FEATURE ARTICLE

Legacy of Medical Administration in Sri Lanka: Evolution, Formation of CMASL, Professionalization and Future Directions

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Introduction
Modern healthcare brings together clinical medicine, technology, economics, and public policy. In this complex setting, Medical Administration has evolved from a largely supervisory function into an evidence-based medical specialty concerned with health system design, governance, resource allocation, service quality, and policy development.

Global and Local Evolution of the Specialty

The development of Medical Administration reflects both global health system transformation and Sri Lanka's institutional experience. Globally, healthcare leadership has shifted from informal, experience-based management towards a professional discipline grounded in systems thinking, evidence-informed decision-making, and accountable governance [1]. In Sri Lanka, the specialty has evolved over 150 years in response to increasingly complex healthcare delivery, expanding institutional responsibilities, and the need for strong organizational leadership [2].

As the field matured, Medical Administrators moved beyond routine administration to contribute to:

1. Strategic planning and policy implementation.
2. Institutional coordination and workforce management.
3. Quality improvement and service development; and
4. Leadership in an increasingly complex public health environment.

This expanded role created the need for a distinct institutional voice and professional framework for Medical Administration within Sri Lanka's health sector [3, 4].

Establishment of CMASL

As the specialty developed, a dedicated professional institution was required to support postgraduate training, professional standards, institutional identity, and academic leadership. In 1992, the College of Medical Administrators of Sri Lanka (CMASL) was established by visionary senior Medical Administrators, marking a major milestone in the specialty's development [3, 5].

Values that Shaped the Specialty

The specialty was shaped by academic development, professional standards, public service values, institutional responsibility, discipline, mentorship, and principled leadership. Together, these values helped define its professional identity and organizational culture [6].

Institutional Memory and Professional Identity

Institutional memory preserves professional identity, continuity, and shared values. Reflecting on the establishment and development of CMASL therefore offers guidance to future Medical Administrators as their governance and stewardship responsibilities continue to evolve [3, 5].

This reflection is especially important as Medical Administration responds to wider health system changes while sustaining its professional identity and organizational purpose.

Future Challenges and Purpose of this Reflection

Healthcare is being reshaped by technological innovation, artificial intelligence, digital health systems, workforce change, public accountability, and evolving governance demands [7, 8].

These changes raise important questions about CMASL's future direction, including whether its objectives and constitution should be revisited [3].

This article reflects on the legacy of Medical Administration in Sri Lanka, the establishment and contributions of CMASL, the values that sustained the specialty, and the future challenges that may shape its continued development.

It also calls on future Medical Administrators to preserve the founders' achievements while adapting to changing health system needs.

Key Message

The history of CMASL is more than a record of institutional development; it is an ongoing effort to preserve professional identity, ethical leadership, and organizational integrity while adapting to the changing demands of healthcare and society.

Historical Evolution and Formation of CMASL

Since the establishment of the Civil Medical Department in 1858—the precursor to the present Department of Health Services—medical administrators have continuously led the country's health services for 168 years. Throughout this period, they have provided leadership across the full range of health services. This type of administration of health services by medical administrators is unique and unparallel globally. This long tradition is distinctive and has contributed significantly to the strong health outcomes achieved today through a people-centred approach [2].

The transition from a basic colonial department to a modern state administration was fundamentally accelerated by two major legislative and structural interventions: the Cumpston Report of 1950 and the Medical Act of 1952 [2].

The first medical administrator to lead the Civil Medical Department in 1858 was Dr Christopher Elliot, who served as Principal Civil Medical Officer (PCMO) and Inspector General of Hospitals.

- In 1925, the title of Principal Civil Medical Officer was replaced by Director of Medical and Sanitary Services.
- In 1952, following the enactment of the Health Services Act No. 12 of 1952, the designation became Director of Health Services.
- In 1964, the Department of Health Services was amalgamated with the Ministry of Health.
- In 1983, the designation was changed to Director-General of Health Services.

