

MBBS Course Handbook

2022 / 2023

Faculty of Medicine
University of Kelaniya

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UNIVERSITY OF KELANIYA

The University of Kelaniya has its origin in the historic Vidyalankara Pirivena, founded in 1875 as a centre of learning for Buddhist monks. It was one of the two great national centres of traditional higher learning, heralding the first phase of the national movement and national resurgence. With the establishment of modern Universities in Sri Lanka in the 1940s and 1950s, the Vidyalankara Pirivena became the Vidyalankara University in 1959, later the Vidyalankara Campus of the University of Ceylon in 1972 and, ultimately, the University of Kelaniya in 1978.

Today, the University of Kelaniya is one of the major national Universities. It is located just outside the municipal limits of Colombo, in the ancient and historic city of Kelaniya, on the north bank of the Kelani River. It has seven Faculties and two institutions. The seven Faculties, which form the main body of the University, are:

- Faculty of Humanities
- Faculty of Social Sciences
- Faculty of Science
- Faculty of Medicine
- Faculty of Commerce and Management Studies
- Faculty of Graduate Studies
- Faculty of Computing and Technology

Two institutes are attached to the University of Kelaniya.

- The Postgraduate Institute of Pali and Buddhist Studies (**PGIPBS**), Colombo.
- The Postgraduate Institute of Archaeology (**PGIAR**), Colombo.

The main University itself has a student population of approximately 14,000 undergraduates, and about 2900 postgraduate students and over 95,000 candidates registered for external degrees.

The University of Kelaniya has pioneered a number of new developments in Higher Education. It was one of the first Universities to begin teaching science in Sinhala, and also the first to restructure the traditional Arts Faculty into three separate Faculties of Humanities, Social Sciences and Commerce and Management studies. It also has several unique Departments not generally found in the Sri Lankan University system.

In keeping with its historic roots, the University is one of the national centres of excellence in Pali and Buddhist Studies and related fields. It has long-established and well-developed departments of Pali and Buddhist Studies (incorporating chairs in Buddhist Civilization and

Buddhist Philosophy), Sanskrit, Linguistics, Philosophy, Sinhala and Hindi, as well as the Postgraduate Institute of Pali & Buddhist Studies. Kelaniya also maintains close links with the Buddhist and Pali University of Sri Lanka. Thus, the University of Kelaniya forms the centre of an academic complex, specializing in modern development in traditional disciplines. It also retains a close link with its mother institution, the Vidyalankara Pirivena, whose Head is also the Chancellor of the University.

At the same time, the University of Kelaniya has a modern and multi-cultural structure and perspective, with the Faculties of Science, Medicine, Social Sciences and Commerce & Management and a strong base in modern languages, including the teaching of Chinese, English, French, German, Hindi, Japanese, Russian, Tamil, and Modern Linguistics.

The University of Kelaniya was included in the 2024 Times Higher Education World University Rankings. Less than 2,000 of the world's 30,000 universities are included in what is widely accepted as the most prestigious and influential global university rankings. University of Kelaniya achieved a world rank of 1500+ and a Sri Lanka rank of 3. The University of Kelaniya also achieved the number one (1) rank among Sri Lankan universities in the UI Green Metric World University Ranking 2023. This ranking assesses institutions based on their green campus initiatives and commitment to environmental sustainability.

Mission Statement – University of Kelaniya

Vision

To become a centre of excellence in creation and dissemination of knowledge for sustainable development

Mission

To nurture intellectual citizens through creativity and innovation, who contribute to the national development

THE FACULTY OF MEDICINE

The Faculty of Medicine of the University of Kelaniya is situated on a spacious 35-acre campus at Ragama. It is one of twelve state medical faculties in Sri Lanka. The Faculty commenced classes with the admission of 120 students in September 1991. The first batch of students completed their five year course and graduated with MBBS in September 1996.

Today, the Faculty has about 1557 students on its roll. This includes several foreign students, mainly from other South Asian countries, who have been admitted on a fee levying basis. The Faculty also welcomes students for elective appointments and many students from medical schools in Europe, USA and Australia have spent their elective periods with us.

There is a permanent academic staff of about 124 and, in addition, there are over 55 temporary academic staff and over 60 visiting staff that include consultants who are based in the affiliated teaching hospitals.

The Faculty comprises seventeen academic departments, a Molecular Medicine Unit, Health Data Science Unit and a Research Support Centre. The Health Data Science Unit is dedicated to providing computer training; it aids in self-directed learning, maintaining an intranet and providing internet connectivity.

Since 1991, the faculty has produced a large volume of research publications. Several of the staff have been awarded prestigious prizes for research papers presented at national and international scientific forum and Presidential Research Awards. The clinical and para-clinical academic departments have been recognized as training centres by the Postgraduate Institute of Medicine, University of Colombo. Postgraduate research degree programs – M. Phil, DM and Ph.D, are conducted by the Faculty under the auspices of the Faculty of Graduate Studies. In collaboration with the University of London, the Disability Studies Unit conducted a diploma course in Speech and Language Therapy; this course was upgraded into a Bachelor of Science Special degree course and the first batch of students based on A' level results were admitted in August 2008. Many of the departments have academic links with foreign universities.

The Colombo North Teaching Hospital, which is one of the busiest tertiary referral centres in the country, is the main teaching hospital. University clinical departments have wards in this hospital. Other allied teaching hospitals include, the Ragama Rehabilitation Hospital, Welisara Chest Hospital and District General Hospitals in Negombo and Gampaha.

The Faculty provides hostel facilities for most of its students. It also has an open air theatre, a sports ground, a multi-purpose court and a gymnasium. Funds are being sought to develop a sports complex and a swimming pool. A Cultural Centre was opened in January 2009 and programmes in music, dance, art and photography are conducted. Yoga classes are held every month. Tamil classes are conducted every year to enable our graduates to be able to practice in any part of the country. There is an elected student council and several other thriving cultural and literary student societies.

From 2004 the faculty has adopted an organ-system based integrated curriculum for its MBBS degree. The course run by the Faculty is of five years duration, each academic year currently consisting of three terms (Note: currently undergoing revisions and subject to change). The medium of instruction is English. There are three professional examinations at the end of each Phase.

Clinical training commences with the beginning of the third year of study. During their third and fourth years, students are expected to do clinical attachments in the mornings, returning to the Faculty premises for lectures, tutorials and laboratory classes in the afternoons. The clinical attachments cover a wide variety of specialties which include Medicine, Surgery, Paediatrics, Obstetrics & Gynaecology, Psychiatry, Anaesthesiology, Forensic Medicine, Rheumatology, Dermatology, Venereology, Neurology, Cardiology, Ophthalmology, Otolaryngology, Orthopaedic Surgery, Radiology, Family Medicine, Community Medicine and Clinical Pathology. They vary in duration from two weeks to two months. During their fourth year, students carry out supervised research projects in Community Medicine and allied subjects.

