

**Report on the  
ill- conceived Private Medical College  
at  
Malabe**

**(South Asian Institute of Technology and Management – SAITM)**



**Government Medical Officers' Association**

**2010**

<b><u>CONTENT</u></b>	<b><u>PAGE</u></b>
Terms of reference	01
Executive summary	02
Graphical presentation of impact of so called PMC at Malabe	03
1. Malabe Medical Institute	04
2. Government policy	04
3. Maintaining standards of medical education	04
3.1 Sri Lanka Medical Council	04
3.2 Medical education as a Twin Programme- worldwide unaccepted	04
3.3 Standard of Nizhny Novgorod State Medical Academy in Russia	05
4. Legal background	05
4.1 Conflict with the BOI	05
4.2 Conflict with the UGC	05
4.3 Conflict with the Medical Ordinance	06
4.4 No approval from Russian Medical Council	06
5. Lack of infrastructure to function as a PMC	06
5.1 No hospital for clinical training	06
5.2 Lack of academic staff and the quality	07
5.3 Poor teaching frame work	07
6. Establishment of substandard PMC and its consequences	07
6.1 Impact on national healthcare delivery system	07
6.2 Impact on national economy	08
6.3 No contribution to the health sector	10
6.4 Impact on state medical faculties	10
7. Impact on education sector	11
7.1 Frustration among school children due to discrimination	11
8. Irresponsible behavior of recruited students and parents	11
8.1 Disrespect to government warnings	11
8.2 Recognition of an institute is not retrospective	11
Recommendation	12

This report was prepared by a committee appointed by the GMOA at a special general committee meeting held on 01<sup>st</sup> September 2010 for the reference of GMOA members to facilitate informed decision making at the next general committee meeting.

- Terms of reference

To study the factual situation of the private medical institute at Malabe.

- Committee members

Dr. AnuruddhaPadeniya

Dr. Bimantha Gunasekara

Dr. PushpithaUbeyisiri

Dr. Chandana Atapattu

Dr. Chandika Epitakaduwa

Dr. Nalin Ariyaratne

Dr. Chandana Ramyasiri

Dr. Ruwan Wickramasinghe

Dr. Mahesh Epa

Dr. Samantha Chandraratne

Dr. Kasun Weerakkody

Following persons and organizations were used as resources

- Sri Lanka Medical Council (SLMC)
- University Grants Commission (UGC)
- Board of Investments (BOI)
- General medical council of United Kingdom (GMC)
- Australian Medical Council (AMC)
- Resources in the internet and printed material

