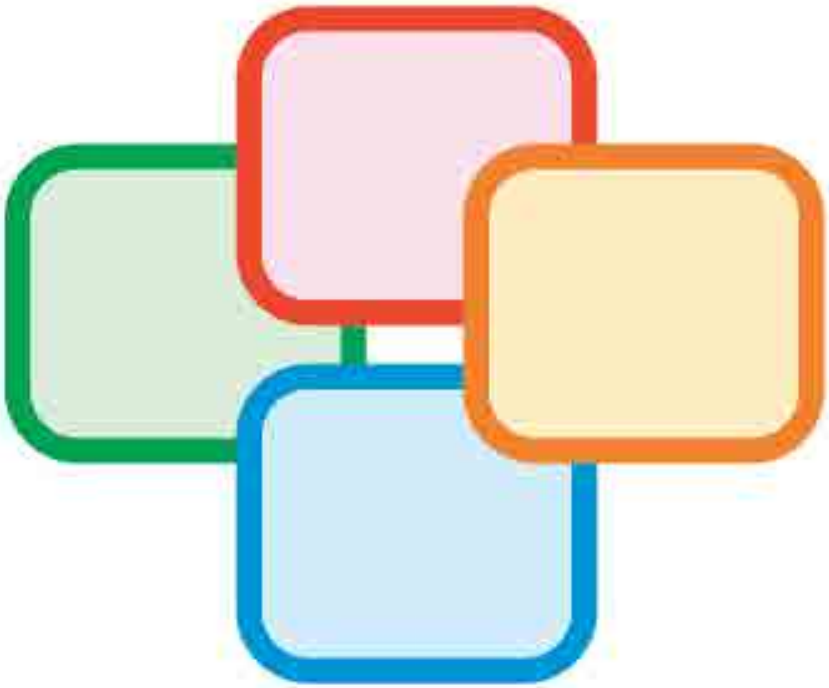
Common Competency Framework for Primary Care Training of Medical Undergraduates



Ministry of Health, Nutrition and Indigenous Medicine
Sri Lanka

Common Competency Framework

for Primary Care Training of Medical Undergraduates in Sri Lanka

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MESSAGE FROM THE DIRECTOR GENERAL OF HEALTH SERVICES

It is with much pleasure that I pen this message for the publication of the technical report on "Common Competency Framework for Primary Care Training of Medical Undergraduates". This Framework provides valuable input into the current primary care reforms taking place in the country. The need to strengthen competencies to deliver primary care was understood earlier on in the development phase of the reform.

I wish to thank the Management, Development & Planning Unit for having had this insight and bringing together key stakeholders for this consultation.

The Ministry of Health being the key employer of medical graduates in Sri Lanka would like to see that doctors have the adequate competencies to perform optimally in primary care institutions. I believe this consultation has paved way for a greater understanding for Faculties of Medicine to improve undergraduate curricula in this direction.

I wish to thank the University academics who have actively contributed to this endeavour. I note that four common competencies namely: clinical care provider, communicator, scholar and manager are identified in the framework and these core competencies in primary care physicians are clearly needed to implement the reform in Sri Lanka.

It is my duty to thank the entire team behind this report, who have worked diligently to support the reform.

Dr. Anil Jasinghe
Director General of Health Services

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ACKNOWLEDGEMENT

The Editorial team wishes to acknowledge the guidance given by the Secretary to the Ministry of Health and the Director General of Health Services in conducting this analysis. The team also wishes to acknowledge the contribution of all Deputy Director Generals and Directors of the Ministry of Health to this process. We sincerely thank the Chairperson of the University Grants Commission and the Deans and the academic staff of Faculties of Medicine for their invaluable contribution to making this effort a success. The academic staff of the Medial Education Development and Research Centre of Faculty of Medicine, University of Colombo receives a special note of thanks for reviewing this document. The Editorial team also wishes to appreciate the diligence and the commitment of the staff of the Organization Development Unit of the Management, Development and Planning Unit in realizing the goals of this endeavour.