Medical Administration in Sri Lanka evolved alongside the gradual expansion and increasing complexity of the national health service. As healthcare institutions grew in scale and responsibility, it became clear that effective administration required expertise beyond clinical training alone. Managing hospitals, public health programmes, human resources, finance, logistics, and policy implementation called for structured leadership and specialised administrative competence to support a modernising health sector [1].

Formation and Establishment of CMASL

In 1992, several senior Medical Administrators began discussing the formation of a professional college recognising the urgent need to create a distinct professional identity for Medical Administration within the Sri Lankan health system. Until then, most matters relating to Medical Administrators—including professional development—had been handled by the Association of Medical Administrators, which had been established in 1974 [5].

In the meantime, the Government Medical Officers' Association maintained that trade union matters should be handled through a single organisation and insisted that the Association of Medical Administrators be dissolved.

At that point, a small group of senior administrators—including the founder President, Dr George Fernando, the late Dr Bernard Randeniya, President of the Association of Medical Administrators, Dr Reggie Perera, the late Dr Lalith Mendis, Dr Sanath Gunesekera, the late Dr. Ananda Herath and Dr Shanti Dalpatadu, together with several others—decided to establish the College of Medical Administrators [5].

Establishment of CMASL was challenging [5, 9]. Senior members of the College of Community Physicians strongly opposed the creation of a separate College of Medical Administrators, maintaining that Medical Administration should remain a subspecialty of Community Medicine. However, a smaller group—including Board-Certified Consultants in Community Medicine—supported its recognition as a distinct specialty and continued to press for its establishment.

Accordingly, the Association of Medical Administrators was dissolved, and the College of Medical Administrators of Sri Lanka (CMASL) was established in December 1992 by 46 Medical Administrators with the following objectives [3, 5].

Objectives of the College

1. Guide health development in Sri Lanka.
2. Support the implementation of national health policy.
3. Promote postgraduate studies and professional advancement in Medical Administration.
4. Review the status of the field and advise the Ministry of Health and the private sector on related challenges, including human resource development and resource mobilisation.
5. Foster fellowship among professionals in the field.
6. Publish a professional journal.[3]

Dr Lalith Mendis made an important contribution to the College's identity by designing its mace, cloak, and logo. This visual identity reflected the concept of a royal professional college, using blue and gold together with a crown, snake, and sword as symbols associated with health [10].