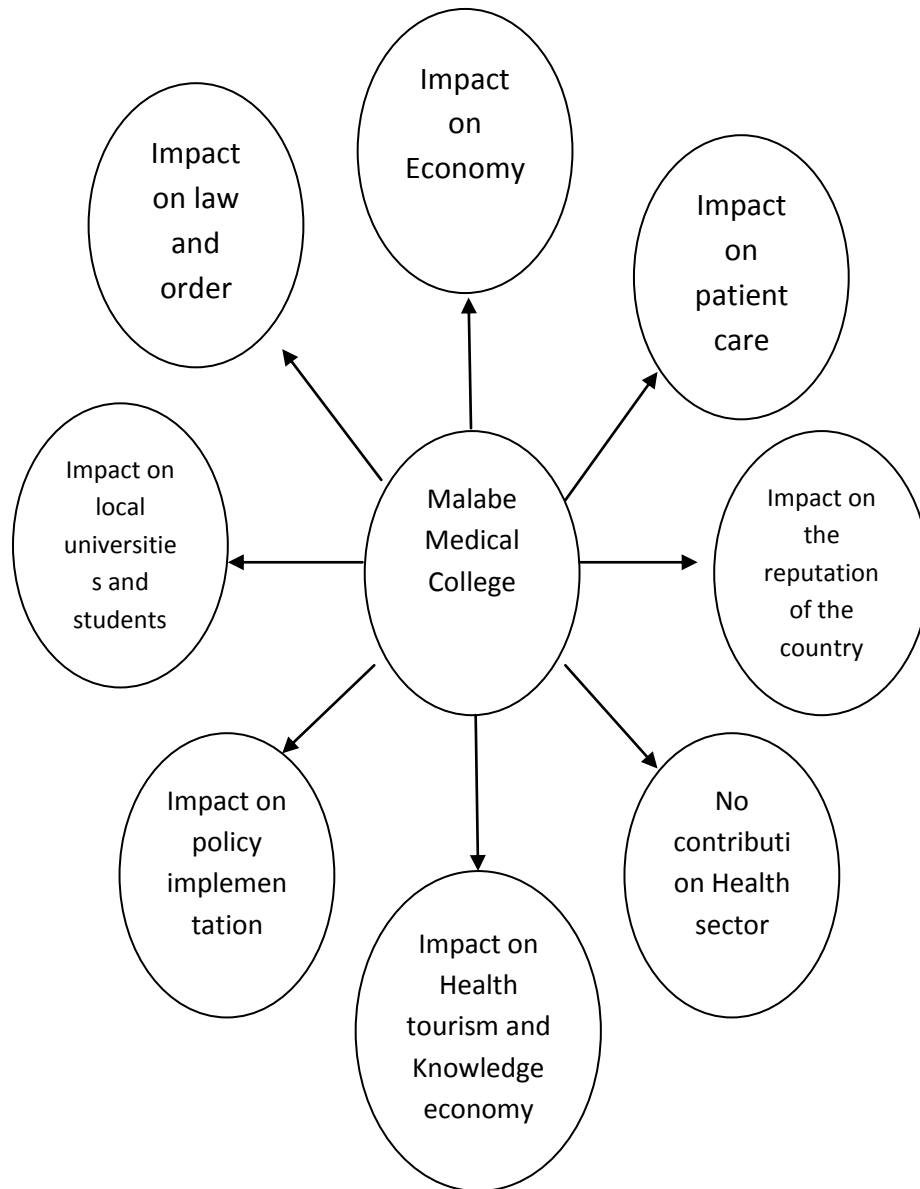
**Executive summary**

The Higher education minister states that the government policy is to establish private higher education institutes including few private medical colleges (PMC) in Sri Lanka. He claims that all political parties, save for the JVP, are in favour of this policy decision. However, the fee-levying higher education institutions need to comply with the standards of medical education and the law of the land. Moreover, they should positively contribute to the economic, education and health sectors of the country.

The institution coming up in Malabe as a private medical college has failed to comply with the standards stipulated by the SLMC and disregarded the SLMC public notices cum warnings. They do not possess BOI approval, UGC approval or any other legally sound approval. As per medical council guidelines, there has to be numerous necessities including a well established hospital complex, fulfilling minimum standards, prior to recruitment of medical students. However, there is only an undated letter promising to build such standard hospital but no such hospital is visible in the said premises. Further, the process of recruitment has begun over one year, recruiting three batches, 50 in each, each batch six months apart, charging 6.5million from each student.

This act would contravene the government policy of uplifting Sri Lanka as the educational hub in Asia while affecting the varied aspects of the country including financial, Health sector, legal framework, and local universities. Further it has a negative impact on Health tourism, knowledge economy, foreign revenue generation and implementation of some important government policies. Other than the 3 key persons who involved, the irresponsible role played by the students and their learned parents has facilitated this fraudulent venture.

**Graphical presentation on impacts of so called private medical college at Malabe**



## **1. Malabe Medical institute(South Asian Institute of Technology and Management – SAIMM )**

Malabe medical institute was started in year 2009 to undertake the first four years of medical education leading to a five year medical degree to be offered from Nizhny Novgorod State Medical University, Russia. According to the website accessed on 04.10.2010 final year clinical training will be carried out in Russia.

## **2. Government Policy**

It was declared by the Higher Education minister at a meeting held at the parliament and openly to the public that the government policy is to establish private educational institutes including private medical colleges within the country. Further, he stated that the government vision is to make Sri Lanka, the educational hub in Asia and to generate foreign revenue. (A 1 -Press article)

## **3. Maintaining standards of Medical education**

### **3.1 Sri Lanka Medical Council**

Sri Lanka Medical Council (SLMC) is the statutory body, established by the Medical Ordinance No. 24 of 1924, in order to safe guard and maintain the **standards of medical education and medical practice**. By assigning this task to SLMC, the **government fulfills its obligation to the safety of patient care delivery system.**

It is the ultimate responsibility of the Sri Lanka Medical Council to make sure the medical graduates, whom they entrust with medical practicing rights are “safe doctors” who can be posted to anywhere in the country to cater the public. To accomplish this, they make sure the standards are well maintained in the field of medicine from medical education onwards.