During the final year, learning is almost entirely hospital-based, with students assigned two-month clerkships in Medicine, Surgery, Obstetrics & Gynaecology, Paediatrics and Psychiatry in the University units of the Colombo North Teaching Hospital. The Final MBBS examination consists of the disciplines of Medicine, Psychiatry, Surgery, Obstetrics & Gynaecology and Paediatrics.

After passing the Final MBBS examination, students must complete 12 months of internship to obtain full registration to practice medicine in Sri Lanka from the Sri Lanka Medical Council. The Faculty is listed in the World Health Organization Directory of Medical Schools and the MBBS degree is recognized by the General Medical Council of the United Kingdom.

Mission Statement – Faculty of Medicine

Vision

The Faculty aspires to be an internationally recognized institution of higher education in a culture of excellence and integrity that helps to generate and impart knowledge in the medical sciences

Mission

The Faculty of Medicine

- Educates medical students, postgraduate doctors, allied health care professionals and the public,
- Provides patient oriented medical care to prevent, diagnose and treat human illness, and
- Conducts basic, applied and clinical research

in an environment of high quality education that nurtures a spirit of inquiry, initiative, equality and social responsibility.

Graduates of the Faculty will have the knowledge, the skills and attitudes to be successful in providing services to the community, country and beyond as individuals and opinion leaders in a globalised health care environment.

At the Faculty of Medicine, knowledge is advanced by an academic community with a passion for teaching, student training and scientific enquiry. By providing an excellent environment for learning and research, we will encourage scholarship at the highest level.

QUALIFICATIONS OFFERED BY THE FACULTY

The Faculty of Medicine, University of Kelaniya, Sri Lanka, aims to produce a medical graduate who is a:

Undergraduate degrees

- Bachelor of Medicine & Bachelor of Surgery
- Bachelor of Science (Speech & Hearing Sciences)
- Bachelor of Science (Occupational Therapy)

Postgraduate research degrees

- Doctor of Medicine (MD)
- Doctor of Philosophy (PhD)
- Master of Philosophy (MPhil)
- Master of Public Health (MPH)

REGISTRATION OF STUDENTS

This is done by the Senior Assistant Registrar's Office in the Faculty, after initial registration by the Academic Branch of the University of Kelaniya. Registration must be renewed by each undergraduate for each year of study on payment of registration fees announced by the Office of the Dean of the Faculty. Undergraduates who have not renewed their registration will not be permitted to continue academic activities and sit for the examinations.

Identity Card

All students registered in the University of Kelaniya are issued an identity card by the University's Academic Branch. Student identity cards are the property of the University. Therefore, students should return them to the Dean's Office at the end of the final MBBS examination. Students should produce the student identity card in proof of identity on request of officers of the faculty, members of academic staff or security personnel of the faculty. Rejection of such a request made by the aforesaid categories of authorities of the Faculty will lead to disciplinary action against such student. Students who lose this identity card must obtain a duplicate card at their own expense. A written request should be made to the Dean's Office along with a duplicate copy of the complaint lodged at the respective police station.

Record Book

In addition to the University Identity Card, students are also issued a record book. Details of attendance at tutorials and laboratory classes are entered by the relevant academic staff in this book at the end of each course of study. Students will not be permitted to register for a given examination unless satisfactory attendance has been certified in this record book. Students who lose this record book must obtain a duplicate book, and obtain all missing details from the relevant academic staff.

Clinical Appointment Records

At the beginning of the third year of study, clinical appointment records are issued to all students. At the end of each clinical appointment in the third, fourth and fifth years, students are expected to obtain a signature certifying satisfactory attendance and performance from the supervising Consultant.

The appointments in Forensic Medicine, Clinical Pathology, Community Medicine, and Family Medicine should be completed before the Second Examination for Medical Degrees. All other appointments except those in the University Units must be completed before a student is permitted to register for the final year of study. The five appointments in the

University Units must be completed satisfactorily before a student is permitted to register for the final MBBS examination.

Students who lose this record must obtain a duplicate, and obtain all the missing signatures again, from the relevant consultants.

Change of name

Students who wish to change the name by which they have first registered in the University may do so within the first five terms in the medical faculty, until he / she first registers for the First Examination for Medical Degrees. The name used by a student for registration at this examination will thereafter be used by the Faculty administration for all academic activities.

Certificates and transcripts

Original certificates submitted at the time of registration can be retrieved from the University, and student transcripts can be obtained through the SAR's Office of the Faculty of Medicine.

Sri Lanka Medical Council (SLMC) Registration

In order to practice as a Western Medical Practitioner in Sri Lanka, all MBBS graduates must be registered with the SLMC. Section 29 (1) of the Medical Ordinance (Chapter 105), which deals with registration of medical practitioners, stipulates that applicants must be "of good character".

THE MBBS COURSE

1. INTENDED OUTCOMES

The Faculty of Medicine, University of Kelaniya, Sri Lanka, aims to produce a medical graduate who is a:

Practitioner with competence in

1. Clinical assessment and management of patients
2. Communication
3. Population health and health systems
4. Information management

Scientist with competence in

5. Scientific basis of medicine
6. Critical thinking and research

Professional with competence in

7. Professional values attitudes and ethics

The table on the next page provides a summary of the broad content areas covered under these seven outcomes. In order to achieve these outcomes, the Faculty runs a four-strand course of approximately 5 years' duration.

The learning strands, as shown in Figure 1, are:

- Basic and Applied Sciences Strand
- Clinical Skills Strand
- Community Health Strand
- Professional Development and Family Medicine (PDFM) Strand

