INAUGURAL CEREMONY

At the inaugural ceremony, after the lighting of the traditional oil lamp, the participants were welcomed by Professor B L Panditharatne, Vice-Chancellor of the University of Peradeniya. There followed addresses by Dr A Christodoulou, Secretary-General of the Association of Commonwealth Universities, and Professor Sir Kenneth Stuart, Medical Adviser, Commonwealth Secretariat. The Hon. Victor Tennekoon, Chancellor of the University of Peradeniya, then addressed the meeting and declared the workshop open. The keynote address was given by Professor R G Panabokke, head of the Department of Pathology and former Dean of the Medical Faculty, University of Peradeniya. The ceremony ended with a vote of thanks proposed by Professor M A Fernando, the present Dean of the Medical Faculty and the Chairman of the workshop. The texts of addresses are given below.

ADDRESS BY DR A CHRISTODOULOU, SECRETARY-GENERAL, ASSOCIATION OF COMMONWEALTH UNIVERSITIES

It is my privilege and pleasure here today to be linked with the Commonwealth Secretariat in jointly organising an important and topical workshop of medical deans and ministry of health officials.

For the Association of Commonwealth Universities it is also the first joint enterprise involving academics and representatives of government ministries in the discussion of matters of mutual concern and of crucial importance to the development and well-being of the communities they serve. I hope it will be of forerunner of other such relevant workshops and conferences and of further joint enterprise with the Commonwealth Secretariat.

The ACU, a voluntary non-governmental association of its member universities, is now in its 70th year of successful endeavour. Just before I left London nearly a month ago, its total membership reached 250 universities drawn from 28 Commonwealth countries - the last to join, as it happened, being Sri Lanka's own new institution, Batticaloa University College.

The overall aim of the Association is to promote the maximum contact and co-operation between its members, and traditionally it has done this through scholarship schemes, academic fellowships (including medical fellowships), staff exchange schemes, travel bursaries, and meetings of vice-chancellors and presidents. It is gratifying to report that many Sri Lankans have been included in these activities.

In just the official Commonwealth Scholarship and Fellowship Plan, it has in the 20 years of that Plan brought nearly 4800 scholars from all over the Commonwealth to places in British universities, as well as over 400 Academic Staff Fellows, 680 Medical Fellows and over 160 Senior Medical Fellows.

In various other ways, it does everything it can within the cash resources at its disposal to promote the maximum movement of academic staff and students from one country to another.

In all such activity, I am proud to boast that the ACU has made a strong contribution in shaping and maintaining the strong links that bind together the modern Commonwealth; and its modest involvement in this week's workshop has enabled it to contribute to the bringing together of one of the major professions in our societies, with representatives from over 15 countries.

One of our member institutions, the University of Peradeniya has cheerfully and willingly borne the burdens of organising and staging the workshop, and to your

University and particularly to the Dean, Professor Fernando, and staff of the Faculty of Medicine, the remaining 249 members of the Association, as well as all the participants here, extend their most grateful thanks, and best wishes for continuing success in their endeavours.

ADDRESS BY PROFESSOR SIR KENNETH STUART, MEDICAL ADVISER, COMMONWEALTH SECRETARIAT

It was approximately fifteen years ago, soon after my assumption of the post of Dean of the Medical Faculty of the University of the West Indies, that I first appreciated how great was the need for closer integration and harmonisation of the roles of medical schools and ministries of health. In spite of the collaboration that existed at the personal level, there were at that time relatively few formal links between health ministries of the Caribbean and the regional medical school, and there was little co-ordination of their roles in support of agreed national or regional health objectives.

Health manpower training is undoubtedly a crucial element in any health plan; and it is here that there is the greatest need for co-ordination between national health planners and medical schools. My perception of the urgency of this need has deepened during the past six years, since I have had opportunities to visit ministries of health and medical schools in countries of both the developed and the developing Commonwealth. The situation in most countries is not only that the training of doctors proceeds independently of national health needs but also that there is often wide divergence between academics and their training goals on the one hand and health service requirements on the other.