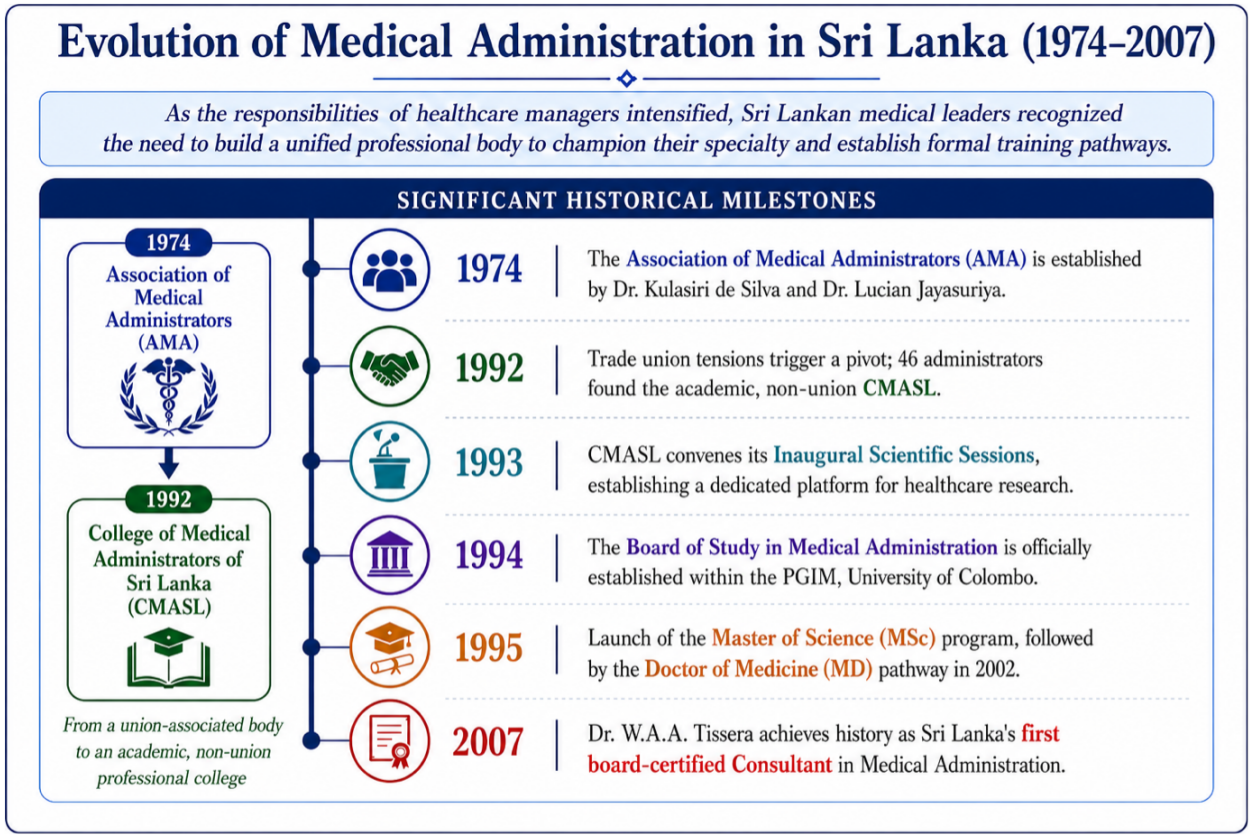


Figure 1. Evolution of Medical Administration in Sri Lanka

Its purpose was to promote professional development while remaining separate from trade union activity. At the time, only a few comparable colleges existed in Hong Kong and Europe and, apart from the Royal Australian College of Medical Administrators, but they were not involved in postgraduate training.

The first council meeting was held on 12 December 1992. At this meeting, the following office bearers and council members were elected: [5]

1. President: Dr George Fernando
2. President-Elect: Dr Reggie Perera
3. Vice President: Dr Susantha de Silva
4. Secretary: Dr K.C.S. Dalpatadu
5. Treasurer: Dr Punsiri Fernando
6. Editor: Dr Lalith Mendis
7. Committee Members: Dr P. Sivaraja, Dr Nihal Jayathilake, Dr D.A.K. Gunesekera, Dr H.M. Fernando, and Dr B.F.S. Samaranayake

The first scientific session followed on 4 December 1993 [5].

Significance and Legacy

The formal establishment of the College of Medical Administrators of Sri Lanka (CMASL) in 1992 marked a major milestone in the recognition of Medical Administration as a distinct professional specialty. Although the early years were challenging—particularly while the specialty itself was still evolving and formal recognition remained limited—the determination of this founding generation laid the foundation for the College's later growth and maturity [5,6].

It reflected a growing understanding that Medical Administrators needed a dedicated institution to uphold standards, support training, protect professional identity, and contribute to the development of the health system. [3,5].

CMASL also created an institutional platform through which Medical Administrators could engage in academic development, professional advocacy, continuing education, and leadership development. At a time when the specialty was still evolving, the College provided organisational continuity and a shared professional framework for practitioners working across different sectors of the health system [3, 4].

Over time, CMASL came to play an increasingly important role not only in institutional representation, but also in consolidating Medical Administration as a recognised professional specialty. In doing so, it helped strengthen health system governance and organisational leadership in Sri Lanka [3, 6].