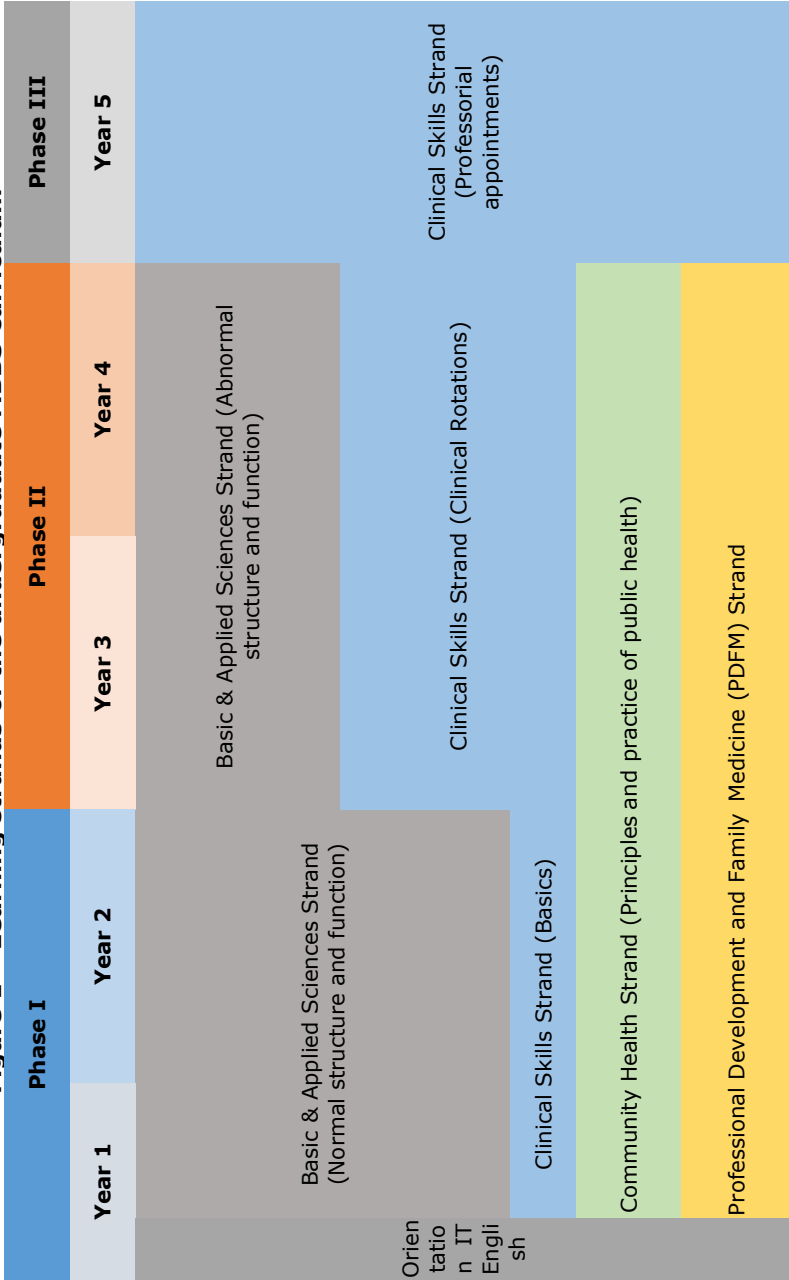
**Outcomes of the MBBS Degree Programme,
Faculty of Medicine, University of Kelaniya**

Doctor as a practitioner			
Clinical skills and patient management	Communication skills	Population health & health systems	Information management
History Physical & mental state examination Define problems Differential diagnosis and diagnosis Investigative and therapeutic procedures Management of emergencies Management of acute illness Management of chronic illness Disability and rehabilitation Palliative care Care of the dying	Communication with patients, relatives, carers, other health professionals Fluency in Sinhala, Tamil and English Proficiency in written English Presentation skills Handling complaints	Demography & vital statistics Epidemiology Health promotion and disease prevention Primary care Health care planning, management & economics Health services in Sri Lanka Disaster situations International health	Medical records Information retrieval and management

Doctor as a scientist	
Scientific basis of Medicine	Critical thinking & research
Normal structure, function and behaviour Abnormal structure, function and behaviour Patient investigation Pharmacological & non-pharmacological management of disease Therapeutics Social dimensions of health and illness	Critical thinking Clinical reasoning Scientific method Uncertainty and errors Creativity, resourcefulness & adaptability

Doctor as a professional
Professional values, attitudes & ethics
Professional standards Team work Medical ethics Legal responsibilities Personal development Reflective practice

Figure 1 – Learning strands of the undergraduate MBBS curriculum



2. CURRICULUM STRUCTURE

2.1. LEARNING STRANDS

The content related to the Programme Outcomes is addressed through the following four learning strands running parallel along the study programme;

- Basic and Applied Sciences Strand (BASS)
- Clinical Skills Strand (CSS)
- Community Health Strand (CHS)
- Professional Development and Family Medicine Strand (PDFMS)

The contents in learning strands are not mutually exclusive. There are considerable overlaps and repetitions. The relative impact on programme outcomes by individual strand varies. (Table 2-1)

Table 2-1 Relative emphasis on programme outcomes by individual strands

Strands Outcomes	Basic and Applied Sciences Strand (BASS)	Clinical Skills Strand (CSC)	Community Health Strand (CHS)	Professional Development and Family Medicine Strand (PDFMS)
OUTCOME 1: Clinical skills and patient management	+	+++	++	+++
OUTCOME 2: Communication skills	+	+++	++	+++
OUTCOME 3: Population health & health systems	+	+	+++	+
OUTCOME 4: Information management	+	++	+++	+++
OUTCOME 5: Scientific basis of Medicine	+++	++	+++	++
OUTCOME 6: Critical thinking & research	++	+++	+++	+

OUTCOME 7: Professional values, attitudes & ethics	+	+ + +	+ + +	+ + +
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+ *Some emphasis* + + *Moderate emphasis* + + + *High emphasis*

The iterations of the curriculum are divided into three phases with a bar examination at the end of each phase to determine the progression to the next phase.

2.2. Curriculum delivery

The curriculum is delivered in three phases namely, Phase I (Academic years 1 & 2), Phase II (Academic years 3 & 4) and Phase III (Academic year 5). The four strands run parallel with different degrees of emphasis through the three phases. In Phase I, teaching/learning and assessments are mainly faculty-based. Fifty percent of teaching/learning in Phase II is faculty-based and the rest is hospital/community-based. Phase III learning is mainly hospital-based.

The faculty also offers Student Selected Components (SSCs), for students who are keen on expanding their scope and develop competence in specific areas related to medicine.

2.3. Volume of work

The programme runs for five academic years and each academic year consists of 12 calendar months. An academic year shall consist of 40 weeks of teaching/learning activities and assessments. The volume of work has been estimated using the guidelines for credit calculation based on notional hours, stipulated by the Sri Lanka Qualification Framework of the University Grants Commission. (Table 2-2)

Table 2-2 Volume of work

Academic year and SLQF level	Credits			Total notional hours
	Classroom-based learning (a credit is 50 notional hours)	Clinical and community-based learning (a credit is 100 notional hours)	Total	
1 (SLQF level 3)	40	Nil	40	2000
2 (SLQF level 4)	40	Nil	40	2000
3 (SLQF level 5)	20	10	30	2000
4 (SLQF level 6)	20	10	30	2000
5 (SLQF level 6+)	10	20	30	2500
Total Credits	130	40	170	10500

SLQF = Sri Lanka Qualification Framework.

