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Special Issue on SRI LANKA MEDICAL COUNCIL Centenary Celebrations



Patient Safety and Quality Healthcare for All A Century of Dedication 1925 - 2025







President's Message

Dr. Surantha Perera



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SRI LANKA

Medical Council



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Feature Dr. Kumara

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Novice Dr. Akhila Ir

SLMA in

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Global F

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From the Editors



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COVER STORY

Vidya Jyothi Prof. Vajira H. W. Dissanayake

MBBS (Colombo), PhD (Nottingham), FNASSL, FIAHSI, FCMA, FRCP President, Sri Lanka Medical Council

Dean Eaculty of Medicine, University of Colombo, Sri Lanka essor of Anatomy, Genetics and Biomedical Informatics, Jniversity of Colombo, Sri Lanka

ensured a comprehensive

of modern medical services.

The SLMC's commitment to

upholding ethical standards

guidelines, the council has

community. By addressing

professional misconduct and

development, the SLMC has

reinforced public trust in the healthcare system.

has been unwavering. Through

its disciplinary procedures and

and integrity within the medical

fostered a culture of accountability

promoting continuous professional

Pioneering Accreditation

and Global Recognition

In its pursuit of excellence,

the SLMC established the

Accreditation Unit to oversee

the quality of medical education.

This unit ensures that medical

institutions adhere to rigorous

professionals. The council's

recognition from the World

accreditation program received

Federation for Medical Education

(WFME) in 2023, underscoring

its commitment to global best

Embracing Digital

and ethical healthcare

practices.

standards, producing competent

approach to healthcare regulation,

reflecting the multifaceted nature

CELEBRATING A CENTURY OF MEDICAL EXCELLENCE: THE CENTENARY OF THE SRI LANKA MEDICAL COUNCIL

As the Sri Lanka Medical Council (SLMC) commemorates its centenary, we reflect upon a legacy that has profoundl shaped the nation's healthc landscape. Established under the Medical Ordinance, the SLMC

has been the cornerstone i ensuring the competence, e nics. and professionalism of medical practitioners in Sri Lanka.

Foundations of Medical Regulation

The roots of medical regula in Sri Lanka trace back to th establishment of the Colon Medical School in 1870, which evolved into the Ceylon Medical College by 1880. This inst tion aid the groundwork for f

uncil was task ntaining the standards o medical education and practice, ensuring that only qualified individuals served the health needs of the populace.

25

MC

Evolution and Expansion

Over the decades, the SLMC has adapted to the changing dynamics of healthcare. Initially focusing on the registration of medical practitioners, the council's mandate expanded to include dentists, midwives, pharmacists, and other allied health professionals. This inclusivit



An Image of the previous SLMC Office

Page 2

Transformation Recognizing the potential of technology to enhance efficiency, the SLMC has embarked on a digital transformation journey. The implementation of electronic registration systems, digital document archiving, and





online renewal processes has streamlined operations, making services more accessible to practitioners and the public alike. This modernization reflects the council's proactive approach to meeting contemporary challenges.

Looking Ahead

As the SLMC marks 100 years of dedicated service, it stands as a testament to the enduring values of professionalism,

integrity, and public service. The centenary is not only a celebration of past achievements but also a reaffirmation of the council's commitment to safeguarding the health and well-being of Sri Lankans. With a vision for continuous improvement and adaptation, the SLMC is poised to navigate the future of healthcare with the same dedication that has defined its first century.

1925 in The Coloning Tulnary typ re Chair was Taken Pres. den P. Congy also present. iquit 8- Peston Jee SHM. Piero tiz P. the Silve Van Ede Canbrigh cian de Silwa. Theaten was about a leave, S. Lank a local - ill and a little of apoly which was read of the The Charman asked teror 6and two items ellerinen read not the ser the enteri any dawn the Chestition of the Connal Sucian to Felura to elected Vice heardentarried ananim nely was proposed by D' Lacian de Jelion P. Hospillion Lepitian Por A Rola de 12 Viens the Spiritory of the Eylon medical College or appromited Repeat The Repetion jors carried hadremons Camied manumously all contine treaments on behalf of the Council The Reportion applied to the Guna 14 Connection mil dozel The election of the itin propried by & Van Kangenbag, and seconded is de Julion as its ins day in the seguert- , not - m the Connail . which was not then Afoned of P to an amendment , it 1000 recorded in P. Chursel "Theyto The Fremman 1924 5 45 paid to the Council's accountheen This wak dow thing this period " On see the pretting the ameridment in tast. motion loss than carries by a 14 Infinel nalouli Prode was poen to the Repetter to expend the sum of the 25' per month of clencer assistance Lules were Then Consider a. eleme robred Un Chipleron

1st Council Minute of SLMC

PRESIDENT'S MESSAGE Dr. Surantha Perera

131st President of Sri Lanka Medical Association



STEWARDSHIP, STANDARDS, AND SERVICE: STRENGTHENING ETHICS AND PATIENT CARE FOR THE NEXT CENTURY – THE COLLABORATIVE ROLE OF THE SLMC AND SLMA

of non-communicable diseases.

Such a framework will not only

doctors to grow confidently

profession.

Governance

within a modern and evolving

Elevating Patient Care

through Collaborative

The core purpose of regulation

and professional development

is to improve patient outcomes.

is expected to face significant

Over the next decade, Sri Lanka

demographic, environmental, and

epidemiological shifts. An

ageing population,

growing health

inequalities,

rising

and

protect patients but also empower

As the Sri Lanka Medical Council (SLMC) celebrates a century of service to the nation, it is a moment of profound reflection and forward-thinking. This milestone is not only a tribute to a hundred years of regulatory excellence but also an opportunity to shape the path for the next century, one where professionalism, ethics, and patient-centred care are redefined in the face of changing health landscapes. In this national effort, the synergistic roles of the SLMC and the Sri Lanka Medical Association (SLMA) will be pivotal.

Guardians of Medical Ethics and Standards

The SLMC has long served as the statutory guardian of medical ethics and professional conduct in Sri Lanka. Its mandate to ensure the registration and regulation of medical professionals has been foundational to maintaining the integrity of the health sector. In the coming decade, the SLMC must evolve into a more dvnamic regulator, responsive to ethical complexities arising from new technologies, artificial intelligence, commercial influences, and globalised healthcare.

Parallel to this, the SLMA, as the apex professional body of doctors, brings the voice of the profession into this regulatory space. The SLMA's advocacy for ethical leadership, transparent systems, and continuing education is a vital counterbalance to ensure that regulatory frameworks remain grounded in real-world clinical practice.

Together, the SLMC and SLMA must lead a national dialogue on modernising the ethical compass of the medical profession. anchoring it in patient dignity, accountability, and social justice.

Professional Development in a **Transforming Health** System

One of the most pressing priorities for the next decade is fostering a culture of lifelong professional development. The SI MC must move beyond its traditional role of registration to become a champion of competency-based regulation. This includes promoting revalidation mechanisms, practice audits, and clearly defined professional milestones.

The SLMA has alreadv

demonstrated

in developing high-

guality Continuing Professional

Development (CPD) programs

across disciplines. Its annual

congresses, clinical symposia,

and training partnerships with

bodies provide rich platforms for

Moving forward, the SLMC and

SLMA should jointly develop

with mandatory credits, digital

including climate-sensitive care,

digital health, and the prevention

tracking, and alignment with

emerging health priorities,

a national CPD framework

academic and professional

knowledge exchange.

leadership

As we mark 100 years of the SLMC, we must look to the future with shared resolve.

The Council's regulatory authority and the Association's professional leadership must work in tandem, mutually reinforcing each other and never conflicting.

Together, the SLMC and SLMA can usher in a new era for Sri Lankan healthcare, grounded in trust, guided by ethical integrity, and motivated by the pursuit of excellence in patient care.

chronic disease burdens will stretch our health system.

The SLMC must play an expanded role in quality assurance, setting standards not only for individuals but also for institutions, training programs, and inter-professional collaboration. Meanwhile, the SLMA can act as a bridge between policy and practice, bringing together specialists, general practitioners, researchers, and policymakers to co-create context-specific solutions.

For example, the two organisations can collaborate to establish national guidelines on ethical end-of-life care. standardise patient safety protocols, or develop a national curriculum on communication skills in clinical practice. They can also jointly advocate for health system reforms that ensure patient-centredness, cultural sensitivity, and equitable access.

Navigating the Ethical **Challenges of Tomorrow**

The future of healthcare will bring ethical dilemmas that were unimaginable a century ago. Genetic engineering, organ allocation, data privacy, and AIdriven diagnostics will challenge the boundaries of consent, equity, and autonomy. As stewards of medical ethics, the SLMC and SLMA must be proactive in preparing the profession for these challenges.

This requires investing in bioethics education, strengthening institutional review boards, and updating codes of professional conduct to ensure adequate oversight. It also demands deeper engagement with civil society, legal institutions, and patient advocacy groups.