INTRODUCTION

Development of a common competency framework for the undergraduate medical curriculum to strengthen the delivery of Primary Care Services in Sri Lanka

The year 2015 marked the end of the MDG era and the advent of the Sustainable Development Goals. The health goal of the SDGs, 'ensure healthy lives and promote well-being for all at all ages', sets the stage for health actions for the next 15 years for health systems across the globe. The target on Universal Health Coverage (UHC), one of the 13 targets of the health goal, provides an overarching framework to direct sustainable efforts to improve health systems, building on efficiency, health service integration and people-centred care to achieve all health goal targets.

Universal Health Coverage is ensured when all people receive the health services they need without incurring any financial hardship. Universal Health Coverage has two interrelated components: the health services coverage and the financial risk protection. Equity is at the heart of UHC: the entire population should receive benefits.

Critical to achieving UHC is a health workforce that is relevant, adequate and trained to cater to population health needs. The health workforce is one of the key building blocks of the health system that countries need to strengthen to achieve universal equitable access to good quality health services. Going beyond mere numbers what a country needs is a health workforce with the right competencies to respond to its population health needs. Countries need strong leadership and commitment to transform health professionals' education to fulfil the objectives of the country health system. The WHO Initiative on transforming and scaling up health professional education and training provides guidance for countries to scale up their health professional education.

The health workforce that is required by a country is primarily defined by population health needs and its health service delivery structure. Many countries are moving away from specialist driven hospitals based care that have little connection with the communities they serve, to integrated care centered upon primary care to deliver people-centered care.

People-centered care has more relevance in the current context of the NCD epidemic, which demands continuity of integrated health services throughout the remaining lifetime of affected individuals. Primary care services have regained wide recognition globally as countries strive to develop better-integrated health systems where primary care services, which are closer to home, play a gate-keeping role to specialized care provided in hospitals. It is widely recognized that to achieve UHC, health systems should be based on a primary health care approach, which is people-centered and integrated.

Sri Lanka's health system is organized mainly into preventive and curative sectors with limited integration. Although preventive health services are primarily provided through a primary health care approach adopted through a wide network of MOH offices, the curative services remain mostly centered upon specialist hospitals of secondary and tertiary levels of care. The primary curative care institutions, which are under the administration of regional health authorities, receive less attention compared to other levels of care.

In the recent past, the Ministry of Health has taken many steps to revitalize the primary level curative services with the aim of ensuring universal access to health services to the population through the network of primary level hospitals, which exceed 900 in number. Some of the key interventions are adoption of an essential drugs list for NCD at primary level, preparation of guidelines for NCD management at primary level and appointment of MBBS qualified medical officers to primary level hospitals.

A medical officer working at the primary level requires unique competencies to function effectively. A significant number of medical officers are appointed to these institutions soon after completing their internship in specialist hospitals, which do not necessarily equip them with the knowledge and skills to work in a primary care setting. To bridge this gap, the Primary Care Services Unit of the Ministry of Health initiated a one-week training programme to orient medical officers for practice in the primary level.

However, considering the role that primary care must play in managing the rising burden of chronic NCDs, the Ministry of Health has long felt the need to integrate primary care competencies in the undergraduate medical curriculum. The medical graduates appointed to primary level institutions will be better oriented to provide people-centered integrated care to the community, which cannot effectively be done through a short in-service training program. Strengthening the primary care competencies of medical graduates will ultimately lead to ensuring universal access for effective healthcare services and achieving UHC for Sri Lanka.

Directorate of Policy Analysis and Development of the Ministry of Health organized a symposium on "Strengthening undergraduate medical education for better primary care services" on 9th December 2013. The objective of the meeting was to share the experience of each faculty on the essential features of their teaching program contributing to building competencies to practice in primary care settings.

The meeting was chaired by the Additional Secretary/ Medical Services, Dr. Y.D.N. Jayathilaka, and attended by university academia and experts in medical education. The Ministry of Health presented the proposed Primary Health Care reform "Shared Care Cluster Model to the audience" to enlighten the academia about the probable vision of primary healthcare changes in the country.