It was for these reasons that I was so gratified by the enthusiasm with which my suggestion for holding this workshop was received by my professional colleagues and other groups. I refer particularly to the Association of Commonwealth Universities who at the London end have assisted the Commonwealth Secretariat in making the arrangements for the meeting, and to the the Commonwealth Foundation who have made a substantial financial contribution in support of it. Even more gratifying, however, was the warm welcome given to the proposal by the Government of Sri Lanka who helped with the planning of the workshop and agreed to be its host. I know that all of you would wish to join me in saying a special word of thanks to them and also to my colleagues at the University of Peradeniya for the splendid arrangements they have made for it.

The ideas behind this workshop are not new. Commonwealth Health Ministers at a number of recent meetings have stressed the importance of closer collaboration between medical schools and ministries of health in meeting the changing priorities in community health and in national systems of health care delivery. The Wellington Meeting in 1977 recommended that medical schools should define their goals in relation to national health needs. The Arusha meeting in 1980 stressed the importance of orienting medical training towards community health issues and to expanding the concept of primary health care. It recommended that medical schools should revise their curricula in pursuit of these objectives and that they should be more involved in the study of national health problems and in the strengthening of national health services.

We hope, therefore, that this workshop will not spend too much time merely re-discussing these objectives. We would prefer it to focus more particularly on the practical requirements for achieving them.

Most medical schools in both developed and developing countries have concentrated mainly on educating professional personnel to provide care for individual patients in a hospital setting; and with that as their objective they have done well. The care of the acutely sick, however, is only one of the concerns of health ministries today. Health perceptions are changing throughout the world. Hospital medical care is an essential

part of the health system, but only a part. World-wide emphasis is now being placed on primary health care, on a wider and more equitable spread of health resources, on community participation and community health education.

Our medical schools would be irrelevant to our times if they did not perceive and develop practical and susbstantial roles in relation to these internationally accepted health goals. This would require a revision of the training emphasis for doctors and other members of the health team, a new balance of their priorities and a new balance of relationships between medical schools and national health planners. It is essential that this balance be reflected in the training and research programmes of medical schools.

The workshop will also examine the feasibility of establishing Commonwealth centres of higher medical education at appropriate locations in developing countries of the Commonwealth. If this could be achieved it would reduce the existing over-dependence of graduates from developing Commonwealth countries on centres of higher education in the developed countries - Britain, Canada, Australia, New Zealand. It would also facilitate wider student mobility and give greater impetus to and improve collaboration between Commonwealth member countries at all levels of development. Commonwealth Health Ministers have already endorsed this proposal and have recommended that appropriate action be taken for its implementation.

It is more than its physical beauty and the warmth of its hospitality which makes Sri Lanka such an ideal venue for this workshop. Sri Lanka has already done much to advance the issues with which the workshop will be concerned. A recent World Bank report quotes Sri Lanka as an example of the high level of health care that can be achieved with only modest national resources. Your Government's recently-published and far-sighted White Paper on the Reorganisation of the Ministry of Health lays down important guidelines for the future development of its health services. It also recognises that health can no longer be the responsibility of a single government department and stresses the need for skilled management and for wide consultation and collaboration between the many public and private sectors that impinge on it.

For those of you who have not had the opportunity of reading this White Paper I quote a paragraph which has relevance for the workshop:

> "In simple terms, management is the national utilisation of available resources to maximum advantage in the achievement of an organisation's objectives. It is not a preserve of a profession but a discipline in itself, one that calls not for a particular academic or professional background but for specific types of knowledge, skills and attributes. The management of a national health system involves close collaboration at all levels with other government agencies, voluntary organisations and, most important, the community itself. The tasks of health system management have broadened to encompass not just combating disease and improving environmental conditions but the planning, formulation and implementing of strategy."

To chart for itself a role in the implementation of its national health strategy is the challenge that faces the medical school today in both the developed and the developing world. It is with the requirements for achieving it that this workshop will be largely concerned.