A Shared Vision for the Next Century

As we mark 100 years of the SLMC, we must look to the future with shared resolve. The Council's regulatory authority and the Association's professional leadership must work in tandem, mutually reinforcing each other and never conflicting.

Together, the SLMC and SLMA can usher in a new era for Sri Lankan healthcare, grounded in trust, guided by ethical integrity, and motivated by the pursuit of excellence in patient care.

Let the centenary be a celebration not only of the past but also of a renewed commitment to the values that define our profession: compassion, accountability, and service to humanity.

Abbott





72% of patients with diabetes do not adhere to diet modification¹



Modified Meal Plan 550 Kcal.

JUNE 2025

Page 4



Problems multiply for overweight/obese patients with diabetes due to

 Increased risk of complications (2.7 - 3.7 times higher)² Lesser treatment options available to manage weight



OPINION Prof. Veranja Liyanapathirana



Department of Microbiology, Faculty of Medicine, University of Peradeniya, Sri Lanka

FROM SCIENCE TO SPECTACLE? A NEED TO RECLAIM THE PURPOSE OF CONFERENCES

In this opinion piece, the commercialization and increasing social side of scientific conferences are raised as a concern with an emphasis on the necessity of bringing more attention to the scientific arm and content

Scientific conferences have traditionally served as platforms for academic discussions. providing opportunities for constructive feedback and networking. However, are they still fulfilling these purposes effectively? Recent observations have led me to question this repeatedly. This piece is not written targeting any single conference or event. Rather, it seeks to highlight concerns that need addressing, seen across multiple events over the last decade or SO.

Consider the typical medical conference in Sri Lanka. Many are now held in hotels rather than in government institutes or conference venues, leading to high registration fees. The high registration fee alone can deter some potential attendees. Further, to cover the high costs, organizers often rely on industry sponsorships. In return, sponsors are given stalls to showcase their products. These stalls often offer sample medications, branded items, and other small gifts. While seasoned professionals may view these offerings critically, younger trainees and researchers sometimes including medical students - if not adequately informed about the ethical implications, might be unduly influenced by these commercial interests. While industry involvement has become a necessity, and partnerships are now needed to move forward, this too needs to be approached with a healthy sense of skepticism.

Another troubling trend is the increasing focus on social activities rather than scientific engagement. The inauguration sessions tend to have a verv formal structure, with cultural and entertainment events taking up the same stage as the scientific speaker. While some conferences may have international delegates who would be enthusiastic to see our culture on display, should this be part of scientific conferences?

overshadowed the academic purpose of the conference. Socializing is essential at scientific conferences; it fosters networking that can lead to new collaborations. However, this is probably better done over discussions on research topics or clinical interests of mutual benefit. These tend to occur during research presentations, be it oral presentations or posters, and the ensuing discussions.

researchers present their work - often do not. These sessions are crucial for young researchers. offering them a platform to showcase their work and receive valuable feedback. However, they are often scheduled during less favorable times – such as early mornings, lunch breaks, or parallel to major symposia resulting in low attendance. This is a missed opportunity to support and mentor the next generation of researchers.

> On the other hand. researchers too tend to treat making presentations as a tick-box event rather than as an opportunity to improve and professionally network. Many abstracts submitted require substantial improvement. However, the review processes are not designed to provide the feedback needed. Instead, what is received is simply an accept or reject notification - with only a handful of places sending constructive feedback. Furthermore as pointed out earlier, this is coupled with poor attendance and lack of critical discussion during the presentations. One of the principal aims of scientific sessions should be to encourage younger researchers by providing feedback for improvement during the sessions. Offering many prizes is not a substitute for healthy deliberation during presentations.

Given these challenges, how can we refocus on the true purpose of scientific conferences? It's time to revisit the core objectives of these events, step back slightly from the alamour, and recommit to putting science at the center of our scientific conferences. There is an urgent need for this to be closely looked at by scientific societies and professional organizations. As to how this is done, even the writer is at a loss.



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Scientific conferences have traditionally served as platforms for academic discussions, providing opportunities for constructive feedback and networking. However, are they still fulfilling these purposes effectively? Recent observations have led me to question this repeatedly.

If so, what is the best way to incorporate these? When? Where, and for how long?

On a similar note, many attendees seem more interested in taking photos or selfies in front of designated boards often industry-sponsored and branded - dressing up, and catching up with colleagues than in participating in meaningful scientific discussions. The emphasis on selfies and social media posts has, for some,

Furthermore, many conferences now brand themselves as "international," but a closer look often reveals that the "international" faculty consists of just one or two individuals - usually Sri Lankan natives living abroad. In some cases, these speakers are given undue prominence over more technically proficient local experts.

While plenary lectures and symposia generally attract good attendance, free paper and poster sessions - where emerging

JUNE 2025



*Conditions apply.

SPECIAL ARTICLE

Vidya Jyothi Prof. Vajira H. W. Dissanayake President, Sri Lanka Medical Council



SLMC CENTENARY CELEBRATIONS: A MILESTONE IN SRI LANKA'S MEDICAL HISTORY

The Sri Lanka Medical Council (SLMC) will be celebrating this year a momentous occasion in the nation's healthcare journey - the centenary of the Council. Established in 1925 as the Cevlon Medical Council under the landmark Medical Ordinance, the SLMC has played a pivotal role in regulating medical practice, ensuring professional standards. and safeguarding public trust in healthcare for a full century.

To celebrate this historic milestone, a series of commemorative events will be held on Saturday, 5th July 2025, honouring the SLMC's legacy and looking ahead to its future contribution.

Centenary **Commemorative Stamp** Launch

The day's celebrations will include the official release of a special commemorative postage stamp, issued by the Department of Posts. This stamp symbolizes a century of medical regulation and service to the nation and pays tribute to the thousands of healthcare professionals whose work has been guided by the regulatory framework laid down by the SLMC.

SLMC Centenary Academic Session

An academic session will follow, featuring presentations and reflections on the evolution of medical regulation in Sri Lanka, the role of the SLMC in advancing healthcare standards, and the future of medical governance in a rapidly transforming healthcare landscape. Senior members of the profession, policymakers. academics, and students are expected to attend this session.

Date: Saturday, 5th July 2025 Time: 9:00 AM - 4:00 PM Venue: Lotus Hall, BMICH

Programme

9.00 AM - 9.05 AM

JUNE 2025

Welcome Address

Prof. Ranil Fernando

Chairman. Centenary Celebrations Committee

Programme

9:05 AM - 10:00 AM Plenary Session 1 - "A Century of Excellence: Reflecting on SLMC's Legacy and Achievements" -

(Each speaker 15 min) Chair

Prof. Surangi G.Yasawardene

Former Vice President, SLMC 100 Years of Regulating Healthcare in Sri Lanka: Key Milestones, Challenges and

Success Stories Prof. Vajira H.W. Dissanavake

President, SLMC

· The Role of Regulation in Sri Lankan Healthcare System: A Medical Administrator's Perspective

Dr. Anil Jasinghe

Secretary, Ministry of Health

· Global Perspectives on Medical Governance in the Last Century

Ms. Joan Simeon

Chair of International Association of Medical Regulatory Authorities (IAMRA)

10:00 AM - 11:00 AM

Plenary Session 2 - "Ensuring Quality and Safety in Healthcare Delivery" -(Each speaker 15 min) Chair

Dr. Ananda Wijewickrama

Council Member, SLMC

 Patient Safety and Quality Assurance: Towards a Culture of Zero Harm

Prof. Priyadharshani Galappatthy

Senior Professor and Chair Professor of Pharmacology, Faculty of Medicine, University of Colombo

- · Maintaining Global Standards: Harmonizing Medical Education and Accreditation
- Dr. Palitha Abeykoon Former Head of Accreditation, SLMC
- Strategies for Addressing Malpractices in Healthcare Systems

Hon. Yasantha Kodagoda Judge Supreme Court, Sri Lanka

11:00 AM - 12 noon

Programme

Panel Discussion - "Medical Ethics, Professionalism, and **Regulatory Challenges**" (Each Panelist 15 min) Moderator

Dr. Suresh Shanmuganathan Council Member, SLMC

 Navigating Ethical Complexities in Modern Medicine

Prof. Anoja Fernando

Emeritus Professor of Pharmacology, University of Ruhuna

 Building Trust Between Regulators, Clinicians, and the Public

Prof. Dame Carrie MacEwen Chair of Council, General Medical Council, UK

· Regulating Technology in Healthcare

Dr. Sunil Abeyrathna Senior Attorney at law. Sri Lanka

12 noon - 1:00 PM

Lunch Break

1:00 PM - 2:00 PM

Plenary Session 3 - "The Future of Medical Education: Aligning with Global Standards" -(Each speaker 15 min)