Classroom-based learning consists of 6500 notional hours (6500/50 = 130 credits) and Clinical and community-based learning consists of 4000 notional hours (4000/100 = 40 credits).

2.4. Teaching and Learning Methods

The programme adopts a hybrid approach with both teacher and student-centred methods of teaching and learning. A blended learning approach, with both face-to-face and distant (online) learning components, is utilised. Teaching and learning activities take place in classrooms, laboratories, virtual environment, and in clinical and community settings. A considerable amount of time is allocated for guided self-learning.

Teaching/learning methods used in the academic program are given in Table 2-3.

Table 2-3 Teaching/learning methods used in the academic programme

Setting	Approach	Formats
Classroom-based teaching	Teacher-centred	Lectures
		Teacher seminars

		Tutorials
	Student-centred	Problem-based learning
		Small group discussions
		Student seminars
		Role plays
		Debates
Laboratory based (Labs, Clinical Skills Centre, Museums)	Teacher-centred	Laboratory classes
		Demonstrations
	Student-centred	Individual tasks
		Group tasks
Virtual Environment (Computer Assisted Learning platform)	Teacher-centred	Online lectures
		Online demonstrations
		Videos
		Animations
	Student-centred	Individual tasks
		Group tasks
		Formative assessments
		Blogs
		Discussion forums
Community settings	Student-centred	Individual projects
		Group projects
Clinical settings	Teacher-centred	Ward classes
		Bedside teaching
		Clinic based teaching
		Demonstrations
		Mortuary sessions

	Student-centred	Learning from patients
		Journal clubs
		Morbidity and mortality meetings
		Seminars
		Carrying out procedures

2.5. Assessments

The assessments consist of three main examinations namely, First Examination for Medical Degrees, Second Examination for Medical Degrees, and Final Examination for Medical Degrees. There are several units in each main examination which assess the four strands. In addition, Continuous assessments some of which are formative, are held in regular intervals.

The assessment methods used in the academic programme are summarised in Table 2-4.

Table 2-4 Assessments methods used in the academic programme

Domain	Assessment category	Assessment tools
Knowledge	Selected response	True/False type multiple choice questions (T/F MCQ)
		Single best answer type multiple choice questions (SBA)
	Constructed response questions	Structured essay questions (SEQ) Short answer questions (SAQ) Written assignments
Skills	Competence (In simulated environments)	Objective structured practical examinations (OSPE) Objective structured clinical examinations (OSCE)
	Performance (In clinical/ community settings)	Case reports / presentations Research reports Project reports Community based assessments Long case examinations

		Short case examinations
Attitudes and professionalism	Competence	OSCE
	Performance	Portfolio assessment

3. THE CURRICULUM

The salient features of the curriculum; Overall intended learning outcomes, course structure, assessment of strands, assessment criteria, and award of degrees are outlined in this section under the following subsections.

- Generic skills development
- Basic and applied sciences strand
- Clinical skills strand
- Professional development and family medicine strand
- Community health strand
- Student selected components

3.1. Generic skills development

The outcomes and competencies focused in the Generic Skills Development are included in Table 3-1 below.

**Table 3-1 Outcomes and competencies focused in Generic Skills Development
(The competencies with primary emphasis are in bold letters)**

Outcomes	Competencies
Communication skills	<ul style="list-style-type: none">• Fluency in Sinhala, Tamil and English• Proficiency in written English• Presentation skills
Information management	<ul style="list-style-type: none">• Information retrieval and management
Scientific basis of Medicine	<ul style="list-style-type: none">• Social dimensions of health and illness
Critical thinking & research	<ul style="list-style-type: none">• Critical thinking• Creativity, resourcefulness & adaptability
Professional values, attitudes & ethics	<ul style="list-style-type: none">• Professional standards• Teamwork and leadership• Ethics• Personal development• Reflective practice

Notional hours, intended learning outcomes, module/strand contents, assessments, recommended reading and additional reading related to

generic skills development are provided in the respective module/strand handbooks.

At the beginning of Phase I students undertake a series of courses designed for the development of generic skills. The Orientation Programme, provides the students with an overview of university life, the training course, academic departments, the Colombo North Teaching Hospital, and extra- curricular activities. English for Medicine course, focuses on comprehension, written and spoken language skills. Information Technology for Medicine, deals with basic IT skills required for learning medicine. Successful completion of English for Medicine programme is mandatory and it consists of placement and end-of-course examinations. IT for Medicine course constitutes several mandatory formative assessments.

3.1.1. Overall intended learning outcomes

Students should be able to;

- Adapt to the university environment
- Develop study skills
- Use English language (Sinhala/Tamil where appropriate) in studies and communication
- Use IT skills in studies and communication

3.1.2. Course structure

Generic skills development includes three components; Orientation, English for Medicine and IT for Medicine. They run parallel for a period of up to six weeks as a short but intensive course at the beginning of the study programme.

3.1.3. Assessment

- Orientation Module: The activities are formatively assessed.
- English for Medicine Module: Placement test and End of Course Assessment
- IT for Medicine Module: End Semester Assessments during Phase I

3.1.4. Teaching/Learning and assessment matrix

Table 3-2 outlines the relative emphasis of teaching/learning and assessment methods with ILOs of Generic Skills Development Programme. (Low emphasis +, Moderate emphasis ++, High emphasis + + +)

Table 3 -2 Teaching/Learning and Assessment Matrix of Generic Skills Development Programme

Teaching/ Learning and Assessment methods	Strand Intended Learning Outcomes			
	To adapt to the university environment	To develop study skills	To use English language (Sinhala/ Tamil where appropriate) in studies and communication	To use IT skills in studies and communication
Teaching/ Learning				
Lectures/ Flip classes	++	+	++	++
Small group discussions	+++	++	++	++
Individual/group tasks	+	+++	+++	+++
Role plays	++		+++	
Practical classes			+++	+++
Experiential learning in clinical setting	+++	++	++	
Assessments				
Presentations (Formative)	+++	+	+++	+++
Assignments (Formative)	++	++	++	+++
Written tests		+++	+++	

Practical tests		++	+++	+++
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3.2. Basic and applied sciences strand (BASS)

The outcomes and competencies focused in BASS are included in Table 3-3 below.

