. Outstation medical faculties are not in a position to get more funding by increasing the number of degree programs or students due to obvious resource limitations. Moreover, outstation faculties are in a disadvantaged position in earnings mainly due to their geographical location. Income sources such as payments through the students that are enrolled under foreign quotas are primarily directed to the established faculties, due to the inherent disadvantages in the new outstation faculties. Moreover, due to the resource limitations, the outstation faculties, which are already struggling to cater to the basic needs, are not in a position to expand or diversify the self-generated funding options. Therefore, these faculties are in a vicious cycle that prevents future earning opportunities and limits government funding for them.

Act fast to prevent a system collapse

Selection of students to MBBS programs must be merit-based, and must not be based on wealth. At the same time, the students who enjoy a quality free education directly sponsored by taxpayers need to be held accountable to serve the public, through a bond agreement. However, anyone having prior plans or a change of plans to proceed otherwise can be provided with options to pay for themselves, which can be an

optional funding source for medical faculties. This will also alleviate the public impression of the potential misuse of free education by its beneficiaries.

The above issues in the new outstation medical faculties are likely to be aggravated by the current economic crisis in the country, negatively impacting them several folds, and widening the gap between the established and new medical faculties. To ensure patient safety and the competence of practising doctors, as well as to gain global recognition, it is crucial to maintain uniformly high standards in medical degree programs, adhering to the recommendations of the WFME. This applies regardless of whether the programs are held in outstation or central locations. However, maintaining such standards can be a daunting task, especially considering the challenges in obtaining sufficient human and physical resources for outstation faculties as signified above. Nonetheless, it remains essential to keep up with the WFME recommendations to guarantee the safety and quality of patient care and to establish a globally recognized medical education system. Therefore, this is high time for the universities, UGC, the Sri Lanka Medical Council and the political establishment to think seriously about taking concrete steps to solve the urgent human and physical resource issues of the new outstation medical faculties.

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