During the discussion on primary healthcare-oriented teaching in the medical faculties it was identified that the training models and curricula adopted for primary care training by faculties were not uniform. Whilst some faculties identified Family Medicine as the key discipline, others had an integrated approach to primary care training through both Family Medicine and Community Medicine disciplines. The training facilities assigned also differed. Some faculties had their own primary care practice whilst others depended on existing primary care institutions in the government sector. Many faculties sent students to observe the Practices of private general practitioners. Community interventions were also carried out within defined areas such as 'health village', or' university village' or identified families or groups of families by different faculties. There were also varying attempts to integrate primary care training in to other clinical disciplines.

A set of recommendations were agreed upon to guide the future course of action in reorienting the undergraduate medical curriculum to strengthen primary care competencies of medical undergraduates.

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The Recommendations

a. To develop a common competency Framework. (The common competency framework would be a generic guide and the faculties of medicine can have different models for developing these competencies)
Focal points from all faculties of medicine to be named and the Medical Education Unit to support this activity. Dr. Susie Perera, Director Organization development will coordinate through the Focal points.

b. The UGC Standing Committee on Medical Education to make use of the common competency framework to review undergraduate programs for primary care.

c. The Ministry of Health to explicitly state its policies on infrastructure development to strengthen PHC, specifically on deployment of doctors to improve primary care and on recognition and defining the roles of primary care doctors in the health care system. This would create greater emphasis and interest to embrace on primary care oriented teaching.
d. Some medical faculties that are relatively young in their programs of primary care training requested assistance and welcomed technical cooperation from others.

e. More financial assistance would be needed to faculties of medicine to improve or expand their primary care programs.

F. Possibilities for partnership to be explored with provincial health authorities so that faculties of medicine could make best use of existing primary level institutions (Hospitals and MOH units) to give practical exposure in primary care. Model field practice areas with model primary care institutions should be set up.

g. Setting up of Model practice institutions for primary curative care can be supported by making useful deployment of existing MDs in Family Medicine.

h. The required competencies to deliver primary care at present cut across several disciplines and the guidance of professional Colleges should be sought. They could assist by providing more specific guidelines, stating the required knowledge and skills to address specific health problems. This would be useful to faculties of medicine to further improve the teaching program. (This refers to more specific competencies required that is reflected through an understanding of specific health needs of the country, whilst section a) above is on generic competencies)

According to the recommendations made, the Ministry of Health organized a consultative meeting to develop a common competency framework for the undergraduate medical curriculum to strengthen delivery of primary care services on 15th March 2015.

The meeting was chaired by the Deputy Director General (Education, Training and Research) Dr. Sunil De Alwis. Curriculum development experts from all medical faculties participated. Professional Colleges were also represented. An introduction to the transformation required at the Primary Care level was delivered by Dr. Susie Perera, Director/Organization Development. Dr. Indika Karunathilake (Director/ Medical Education Development and Research Centre, Faculty of Medicine, Colombo) made a presentation on the different types of curricula adopted by other countries for undergraduate medical education followed by the technical discussion.

A format for curriculum revision was agreed upon and the competencies for the primary care doctor were categorized under three broad outcomes of Manager, Clinical Care Provider and Health Promoter.

The participants worked in groups to identify the possible competencies under the three broad outcomes. Consensus was reached on the competencies identified for the outcomes by each group.

The identified competencies were further elaborated, and the framework was drafted by the staff of the Organization Development Unit under the guidance of Dr. Indika Karunathilake. This was achieved through literature surveys and discussion conducted with relevant stakeholders.

The final draft identified four main outcomes for the common competency framework to strengthen primary care service delivery.

1. Patient care provider at primary level
2. Communicator
3. Scholar
4. Manager

The final consultative meeting was held on the 15th October 2015 at the Sri Lanka Foundation Institute to obtain consensus among university academia and professional colleges. The meeting was chaired by the Deputy Director General (Planning), Dr. Neelamani S.R. Hewageegana and Deputy Director General (Education, Training and Research), Dr. Sunil De Alwis.

This document presents the common competency framework agreed upon at this meeting, which was subsequently forwarded to the University Grants Commission for further action.