The Commonwealth Secretary-General, Mr Shridath Ramphal, has asked me to convey to you his greetings and best wishes for the workshop. He has asked me also to express to you his hope that the workshop will not be an isolated Commonwealth event but will be the beginning of the continuing dialogue between medical schools and ministries of health which will be essential for achieving its long-term objectives. On his behalf and on behalf of myself and my colleagues from the Secretariat, the Association of Commonwealth Universities and the Commonwealth Foundation, I would

like to say thanks again to the Government of Sri Lanka for hosting the workshop and for the warmth of the reception they have given us. Thanks also to my colleagues from the University of Peradeniya for their planning assistance, to all of you for your attendance at this ceremony and particularly to those of you who have come from long distances to participate in the workshop which the ceremony inaugurates.

ADDRESS BY THE HON VICTOR TENNEKOON, CHANCELLOR OF THE UNIVERSITY OF PERADENIYA

I am deeply conscious of the honour done me in inviting me as chief guest to inaugurate this workshop on the contribution of medical schools to national health development.

First of all I should like to welcome the participants, on my own behalf, on behalf of the University of Peradeniya and on behalf of the citizens of Kandy. As you are probably aware, I am myself not a member of the medical profession, but I do have a most direct interest as Chancellor of the Peradeniya University in the subject that you will be discussing in the workshop.

We are very familiar these days with the word "development", but less so when it is coupled with national health. The words "national health development" are not intended to refer to the health of the nation as a nation. That would perhaps be more appropriate to a gathering of economists, planners and sociologists. Such a gathering may well be concerned to discuss the bad state of the finances of the country, the high pressures generated in the economy of the nation by inflatory tendencies, the growth of a cancer of corruption in the body politic or an epidemic of bankruptcies among public and private corporations, and such similar subjects. These certainly are indices of ill-health in the nation. The workshop, however, will be more concerned with health in its literal sense, the health of the people, of the community and the place medical schools have taken and can take in the development of the health of the people.

In many developing countries respective governments have embarked on large development schemes which involve agricultural, industrial and allied sectors. These have been undertaken in an attempt to raise the economic standards and improve the quality of life of the people concerned.

International agencies like the World Health Organisation have themselves realised the importance of the need to improve the health status among the people of all nations. It has also been indicated that raising health status to high levels would necessarily be accompanied by an improvement in the quality of life, particularly in less developed countries. The World Health Organisation's target of "Health for all by the year 2000" is intended, partly at least, to motivate national agencies and planners to meet this challenge when devising development strategies.

Development effort in any country, whether in the agricultural, industrial or any other allied sector, must necessarily be linked with the need for attention to the health problems that would be generated by those very efforts.

Agricultural and industrial development are necessarily accompanied by change, modificiation or even total alteration of the environment and ecology in the areas where development is taking place.

Every country, at whatever stage or level of development it may be, has a series of integrated systems to monitor, evaluate and take care of the health of its peoples. The time appears right to take another look at the systems available for delivery of health care, in the context of vast changes that are occurring in the less developed countries. A system that was appropriate at a particular time in the history of a nation may be inappropriate at a time when the science of medicine and the technology which supports it have progressed beyond the boundaries originally conceived.

A fresh look at the different facets of the existing systems for the delivery of health care seems to be desirable. Medical schools seem to be well adapted for the study of these problems and for devising appropriate remedies.

Some areas in which such studies may be carried out are:

- Primary health care. How effective are the existing systems? Cannot community participation be harmonised and intensified?

- Maternal and child health or family health. Are measures now adopted for improving standards of maternal and child health achieving their targets and goals? Are additional measures and improvements necessary? Can these be identified?

- Nutrition. It is common knowledge that malnutrition is a major health problem in many developing countries. It has also been pointed out that unless appropriate action is instituted immediately, the situation will be worse at the end of the next two decades. Can measures to correct this be identified and implemented?

- Health education. Health education can contribute tremendously to the improvement of the health status of the people. Cannot efforts in this direction be strengthened and multiplied?