### **3.2 Medical education as a Twinning programme– worldwide unaccepted**

Meaning of twinning is where part of the medical education is done locally and the rest in some other part of the world.

**3.2.1** As a prime measure to maintain the standards, it is clearly mentioned in the Medical Ordinance that twin programmes are not accepted.

**3.2.2** Twinning is unacceptable in countries holding good reputation pertaining to standards of medical education and medical practice.

### **3.2.3 International licensing examinations categorically reject recognition of twin degrees.**

GMC and AMC web sites very clearly emphasize that the basic medical degree of a candidate should not be a twin degree, for them to sit in their licensing examination.

[http://www.gmcuk.org/doctors/registration\\_applications/acceptable\\_primary\\_medical\\_qualification.asp](http://www.gmcuk.org/doctors/registration_applications/acceptable_primary_medical_qualification.asp)

<http://www.amc.org.au/index.php/img/exam/appinfo>

### **3.3 Standards of Nizhny Novgorod State Medical University-Russia – Mother university of SAIMM**

According to the SLMC website, **Act 16 success rate is only 35%** for Nizhny Novgorod, Russia. It is hard to expect better results from its branch, which operates without minimum recourses and standards.

<http://www.srilankamedicalcouncil.org/download/article/8/29a4feb8b84716a385b21704a975f3fd.pdf>

## **4. Legal background**

### **4.1 Conflict with the BOI**

Until recent everyone was under the illusion that they had obtained BOI approval to establish a private medical college affiliated to a foreign university. But surprisingly BOI has replied in writing to SLMC that they have not given any approval to establish a private medical college.

### **4.2 Conflict with the UGC**

This Malabe PMC does not come in the purview of University Grants Commission (UGC) since it does not come under any heading of the university act; section no 21 to 25A, wherein the UGC has the authority to intervene. Both the UGC and the administration of this institute state that since they initiated as a project of Board of Investment (BOI) it is not necessary to come under UGC regulations.

<http://www.ugc.ac.lk/en/policy/universities-act/29.html>

### **4.3 Conflict with the Medical Ordinance**

This Malabe PMC comes as a twin programme violating medical ordinance. The SLMC has refused to grant approval for Malabe twin programme defending this legal status. As such current operation of Malabe PMC is illegal. SLMC has repetitively informed the authorities' of Malabe institute through letters and the public via news paper advertisements in all three languages on this. (A 2, 3, 4, 5, 6, 7)

But the alarming fact is that they keep on recruiting students for a locally and internationally non accredited degree, charging 6.5 million from each student. (A 8)

**Hence it is very clear that this institute does not fall in any legitimate category and it is simply a fake institute with no recognition.** (A 9)

### **4.4 No approval from Russian Medical Council**

A university alone cannot decide whether or not to establish an off-shore branch of the main university. It should be recognized by the medical council of the country where the main university is situated. With regard to the private medical institute at Malabe, the authority could not substantiate evidence to prove such recognition of Malabe PMC as a branch of Nizhny Novgorod State Medical University, Russia.

**Considering these facts it is very clear that Malabe private medical institute is yet another financial fraud in this country.**

## **5. Lack of infrastructure to function as a PMC**

### **5.1 No hospital for clinical training**

Having a functioning hospital fulfilling minimum prescribed standards is a fundamental requirement to establish a medical college. Understanding the above fact Dr. Neville Fernando, the chairman of the said institute has promised with an undated letter to put up a 400 bedded hospital with all the needed facilities where patients are treated free of charge, for his students to practice clinical component of the medical curriculum. But he also admits the fact that he has not even laid the foundation stone to that hospital, although the 1<sup>st</sup> batch of students he recruited is about to start the clinical training now.

## **5.2 Lack of academic staff and the quality**

There should be minimum level of qualifications to become a lecturer in medicine. The majority of doctors who teach medicine at Malabe PMC are foreign graduates with the basic degree. Out of them, the majority including the director of the institute are failures at the ACT 16 examination, which is the fundamental requirement to practice as a doctor in Sri Lanka.

According to their web page accessed on 01.10.2010, there is only one permanent professor for the whole medical college with two other visiting professors.