1.Patient care provider at primary level

Competencies required:

1. Respond to diverse presentations at primary level
2. Ensuring continuity of care to the patients
3. Provision of patient-centered holistic care

Primary care is an essential element in any health system that acts as the entry point of patients into the health care system and links the patients with the rest of the system. The primary care physician will encounter various disease presentations and will be required to make an initial diagnosis of any sign, symptom, or health issue. Unlike a specialist in a particular discipline who will provide organ system or problem specific care, he/she is expected to provide comprehensive care for the person. They are also expected to establish long-term therapeutic relationships with patients and are responsible for assisting patients to navigate through other health services according to their needs.

Provision of care at primary level is different from provision of care at higher levels in that the use of technology in diagnosis and treatment is limited. The doctor at the primary level should be equipped with basic clinical skills to recognize early symptoms of any disease and distinguish patients who require advanced medical care from those who can be managed at the primary level.

In view of the increasing NCD burden, a critical skill is to identify risk groups of patients for NCDs and provide screening and health education to prevent disease. Ensuring continuity of care for patients with chronic illness is a priority to foster quality care for the patient throughout the course of the illness.

At the primary level, as the physician has a long-term partnership with families, he/she can play a crucial role in addressing needs of special groups of people such as adolescents, elderly and the disabled. The doctor can be instrumental in facilitating social and financial support to meet their needs.

A fundamental element in primary care practice is providing patient centered care. The Institute of Medicine report on "Crossing the Quality Chasm: A New Health System for the 21st Century" describes patient centeredness as "providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions"[1]. To fulfill this role the primary care physician should be respectful of and respond to patients' needs in a culturally competent manner.

The proposed key competencies as a patient care provider at the primary level are responding to diverse presentations at primary level, ensuring continuity of care to the patients and providing patient centered holistic care.

Teaching contents to develop the outcome as a patient care provider at PHC levels includes knowledge and skills on history taking and making proper differential diagnosis of patients presenting to primary healthcare institutions. The knowledge on selecting appropriate, basic investigations in an ethical manner in primary care settings and diagnostic and therapeutic procedures is a priority area in teaching contents. In addition, students must acquire knowledge and skills with regards to provision of emergency care at primary level health institutions. Awareness related to national guidelines, notification of communicable diseases, referral systems, health education and promotion to patients, social determinants of health, are also required to include in the program.

Reference:

1.Institute of Medicine. Crossing the quality chasm: a new health system for the 21st century. Washington (DC): National Academies Press; 2001. Pg. 6

Outcome	Competencies	Specific Objectives	Content	Teaching methods	Assessment
Patient care provider at primary level	Respond to diverse presentations at primary level	Demonstrate effective clinical problem solving and judgment to identify and address common patient presentations at primary level	History taking and Differential Diagnosis	• Focused history taking based on patient centered holistic approach at PHC level • Role playing/ Video/ Simulation at range of clinical settings including PHCs- to identify the list of core presentations at first contact care	Work place assessments
			Knowledge on selection of appropriate basic investigations in an ethical manner in primary care settings	-do- / How to rationally investigate / Contact referral centre	OSCE
			Effective, appropriate and timely performance of diagnostic and therapeutic procedures at primary care settings	-do- Identify the procedures Perform at different facilities	OSCE
			Provision of emergency care at primary level	ETU based teachings at DH	OSCE

			Notification of communicable diseases		OSCE Work place-based assessment
			Awareness of best practices, national guidelines and protocols (general and specific to primary level)	Lectures Clinical teachings	Clinical cases VIVA examination Written tests
		Identification of risk groups for non-communicable and communicable diseases	Identification of patients with risk for certain diseases	Opportunistic screening at PHC level /	Field assessments
			Targeted health education and promotion of individual patients with risk for certain diseases	The health education Methods/ at individual level /	Field assessments
		Addressing the needs of special groups e.g.: elderly, pregnant, adolescents and disabled	Awareness on available services for special groups	Lectures Small Group Discussions	
			Knowledge on specific conditions affecting special groups and how to adequately respond in primary care settings	Lectures Small Group Discussions	Case Discussions