Chair Dr. Chandika Epitakaduwa

Vice President, SLMC · Integrating Technology into

Medical Curricula Prof. Dujeepa D. Samarasekara

Head of the Centre for Medical Education (CenMED), Yong LOO Lin School of Medicine National University of Singapore (NUS)

- · Addressing Gaps in Healthcare Workforce Training
- Prof. Madawa Chandratilake Council Member, SLMC

· Should We Revisit Entry Criteria for Medical Education? Prof. Gominda Ponnamperuma

Head of Accreditation, SLMC

Programme 2:00 PM - 2:30 PM

Plenary Session 4 (30 min) -"Integrating Innovative Technologies and Research" -(Each speaker 15min) Chai

Dr. Duminda Samarasinghe Council Member, SLMC

· Digital Health, Telemedicine, and Data Privacy: Transforming Patient Care in a Connected World

Prof. Pandula Siribaddana

Professor in Medical Education at the Postgraduate Institute of Medicine (PGIM), University of Colombo and a specialist in Digital Health

 Translational Research and Innovation: From Bench to Bedside in Sri Lankan Medicine Prof. Anuji Upekshika

Gamage Chairman, National Research

Council

2:30 PM - 3:00 PM

Keynote Lecture (30 min) "Vision for the Next Century -Future Direction of SLMC"

Prof. Janaka De Silva Council Member, SLMC

3.00 PM - 3:20 PM

Chair & Moderated Audience Discussion on SLMC's Future Dr. Sunil Wijayasinghe

Council Member, SLMC

3.20 PM - 4.00 PM

Closing Remarks and Vote of Thanks

- Summary of the Proceedings -Prof. Ranil Fernando
- Chairman, Centenary Celebrations Committee
- · Distribution of award for the logo and stamp competition winners
- Vote of Thanks Dr. H.D.B. Herath
- Registrar, SLMC
 - National Anthem

Participation in this session will be by invitation, and the Council has shared a Google Sheet with the SLMA to enable members to express their interest in attending. Alternatively, members may also visit www.slmc.gov.lk for further details and to indicate their interest

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SPECIAL ARTICLE Continued...



Programme

National Anthem

Welcome Speech

Lighting of the Oil Lamp

Prof. Ranil Fernando,

Chairperson, Centenary

Celebrations Committee

President, Sri Lanka Medical

SRI LANKA

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WEIT THE LOOP I

Prof. Vajira H.W.

Dissanayake

Council (SLMC)

EST BOT

Red Brand

6:20 PM

6:25 PM

6:30 PM

6.40 PM

Address by

SLMC new premises

Commemorative Meeting

The highlight of the day will be a commemorative meeting graced by the Prime Minister of Sri Lanka, reaffirming the government's recognition of the SLMC's critical role in national health development. The meeting will include an address by the Prime Minister, felicitation of past leaders of the SLMC, and the unveiling of a centenary publication chronicling the Council's evolution from 1925 to 2025. The meeting would be attended by the Chair of the General Medical Council of the UK and the Chair of the International Association of Medical Regulatory Authorities.

The programme is as follows:

Date: Saturday, 5th July 2025 Time: 6:00 PM – 8:30 PM (Followed by Dinner) Venue: Lotus Hall, BMICH

5:45 PM

6:00 PM

6:05 PM

6:15 PM

JUNE 2025

Programme

Guests to take their seats

Arrival of the Chief Guest

Dr. Harini Amarasuriya

Introduction of the Council

Members to the Chief Guest

Ceremonial Procession

Prime Minister of the Democratic

Socialist Republic of Sri Lanka

Programme

6:50 PM

Address by

Hon. Dr. Nalinda Jayatissa, Minister of Health and Mass Media

7:00 PM

Address by the Chief Guest

7:15 PM

Release of the Commemorative Stamp & Centenary Souvenir

7:30 PM

Keynote Address

Ms. Joan Simeon

Chair of International Association of Medical Regulatory Authorities (IAMRA)

Programme

7:50 PM

Address by Prof. Dame Carrie MacEwen

Chair of Council, General Medical Council (GMC), UK

8:00 PM

Cultural Performances

8.15 PM

Vote of Thanks

Dr. H. D. B. Herath Registrar, Sri Lanka Medical Council (SLMC)

8.25 PM

Leaving of the Ceremonial Procession

8:30 PM

Reception & Dinner

As we celebrate 100 years of the SLMC, we not only honour its storied past but also renew our commitment to strengthening the regulation of the medical profession in the years to come. The SLMA extends its warmest congratulations to the SLMC on this landmark occasion and invites all members of the medical community to take part in the centenary celebrations.

Contact info@slmc.gov.lk or www. slmc.gov.lk for further information



Centenary Commemorative Stamp Cover Page

FEATURE ARTICLE Dr. Hemantha Herath





FUTURE DIRECTIONS AND CHALLENGES OF THE SRI LANKA MEDICAL COUNCIL IN THE 21st CENTURY

The Sri Lanka Medical Council (SLMC), the national regulatory authority for medical, dental, and allied health professions in Sri Lanka, has undergone significant transformation from its colonial origins to its present role in the 21st century. Initially established as the Ceylon Medical Council (CMC) in 1925 under British rule, it was modeled on the UK's General Medical Council, with a primary focus on registering qualified practitioners and upholding professional standards. In its early years, the Council registered medical practitioners, dentists, pharmacists, and midwives.

Following independence in 1948 and the transition to a republic in 1972. the Council was renamed the Sri Lanka Medical Council (SLMC). While maintaining much of its inherited structure, it gradually expanded its regulatory mandate to include a broader range of health professions, such as paramedical assistants and professions supplementary to medicine. Although a separate legal framework for the regulation of nurses was introduced in 1987, nurses remained under the SLMC's regulatory scope until 2011.

Since the turn of the new millennium, the SLMC has sought to modernize its operations, enhance transparency, and reinforce its independence. Kev initiatives have included strengthening standards for undergraduate and postgraduate education, promoting continuing professional development (CPD). and addressing emerging areas such as telemedicine and digital health. Nevertheless, the Council continues to face challenges, particularly in governance, responsiveness, and legal reform. Ongoing efforts are focused on aligning its functions with international best practices to meet the evolving regulatory requirements of the healthcare sector.

The role of the Sri Lanka Medical Council (SLMC) is becoming increasingly dynamic, moving beyond traditional functions of registration and discipline toward a more proactive, responsive, and digitally enabled approach. As healthcare systems worldwide evolve rapidly in the 21st century, it is extremely important for the SLMC, like any other national regulatory authority for health professionals, also to adapt in a strategic and timely manner to ensure the continued safety, competence, and accountability of the workforce.

In this regard, the SLMC reflects on its past experiences and decides future directions by analyzing available information to identify potential transformations in the regulatory landscape for health professionals.

The future regulation of health professionals is set to evolve significantly in response to emerging global trends and challenges. It is very clear that the national regulatory authorities for health professionals are increasingly embracing digital transformation through platforms for registration, licensing, CPD tracking, and complaints management, with data analytics and AI playing a growing role in evidence-based decision-making. As crossborder mobility and practice of health professionals expand, aligning regulatory standards with international benchmarks will be essential to facilitate mutual recognition of qualifications. Future regulatory approaches will emphasize competencybased assessments throughout a practitioner's career moving beyond initial qualifications alone. Greater public engagement and transparency will be crucial to

maintaining trust and ensuring fairness.

As healthcare delivery becomes more team-based, regulation must support interprofessional education and collaboration. In this context, authorities in many countries are considering the establishment of a unified regulatory system for all health professionals, with the primary objective of enhancing patient safety, the fundamental goal of health professional regulation. Additionally, the recent pandemics and other natural and manmade disasters have highlighted the importance of flexible, responsive regulatory systems capable of adapting swiftly to crises while upholding professional standards.

The regulation of health professionals faces several complex challenges in the coming vears. Rapid technological advancements such as AI, robotics, and telehealth raise new questions about scope of practice, accountability, and ethics. Addressing workforce shortages and ensuring equitable distribution, especially in underserved regions, will require innovative regulatory strategies and strong policy coordination. As roles of non-physician health workers expand, regulators

The SLMA Monthly The Official Newsletter of the Sri Lanka Medical Association

FEATURE ARTICLE

must clearly define scopes of practice and uphold consistent standards to maintain quality. Balancing innovation with patient safety, particularly in digital and personalized health, remains a critical concern. Resistance to regulatory reform poses additional barriers, making stakeholder engagement and change management essential. There is also a growing demand for regulators to address ethical. social, and equity issues within the workforce. Moreover many emerging or "borderline" professions such as, tattooing, body modification, and certain cosmetic procedures, operate without formal regulation despite involving health-related risks, presenting a significant regulatory gap in many countries. In light of these considerations, the Sri Lanka Medical Council has initiated the development of its Strategic Plan for the next five years to address the identified concerns and emerging challenges. Following a comprehensive analysis of its strengths, weaknesses, opportunities, and threats (SWOT), and other factors, the Council has formulated a carefully structured strategic plan aimed at achieving the following key goals:

 Achieving maximum regulatory control over the widest range of health professionals to ensure the safety of health care seekers.