<http://www.saitm.edu.lk/faculty-medicine/staff>

## **5.3 Poor teaching framework**

In order to provide with quality medical education, there need to be a number of essential departments in a medical faculty. Essential departments are not available in this institute.

<http://www.cmb.ac.lk/academic/medicine/departments.html>

But this institute has only three main departments and some unusual departments. Out of them, more than 4 departments are under one retired professor and some of the departments are under visiting professors, which is grossly unsatisfactory.

<http://www.saitm.edu.lk/faculty-medicine/staff>

## **6. Establishment of substandard private medical colleges and its consequences**

### **6.1 Impact on national healthcare delivery system**

#### **6.1.1 Reputation of Sri Lankan graduates**

Present day Sri Lankan medical graduates are well recognized all over the world and they are not questioned about their credibility. The simple reason is that only best performed students at local examinations are selected to medical faculties and they are given a comprehensive and thorough training as under-graduates. But with the inception of substandard medical institutes without even minimum standards, the international acceptance of Sri Lankan medical graduates will start to erode.

#### **6.1.2 Maintenance of health indices**

It is globally accepted that Sri Lanka is doing well with their health indices in comparison to other countries in the region. Being a developing country we have achieved standards

of developed countries when it comes to health care system. One of the key factors behind this is the competence and dedication of health care professionals. These substandard private medical institutes are much profit oriented and the public cannot expect quality doctors to contribute to maintaining the present standards.

## **6.2 Impact on national economy**

### **6.2.1 Damage to the reputation of the country**

The government of Sri Lanka aims to create Sri Lanka as the educational hub of Asia. For that to happen we should make our educational institutes more attractive with higher standards. If we were to start off with an ill-conceived, illegal, substandard private medical institute, it will be a nightmarish example to the investors as well as for foreign students who wish to come here for educational purposes. Despite the goal of making an educational hub, Sri Lanka will be another land of thousands of low quality educational institutes with no attraction and standard. As Panama is notorious for registering bogus shipping companies contributing to a global maritime menace, Sri Lanka too will be as famous for its rogue medical institutes and its factory made phony medical graduates who will only contribute to a global educational racket.

No proper medical governing body in the world will even look at those graduates. We lament that even the genuine, well qualified medical graduate also will be looked at with suspicion. The post graduate education also will suffer as a result since the prospects of foreign training for aspiring post graduate trainees will be marred in this mess.

If the government is genuine in its intentions we need to follow the path of the countries that succeeded in education as an industry. United Kingdom and Australia are two good examples generating the highest revenue through education. The secret of the success is the respective government mechanisms to ensure that high standards are maintained in educational institutes without any loopholes. No one would question the accreditation of a UK or Australian graduate irrespective of the discipline of education.

**It is only appropriate to follow scientific evidence in this regard. Any other paths chosen will only make the goal of making Sri Lanka the hub of Asia's education, a distant dream.**

### **6.2.2 Impact on Health Tourism**

With the government concept of upgrading Sri Lanka as the economical hub in the Asian region, health sector has a vital role. Since Sri Lanka has a good reputation in the field of medicine and worldwide accredited healthcare professionals, it is a huge unexplored area

of revenue generation. But if the substandard medical officers were to be incorporated into the local health system-as invariably it has to be, since the doors in the wider world will be closed on them- our reputation will be challenged globally and will pose a direct negative impact to the field of Health Tourism.

### **6.2.3 Impact on Knowledge Economy**

The Ministry of Health in collaboration with the Ministry of External affairs, Postgraduate Institute of Medicine and the Government Medical Officers' Association has already established the Foreign Placement Coordinating Centre in order to place Sri Lankan healthcare professional all over the world as a method of foreign income generation. We have received a fabulous response from over 15 countries all over the world and a very good demand exists for our medical officers. Nearly 1000 doctors are to be posted to Libya in the near future as a result of this programme. All these opportunities are there due to the worldwide reputation of Sri Lankan doctors as quality service providers. All these avenues will be at a danger due to accumulation of poor quality doctors and Panama like ill repute to the system via substandard private medical institutes.