**Table 3-3 Outcomes and competencies focused in BASS
(The competencies with primary emphasis are in bold letters)**

Outcomes	Competencies
Clinical skills and patient management	<ul style="list-style-type: none"> • History taking • Physical & mental state examination • Differential diagnosis and diagnosis • Investigative and therapeutic procedures
Communication skills	<ul style="list-style-type: none"> • Fluency in Sinhala, Tamil and English • Proficiency in written English • Presentation skills
Information management	<ul style="list-style-type: none"> • Information retrieval and management
Scientific basis of Medicine	<ul style="list-style-type: none"> • Normal structure, function and behaviour • Abnormal structure, function and behaviour • Patient investigation • Pharmacological & non-pharmacological management of diseases • Therapeutics
Critical thinking & research	<ul style="list-style-type: none"> • Critical thinking
Professional values, attitudes & ethics	<ul style="list-style-type: none"> • Professional standards • Teamwork and leadership • Medical ethics

During a major portion of Phase I students learn the normal structure and function of the human body through nine self-contained, organ-

system-based modules, preceded by a Foundation module. There are three continuous assessments, one at the end of each semester, and at the end of Phase I, the First Examination for Medical Degrees is conducted. In Phase II, the emphasis is on abnormalities of structure and function of the organ-systems. Continuous assessments are conducted at the end of each term, and at the end of Phase II, the Second Examination for Medical Degrees is conducted.

3.2.1. Overall intended learning outcomes - Basic and applied sciences strand (BASS) – Phase I

Notional hours, intended learning outcomes, module/strand contents, assessments, recommended reading and additional reading related to basic and applied sciences strand (BASS) – phase I modules are provided in the respective module/strand handbooks.

At the end of Phase I of BASS students should be able to,

- Demonstrate a theoretical understanding of structure and function of the human body in terms of Anatomy, Physiology and Biochemistry.
- Apply theoretical and practical knowledge in Anatomy, Physiology and Biochemistry in clinical context.
- Describe the anatomical, biochemical and physiological bases of investigations performed to diagnose illnesses.

3.2.2. Course structure

Table 3-4 describes the sequence and the duration of organ system based modules in Phase I. Teaching/learning is entirely classroom-based.

Table 3-4 Course structure of BASS I –Structure and function of the human body

Academic Year	Modules	Notional hours for Teaching/Learning
Academic year 1	Foundation	300
	Skin, locomotor system and intermediary metabolism	500
	Neurosciences	300
	Cardio-respiratory system	350
	Urinary system	150
		1600

Academic year 2	Blood, lymph and immune system	200
	Endocrine system	150
	Reproductive system	150
	Alimentary system and nutrition	300
		800
	Total (Excluding Assessments)	2400

3.2.3. Teaching/Learning and Assessment Matrix

Table 2-5 outlines the relative emphasis of teaching/learning and assessment methods with ILOs of the BASS Phase I. (Low emphasis +, Moderate emphasis ++, High emphasis + + +)

Table 3-5 Teaching/Learning and Assessment Matrix of BASS Phase I

Teaching/ Learning and Assessment methods	Strand Intended Learning Outcomes		
	To demonstrate a theoretical understanding of structure and function of the human body in terms of Anatomy, Physiology and Biochemistry.	To apply theoretical and practical knowledge in Anatomy, Physiology, and Biochemistry in clinical context.	To describe the anatomical, biochemical and physiological bases of investigations performed to diagnose illnesses.
Teaching/Learning			
Lectures / Flip classes	+ + +	+ +	+ +
Tutorials	+	+ + +	+ +
PBL	+	+ + +	+ +
Seminars	+ +	+ + +	+ +

Practical classes		+ + +	+ + +
Case discussions	+	+++	+
Clinical Skills Sessions	+	+ + +	+
Assessments			
Viva Voce (Formative)	+ +	+ +	+ +
Quizzes (Formative)	+ +	+ +	+ +
MCQ	+ + +	+ + +	+ + +
SEQ	+ +	+ + +	+ +
OSCE	+	+ + +	+ + +

3.2.4. Assessment

There shall be three continuous assessments in BASS- Phase I. A proportion of marks obtained for these shall contribute towards the final marks of the First Examination for Medical Degrees. (Table 3-6)

Table 3-6 Summative assessment overview of BASS Phase I – Structure and function of the human body

Year	Assessment	Modules	Format	Subjects
1	BASS CA 1	Foundation Skin, Locomotor and Intermediary Metabolism	Part A - MCQ	Anatomy
			Part B - MCQ	Biochemistry
			Part C - MCQ	Physiology
	BASS CA 2	Neurosciences Cardio-Respiratory system Urinary system	Part A - MCQ	Anatomy
			Part B - MCQ	Biochemistry
			Part C - MCQ	Physiology

2	BASS CA 3	Blood Lymph and Immune system	Part A - MCQ	Anatomy
		Endocrine system	Part B - MCQ	Biochemistry
		Reproductive system Alimentary System and Nutrition	Part C - MCQ	Physiology
	First Examination for Medical Degrees	Unit 1A: All organ-system-based modules mentioned above	MCQ, OSPE	Anatomy
		Unit 1B: All organ-system-based modules mentioned above	MCQ, OSPE	Biochemistry
		Unit 1C: All organ-system-based modules mentioned above	MCQ, OSPE	Physiology
		Unit 2: All organ-system-based modules mentioned above	SEQ	Integrated basic and applied clinical sciences

BASS = Basic and Applied Sciences Strand, CA = Continuous assessment, MCQ = Multiple choice questions, SEQ = Structured essay questions, OSPE = Objective structured practical examination

3.2.5. Overall intended learning outcomes - Basic and applied sciences strand (BASS) – Phase II

Notional hours, intended learning outcomes, module/strand contents, assessments, recommended reading and additional reading related to basic and applied sciences strand (BASS) – phase II modules are provided in the respective module/strand handbooks.

At the end of phase II of BASS, a student should be able to:

- Demonstrate a sound theoretical understanding of:
 - Pathophysiological, microbiological and parasitological basis of human diseases.
 - The pharmacological basis of disease management.
 - Basic principles and procedures of medico-legal duties.
- Apply theoretical knowledge in pathology, microbiology, parasitology and pharmacology in clinical and practical scenarios.
- Perform basic medico-legal procedures required by a basic medical doctor in Sri Lanka.

- Describe the pathophysiological, microbiological and parasitological basis of investigations performed to diagnose illnesses.

3.2.6. Course structure

The course consists of eleven organ system based modules. Table 3-7 describes the sequence and the duration of BASS modules in Phase II.

Table 3-7 Course structure of BASS II – Abnormalities of structure and function of the human body

Academic year	Academic Session	Modules	Notional Hours
Academic year 3	T1	Introductory	275
	T2	Cardio-respiratory	275
	T3*	Reproductive	225
		Endocrine	50
Academic year 4	T4*	Blood, lymph and immunology	150
		Neurosciences	125
		Psychiatry	50
	T5*	Alimentary system	150
		Skin and locomotor system	125
	T6	Urinary system	125
		Legal medicine and toxicology	150
			875
Total (Excluding assessments)			1700

*One half-day per week is assigned for Community Health Strand (CHS) - Community Attachment Programme (CAP).