- Maintaining educational standards of all health professional training at optimal levels at all times.
- Maintaining the standards of professional and ethical conduct of all health professionals at all times.
- Becoming a trend setting regulatory authority for health professionals in the region.
- Achieving all above goals in a cost-effective manner through transparent, efficient and effective management of the organization.

The strategic plan has outlined the following key strategies as the primary means of achieving the aforementioned goals:

- Strengthening and expanding the regulatory capacity of the Council
- 2. Strengthening the operational capacity of the Council
- Strengthening the efficiency and effectiveness of the functions of the Council
- Introduction of innovative processes to address the current and emerging issues coming under the mandate of the Council
- 5. Strengthening stakeholder confidence and engagement through effective exchange of information

Strategic Outcomes of the SLMC by 2030



"

As healthcare delivery becomes more team-based, regulation must support interprofessional education and collaboration. In this context, authorities in many countries are considering the establishment of a unified regulatory system for all health professionals, with the primary objective of enhancing patient safety, the fundamental goal of health professional regulation.



6. Streamlining the activities into an annual and a five-year calendar

By the end of 2029, the Strategic Plan envisions several key outcomes that will significantly enhance the effectiveness and efficiency of the Sri Lanka Medical Council (SLMC). These include the enactment of a new Medical Act, the construction of a new building for the Council, and the establishment of new functional units to support the Council's evolving mandate.

A modern, user-friendly official website and a comprehensive Electronic Information Management System (EIMS) will be developed to streamline internal processes and improve public access to information. In addition, a formal grievance handling system will be introduced, and all existing processes related to the Council's operations will be reviewed, revised, and updated.

With the implementation of the new Medical Act, the composition of the Council will be restructured to better reflect international standards and national needs. New regulations will be introduced to promote more efficient and transparent governance. Furthermore, new frameworks for monitoring and evaluation, and quality assurance will be established, alongside the introduction of a robust human resource strategy. Core processes

such as election of members to the Council, the screening of foreign medical schools, and other administrative and operational procedures will be updated. New mechanisms, including those for the revalidation of registration and other emerging regulatory needs, will also be introduced.

The construction of a new building will resolve the current space constraints faced by the SLMC. In addition to the existing units, several new units will be established, including a Planning Unit, Internal Audit Unit, Front Office, Call Center, and a dedicated unit for managing Right to Information (RTI) requests. The Planning Unit will encompass sub-units such as a Research and Development Unit and a Quality Assurance Unit, supporting the Council's long-term strategic and operational goals.

The SLMC's journey from a colonial-era registration body to a modern health professional regulator reflects Sri Lanka's broader evolution as a nation. As it enters its second century, the SLMC stands at a critical juncture—balancing tradition with innovation, national priorities with global standards, and professional autonomy with public accountability.

FEATURE ARTICLE

Dr. Kumara Mendis



MBBS (C'bo), DFM (C'bo), MD Family Medicine (C'bo), MSc Medical Informatics (Netherlands), FCGP (SL), FACHI (Australia) Consultant Family Physician

Visiting Lecturer, Faculty of Medicine University of Moratuwa

LARGE LANGUAGE MODELS – ChatGPT – IN MEDICINE

In November 2022, OpenAI released ChatGPT, which rewrote the history of computing. Within two months of its release, ChatGPT became the fastestgrowing consumer application software in history, with more than 100 million users. According to an estimate by the CEO of OpenAI, Sam Altman, in April 2025 it may have reached 1 billion users.

In the UK it is reported that one in five GPs use generative AI tools in clinical practice. A 2025 American Medical Association survey indicates that physicians are largely enthusiastic about Al's potential in health, with 68% seeing at least some advantage in their practice. Physicians using some type of AI tool in practice increased from 38% in 2023 to 66% in 2024. Nearly half of physicians (47%) ranked increased oversight as the number one regulatory action needed to increase trust in adopting AI tools. [1]

A study done among PGIM trainees in 2023 emphasised the need for training to use AI tools effectively with 56.06% indicating some level of expertise required and 24.24% supporting extensive training. [2]

What is an LLM?

Large Language Models are sophisticated AI systems trained on extensive datasets to understand and generate human language. They are integral to generative AI which focuses on creating new content by learning patterns from existing data. [3]

Imagine an enormous collection of filing cabinets that can store every text-based document type we have, from books, journals, web pages, and computer code etc. These filing cabinets have a mechanism that can search for any information they contain. In addition, it has an inherent capability of continuously learning from these documents, answering questions, and summarising information, translating languages and even chatting like a person. LLM uses computer programs called 'Machine Learning' that use deep neural networks to do the tasks. LLMs calculate the probability of a word following a given input in a sentence, for example,

'The sky is...' blue 'I hope you have a great...' day, "Please let me know if you have any..." questions 'The sun rises in the...' morning

We can also think of a LLM as a

highly advanced autocomplete

phone suggests the next word

while typing a message. LLMs

don't "think" or "understand" the

way humans do. They recognise

patterns in language and use that

to respond in a meaningful way.

Although LLMs have primarily

been trained on simple tasks,

like predicting the next word in

a sentence, it's amazing to see

how much of the structure and

meaning of language they've

been able to capture, plus the

huge number of facts they have

been able to pick up using the

gigantic number of documents

they have access to. LLMs can

be used to write, edit, summarise,

and fine-tune almost any type of

Popular LLM examples are: GPT,

Gemini, Copilot, DeepSeek,

ChatGPT version 3.5 is free of

charge and has all the above-

mentioned facilities. It is user-

friendly and easy to use and is

conversation-enabled. However,

the basic, free version is trained

only up to the years 2023-24. In

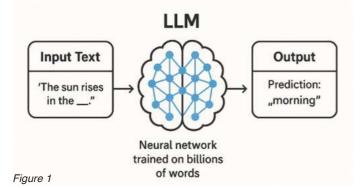
document.

I lama

system, similar to when your

addition browsing is not enabled so it is limited to the training years. ChatGPT Pro Version 4, is browsing enabled and is up-todate, but is a paid application.

Google Gemini has strong web integration features, including search and reasoning. Gemini provides real-time results and has a number of added features like working with Gmail and Google Al studio which is provided in the



free version.

MS Copilot is mainly built to work with Microsoft Office 365 apps -Word, Excel, PowerPoint Point etc, and the web browser MS Edge.

DeepSeek is a Chinese, partly open-source LLM best for coding and technical issues. It uses Chinese multi-lingual data sources. It has reached high benchmark levels in testing in comparison to other LLMs.

When using LLMs, whatever different version we may use, it's important that we precisely inform what we want. There are four important pieces of information that we need to provide. The mnemonic is **CSIP** - Context, Specific Information, Intent, Response format

For example:

Context - I am an academic, physician/doctor Specific Information - I am preparing a lecture for undergraduate medical students on heart failure Intent - Can you give me an easy method to explain 'Starling's Forces' Response format - in a stepwise manner using bullet point limiting to 500 words

In addition, some LLM have a special focus on healthcare, examples are MedPalm, ADA, Gator Tron, RadOnc GPT.

One of the most promising uses of LLMs in medicine is in clinical decision support. They can assist healthcare providers by synthesising medical information, generating differential diagnoses, suggesting investigations, and even recommending treatments based on current best practices.

LLMs also show considerable promise in research assistance. They can help automate literature reviews, generate research questions, and even assist in drafting parts of scientific papers. Furthermore, in the administrative realm, LLMs can reduce the burden of clinical documentation by drafting discharge summaries, referral letters, and consultation notes, thus potentially alleviating some of the causes of physician burnout.

We describe five LLM out of the increasing medicine specific LLMs.

MedPalm

https://sites.research.google/medpalm/

Google's Med-PaLM (Medical Pathways Language Model) is a version of its large language model fine-tuned for healthcare. Introduced in December 2022 and updated with Med-PaLM2 in March 2023, it excels in medical Q&A benchmarks-scoring over 60% on USMI F-style questions initially and reaching ~85% with v2-comparable to expert clinicians. It supports multimodal input (text, images, genomics) and is evaluated across criteria such as accuracy, clinical consensus, reasoning, and safety While promising for clinical decision support and automation, it still shows occasional errors and hallucinations, so human oversight remains essential.

FEATURE ARTICLE Continued...

Jonunuea

ADA

https://ada.com/

The Ada Symptom Checker is an AI-powered health assessment tool developed by Ada Health. It allows users to enter symptoms and receive a possible explanation of their health condition based on medical knowledge and probabilistic reasoning. Ada asks a series of adaptive questions and compares the answers against a large medical database to suggest possible causes. For the most part. Ada uses commercially available LLMs from OpenAl and Anthropic - there's no personal data or Ada proprietary included in their training.