Formation of College of Medical Administrators of Sri Lanka (CMASL) in 1992, from the establishment of the Association of Medical

Administrators (AMA) in 1974 to a professionalisation of the specialty by establishment of the Board of Study in Medical Administration at the Postgraduate Institute of Medicine (PGIM), by introduction of postgraduate training pathways (MSc and MD).

Figure illustrates the key institutional milestones that shaped the specialty's academic, professional, and leadership development.

Academic Institutionalization and Post-Graduate Pedagogy

To firmly establish medical administration as an authentic medical science, the newly formed College prioritized the creation of rigorous, structured post-graduate education [3, 6].

During the early stages of postgraduate development, local expertise in management sciences and organizational leadership remained limited. To address this gap, CMASL mobilized experienced medical administrators and collaborated with institutions such as the Sri Lanka Institute of Development Administration (SLIDA) and the Postgraduate Institute of Management (PIM). These partnerships strengthened training in management science, leadership, organizational behaviours, strategic planning, and public-sector governance. Such interdisciplinary collaboration contributed significantly to the academic maturation of medical administration and helped establish the specialty's credibility within the broader health sector [4,11, 12].

The Board of Study and Curriculum Formulation

In 1994, working in close collaboration with the Ministry of Health and international consultants from the World Health Organization, CMASL successfully established the Board of Study in Medical Administration under the Postgraduate Institute of Medicine (PGIM) at the University of Colombo. This was a major milestone, providing the institutional infrastructure needed to generate board-certified specialists in Medical Administration [1,4,11].

The Board of Study designed a two-tiered academic progression model to equip physicians with the complex skills required for modern health system management:

1. Master of Science (MSc) in Medical Administration: Launched in 1995, this program provided intensive training in biostatistics, epidemiology, healthcare economics, human resource logistics, and organizational behaviour. It served as the mandatory foundational qualification for entry-level administrative positions in the state health sector [4,11].
2. Doctor of Medicine (MD) in Medical Administration: Introduced in 2002, this advanced degree focused on macro-level strategic planning, national health policy formulation, health systems research, and public finance. The program required candidates to complete overseas training segments and submit extensively peer-reviewed research projects. [4,11,13].

This academic framework achieved a defining success in 2007, when Dr. W.A.A. Tissera became the first officially board-certified Consultant in Medical Administration in Sri Lanka. [12] This milestone permanently validated medical administration as a distinct specialty within the national health system.

Dissemination of Scientific Research

To maintain its academic standing, CMASL launched its Annual Scientific Sessions in December 1993, creating a dedicated forum where medical administrators could present empirical research, share operational data, and critique healthcare delivery models.

To complement these sessions, the College established the Sri Lankan Journal of Medical Administration. This peer-reviewed publication provides an outlet for health systems research, quality improvement audits, and analyses of healthcare-seeking behaviours across the island [3,5].

Scientific Pillars and Foundational Values

The growth of CMASL was guided by a clear commitment to objective, scientific methodologies and public service principles:

1. Evidence-Based Macro Governance: Utilizing epidemiological data, mortality trends, and healthcare usage statistics to formulate national health policies, thereby eliminating arbitrary decision-making [1, 13].
2. Algorithmic Asset Optimisation: Developing objective metrics and audit tools to manage public finances, hospital supply chains, and large medical workforces with transparency and accountability [13].
3. Preservation of Professional Identity: Ensuring that healthcare management remains under the guidance of medically qualified professionals who possess a deep, firsthand understanding of clinical environments [3, 6].