3.2.7. Teaching/Learning and Assessment Matrix

Table 3-8 outlines the relative emphasis of teaching/learning and assessment methods with ILOs of the BASS Phase II. (Low emphasis +, Moderate emphasis ++, High emphasis + + +)

**Table 3-8 Teaching/Learning and Assessment Matrix of BASS
Phase II**

Teaching/ Learning and Assessment methods	Strand Intended Learning Outcomes			
	To demonstrate a theoretical understanding of: - Pathophysiological, microbiological and parasitological basis of human diseases -The pharmacological basis of disease management -Basic principles and procedures of medico-legal duties of a doctor	To apply theoretical knowledge in pathology, microbiology, parasitology and pharmacology in clinical and practical scenarios.	To perform basic medico-legal procedures required by a basic medical doctor in Sri Lanka	To describe the pathophysiological, microbiological and parasitological basis of investigations performed to diagnose illnesses.
Teaching/Learning				
Lectures/ Flip classes	+++	++	+	+
Tutorials	+	+++	+++	++
PBL	+	+++	+++	+++
Seminars	++	+++	+++	++
Practical classes		+++	+++	+++

Clinical Skills Sessions	+	+++	+++	++
Assessments				
Quizzes (Formative)	++	++	++	++
Forensic long case	++	++	++	++
MCQ	+++	+++	+++	+++
SEQ	++	+++	++	++
OSCE	+	+++	+++	+++

3.2.8. Assessment

The content of BASS - Phase II is assessed in six continuous assessments conducted at the end of Terms 1 – 5 and at the Second Examination for Medical Degrees. (Table 3-9)

Table 3-9 Assessment overview of BASS II – Abnormalities of structure and function of the human body

Year	Assessment	Modules/Subjects	Format
3	BASS CA4	Introductory	MCQ, OSPE, Practical
	BASS CA5	Cardio-Respiratory system	MCQ
	BASS CA6	Reproductive and Endocrine	MCQ
	Second examination for Medical Degrees Unit 3	Unit 3A: Introductory Unit 3B: Cardio-Respiratory Unit 3C: Reproductive and Endocrine	MCQ, SEQ, OSPE, OSCE
4	BASS CA7	Blood, lymph and immunology Neurosciences Psychiatry	MCQ
	BASS CA8	Alimentary system Skin and locomotor system	MCQ

BASS CA9	Urinary system Legal medicine and toxicology	MCQ SEQ, Forensic medicine long case
Second Examination for Medical Degrees Unit 4	Blood, lymph and immunology, Urinary system, Alimentary system, Skin and locomotor system, Neurosciences, Psychiatry, Legal medicine and toxicology	MCQ, SEQ, OSCE, OSPE

BASS = Basic and Applied Sciences Strand, CA = Continuous assessment, MCQ = Multiple choice questions, SEQ = Structured essay questions, OSPE = Objective structured practical examination

3.3 Clinical skills strand (CSS)

The outcomes and competencies focused in CSS are included in Table 3-10 below.

**Table 3-10 Outcomes and competencies focused in CSS
(The competencies with primary emphasis are in bold letters.)**

Outcomes	Competencies
Clinical skills and patient management	<ul style="list-style-type: none"> • History taking • Physical & mental state examination • Define problems • Differential diagnosis and diagnosis • Investigative and therapeutic procedures • Management of emergencies • Management of acute illness • Management of chronic illness • Disability and rehabilitation • Palliative care • Care of the dying
Communication skills	<ul style="list-style-type: none"> • Communication with patients, relatives, carers, other health professionals • Fluency in Sinhala, Tamil and English • Proficiency in written English • Presentation skills • Handling complaints

Population health & health systems	<ul style="list-style-type: none"> ● Demography & vital statistics ● Epidemiology ● Health promotion and disease prevention ● Primary care ● Health care planning, management & economics ● Health services in Sri Lanka ● Disaster situations ● International health
Information management	<ul style="list-style-type: none"> ● Medical records ● Information retrieval and management
Scientific basis of Medicine	<ul style="list-style-type: none"> ● Normal structure, function and behaviour ● Abnormal structure, function and behaviour ● Patient investigation ● Pharmacological & non-pharmacological management of disease ● Therapeutics ● Social dimensions of health and illness
Critical thinking & research	<ul style="list-style-type: none"> ● Critical thinking ● Clinical reasoning ● Scientific method ● Uncertainty and errors ● Creativity, resourcefulness & adaptability
Professional values, attitudes & ethics	<ul style="list-style-type: none"> ● Professional standards ● Teamwork and leadership ● Medical ethics ● Legal responsibilities ● Personal development ● Reflective practice ● Life-long learning

Notional hours, intended learning outcomes, module/strand contents, assessments, recommended reading and additional reading related to

clinical skills strand (CSS) are provided in the respective module/strand handbooks.

In Phase I, basic elements of clinical reasoning and competence in clinical procedures are acquired. Students visit hospital wards and community settings during Phase II of CSS. They are exposed to Medicine, Surgery, Paediatrics, Obstetrics & Gynaecology, Psychiatry, Forensic Medicine, Clinical Pathology, Community Health, Family medicine, and related disciplines. Two OSCE examinations are conducted to assess the intended learning outcomes of these rotations. In Phase III, students develop their competence to be a junior doctor. They rotate through the disciplines of Medicine, Surgery, Obstetrics & Gynaecology, Paediatrics and Psychiatry.

3.3.1. Overall intended learning outcomes

At the end of CSS, a student should be able to:

- Apply basic and applied sciences in the clinical context.
- Elicit a comprehensive history from patients to evaluate symptoms related to the clinical presentation.
- Perform a general and specific physical & mental state examination on patients to elicit signs related to their presentation.
- Define problems related to a particular patient presentation.
- Formulate differential diagnoses and a probable diagnosis for common patient presentations.
- Request appropriate investigative and therapeutic procedures.
- Perform certain therapeutic procedures.
- Demonstrate competence in the following aspects of patient care:
 - Management of emergencies
 - Management of acute illness
 - Management of chronic illness
 - Management of disability
 - Arranging rehabilitation
 - Providing palliative care
 - Providing care for dying
- Demonstrate effective communication skills.
- Demonstrate clinical reasoning skills in diagnosing and management of patients.
- Demonstrate the application of clinical ethics in practice.
- Demonstrate competence in reflective practice.
- Demonstrate an understanding of the health system in Sri Lanka.

3.3.2. Course structure

CSS runs across all three phases in three settings: simulation, hospital based and community based.

3.3.2.1. Simulation-based clinical skills

In Phase I and II, CSS runs parallel to the Basic & Applied Sciences, Community Health, and Professional Development & Family Medicine Strands.