It is not a diagnostic tool but aims to help users understand their symptoms and decide whether to seek medical care. The app is widely used globally and has been clinically validated in some studies for its accuracy and safety.

GatorTron

https://www.nvidia.com/ en-us/on-demand/session/ gtcspring21-s32030/

GatorTron is a powerful AI language model developed by the University of Florida and NVIDIA to understand and analyze clinica text. It was trained using over 90 billion words, mostly from de-identified electronic health records (EHRs). This allows it to "read" and make sense of large volumes of patient notes, lab reports, and clinical summaries. GatorTron performs tasks like identifying diagnoses, matching symptoms, and answering medical questions with high accuracy. It's designed to support clinicians and researchers by improving information extraction from EHRs, reducing manual work, and potentially aiding in decision-making. Think of it as an AI trained to understand doctorspeak.

RadOnc GPT

JUNE 2025

https://ai.meta.com/blog/radoncgpt-meta-llama-2-mayo-clinic/

RadOnc-GPT is a specialized Al language model, using radiation-oncology notes from Mayo Clinic in Arizona. It excels at three key tasks: generating radiotherapy regimens (including modality choices like proton vs. photon), assigning diagnostic descriptions/ICD codes, and crafting treatment summaries. Compared to general LLMs, it achieved notably higher ROUGE scores, reflecting better clinical specificity and clarity. Designed to streamline workflows—such as treatment planning and in-basket message drafting—it shows promise for saving clinician time and enhancing decision support. Pending further validation, it represents a powerful tool tailored to radiation oncology practice.

BioMedLM

https://crfm.stanford. edu/2022/12/15/biomedlm.html

PubMedGPT/BioMedLM is

a LLM developed by Stanford University. Trained exclusively on biomedical text from PubMed abstracts and full articles. it achieves state-of-the-art performance on medical QA tasks-including 50.3% accuracy on MedQA and ~57% on MedMCQA-despite its relatively small size. It uses a custom tokenizer optimized for medical terminology and generates draft responses suitable for research purposes (not clinical advice). By proving smaller, domain-specific LLMs can rival larger general models. PubMedGPT offers a more efficient, privacy-preserving foundation for biomedical NLP and question answering.

Concerns / Limitations

The main concerns of using AI is discussed in the Ceylon Medical Journal (CMJ) article, 'Artificial Intelligence in Medicine: Is it a panacea for all ills?. [4]

Hallucinations, inherent biases in the datasets used, the lack of explainability of how AI works (the black box phenomenon) and a lack of authority that regulates AI applications, especially in healthcare.

Beyond technical issues, there are ethical questions surrounding the use of LLMs in medicine. Accountability remains a critical issue: if a medical error occurs with AI involvement, it is unclear who should bear responsibility the developer, the institution, or the clinician.

Transparency is vital; patients should be informed when AI tools are involved in their care, allowing them to make fully informed decisions.

A recent MIT study explores the neural and behavioural consequences of LLM-assisted essay writing. The study participants were divided into three groups: Those using LLM, Search Engines, and Brainonly (no assistance). Over four months, LLM users consistently underperformed at neural, linguistic, and behavioural levels. These results raise concerns about the long-term educational implications of LLM reliance and underscore the need for deeper inquiry into AI's role in learning.[5]

Geoof Hinton is known as the godfather of AI, and the 2024 Nobel Prize for physics was awarded to Hinton. I would like to quote from Geoffrey Hinton's speech at the Nobel Prize banquet, 10 December 2024. [6]

'There is also a longer-term existential threat that will arise when we create digital beings that are more intelligent than ourselves. We have no idea whether we can stay in control. But we now have evidence that if they are created by companies motivated by short-term profits, our safety will not be the top priority. We urgently need research on how to prevent these new beings from wanting to take control. They are no longer science fiction'.

Looking ahead, the future use of LLMs in medicine should prioritize human-AI collaboration. The goal should not be to replace healthcare providers but to augment their capabilities, allowing them to focus more on patient-centred care. Rigorous validation processes similar to clinical trials for new medications, are necessary to ensure the safety and effectiveness of LLM applications in clinical settings. Furthermore, transparency in model development, including open access to datasets and evaluation metrics, will help build trust among clinicians and patients. Finally, ongoing monitoring and auditing are essential to identify and correct biases, inaccuracies, and ethical concerns as they arise.

In conclusion, Large Language Models have immense potential to transform healthcare by supporting clinical decisionmaking, enhancing education, and accelerating research. However, their integration into medical practice must be approached cautiously, with careful attention to safety, ethics, equity, and transparency. LLMs should be seen not as replacements for healthcare professionals but as powerful tools that, when used responsibly, can enhance the human aspects of medical care.

Acknowledgement

In writing the article, I have obtained the help of AI resources. The Fig 1 was the result of an AI drawing tool.

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VOICES FROM THE PERIPHERIES

Dr. M.P.D.M. Rajakaruna MBBS (Sri Lanka)



Medical Officer – Emergency Treatment Unit, Maternal and Children's Hospital, Kalutara

A NEW DAWN IN HEALTHCARE: THE MATERNAL AND CHILDREN'S HOSPITAL, KALUTARA

"Healing little lives, **Empowering futures**"

Kalutara proudly marks a major milestone in healthcare with the opening of the Maternal and Children's Hospital, a much-anticipated project set to transform pediatric and maternal care in the district. This new hospital is not just a building - it is a promise of a healthier. brighter future to our mothers and children

Located in Gallassahena with close proximity to the Kalutara Teaching Hospital premises, this specialized hospital plays a crucial role in delivering comprehensive maternal and pediatric care to the people of Kalutara District. Families from Beruwala. Balapitiya, Horana, Matugama, Agalawatta, Baduraliva, Ingiriya, Bulathsinhala, and Pimbura now have easy access to expert healthcare without traveling long distances to Colombo or Karapitiya

A new era in pediatric care

Previously, pediatric units were housed within the Teaching Hospital, where only two pediatric wards operated under limited and challenging conditions. These old wards struggled with overcrowding and poor ventilation.

In contrast, this new hospital marks a significant improvement with four fully equipped pediatric wards, offering not just increased capacity but also a more thoughtful and welcoming environment for children. The hospital's modern design features

bright, child-friendly interiors and a dedicated play area that allows children to engage, recover and thrive in a calm and nurturing setting.

As this hospital specializes in maternal and pediatric care, patients in these categories are given top priority at all times unlike in a general hospital where attention is divided among a broader range of medical needs.

Development and Facilities

The development of the hospital was made possible through the efforts of the Sri Lankan government with generous financial assistance from the Netherlands government. The hospital offers a wide range of essential services:

- Emergency Treatment Unit (ETU): Fully functional, with resuscitation beds, a labor room, and emergency care facilities
- Maternal and Pediatric Wards: 100 beds with comfortable. child-friendly settings, including isolation areas.
- · Postnatal and Gynecology Wards
- Intensive Care Unit (ICU): 9-bed unit for maternal and pediatric critical care.
- Premature Baby Unit (PBU)
- OPD and Clinics: Daily OPD and specialty clinics including vaccination and family planning services. We are now giving rehabilitation support for syndromic babies and children with neurological impairment



with the guidance of community neadiatrician

- Surgical Theater and Labor Room: Modern and fully equipped.
- Blood Bank, Laboratories, and Radiology Services: Ensuring accurate and timely care.

Early Challenges

The hospital officially opened on October 15, 2023, Initially, staffing was limited - just two medical officers and three Released House Officers in the ETU, trained at Lady Ridgeway Hospital.

Despite early struggles with limited investigations, imaging, and blood bank services, the dedicated team worked tirelessly to provide uninterrupted, quality emergency care under the guidance of four consultant pediatricians

Progress and Growth

Thanks to the leadership of the Hospital Director and the hard work of the medical team, the hospital has rapidly developed.

Today, the ETU is fully functioning with nine medical officers, four pediatric wards are actively running, and essential services like 24-hour x-ray imaging and laboratory tests are available on-site

Future Plans

The hospital looks forward to further growth, with plans to establish fully operational maternity units, a dedicated anesthesia/ICU unit, neonatal intensive care (PBU/NICU), and an expanded blood bank.

A Place of Healing and Hope

Today, patients and their families express immense relief and happiness. Children are treated in a nurturing, cheerful environment, and guardians feel confident in the care they receive.

The Maternal and Children's Hospital. Kalutara stands not just as a hospital but as a symbol of hope, a beacon of progress, and a promise to future generations.

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The SLMA Monthly The Official Newsletter of the Sri Lanka Medical Association

NOVICE Dr. Akhila Imantha Nilaweera MBBS (Colombo)



Medical Officer, Emergency Treatment Unit, DGH Matara Director and the Past President of Young Professionals' Alliance for Health (YouPAH)

THE GLOBAL TOBACCO END GAME: LEADERS WANTED!