	Ensuring continuity of care to the patients	Formulating a plan for comprehensive care as first contact care physician in patients with long term illness	Awareness on primary care guidelines on management of chronic diseases at primary care level	Lectures Group Discussions	Case Discussions Written Testing
			Patient record keeping system at primary level	At DH level case management	Log Books Portfolio
			Referral system	Clinical teaching at PHC institutions	Log Books Portfolio
	Provision of patient centered holistic care	Effective identification of the patient's problem/s during a clinical encounter taking into consideration the patient's circumstances and preferences	Ability to make the care plan in collaboration with the patient and their family Social justice and equity in health provision Social determinants of health	Case discussions Family attachments IWC	Case discussions
				Case discussions at PHC institutions	Case discussions Reflective logs
				Case discussions at PHC institutions	Case discussions Reflective logs

2.Communicator

Competencies required:

1.Effective doctor –patient communication

2.Language and cultural competence

3.Skills on health education and health promotion

4.Effective professional communication

A primary care physician is required to be a good "communicator" to effectively engage the patients, families and the community while harnessing support from other physicians and health related institutes in ensuring good health outcomes for all.

Effective doctor-patient communication has been linked to improved health outcomes1. At the primary care level, this skill becomes even more critical as it is the first contact the patient has with the health care system and the outcome of the doctor-patient encounter would determine the subsequent health-seeking pattern of the patient. Good communication skills are essential to build rapport with patients and their families and to establish confidence in the health services.

Increasingly more patient encounters happen for chronic illness care that requires long-term contact with health care providers. In this backdrop, the primary care physician has a crucial role to play by assisting and guiding the patient's journey through a long-term regime of treatment. Maintaining records becomes a necessity and a skill to master to offer quality care to patients.

Good communication skills are also required to engage patients' families in the care of the patient. Indeed, the primary care physician is the physician for the whole family. It is the responsibility of the primary care physician to know the patients' families as family dynamics are fundamental to patient management.
Primary care physician has the responsibility of coordinating patient care with other health care providers. To offer the patient the best possible care through the system the primary care physician should coordinate care through different levels of the system, which will demand good communication with colleagues in referral centers.

Being sensitive to cultural norms of patients is important in establishing long-term patient-doctor relationships as in the primary care level. Speaking the language of the patient is fundamental for a lasting therapeutic relationship.

The primary care physician has a significant role to play in fostering positive behavior change in people under his/her care. There is more opportunity for health education in the primary level hospital closer to patients' homes than in higher levels of hospitals catering to large numbers of patients. The primary care physician should be well equipped to deliver health education to the population under his/her care.
The proposed key competencies in communication for a primary care physician are effective doctor –patient communication, language and cultural competence, skills on health education and health promotion and effective professional communication.

In achieving these competencies medical undergraduates needs to be taught about techniques and good practices of communication characterized by understanding, trust, respect, honesty and empathy for establishing long-term relationship with families. They also need to be educated on challenging communication issues such as obtaining informed consent, delivering bad news, and addressing anger, confusion and misunderstanding. In addition, maintaining clinical records, patient information identification of socio-cultural differences and develop correct attitudes and practices related to communication also needs to be taught.

Special attention also should be made to ensure undergraduates learn about official communication methods, including letter writing etiquette as well.

Reference:

1.Stewart MA. Effective physician–patient communication and health outcomes: a review. Can Med Assoc J 1995; 152:1423–33.

https://fhs.mcmaster.ca/medicine/gastro/residency/goals_CANMEDs-communicator.htm

Outcome	Competencies	Specific Objectives	Content	Teaching methods	Assessment
Communicator	Effective doctor –patient communication	Develop skills and attitudes to establish therapeutic relationships to foster trust and rapport with patients to fulfill the role of a primary care doctor for families	Techniques and good practices of communication characterized by understanding, trust, respect, honesty and empathy for establishing long term relationship with families	Role play based on scenarios at PHC level Case discussions at PHC level	OSCE Patient feedback
			Communicate effectively in challenging situations such as obtaining informed consent, delivering bad news, and responding to anger, confusion and misunderstanding	Role play	OSCE
		Engage patients, families and relevant health professionals in shared decision making in developing the plan of care	Information sharing and group decision making	Group discussions Role play Family attachments	Field assessments
		Maintain clear, accurate and appropriate records of clinical encounters and plans	Principles of maintaining clinical records, patient information	Case notes	Log books Portfolios
	Language and cultural competence	Communicate effectively with individuals regardless of their social, cultural or ethnic backgrounds	Awareness of socio-cultural differences and develop correct attitudes and practices	Group discussions based on case discussions	Reflective writing