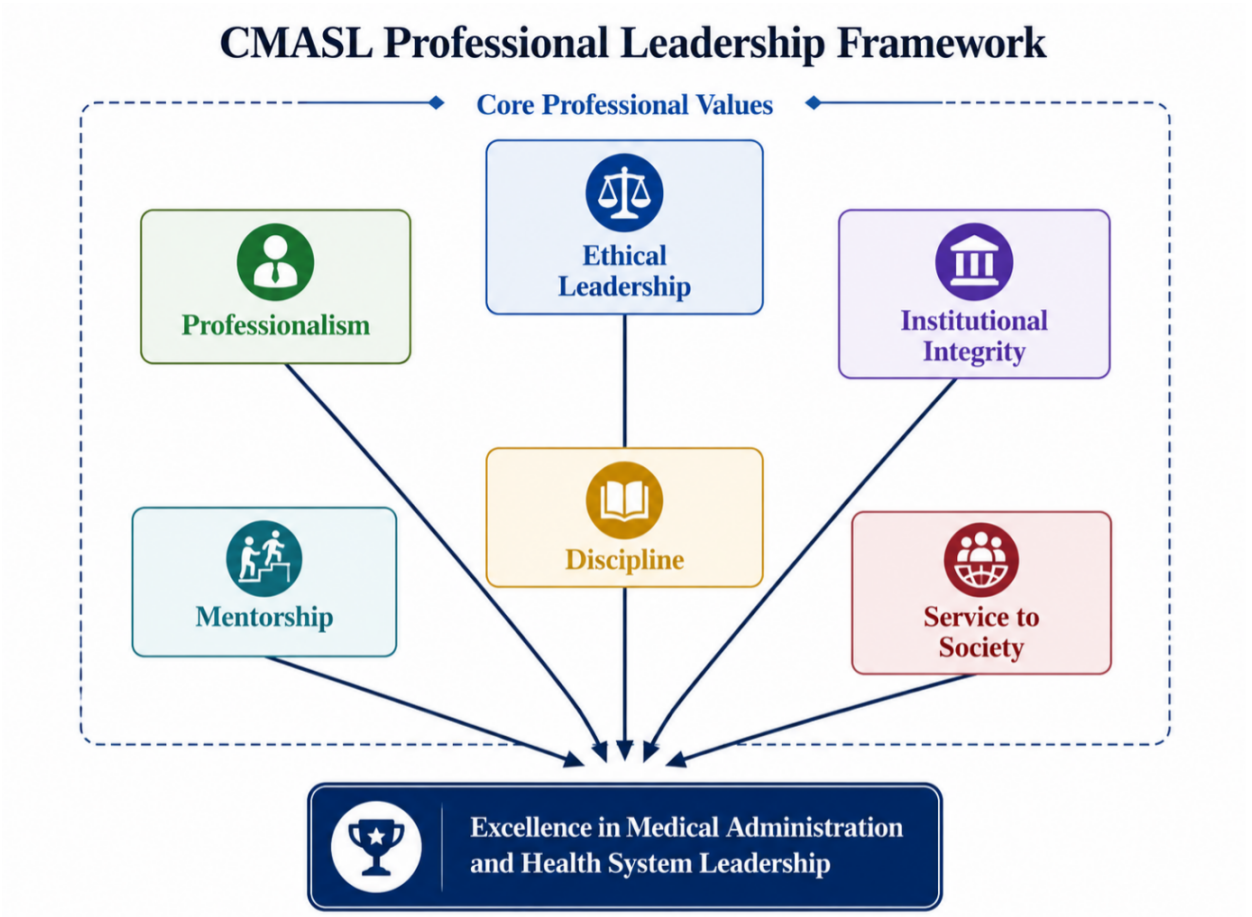


Figure 2. CMASL Professional Leadership Framework

Conceptual framework illustrating the core professional values that underpin effective leadership in Medical Administration. The framework reflects the values promoted by the College of Medical Administrators of Sri Lanka (CMASL) in fostering competent, ethical, and accountable medical administrators.

The long-term strength of any professional specialty depends not only on formal academic training but also on deliberate mentorship and intergenerational knowledge transfer. Senior medical administrators have historically played an important role in guiding younger colleagues in professional conduct, decision-making, organisational leadership, public service values, and institutional responsibility [6,9].