Even from my school days, I had always been inquisitive and enthusiastic about how broad life is. As a final year undergraduate. I was privileged to be the Founder Vice President of Young Professionals' Alliance for Health (YouPAH), a collective of likeminded young professionals or wannabes who pursuit a vision of a healthier Sri Lanka. A process in which I learnt that determinants of health and wellbeing go beyond individual capacities and lifestyles and change need more than changing oneself for better.

When considering the determinants of ill health, the role played by tobacco is huge. It is not only killing and making people ill, but also negatively impacting social and economic well-being of individuals, households, communities and countries. Tobacco industry, the vector behind the tobacco epidemic, is causing more deaths and diseases in the world annually than all other viruses and bacteria taken together and making profits out of it too!

With my interactions and engagements at YouPAH I realised that just educating people about the harm done by tobacco is not adequate to counteract this commercial determinant of health. Addressing it very much requires people to understand and become resistant to tobacco

industry tactics that sustain the habit of tobacco use. Hence, I am now the Sub-Editor of the Centre for Combating Tobacco (CCT), the World Health Organization Framework Convention on Tobacco Control (WHO-FCTC), Article 5.3 mandated tobacco observatory in Sri Lanka. CCT conducts investigative research on tobacco industry and its allies, exposing their tactics and covert conflicts of interest and counteracting resulting interference and influence on public health policies and actions.

At CCT. I was exposed to many opportunities to develop myself as an advocate for tobacco control, to prepare me to contribute to the tobacco endgame; the current set of strategies global tobacco control advocates are focusing on. The aim is to eliminate tobacco use and save future generations from related harm. Last year, I had the opportunity to participate in the Tobacco Industry Monitoring Research and Accountability (TIMRA) course, conducted by the Tobacco Control Research Group (TCRG) of University of Bath, United Kingdom. I learnt about new investigative research techniques and tools that can be used to identify and monitor the modus operandi of the tobacco industry which strengthened my contribution to the CCT immenselv



JUNE 2025



This year, I was one of the 50 young tobacco control advocates selected from low- and middleincome countries for the Ascend: Leadership Development for the Future of Tobacco Control programme. ASCEND is a capacity building programme conducted by the Institute for Global Tobacco Control (IGTC) at the Bloomberg School of Public Health, Johns Hopkins University, USA, Spanning through a period of 11 months of online engagement, training and mentoring, the programme also includes an intensive inperson workshop of one week duration. This year it was held in Dublin. Ireland so that the trainees could participate in the World Conference on Tobacco Control 2025, held in the following week. As part of the ASCEND experience, participants were awarded a scholarship to attend the World Conference on Tobacco Control 2025, which followed the workshop, further enhancing their exposure to global perspectives in tobacco control.

ASCEND programme enhanced my understanding of the history of tobacco control, strategies and challenges; enhanced my leadership capacity and systems thinking skills to envision effective tobacco control policies and actions; provided opportunity to build connections with global and international peers, experts and

patrons in tobacco control and fostered a community amongst the peer trainees; made me feel accepted into the global tobacco control community and involve in tobacco control-related global efforts. ASCEND also enabled me to win an internship opportunity with the Campaign for Tobacco Free Kids, a leading global agency of tobacco control. Through this internship opportunity. I look forward to enhance my skills and capacities related to tobacco control further and contribute to the global tobacco control efforts and actions.

Tobacco epidemic and the related deaths and diseases are the result of tobacco industry which manufactures and markets a lethal product to people, especially to youth and children. Thus, it is the responsibility of our generation to act against this vector so that future generations will be freed from this menace. As a young professional interested in promoting the wellbeing of others, I truly believe that "Tobacco Endgame" is a possibility and that our collective actions will lead us to a "Tobacco Free Future" in which nicotine addiction and its related harm will be eliminated.

SLMA IN JUNE Highlights





RATNAPURA INTERNATIONAL PROMINENCE SABARAGAMUWA 10 AM - Inauguration/Welcome Speec 7 10.15 AM - Diagnostic Pitfalls in Dermatology 10.45 AM - Can Diabetes be Reversed : Myth or Reality 11.15 PM - Common Psychological Problems in Primary Care and Management 12 NOON - Recognizing a Sick Newborn 12.30 PM - Updates in Hypertensio

- ed Infections in General Pra
- 7 1.30 PM Medico-Legal Issues in General Practice







- 10:30 AM Beyond the Film: A Radiology Case Quiz (Part 1 Quiz)
 - sound (POCUS) **Basics of Ultrasound - DEMONSTRATION**
- Beyond the Film: A Radiology Case Quiz (Part 2 Discussion) 01:00 PM
- 01:45 PM Distribution of certificates and prizes 02:00 PM Lunch

0

SLMA IN JUNE

Highlights

- Wimalachandra, Consultant Haematologist and Senior Colombo
- Consultant Interventional Cardiologist, Colombo South Teaching Hospital
- · Bright Red or Black; Managing GI Bleeds in Children -Dr. Wathsala Hathagoda, Consultant Paediatrician, Lady Ridgeway Hospital for Children and Senior Lecturer, Faculty of Medicine, Colombo V





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SLMA IN JUNE

Highlights

Pre-Congress Workshop: Learning from the Legends

'Learning from the Legends; Inspiring Journey in Medicine and Beyond', a special Pre Congress Session was held with the participation of legends and medical luminaries in the field of paediatrics in Sri Lanka. Audience got the rare chance of listening to the most renowned paediatricians, combining their technical prowess and rich experience. SLMA respectfully, appreciate the efforts of these legends in paediatrics for their dedication and commitment



Appointment of new Co- Editor for the Ceylon Medical Journal (CMJ)

Prof. Madunil Niriella MBBS, MD, MRCP (Lon), MRCP (UK), Professor in Gastroenterology, Faculty of Medicine, University of Kelaniya was appointed as a Co-Editor of the CMJ. Prof. Niriella was appointed in place of outgoing Co-Editor Prof. Senaka Rajapaksha. SLMA wishes to thank the outgoing Co-Editor Prof. Senaka Rajapaksha, for his untiring efforts and commitment towards the Ceylon Medical Journal.





ACHIEVEMENTS OF SLMA COUNCIL MEMBERS

Family Health Bureau (FHB), Ministry of Health together with the Family Planning Association (FPA) Sri Lanka launched 'Country Contextualized Minimum Initial Service Package (MISP) for Sexual and Reproductive Health Services, Sri Lanka' recently. MISP is an internationally accredited training module for first responders during emergencies. Dr. Lahiru Kodituwakku, council member SLMA was the Lead Editor of the Country Contextualized MISP package for Sri Lanka.



- Early Bird Rs: 12500 /=
- Early Bird Rs: 10000 /=
- Early Bird Rs: 8000 /=
- Symposia Registration Rs: 3000 /=
- Early Bird USD 250



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SLMA's distinguished council member Dr. Anula Wijesundera along with her family members donated the first ever Hydrogen Methane Breathalyzer to the Department of Physiology, Faculty of Medicine, University





Sri Lanka Medical Association

Continued...

Time

11.15 AM -12.30 PM

12 30 -

1.15 PM

1.15 -2.15 PM

2.15 -2.45 PM

2.45

4.00 PM

4.00 -5.00 PM

138th Anniversary International Medical Congress

Health Equity Across the Life Course: Resilient Pathways, Empowered Lives

PROGRAMME

DAY 1 - 23rd July 2025

	REMONY (ON INVITATION	D		
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tensive iron pani Paden	dverse hepatic outcomes c chelation: Can established iya	of severely iron-loaded patients d fibrosis be reversed? of Anatomy, University of Kelaniya		
SHIP AND D	DINNER (ON INVITATION)			
2025				
	Hall B	Hall C		
RATION				
	d is father of the man: Tra	acing the origins of lifelong		
e Turner	ge of Paediatrics and Child He			
	nel Memorial Oration			
9: Looking for a Wijewickr t Physician ar		ent of Medicine, University of		
		Collaborator Session 1		
Poster Viewi	ing (PP1 to PP35)	Joint Session with World Health Organisation and Ministry of Health 'Unspoker - burden of adolescent mental		
<mark>um 1 –</mark> IV	Symposium 2 – Haematology	health'		
to first	Unravelling the	The silent pandemic: Teen loneliness in a		
ure Ingi	mystery of unexplained anaemia: the	hyperconnected world: A glimpse into the adolescent		
nghe in	role of red cell membranopathies and	mental health epidemiology of the region		
Neurology y of Sri Lanka	enzymopathies Dr Prabhakar S Kedar Head of Department-	Dr Dutsadee Juengsiragulw Consultant Psychiatrist – Department of Mental Health,		
nd f opilopsy	Department of Haematogenetics	Thailand		
of epilepsy on /a	ICMR - National Institute of Immunohematology, India	Digital detox: Can unpluggin improve teen depression an		
t Paediatric	Changing landscape of	anxiety and prevent suicides Dr Darshani Hettiarachchi		
t – Lady Hospital for	thalassaemia care in Sri Lanka	Consultant Child and Adolescer Psychiatrist–Lady Ridgeway Hospital for Children, Sri Lanka		
nd National entre,	Prof Anuja Premawardhena Professor of Medicine -	Autism in the teenage years Navigating the storm of		
e	University of Kelaniya, Sri Lanka	adolescence Prof Miyuru Chandradasa		
d: g the	Thrombophilia:	Professor in Child and Adolescent Psychiatry –		
of benign	New developments in diagnosis and management	University of Kelaniya, Sri Lank		
rangie e	Prof Lalindra	Overview of child and adolescent mental health		
t & Senior University	Gunarathna Professor in Haematology	services in Sri Lanka Prof Shreenika Welinage		
o, Sri Lanka	- University of Colombo, Sri Lanka	Professor in Community Medicine - University of Colomb Sri Lanka		
Registr	ration Fees			
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Non Consultant Full Registration 12,000/- LKR				
Early bird 10,000/- LKR Undergraduate 8,000/- LKR				
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	Symposia Foreign D	Symposia Registration 3500/- LKI Foreign Delegate Full Registration Early bird 250/- USD		