- Drugs. Large parts of national budgets of less developed countries are spent on the purchase of drugs. The never-ending escalation of the cost of drugs strains national budgets, particularly in less developed countries. Should not the choice of drugs be governed by maximum therapeutic effectiveness coupled with maximum cost-benefit to the country?

Today, so far as Sri Lanka is concerned, the larger function of medical schools is to contribute to the development of health manpower - that is, the production of medical graduates who may serve in the national health services. Many of them leave the country and take up employment abroad, tempted by the high emoluments which they can command and which we are unable to match here. Of course, a fair number remain who show at least some concern for the people of their own country, but I believe we are still short of the optimum numbers necessary to man the national health services.

Our medical schools do a considerable amount of research. But I believe that if medical schools and ministries and departments of health which run our national health services, both curative and preventive, could collaborate in this connection, the research could be channelled into areas where experience gained in the running of the national health services shows in what fields in-depth studies need to be undertaken and new and innovative systems of health care evolved.

I hope that this workshop will produce new ideas and make recommendations whereby the medical schools can consciously participate somewhat more directly than is at present the case in the provision of national health care and its development.

I have pleasure now in formally declaring this workshop on the contribution of medical schools to national health development open. May your deliberations be fruitful and successful.

KEYNOTE ADDRESS ON RELATIONSHIPS OF MEDICAL SCHOOLS AND MINISTRIES OF HEALTH BY PROFESSOR R G PANABOKKE

At the outset, I take this opportunity to thank the organisers of this workshop and in particular Sir Kenneth Stuart, Medical Adviser to the Commonwealth Secretariat, for

having invited me to give this address. I consider this invitation a signal honour, not only personally to me but also to my country, Sri Lanka, and to the Faculty of Medicine, University of Peradeniya.

In this address, I have no intention of making any categorical pronouncements about what would constitute an ideal relationship between medical schools and ministries of health. Instead, I hope to raise numerous questions relating to different factors which I think would influence this relationship. I do not intend giving you answers to all the questions I raise; but I hope that I will be able to rouse your curiosity, and through this stimulate discussion on the questions I have posed, as this workshop progresses. Much of what I will be telling you is drawn from the Sri Lankan situation, and the experience I have gained by working in my own country.

A study of the relationships of medical schools and ministries of health would necessarily warrant looking into the general objectives that these two institutions aim to achieve. It would further necessitate a study of the facets of activity each institution engages in for achieving its objectives, and it would require an examination of the ways in which such activities integrate with, complement and supplement each other.

More than ever before, today we are aware that the health status of man is affected by several factors. Among these we would include the following:

- the environment, with all the disease-producing agents it contains;
- hereditary factors;
- behavioural factors (customs, cultural influences etc);
- availability of medical care facilities.

As such, today we should talk of total health care, where all the above factors concerned with health status are considered. At present, however, great importance is given to medical care facilities, although this appears to be only a small but important facet among the things that influence health status.

Reflection on the objectives to be achieved by both the ministry of health and medical schools will make it apparent that these will have to be closely linked to national health objectives and to the national health policy laid down for the country. The formulation of national health objectives and a national health policy will necessarily require consideration of the four broad factors which influence health status referred to earlier, so that implementation of this policy will keep the health of the community within normal limits. In pursuance of this, it will be observed that general objectives of ministries of health would be based on community needs, whereas those of medical schools will have academic excellence as their goal. It is then clear that the relationship between medical schools and ministry of health should be such that the medical schools, whilst continuing to maintain academic excellence, will be able to contribute in the fullest measure to the implementation of a national health policy based on community needs.

For the formulation of proper objectives to be attained by the ministry of health and the medical schools, fundamental information relating to health problems in a particular country should be readily available. This would necessitate the establishment of "information units" in ministries of health, which are continually fed with data relating to:

(a) the incidence and prevalence of disease;

(b) the factors that may contribute to such incidence and prevalence;

(c) the measures adopted to combat such diseases; and

(d) the results of critical evaluation of the effectiveness of such measures.