The students participate in several teaching/ learning sessions, mostly hands-on activities, under the facilitation of several healthcare professionals mainly in the Clinical Skills Centre.

Students are equipped with skills of performing basic procedures. Students gain self-confidence in performing basic procedural skills required of junior doctors and in ensuring safety of patients. Students also acquire professional behaviour in interacting with patients and engaging in ward work.

3.3.2.2. Hospital and community-based settings: Third and Fourth-year clinical rotations and professorial appointments

In Phase II, students participate in clinical training hospitals and the community in half-day sessions. In Phase III, students concentrate on hospital-based training.

The rotations in hospital and community-based training are provided in Table 3-11.

Table 3-11 Hospital and community-based training of clinical skills strand

Academic years 3 and 4 clinical rotations	Weeks (Half-day sessions)	Notional hours
Introductory clinical training	2	50
Medicine and related disciplines		
General medicine	16	400
Rheumatology	2	50
Chest medicine	2	50

Dermatology	2	50
Sexually transmitted diseases	2	50
Cardiology	2	50
Neurology	2	50
		700
Surgery and related disciplines		
General surgery	12	300
Orthopaedic surgery	2	50
Oto-rhino-laryngology	2	50
Ophthalmology	2	50
Radiology	2	50
		500
Paediatrics	8	200
Obstetrics & Gynaecology	8	200
Psychiatry	2	50
Family medicine	4	100
Community medicine	4	100
Clinical pathology	2	50
Forensic medicine	2	50
Sub total	80	1950
Academic year 5 clinical rotations	Weeks (Full-day sessions)	
Anaesthesiology	2 (Half-day)	50
Medicine	8	400
Surgery	8	400
Paediatrics	8	400

Obstetrics & Gynaecology	8	400
Psychiatry	8	400
Sub total	40	2000

3.3.2.3. Teaching/Learning and Assessment Matrix

Table 3-12 outlines the relative emphasis of teaching/learning and assessment methods with ILOs of the BASS Phase II. (Low emphasis +, Moderate emphasis ++, High emphasis + + +)

Table 3-12 Teaching/Learning and Assessment Matrix of CSS

Teaching/ Learning and Assessment methods	Clinical Strand ILOs						
	To demonstrate clinical skills	To demonstrate effective communication skills	To demonstrate clinical reasoning skills in diagnosis and management of patients	To demonstrate the application of clinical ethics in practice	To demonstrate competence in reflective practice	To demonstrate an understanding of the health system in Sri Lanka	To demonstrate application of basic, applied sciences and related subjects
Teaching/ Learning							
Tutorials			+++	++		++	+++
Simulation-based learning	+++	++	+++	++	++		+++
Ward classes/bedside teaching	+++	+++	+++	+++	+	+++	++
Ward rounds	+++	+++	+++	+++	++	+++	+

Journal clubs		++	+++				+
Case discussions	+	+	+++	+	+		++
Assessments							
MCQ	+++		+++				+++
SEQ/SAQ			+++				+++
Viva Voce	+++		+++			++	
OSCE	+++	+++	+++	+++			
Short Case	+++	+++	+++	+++			
Long Case	+++	+++	+++	+++			
Case reports	++		+++		++		++
Portfolio			+++		+++		

3.3.3. Assessment

Assessments of clinical skills during Phase I are incorporated in the First Examination for Medical degrees. Formative assessments are conducted during the sessions. Learning in hospital settings are assessed with third and fourth year Clinical Skill Strand Continuous Assessments (CSS CA1 and 2). Community field visits, Clerkships in; Family Medicine, Clinical Pathology, and Forensic Medicine are assessed in related continuous assessments and the Second Examination for Medical Degrees. (Table 3-13)

Table 3-13 Assessment overview of Clinical Skills Strand

Phase	Assessments	Modules/Subjects	Format
I	First Examination for Medical Degrees	Simulation-centre based clinical skills sessions	OSPE (Integrated into BASS assessment)
II	BASS CA8 Second Examination for	Clinical rotations	Case report OSCE

	<p>Medical Degrees</p> <p>CSS CA1</p> <p>CSS CA2</p> <p>CHS CA4</p>		<p>OSCE, MCQ, Viva Voce</p>
<p>III</p>	<p>CSS CA3 – CSS CA 7</p> <p>Final Examination for Medical Degrees</p>	<p>Anaesthesiology and Professorial appointments in:</p> <p>Medicine</p> <p>Surgery</p> <p>Paediatrics</p> <p>Obstetrics & Gynaecology</p> <p>Psychiatry</p>	<p>MCQ</p> <p>SEQ</p> <p>Long cases</p> <p>Short cases</p> <p>OSCE</p> <p>Portfolios</p>

CSS = Clinical Skills Strand, CHS = Community Health Strand, CA = Continuous assessment, MCQ = Multiple choice questions, SEQ = Structured essay questions, OSPE = Organized structured practical examination

3.4. Professional development and family medicine strand (PDFMS)

The outcomes and competencies focused in PDFM are included in Table 3-14 below.

Table 3-14 Outcomes and competencies focused in PDFM (The competencies with primary emphasis are in bold letters)

Outcomes	Competencies
Clinical skills and patient management	<ul style="list-style-type: none"> • History taking • Physical & mental state examination • Define problems • Differential diagnosis and diagnosis • Investigative and therapeutic procedures • Management of emergencies • Management of acute illness • Management of chronic illness • Disability and rehabilitation • Palliative care • Care of the dying
Communication skills	<ul style="list-style-type: none"> • Communication with patients, relatives, carers, other health professionals • Handling complaints
Population health & health systems	<ul style="list-style-type: none"> • Health promotion and disease prevention • Primary care
Information management	<ul style="list-style-type: none"> • Medical records • Information retrieval and management
Scientific basis of Medicine	<ul style="list-style-type: none"> • Normal structure, function and behaviour • Abnormal structure, function and behaviour • Patient investigation • Pharmacological & non-pharmacological management of disease

	<ul style="list-style-type: none"> • Therapeutics • Social dimensions of health and illness
Critical thinking & research	<ul style="list-style-type: none"> • Critical thinking • Clinical reasoning • Scientific method • Uncertainty and errors • Creativity, resourcefulness & adaptability
Professional values, attitudes & ethics	<ul style="list-style-type: none"> • Professional standards • Teamwork and leadership • Medical ethics • Cultural competence • Personal development • Reflective practice • Life-long learning

Notional hours, intended learning outcomes, module/strand contents, assessments, recommended reading and additional reading related to professional development and family medicine strand (PDFMS) are provided in the respective module/strand handbooks.