As healthcare systems become increasingly complex, structured mentorship programs are becoming more important. Many younger specialists in medical administration seek clearer professional guidance and leadership development following board certification. Maintaining strong mentorship traditions will therefore be critical for sustaining professional excellence and preserving institutional memory within the specialty [6, 9].

The strength, prestige, and resilience of any medical specialty require deliberate mentorship and structured intergenerational knowledge transfer. Formal textbooks and written PGIM exams cannot substitute for the tacit knowledge, political judgment, and ethical grounding conveyed through a strong, functional senior–junior mentoring relationship.

Historically, senior administrators in Sri Lanka's health system took an active, personal role in developing junior colleagues. Working with far fewer staff, limited digital tools, and heavy workloads, earlier leaders prioritized the professional growth, conduct, and emotional protection of registrars and younger medical administrators. They taught them how to navigate, ministerial bureaucracy, calm management of crises, and resistance to unethical pressures—treating mentorship as a core institutional duty to sustain medical leadership.

Today this tradition is in crisis. Many recent MD specialists and registrars report a lack of genuine senior role models: once secure in posts or certified, too many senior administrators withdraw from academic and pastoral duties, abandoning mentorship. Hence there is a growing, deeply unsettling sense of frustration regarding the limited active contribution of several qualified senior medical administrators. As a result, younger medical administrators face volatile, politicized roles with little support, increasing risk of bureaucratic bullying and burnout. Senior leaders must recognize mentorship remains a

professional obligation, actively guide and protect trainees, and reinstate mentorship as a core criterion of senior standing within CMASL.

Professionalism, Ethical Leadership, and Organisational Stewardship: Beyond technical expertise, the development of medical administration in Sri Lanka was strongly influenced by a culture that emphasised professionalism, accountability, institutional discipline, and service to society. Effective medical administrators were expected not only to manage systems efficiently but also to uphold ethical standards, maintain public trust, and safeguard institutional integrity [6,15,16].

Historically, leadership within the specialty has been characterised by organizational stewardship, consistency in decision-making, respect for established processes, and a commitment to public-sector responsibility. These attributes helped strengthen the credibility of medical administration and remain essential in an era of increasing public scrutiny and governance complexity [15, 16].

Conceptual illustration of the principal domains through which the College of Medical Administrators of Sri Lanka (CMASL) has contributed to the advancement of Medical Administration as a recognised medical specialty. The framework highlights six complementary areas of contribution. Collectively, these domains have strengthened professional standards, promoted academic development, fostered evidence-informed practice, and enhanced leadership capacity within Sri Lanka's health systemContemporary Sociological and



Figure 4. Lessons from the Founding Generation

Technological Crises and Emerging Challenges

In the twenty-first century, healthcare systems face unprecedented transformations that challenge traditional management models, forcing medical administrators to continuously update their professional competencies [1, 7, 8].

Modern healthcare institutions operate under unprecedented levels of public scrutiny. Citizens



Figure 3. CMASL: Domains of Leadership and Contribution

increasingly expect transparency, accountability, ethical governance, and measurable performance from healthcare organisations [14, 16].

Medical administrators must therefore develop competencies in governance frameworks, public communication, stakeholder engagement, and institutional accountability while balancing political, financial, and clinical realities. Preserving public trust will remain one of the defining responsibilities of future healthcare leaders [14, 16].

A major challenge facing the contemporary Sri Lankan medical administrator is the sharp intensification of external political pressures. In an era marked by rapid political shifts and systemic economic stress, medical administrators are frequently caught between objective medical priorities and partisan political demands.

Medical administrator must deploy exceptional diplomatic skill and structural resilience to overcome these demands. This requires moving away from defensive compliance and toward building objective, data-driven, and legally fortified administrative frameworks. By anchoring resource allocation, hospital transfers, and procurement decisions in transparent, unassailable algorithmic metrics, the administrator can effectively insulate the public health infrastructure from arbitrary political interference, preserving public trust and institutional integrity.