Should not the medical schools be very closely knit and integrated with activities of such "information units" set up in the ministries of health? Would it not be appropriate for academics to be active members in the teams that operate these units? Will not the formulation of national health objectives and a national health policy on the basis of fundamental information produced jointly by the ministry of health and medical schools strengthen the bonds between them, and also provide a means to sensitise medical schools to evolve curricula so that the skills and competencies imparted by the schools equip the doctors to tackle health problems in the national context?

It is my belief that relationships standing on the basis of joint activities will be healthy and mutually beneficial to both ministry of health and medical schools. I am confident that this type of relationship will spark off an awareness of the need for imparting what I like to call "innovative skills", whereby doctors can tackle health problems in situations where the ministry of health cannot provide the ideal facilties and resources, as is often the case in developing countries. It is also opportune for me now to add that if medical schools work jointly with the ministry of health in the evaluation of the internship training, this could act as a catalyst and sensitise medical schools to adjust their curricula to be on the same wave-length as the functions that the newly-passed-out doctor will be called upon to perform. It will also enlighten medical schools on the actual facilities available to the doctor in the hospitals of the health ministry for the performance of these functions.

Planning strategy and the operational mechanics for achievement of objectives will be closely knit with funds available, and governed by the sources that provide funds for such activities. In Sri Lanka, nearly all activities relating to the attainment of national health objectives other than the production of doctors are funded through the ministry of health. The ministry of higher education is the source which provides the funds to the medical schools. In some other countries medical schools are funded by the ministry of health. What relationship should exist between the ministry of health and medical schools in a country like Sri Lanka where the major part of activities for the attainment of national health objectives are funded by the ministry of health, and where the instrument which produces a key facet of health manpower - the doctors - is funded from a different source? Is this system better than or less effective than one in which medical schools come under the ministry of health? Can we say that the dual system as seen in Sri Lanka is better? If so, what are the reasons? Is university autonomy protected more if medical schools come under the ministry of higher education and not the ministry of health? What measures can be adopted to achieve a close and co-ordinated relationship between ministry of health and medical schools where the dual system operates, so that funds provided from the two sources are used profitably for the mutual benefit of both? I do not intend to provide the answers to these questions now. I hope they will be considered in the discussions that follow.

I wish to emphasise that health manpower forms one of the key instruments in the hands of the ministry of health for the purpose of attaining its objectives. Manpower is as important as the provision of funds for carrying out effective programmes. Having funds without adequate manpower would be like having adequate fuel resources and being without machines. You are aware that medical schools in countries like Sri Lanka contribute only in a small measure to the production of this manpower, helping mainly in the production of doctors, the key facet of health manpower in any country. Recently, our medical schools have got involved in providing facilities for drawing up curricula, and monitoring courses offered, for training assistant medical practitioners. Nevertheless in Sri Lanka there appears to be little liaison and consultation between medical schools and ministry of health in health manpower planning and development. We also know that the ministry of health employs, in addition to its doctors and assistant medical practitioners, other categories of staff like nurses and a host of

paramedical workers (pharmacists, radiographers, midwives, laboratory technologists, public health inspectors, social workers, etc.). Should not an effort be made to have close consultation between the ministry of health and medical schools in the planning and training of this huge mass of health manpower, particularly in view of the fact that it forms the infrastructure on which the doctor works? I am convinced that the training, and through it the skills and competencies possessed by this infrastructure, must integrate with that of the doctor if the doctor is to be given an opportunity to bring out the fruits of his training in full measure.

Following on what I have just stated, I would like to add that motivation to apply the health care team approach for solving health problems can be stimulated through the existence of a close and healthy relationship between medical schools and ministry of health. As I have said earlier, generally, medical schools produce the leaders of the health care team, whereas the ministry is responsible for provision of the rest of the members of this team. It will be realised then that there has to be an integrated effort by all members of the team if the health care team approach to solving problems is to become a reality. As such, I wish to reiterate that in order to produce this collective effort the skills and competencies possessed by different members of the health care team must integrate, and I emphasise again that this can easily be achieved through the training programmes. Attention should be focused at this workshop on the type of relationship that should exist between medical schools and ministry of health, so that the health care team approach for delivery of health care can be promoted.