	Skills on health education and health promotion	To be able to communicate effectively with patients and community to foster positive behaviour change for a healthier life	Principals and skills of health education and promotion	Group and individual work	Field assessments
			Techniques for effective communication (written, verbal, non-verbal)	Group and individual Work	OSCE
	Effective professional communication	Health professionals and colleagues and administrators	Official communications	Group and individual work	OSCE
			How to record statements	Group and individual work	OSCE
			Letter writing skills	Group and individual work	Group and individual presentations
			Letter writing etiquette	Group and individual work	OSCE
			Presentation skills	Group and individual work	Group and individual presentations

3.Scholar

Competencies required:

1.Continuous professional development

2.Evidence-based medicine

3.Basic research on relevant health fields

For this third outcome, three competencies have been identified. First is Continuous Professional Development. As medical officers attached to PHC institutions work in an environment where specialists are not available, searching for information is very important. Therefore, they need to be equipped with the capacity to search for the right information. This will enable them to update themselves about the newest trends of diseases and treatment options available.

The second competency is the ability to practice evidence-based medicine. This competency requires the ability to evaluate the existing information and adopt the most appropriate best practices.

The third competency is the ability of the medical graduates to conduct medical research. Since they have frequent contact with communities, they have the opportunity to conduct research related to primary health care services in the country. Therefore, improving the work-based research capacity of the medical undergraduates is a necessity. They should also be able to create, disseminate and apply knowledge for better decision making.

The main content areas that should be covered under the outcome of Scholar are knowledge on searching for evidence-based information, conducting basic research and work-based research.

Reference:

Frank, JR., Jabbour, M., et al. Eds. Report of the CanMEDS Phase IV Working Groups. Ottawa: The Royal College of Physicians and Surgeons of Canada. March, 2005.

https://fhs.mcmaster.ca/medicine/gastro/residency/goals_CANMEDs-scholar.htm

Outcome	Competencies	Specific Objectives	Content	Teaching methods	Assessment
Scholar	Continuing professional development	Continuous updating of knowledge	Searching for information	Hands on sessions Journal clubs	OSCE
	Evidence based practice	Evaluate different options in patient care to identify current best practices in patient care	Principles of evidence-based medicine	Lectures	Written test
			How to access reliable information	Lectures	Project work
			How to evaluate information	Lecture discussions	Reflective log Portfolios
	Basic research on relevant health needs	Identifying areas for research and conduct research	Basic research methodology	Lectures Project work	Research project assessment
		Dissemination of research findings	IT skills, Presentation methods, Presentation skills	Group discussions Presentations	Group discussions Presentations
		Conduct work-based research to improve patient management		Research projects	Project assessments

4.Manager

Competencies required:

1.Planner

2.Implementer

3.Evaluator

Medical Officers attached to Primary Healthcare Institutions usually function as managers of the hospital. The responsibility of the hospital manager is to ensure delivery of sustainable healthcare services to the population by taking necessary decisions on service delivery and resource allocation. The implementation of decisions for improved health services, ensuring the adherence to best practices and evaluating the results of such decisions are other dimensions of the management capacity at the primary healthcare level. Therefore, medical officers should develop the competencies of a Planner, Implementer and Evaluator to optimally discharge duties at primary level.

The competencies of a planner are to assess the current health situation of the area, identify the future health needs of the community and apply the theories in planning to prioritize health problems. The medical officers at primary level should be equipped with the knowledge on the planning process and the planning cycle.

The competency required of an implementer is to ensure proper functioning of the healthcare institution by adhering to the current administrative rules and regulations. A manager is also required to work in collaboration with different levels of co-workers, public and several other stakeholders. Building competencies in administration, teamwork, leadership, public relations and multi-stakeholder partnerships to implement health interventions are vital to function as an implementer.

The role of evaluator is based on the competencies to monitor and evaluate the performance of health institutions, health workers or an intervention. Knowledge of basic evaluation is a necessary learning component for a medical student to work as a manager in a primary healthcare institution.