The shift away from analogue records toward integrated Electronic Medical Records (EMRs) has rewritten the rules of hospital logistics. Modern medical administrators must manage complex data security frameworks, navigate interoperability challenges between software systems, and implement data-driven clinical workflows [7].

Furthermore, the rapid rise of Artificial Intelligence (AI) creates new administrative responsibilities. Modern Medical Administrators must scientifically evaluate AI diagnostic tools, manage algorithmic bias, and design ethical frameworks for machine learning applications in patient care [8].

Modern healthcare workforce operates under vastly different sociological expectations than previous generations. Emerging doctors, nurses, and allied health professionals demand better work-life balance, highly transparent career progression pathways, and psychologically supportive workplaces. Medical administrators must deploy advanced human resource strategies to reduce burnout and maintain operational continuity, even during severe economic contractions or geopolitical crises [14, 16].

Public health infrastructures face intense public scrutiny alongside rising costs for medical equipment and pharmaceuticals. Modern Medical administrators cannot simply request larger budgets; they must master advanced health economics. Medical Administrators must utilize cost-minimization analyses, implement precise resource-allocation models, and navigate complex international procurement frameworks to maximize patient outcomes within tight financial constraints [1, 13].

Future Directions

Healthcare systems throughout the world are currently undergoing profound transformation. Changing disease patterns, evolving workforce expectations, increasing public accountability, resource constraints, governance complexity, and technological disruption are reshaping the responsibilities of healthcare leaders and administrators. These developments present both challenges and opportunities for the future direction of Medical Administration in Sri Lanka [13, 17].

Artificial intelligence, digital health technologies, genomics, data-driven decision-making, and advanced information systems are increasingly influencing planning, service delivery, quality improvement, workforce management, and institutional governance. While these developments offer significant opportunities to improve efficiency and healthcare outcomes, they also introduce important challenges relating to ethics, accountability, data protection, equity, and professional responsibility [7, 8].

To guide future generations of medical administrators, CMASL must balance its rich institutional history with progressive, forward-looking strategic adaptation.

1.Strengthening Postgraduate Competencies

In response to rapidly changing healthcare landscapes, CMASL may need to place stronger emphasis on leadership development, structured mentorship, digital competencies, interdisciplinary collaboration, governance, research, innovation, and regular review of professional competencies [11, 13].

Future Medical Administrators will need capabilities beyond conventional administration, including understanding digital systems, critically interpreting AI-assisted information, managing technology-enabled organisations, and adopting innovation while preserving patient-centred values [7, 8].

CMASL's 2026 Presidential Theme, "Leading the Future: Pioneering AI-Driven Leadership in Medical Administration," reflects the growing role of technological transformation in healthcare leadership. Its focus on digital literacy, ethical governance, collaborative innovation, and leadership development aligns with the wider challenges now facing the specialty [18].

Managing a modern medical institution requires

skills beyond traditional healthcare theory. CMASL should therefore update its curricula to include advanced data science, predictive health analytics, crisis communication, and financial forecasting.

2. Constitutional and Structural Reforms

As CMASL enters a new era shaped by technological innovation and changing healthcare expectations, the College should review and update its objectives, governance arrangements, and constitutional framework to remain aligned with the evolving needs of the profession and the health system [3].

Institutional renewal should be seen not as a departure from founding principles, but as an ongoing responsibility to remain relevant, responsive, and forward-looking within changing social and healthcare contexts [3, 18].

This flexibility will help CMASL respond rapidly to emerging global health threats, build effective public-private partnerships, and sustain collaboration with international health governance bodies.