At this stage, I would like to digress a little and make reference to the training programmes for nurses as seen in Sri Lanka. All their training programmes are designed and conducted by the ministry of health, with little or no consultation with the medical schools. There are no courses in the medical schools whereby a nurse trained in the nursing schools of the ministry of health could read for a degree or diploma in nursing at undergraduate level or at postgraduate level in our universities. There is no mechanism by which a nurse trained in the nursing schools of the ministry could, after a period of service as a nurse, be fitted into a degree course in medicine with concessions afforded in recognition of the training in nursing already possessed. A close relationship between medical schools and ministry of health would stimulate positive steps being taken to close up gaps in the training programmes I have just referred to. I am confident that such relationships, with attendant consultation, could lead to the development of new vistas of training. It will also lead to the building up of confidence that certain skills performed at present by doctors only, like the administration of anaesthetics, could even be done by nurses in certain specific situations. Realisation of this may help to minimise shortages of trained manpower in developing countries like Sri Lanka.

The march of science has provided man with various technologies to solve the different problems he faces. Health problems are no exception to this. These technologies range from those which are very simple to those which are very complex and sophisticated. The cost of technology also varies, and is related to its degree of sophistication. Simple technologies do not require a highly-trained or highly-paid infrastructure of workers. Sophisticated technology, on the other hand, requires an infrastructure that is very costly and highly trained.

Generally, medical schools in developing countries attempt to train students to highly-sophisticated and highly-expensive technological levels, which would be in keeping with the resources of the richer and more developed countries. It will be apparent that, as a result of lack of financial and other resources, the use of these technologies does not move the country in the direction of self-reliance, and it even creates a sense of frustration among the technologists. I hope that as a result of the discussions that take place at this workshop, suggestions will be made as to how the relationship between medical schools and ministry of health should be designed so that the two institutions can jointly determine the appropriate technology to be taught in the medical schools and used by the ministry of health for the delivery of health care. This should be done

in such a manner that it gives the country a sense of self-reliance, removes frustration and falls within the financial resources of the country whilst producing the maximum cost benefit.

In certain countries of the world and particularly those geographically located in the South-East Asian region, several different systems of medicine are available for the delivery of health care. In Sri Lanka, two different systems of medicine are utilised by the ministry of health. They are the Western system on the one hand and the Ayurvedic system, perhaps including traditional medicine, on the other. It is important to realise that in countries like Sri Lanka a large segment of the population is rural and semi-urban, and many people from this sector utilise the facilities provided by the Ayurvedic system of medicine first, before seeking Western treatment. When university institutions available for teaching medicine are examined, it will be observed that there are four faculties of medicine in Sri Lanka's universities and now a private medical college affiliated to the University of Colombo, all of which train doctors to practice Western medicine. Recently, however, the Ayurvedic College of Medicine has become an institute affiliated to the University of Colombo.

Although the ministry of health employs the services of both the Ayurvedic system and the Western system of medicine for the delivery of health care, the medical schools of the universities do not have much information as to exactly how health care services delivered by institutions belonging to these two systems integrate with, complement and supplement each other. The general impression is that people seek Ayurvedic medicine when Western treatment fails, and vice versa. Further, very little is known by doctors trained in the Western system of the drugs and other therapeutic measures offered by Ayurvedic practitioners.

I point out with considerable concern that in my country no organised scientific mechanism is available, either in the ministry of health, the schools of Western medicine or schools of Ayurvedic medicine, to evaluate the relative results of treatment offered by these different systems. It is my view that this workshop should bear in mind what I have just said, and attempt to suggest the type of relationship that should exist between ministry of health and medical schools, which would sensitise medical schools teaching Western medicine to the need for evaluation of therapeutic agents and health care measures offered by the Ayurvedic and other systems of medicine, using scientific methodology without bringing about conflicts between medical councils and practitioners belonging to the different systems.