Sri Lanka Medical Assiociation,

Colombo 07 +94 11 269 3324

https://slma.lk/

officeslma.lk

Wijerama House, No. 6, Wijerama Mawatha,

DAY 2 - 24th July 2025 Hall B Hall C Hall A Panel Discussion 1 Collaborate Symposium 3 – Interventional research Food allergies: Labelling and de-labelling Joint Sessi with World H Organisation Ministry of H Why conduct interventional research? Panellists: Prof H Asitha de Silva Professor of Pharmacology - University of Kelaniya, Sri Lanka Prof Neelika Malavige Wellbeing a Professor in Immunology - University of Sri life course Jayewardenepura, Sri Lanka demand thr Importance of equity, emp and eviden Dr Rajiva de Silva interventional research in Consultant Immunologist -Medical Research Institute, the global south Panellists: Dr Luiza Silva Associate I Sri Lanka Coordinator - Brazilian Clinical Trials Registry, Brazil Feiativaddh Dr Dhanushka Director - Pre Medicine Ass Dasanayake Barriers to conducting Consultant Immunologist -Medical Research Institute, Thailand interventional research Ur Nadisha Badanasinghe Senior Lecturer – University of Kelaniya, Sri Lanka Prof Sumu Seneviratne Professor in University Sri Lanka Dr Manuja F Senior Lectur Health - Unive Kelaniya, Sri Clinical trial registration Moderator: Suriapperuma Senior Lecturer – University of Kelaniya, Sri Lanka Dr Ashwini de Abrew Moderator: Dr Susie Pe World Health Organisation, Country Office Lunch, Video Promotions and Poster Viewing (PP36 to PP90) Free Paper Session 2 (OP 6-10) Free Paper Session 1 Free Paper 8 (OP 11-15) (OP1-5) **Guest Lecture 1 Guest Lecture 2** Policy For CVD in CKD. When defences fail: Joint Forum Health Orga and Ministry United Natio Unravelling recurrent infections and immune Is it mechanical or chemical Prof Magdi Yaqoob Professor of Nephrology -Royal London Hospital, UK vulnerabilities in childhood Population Dr Bakul Parekh Past Pres ent – Indian Climate stre Academy of Paediatrics, health risks: resilient hea systems ndia Symposium 4 – Pulmonology Symposium 5 – Management of snakebites AND The wheezing patient in Launch of th Snakebite envenomation in Sri Lanka: A focus document o Smart Gree your clinic Dr Deepak Talwar & Dr Kanishka Kumar on medically significant snakes Senior Consultants in Respiratory Medicine Metro Centre for Prof Namal Bathnavaka Professor – Sabaragam University of Sri Lanka Respiratory Diseases, Noida, India

Challenges in the management of adult snakebites and the role of small molecule therapeutics Prof Anjana Silva Professor in Parasitology – Rajarata University of Sri Lanka Challenges in the management of paediatric snakebites Dr Udaya de Silva Consultant Paediatrician – Teaching Hospital Anuradhapura, Sri Lanka Quiz 2 – Dermatology Collaborate Quiz Joint Session with World I Prof Jayamini Seneviratne Consultant Dermatologist, Sri Lanka Programme Modelling a of micronut Dr Janaka Akarawita inadequaci Consultant Dermatologist – National Hospital Colombo Sri Lanka and food se

trends in Sr Leveraging and global for operatio technical in

5.00 -5.30 PM Tea and Poster Viewing (PP91 to PP125)

When sleep becomes a

Dr Ruwanthi Jayasekera

From smog to symptoms

Quiz 1 – Radiology Quiz

Dr Chinthaka Appuhamy Consultant Radiologist and Senior Lecturer – University

of Kelaniva. Sri Lanka

Dr Marius Suranjan

Senior Registrar in Radiology – National Hospital Colombo, Sri Lanka

Consultant Respiratory Physician and Senior

Lecturer - University of Moratuwa, Sri Lanka

Kulathunga Consultant Respiratory Physician - Teaching

Hospital, Kurunegala, Sri Lanka

Dr Chandana

silent killer

5 th July 2025			
Hall A	Hall B	Hall C	
REGISTRATION			
		strategy	
		av services in	
Sri Lanka		gy services in	
Professor in Paediatric Ne	a phrology – Department of Paediatrics, Unive	ersity of Colombo	
Tea and Poster Viewing	g (PP126 to PP160)		
Symposium 6 – Nephrology	Symposium 7 – Birth Defects, Rare Diseases and Genetics	Collaborator Session 4	
Epidemic of CKD in	Diagnosis and Care of Rare Diseases and Birth Defects	Joint Session	
can we learn from the	Role of a clinical geneticist and	Nations	
Prof Magdi Yaqoob	centre in Sri Lanka	Programme	
Royal London Hospital, Ul	Consultant Clinical Geneticist - Lady	drugs: Best	
Is peritoneal dialysis fit for purpose in a	Sri Lanka	in technical	
resource poor setting	Advancing diagnosis in rare diseases: The role of whole	quality	
Professor & Consultant Nephrologist - University of	of vs. Sri Lankan impact	accountability	
	Senior Lecturer in Anatomy, University		
donation in Sri Lanka:			
decade	suspicion to diagnosis and		
Consultant Transplant	Dr Yasas D. Kolambage		
Hospital Colombo, Sri Lanka	University of Sri Lanka		
Symposium 8 – Endocrinology	Panel Discussion 2 Bridging gaps in immunisation:	Collaborator Session 5	
Endocrine perspective	Regional strategies to ensure	Joint Session	
Dr Sanjay Kalra	Panellists:	of Asia and	
Association of India, India	Chairman – National Medicinal	Societies	
		Sri Lanka College of	ļ
Prof Prasad Katulanda	President – Indian Medical Association, India	Obstetricians and Gynaecologists	
& Professor in Medicine	Senior Consultant Paediatrician,	(SLCOG) and Perinatal Society	
Sri Lanka President – Ceylon Colleg	Sri Lanka	of Sri Lanka (PSSL)	
of Physicians, Šri Lanka	Professor in Immunology – University	Reducing preventable	
in management	Moderators:	perinatal mortality in South Asia:	
Consultant Endocrinologis	t President – Sri Lanka Medical	A roadmap for regional	
University of Kelaniya, Sri Lanka	ASSOCIATION, ON LANKA	collaboration and accountability	
Lunch, Video Promotion	ns and Poster Viewing (PP161 to 215)		
Free Paper Session 4 (OP 16-20)	Free Paper Session 5 (OP 21-25)	Free Paper Session 6 (OP 26-30)	
Guest Lecture 3	Greatul agains: A life course	Policy Forum 2	
health consequences	approach to women's health in	Joint Forum	
South Asia	Dr Milind Shah	Health	
		services and	
Symposium 9 –	Symposium 10 – Surgery	Sri Lanka	
Breaking the cycle:	Advances in reducing surgical		
	Less is more: Evolving landscape		
Prof Aman Pulungan	in breast cancer surgery Dr Kanchana Wijesinghe		
Executive Director – International Paediatric	Senior Lecturer in Surgery – University of Sri Jayawardhenapura,		
for paediatric asthma: Are we there yet?	clinical pathways and emerging		
	REGISTRATION Plenary 2 Child and Dr Dutsadee Juengsira Consultant Psychiatrist – I Dr S Ramachandran M In a quest towards the J Si Lanka Professor in Paediatic Me Tea and Poster Viewing Symposium 6 - Nephrology Epidemic of CKD in the developing world: can we learn from the developed countries? Prof Magdi Yaqoob Professor of Nephrology- Royal London Hospital, UI Is peritoneal dialysis fit for purpose in a resource poor setting Prof Rajitha Abeysekar Professor of Nephrology- Royal London Hospital, UI Is peritoneal dialysis fit for purpose in a resource poor setting Prof Rajitha Abeysekar Professor & Consultant Nephrologist - University of Paradeniya, Sri Lanka: Lessons from last decade Dr Ruvan Dissanayake Consultant Transplant Surgeon - National Hospital Colombo, Sri Lanka Symposium 8 - Endocrino logy Endocrine perspective of sarcopenia Dr Sanjay Kalra Past President Endocrine Association of India, India Consultant Endocrinologis & Professor in Medicine - University of Colombo, Sri Lanka Diabetes: new frontiers in management Dr Dulani Kottahachchi Consultant Endocrinologis & Professor in Medicine - University of Colombo, Sri Lanka Diabetes: new frontiers in management Dr Dulani Kottahachchi Consultant Endocrinologis & Professor in Medicine - University of Colombo, Sri Lanka Diabetes: new frontiers in management Dr Dulani Kottahachchi Consultant Endocrinologis & Professor in Medicine - University of Colombo, Sri Lanka Lunch, Video Promotiol Free Paper Session 4 (OP 16-20) Guest Lecture 3 Invisible threats: The health consequences of air pollution across South Asia Dr Dilip Banushali President – Indian Medica Association, India Symposium 9 – Paediatrics Breaking the cycle: Paediatrics Breaking the	Hall A Hall B REGISTRATION Pleaded Lungsizquitt Pressor Languitt Consultant Psychiatrist - Department of Mental Health, Thailand Dr Stamachandran Memorial Oration In a quest towards the provision of optimal paediatric nephroloc Sri Lanka Prof Bandula Ranawaka Professor in Paediatric Nephrology - Department of Paediatrics, University of Colombo, Sri Lanka Professor in Paediatric Nephrology - Department of Paediatrics, University of Colombo, Sri Lanka Springericut Status Prof Magdi Yaqoob Prof Magdi Yaqoob Prof Magdi Yaqoob Prof Magdi Yaqoob Prof Magdi Yaqoob Prof Magdi Napoyselara Prof Magdi Yaqoob Prof Magdi Napoyselara Prof Magdi Napoyselara Or Napas Ubasinghe Consultant Tansphart Superioreal dialysis Pushing deceased Or National dialysis Dr Ruyan Dissanayake Dr Anatomy, Sabaragamuwa University of Colmbo, Sri Lanka Prof Magdi Natooin Prasa D. Kolambage Consultant Tendocrinology Prasa D. Kolambage Consultant Chaotinologis Prate Discussion 2 Prasa Matuadi Prate Discussion 2 Prof Magdi Natooin Prate Discussion 2 Sympolatin forinal, India Prate Discussion	Hail A Hail B Hail C REGISTRATION Provide Automation of the provision of optimal paediatric neptrology services in sinulation. Provide Automatication of the provision of optimal paediatric neptrology services in sinulation. Provide Automatication of Provide Automatication of the Automaticat