*Health Sector Contribution to Knowledge Economy – Concept of skilled labour exportation and knowledge economy – ISBN 978-955-1928-00-1*

### **6.2.4 Financial burden on affected parents**

We, as a country have faced many financial frauds in the recent past. People like “Sakvithi” collected money from the public giving loads of fake promises and vanished within seconds. The same applies to this bogus private medical institute because they have collected nearly 865 million rupees for an unrecognized medical degree. This will be an additional burden to the government to entertain their grievances and utter waste of time of nearly 150 youths in this country and outside. The problem with authorities is that no lesson is learnt from the past and even after an impartial professional body like the GMOA highlights the misgivings of those ill conceived fraudulent projects and the dangerous predicaments of those victims, the same authorities pay no heed to those.

### **6.2.5 Draining of local currency to Russia**

The government policy is to prevent draining of local currency to the world through the field of education. But this Malabe PMC pays 22% of the collected money, which amounts to 225 million per year just to use the name of the “Nizhny Novgorod”. We

assume that the role played by these three individuals may be highly regarded and rewarded by the financial division of the said university.

### **6.3 No contribution to the Health sector**

#### **6.3.1 No infrastructure development**

Other than the fake letter given by the chairman/SAITM, there is no attempt to put up a hospital by him for his students to study while providing free health care to the public. But in other countries where private medical colleges are established, they have their own standard hospitals. E.g. India. Contrary to practice in other countries, public will not gain anything in return through this project, for letting themselves exposed for these students to examine. Finally it is only a financial advantage to few individuals involved.

#### **6.3.2 No carder expansion**

If this institute were to put up a private hospital, there would be a carder expansion in the health sector including for doctors, nurses, MLTs etc. but no such advantage through this project. Further, by offering a government hospital such benefit will never be met.

#### **6.3.3 No advantage to patients**

Since patients are not given any concession for their contribution and they are not provided with advanced facilities, they will not benefit at all. This will be an exploitation of patients.

### **6.4 Impact on state medical faculties**

#### **6.4.1 lack of lecturers**

This would attract university lectures from state medical faculties which are understaffed. As a result, the quality and the standards of state universities will be compromised, unless appropriate measures are taken.

#### **6.4.2 Country's future need of foreign graduates**

According to the latest analysis done by the SLMC there are 20,000 – 23,000 active registered medical officers working in the country. Out of them nearly 14,000-16,000 are employed in the government sector. Usual carder expansion comes around 650 medical

officers annually, to government sector. Since 1,165 medical students are recruited annually to local medical faculties, they can supply the government requirement without any difficulty with an excess. Hence it is questionable whether there is a genuine requirement of medical graduates from local or international private medical colleges.

### **6.4.3 Unrest among medical students**

In late 80's the north Colombo PMC (NMC) ended up being absorbed into the government after creating an extremely unpleasant crisis, which is yet to recover in certain aspects. A commission to unearth the lessons learnt from the NMC issue perhaps may reveal how this fiasco paved the way for the opportunists to thrive.

## **7. Impact on education sector**

### **7.1 Frustration among school children due to obvious discrimination**

It is inevitable that schooling students, awaiting for their higher education lose their faith in higher education institutions due to this kind of breach in the standards. This will lead to frustration among youth population and tendency will be created for seeking easy ways to get over with higher education. Also they might believe and aim at foreign degrees.

## **8. Irresponsible role of recruited students and their learned parents**

### **8.1 Disrespect to government warnings**

SLMC on behalf of the government of Sri Lanka has repeatedly informed the public via newspapers that Malabe PMC has not been given its approval and there is no room for the students of that institute to sit for ACT 16 examination. But surprisingly the students, whom are expected to have a higher IQ to learn medicine and their learned parents have got themselves registered in this fake institute which has no local or international recognition. It is a huge risk taken by them, despite the warnings given by the government and should bear the sole responsibility for their adamant behavior.

### **8.2 Recognition of an institute is not retrospective**

According to medical ordinance a medical institute needs to be recognized by the SLMC before they recruit students. An Indian example on this issue also clearly says that the recognition should not have a retrospective effect since it dilutes the standards of education. Even though this Malabe PMC is recognized at some point in future, it will not be applied to the present students will not be eligible to obtain SLMC recognition.

## **Recommendations**

According to the terms of reference, mentioned above, this committee was appointed to analyze the factual situation, but not to make any recommendations. These findings should be considered to make appropriate recommendations and decisions.