All of you are aware that teaching and research are two principal facets of activity engaged in by medical schools. We also know that in a country like Sri Lanka its ministry of health is involved in research activities to a considerable extent. This is evidenced by the fact that Sri Lanka's ministry of health has under it the medical research institute, primarily set up for the purpose of carrying out research in different fields of Western medicine. Not so long ago, however, an Ayurvedic research institute has also been established in Sri Lanka. Although in recent years Sri Lanka's ministry of health has attempted to set up some sort of national co-ordinating body for medical research, this venture is at present in its infancy and is in no way comparable to what is seen in developed countries like Britain. It is possible that the situation prevailing in Sri Lanka is what is seen in some of the other developing countries also.

At this point I would like to remind you that medical research is a many-faceted thread of activities which runs through medical schools and ministry of health, in a manner similar to the way in which delivery of health care does. Important components which make up this thread are a research policy, research priorities, the social relevance of research, funds for research, a research organisation, research technology and trained manpower for carrying out research.

It is hardly necessary for me to stress the need for close consultation and liaison between medical schools and ministry of health in the formulation of a national research policy and national research priorities, bearing in mind social relevance.

Medical schools and ministry of health form the key institutions which are involved in getting medical research done. Would not a meaningful relationship between these two bodies assist in the establishment of a research organisation whereby good co-ordination will be ensured? Would not such a relationship prevent duplication of research investigations and lead to maximal and optimal utilisation of funds and resources available for research? As I have indicated earlier, two important requirements for carrying out medical research are technology and trained manpower. What sort of relationship should be built up between ministry of health and medical schools so that it will be of mutual benefit when choosing and developing research technology and training manpower necessary for research? I leave these thoughts with you in the hope that you will give due consideration to the questions I have just raised.

I would now like to focus your attention on the teaching hospitals, because they are a meeting point for medical schools and ministry of health. In my country all teaching hospitals are established under the ministry of health, and are managed by it. However, as a pilot experiment the Sri Lanka ministry of health has made arrangements for the new teaching hospital at Peradeniya, opened in 1980, to be managed by a board which has so far not been given executive powers, but has heavy representation from the university on it.

A look at activities carried out in Sri Lanka's teaching hospitals will show that common interests are shared between the ministry of health and the faculties of medicine. In the teaching hospital, the ministry is involved mainly in service function and hospital administration. It plays some part in the teaching programmes, by providing its medical consultants as clinical teachers; it also participates marginally in research studies. Medical schools on the other hand, whilst playing a key role in teaching and research, are involved to a somewhat lesser extent in the service function and very minimally in administrative duties.

When interrelationships of this kind exist between medical schools and ministry of health at its teaching hospitals, should not medical schools work in close consultation with the ministry of health in the designing and management of these hospitals? Should not medical schools and ministry of health decide jointly on the provision of funds, manpower and other facilities, and also on matters relating to expansion and development of such hospitals? I hope that the participants at this workshop will take note of the remarks I have just made, and focus their minds to the nature of the relationship that should exist between ministry of health and medical schools, so that it will promote to the fullest measure the purposes for which teaching hospitals are established - namely patient care, teaching and research.

Before I conclude, I crave your indulgence to permit me to digress a little and tell you that my mind perceives the ideal relationship between medical schools and ministries of health as an exquisite fabric woven with threads of different colours, with each thread in the fabric representing one of the various activities based on the objectives of these two institutions. Proper interrelationships between medical schools and ministry of health should achieve good integration of these activities, and thereby produce a fabric which shows up fine texture and a beautiful design. Good integration will also bring the threads of activity close to each other, strengthening the fabric and intensifying the relationship.

Finally, I conclude this address with the hope that your deliberations in the next few days will bring forth ideas on which you will be able to recommend the nature of the relationships that should exist between medical schools and ministries of health, so that there will be be strong bonds between these two institutions, which would direct their efforts for the mutual benefit of each other and the country as a whole.