of Paediatrics and Child Health, UK

JUNE 2025

special interest in Lower GI surgery – DGH, Nuwaraeliya, Sri Lanka

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JULY 2025

Cinnamon Grand Hotel, Colombo

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3 - 25 th nued	July 2025		
PM	Transition in paediatric kidney diseases: Building lifelong care pathways Prof Asiri Abeyagunawardena Professor of Paediatrics – University of Peradeniya, Sri Lanka	Precision diagnosis, selective Intervention: Reducing unne- procedures in thyroid cancer Prof Sanjeewa Seneviratne Professor in Surgery - University Colombo, Sri Lanka	cessary
- PM	Dr S C Paul Memorial Oration Challenges in major trauma care explored Dr Bingumal Jayasundara Consultant Surgeon – Base Hospital,		arted terrain
- PM	Tea and Poster Viewing (PP216 t	o PP248) 🖕	
4 - 2	26 th July 2025		
e	Hall A	Hall B	Hall C
0 - 5 AM	REGISTRATION		
5 - AM	Guest Lecture 5 The healing profession: Reintegrating ethics and compassion into clinical practice Prof J.A. Jayalal President – Commonwealth Medical Association, UK	Guest Lecture 6 Challenges of nutritional environmental assessment of schools Dr Buddhika Sudusinghe National Program Manager School Health, Family Health Bureau, Sri Lanka Dr Amila Chandrasiri Consultant Community Physician - RDHS Galle, Sri Lanka	
5 - 0 AM	Symposium 11 - Cardiology Updates on STEMI guidelines Prof Rishi Sethi Professor - King George's Medical University, India Updates on lipid management Dr Tanya Pereira Consultant Cardiologist - National Hospital, Colombo, Sri Lanka Updates on hypertension Dr Disna Amaratunga Consultant Cardiologist - National Hospital, Colombo, Sri Lanka	Symposium 12 – Gastroenterology Epidemiology of IBD in South Asia: Sri Lankan perspectives Dr Karthiha Balendran Honorary Consultant Gastroenterologist, University Medical Unit, Teaching Hospital, Jaffna, Sri Lanka Challenges in diagnosing & assessing disease severity of IBD Dr Kuleesha Kodisinghe Consultant Gastroenterologist, Teaching Hospital, Matara, Sri Lanka Management of IBD in the era of newer therapies: choosing the right drug for the right patient Dr Amarendra Singh Puri	Policy Forum 3 Joint Forum with World Health Organisation, Ministry of Health and Ministry of Transport 'Safe roads-Safe communities': Advancing evidence- based action for road traffic injury prevention AND Launch of the 'SLMA declaration on prevention of RTA'

Dr Amarendra Singh Puri Institute of Digestive & Hepatobiliary Science, Medanta Gurugram, India

Overview of Paediatric

Updates on Elderly

in chronic diseases

Dr Nalinda Herath

Dr Pearl Mallawaarachchi

Consultant Nutrition Physician Lady Ridgeway Hospital for Children, Colombo, Sri Lanka

Dr Shalika Kurukularachchi

Consultant Nutrition Physician – National Hospital Colombo,

Medical Nutrition therapy

Consultant Nutrition Physician - National Hospital Colombo,

Nutrition

Nutrition

Nutrition

Sri Lanka

Sri Lanka

n 14 –

10 00 -10.00 - Tea 🖕

Symposium 13 - Geratology A roadmap for enhancing geriatric care in Sri Lanka: Practical realities, integration, and regional Insight
Building tomorrow's geriatric

services: Regional insights and transformative strategies Prof Shahrul Bahyah Kamaruzzaman Deputy Dean and Senior Geriatrician, University Malaya

10.30 -11.45 AM Essentials of geriatric care in the 21st Century: Clinical principles and delivery models Prof Sarath Lekamwasam Exercitus Professor of Medicine, Emeritus Professor of Medicine, University of Ruhuna, Sri Lanka

System reform for an ageing nation: Integrating geriatrics into mainstream healthcare Dr Chamila Dalpatadu

Consultant Physician, Director Ageing Research and Ambulatory care, University of Colombo,

	Sri Lanka
AM PM	DEBATE
	Healthcare needs of the people should take precedence over the right of doctors to emigrate
PM	CLOSING CEREMONY

1.00 -2.00 PM LUNCH Collaborator Session 6

Joint Session

with United

Advancing

Sri Lanka: A

Nations Population Fund

comprehensive sexuality education in

strategic public health response by the Sri

Lanka Medical

Association

GLOBAL FOCUS

JUNE 2025

Global vaccine uptake stalls, putting millions of children at risk of deadly diseases

A new study published in Lancet, reveals an alarming trend of decreasing vaccine uptake across the world. Progress in vaccinating children against a plethora of life-threatening diseases has stalled in the past two decades - and even gone backwards in some countries, as the study suggests. This has been compounded by the impact of COVID-19 pandemic and recent funding restrictions and cuts in international aid budgets. According to the researchers this situation has left millions of children unprotected from diseases such as measles, tuberculosis and polio.

Statistics are startling! Measles vaccinations have declined in nearly 100 countries and by 2023, there were nearly 16 million children who had not had any childhood vaccinations, majority in sub-Saharan Africa and south Asia. The trend is not confined to developing countries, vaccination rates have fallen in Europe, USA and other developed countries too.

The researchers recommend that all countries try to strengthen primary healthcare systems, counter misinformation around vaccines and enable equitable access to vaccines.

The 'Trojan Horse Therapy' in Multiple Myeloma treatment to start in UK

A new therapy that sneaks toxic drugs inside cancer cells is being made available for patients at NHS, England in a world first. It can halt the myeloma spread for nearly three times longer than current therapies. Belantamab mafodotin, a lethal chemotherapy drug that bound to an antibody, is the primary drug used in the therapy to kill the cancer cells. After the drugantibody pair enters into a cancerous cell, the drug is released inside for the kill. The decision to use the drug at NHS comes after a review by the National Institute of Health and Care Excellence (NICE) concluded the drug was cost-effective for NHS use.



Picture and news Courtesy: BBC Health/ The Guardian







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