3. Strengthening Mentorship and Preserving Core Values

As CMASL's founding pioneers retire, the College risks losing vital institutional memory. It should establish structured mentorship programmes that connect experienced retired administrators with postgraduate trainees, while preserving the core values of ethical leadership, institutional discipline, and committed public service needed to prepare future health systems medical administrators [6, 9].

4.Developing Leadership and Planning Succession

long-term sustainability of medical administration requires purposeful leadership development and succession planning. CMASL should strengthen structured programmes that identify, nurture, and prepare future Medical Administrators for increasingly complex administrative roles, with emphasis on strategic thinking, ethical decision-making, systems leadership, governance, and crisis management [14, 16].

Succession planning must be viewed not as an administrative exercise but as a core institutional responsibility that ensures continuity, resilience, and organizational stability across generations [3].

Key competencies and professional attributes expected of an effective Medical Administrator in contemporary health systems. These attributes will help will support evidence-informed decision-making, effective health service management, organisational resilience, and high standards of professional leadership in Medical Administration.

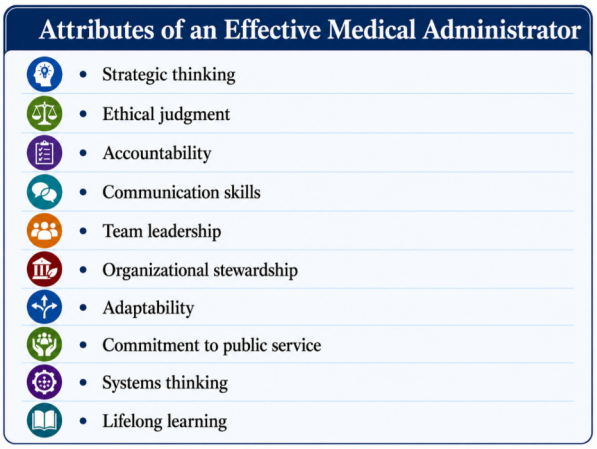


Figure 5. Attributes of an Effective Medical Administrator

Conclusion

The historical evolution of the College of Medical Administrators of Sri Lanka illustrates the journey of health systems management from basic hospital oversight into a rigorous, specialized medical science. From the early roots of the global public health movement to the local launch of the AMA in 1974 and the academic founding of CMASL in 1992, the guiding principle has remained unchanged: safeguarding public health through expert, scientifically informed leadership [2, 5].

The progress achieved over the past decades was made possible through the dedication of individuals who contributed to postgraduate training, professional development, institutional strengthening, mentorship, and the cultivation of a culture grounded in service, discipline, and principled leadership. These contributions helped transform medical administration from an emerging field into a recognized specialty with an increasingly important role in supporting Sri Lanka's health system [4, 6, 11, 13].

By successfully blending the ethical values and structural discipline of its founders with modern data systems, healthcare economics, and advanced technology, CMASL will continue to ensure that Sri Lanka's national healthcare system remains resilient, highly efficient, and prepared for future global challenges [7, 8, 14, 18].

Final Reflection

The future of medical administration in Sri Lanka will depend not only on the preservation of institutional memory but also on the willingness of each generation to renew the values, competencies, and professional commitments upon which the specialty was built. The responsibility for sustaining and advancing that legacy now passes to those who will lead the health system through an increasingly complex and rapidly changing era. In that continuing journey, CMASL remains not merely an institution of professional affiliation, but a custodian of standards, stewardship, and service to society.

Conflict of Interest

The authors declare that they have no financial or non-financial conflicts of interest related to this manuscript.

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Ethics Approval

This manuscript is a historical and scholarly reflective review based on published literature, publicly available documents, institutional archival material, and the professional experiences of the authors. It does not involve human participants, patient information, human biological materials, or animals. Ethics approval was therefore not required.

Consent for Publication

Not applicable.

Data Availability

No original datasets were generated or analysed during this study. All information used in preparing this manuscript is derived from published literature, publicly available sources, and institutional archival documents cited in the reference list.

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