In summary, a medical graduate should be competent as a planner, implementer and evaluator to function effectively as a manager in a primary healthcare institution.

Content areas for teaching under the outcome of manager will be basic steps of health planning, process of problem prioritization, knowledge on current administrative set up within the ministry of health, leadership skills, methods of analysing and auditing reports and data.

Assessment of students should include clinical cases, VIVAs, OSCEs, Portfolio maintenance, logbooks, reflective writing, and case presentations.

Outcome	Competencies	Specific Objectives	Content	Teaching methods	Assessment
Manager	Planner	To assess the current health situation and future health scenarios	Steps in planning, planning scenarios, problem prioritization methods, evaluation of health activities	Lectures Group discussions Debates	Role playing Individual and group presentations
		Identify current non-health related system problems		Lectures Group discussions	Role playing Individual and group presentations
		Prioritize the health problems			
		Set feasible objectives and targets			
	Implementer	Administrator -Ensure smooth functioning of the institution	Current administrative set-up and organization of health services and healthcare system: rules and regulations, line of authority, hierarchy, E code, national guidelines, supervisory roles, delegation of work	PHC institution-based training	Log book Portfolio
		Team Work - Work in collaboration with others to assess, plan, provide and integrate care for individual patients	Establish good working relationships with co-workers, principles of management theories of change, forces negative to change, team dynamics & team building skills with allied health care workers, soft skills on developing mental well- being (Mindfulness) Knowledge on principles of conflict resolution	Inter-professional education with case discussions	Portfolio Case discussions

		Leader- Ability to perform as an effective leader, advocator for improvement of health of people	Characteristics of Leaders- positive role modelling [self-care (including stress management), work ethics, punctuality, dress code, empathy, responsiveness, assurance and reliability]	Inspirational case studies of effective leadership Work place-based training	Portfolios Supervision
		Public relations and multi-sectoral approach to implement health related interventions	Awareness on community resources, community participation, communicating with public and media	Community projects	Project assessment
			Being able to communicate laterally with other sectors	Community projects	Project assessment
			Community mobilization methods for better health	Community projects	Project assessment
		Ensure quality and safety of service provision	Awareness on healthcare quality programme and the organization of health care quality monitoring and supervising framework	Clinical teachings at PHC institutions Lecture discussions	Portfolios
	Evaluator	Monitoring and evaluation of the hospital performance	Awareness of different options for monitoring and evaluation	Group discussions	
			Analytical and auditing skills	Carry out an audit at PHC setting	Audit at PHC setting

Annexure I

List of participants of the symposium on strengthening undergraduate education for better primary care services held on 9th December 2013

Dr. Y.D. Nihal Jayathilaka	Secretary to the Ministry of Health
Dr. P.G. Mahipala	Director General of Health Services
Dr. Sunil de Alwis	Deputy Director General (Education, Training and Research)
Dr. Amal Harsha De Silva	Deputy Director General (Medical Services-11)
Dr. Jayasundara Bandara	Deputy Director General (Planning)
Dr. Indra Kumari Fernando	Director/ Primary Healthcare Services
Dr. H.S.R. Perera	Director/ Organization Development
Prof: Mohan De Silva	Dean, Faculty of Medical Sciences, University of Sri Jayawardenapura
Prof: Rohan Jayasekara	Dean, Faculty of Medicine, University of Colombo
Prof: N.R.de Silva	Dean, Faculty of Medicine, University of Kelaniya
Prof: M. Uduphille	Dean, Faculty of Medicine, University of Rajarata
Dr. Sampath Gunawardena	Dean, Faculty of Medicine, University of Ruhuna
Dr. K.T. Sundaresan	Dean, Faculty of Health Sciences, Eastern University
Dr. R.N. Ellawala	Dean, Faculty of Medicine, General Sir John Kotalawala Defence University
Dr. Nanda Amarasekara	Consultant Physician, Ceylon College of Physicians
Dr. Prethi Wijegunawardena	College of General Practitioners
Dr. Kanishka Karunarathna	Consultant Obstetrics and Gynaecologist- College of Obstetricians and Gynaecologists
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