PDFMS runs through phases I and II. In Phase I, students learn normal human behaviour in classroom-based activities and field visits. The subject areas covered include psychology, anthropology, and sociology in relation to medical practice. Phase II learning is focused on abnormal human behaviour, bioethics in medical practice and family medicine through classroom-based activities, field visits, and clinic visits. Basic principles of family medicine are learnt and practised in Phase II. PDFMS is assessed in four continuous assessments in phases I and II, and in the Second Examination for Medical Degrees.

3.4.1. Overall intended learning outcomes

At the end of the PDFMS, students should be able to,

- Identify personal values and recognize their impact on professional conduct.
- Demonstrate effective teamwork and leadership skills.
- Identify strategies for promoting personal happiness and well-being.
- Demonstrate an understanding of creating inclusive and non-discriminatory healthcare environments.

- Demonstrate professionalism and ethical behaviour in various professional settings.
- Apply cultural competence principles in clinical settings to provide patient centred care.
- Apply critical thinking and clinical reasoning skills in patient care.
- Analyse ethical dilemmas and make informed decisions based on moral reasoning.
- Demonstrate reflective skills and skills to engage in lifelong learning.
- Effectively communicate with patients, colleagues, other health professionals and public.
- Apply principles from medical humanities to enhance patient communication and understanding.
- Identify opportunities for innovation and entrepreneurship in healthcare.
- Demonstrate knowledge in primary care and family practice system of the country.
- Demonstrate the ability to write prescriptions and maintain medical records.
- Demonstrate knowledge of the scientific basis of family medicine.
- Effectively use IT skills in family practice.
- Demonstrate competence in managing patients in family practice and primary health care settings.

3.4.2. Course structure

PDFMS consists of professional development component and family medicine component. The content of each component is delivered under several modules. (Table 3-15)

Table 3-15 Course structure of professional development and family medicine strand

Phase	Components	Modules	Notional hours
I	Professional development (Classroom based)	Personal Skills Development Empowered living	150

II	Professional development (Classroom based)	Professionalism in Medicine Bioethics Medical Humanities Entrepreneurship in the context of medical practice Moral and Clinical Reasoning	200
	Family Medicine Module (Classroom based)	Family Medicine	50
	Family Medicine clinical attachment	Integrated with Clinical Skills Strand (Described under Clinical Skills Strand)	100

3.4.3. Teaching/Learning and Assessment Matrix

Tables 3-16 and 3-17 outline the relative emphasis of teaching/learning and assessment methods with ILOs of the BASS Phase II. (Low emphasis +, Moderate emphasis ++, High emphasis + + +)

**Table 3-16 Teaching/Learning and Assessment Matrix of PDFM
– Professional Development Component**

Teaching/ Learning and Assessment methods	ILOs related to Personal & Professional Development Component									
	Identify personal values and recognize their impact on professional conduct.	To demonstrate effective teamwork and leadership skills.	To identify strategies for promoting personal happiness and well-being.	To demonstrate an understanding of creating inclusive and non-discriminatory healthcare environments.	To demonstrate professionalism and ethical behavior in various professional settings.	To apply cultural competence principles in clinical settings to provide patient centered care.	To analyze ethical dilemmas and make informed decisions based on moral reasoning.	To demonstrate reflective skills and skills to engage in lifelong learning.	To apply principles from medical humanities to enhance patient communication and understanding.	To identify opportunities for innovation and entrepreneurship in healthcare.
Teaching/ Learning										
Lectures			+ + +	+ +	+ +	+ +			+ +	+ +
Small Group Discussions	+ + +	+ + +	+ +	+ + +	+ + +	+ +	+ +		+ +	+ +
Debates	+ +	+ +	+ +	+ + +	+ + +		+ +			
Group projects and presentations	+ + +	+ + +		+ + +					+ + +	+ + +
Role-plays	+ +			+ + +			+ +		+ + +	

Individual assignments and reflective accounts	++ +	++ +	++ +	++ +	++	++ +	++ +	++ +	++ +	++ +
Field visits	+			++	++		++			
Assessment										
MCQ				++ +	++ +					
OSCE			++	++ +	++ +	++ +	++ +			
Team-Based Assessment		++ +		++	++					
Portfolio	++ +	++ +	++ +	++ +	++ +	++ +	++ +	++ +	++ +	++ +

Table 3-17 Teaching/Learning and Assessment Matrix of PDFM – Family Medicine Component

		I/Os related to Family Medicine Component						
		To apply critical thinking and clinical reasoning skills in patient care.						
		To effectively communicate with patients, colleagues, other health professionals and public.						
		To demonstrate knowledge in primary care and family practice system of the country.						
		To demonstrate the ability to write prescriptions and maintain medical records.						
		To demonstrate knowledge of the scientific basis of family medicine.						
		To effectively use IT skills in family practice.						
		To demonstrate competence in managing patients in family practice and primary health care settings.						
Teaching/Learning								
Lectures	++							
Small Group Discussions			++					
Role plays			++					
Clinical rotation		++						
Assessment								
MCQ	+++							
SEQ	+++			++				
OSCE	+++		++					

3.4.4. Assessment

An overview of assessments in PDFM is provided in Table 3-18.

Table 3-18 Assessments of the professional development and family medicine strand

Phases	Assessments	Modules/Subjects	Format
1	PDFM CA1	Professional development	Portfolio assessment*
2	PDFM CA2	Family medicine	SEQ
	PDFM CA3	Family medicine (during family medicine rotation)	OSCE
	PDFM CA4	Professional development	Portfolio assessment*
	Second Examination for Medical Degrees – Unit 5	Family medicine Professional development	MCQ, SEQ, OSCE

PDFM = Professional Development & Family Medicine Strand, CA = Continuous assessment, MCQ = Multiple choice questions, SEQ = Structured essay questions, OSPE = Objective structured practical examination

*Obtaining 50% for PDFM CA1 and PDFM CA4 is mandatory for sitting Unit 5 of Second Examination for Medical Degrees.

3.5. Community health strand (CHS)

The outcomes and competencies focused in CHS are included in Table 3-19 below.

**Table 3-19 Outcomes and competencies focused in the CHS
(The competencies with primary emphasis are in bold letters)**

Outcomes	Competencies
Communication skills	<ul style="list-style-type: none"> • Communication with patients, relatives, carers, other health professionals • Scientific writing • Fluency in spoken languages • Presentation skills
Population health & health systems	<ul style="list-style-type: none"> • Demography • Basic statistics • Basic and Applied Epidemiology • Reproductive Health • Health promotion and disease prevention • Primary health care • Health care planning, management & economics • Health services in Sri Lanka • Environmental Health and Disaster Management • Occupational Health • Global Health
Information management	<ul style="list-style-type: none"> • Data collection & Information management
Critical thinking & research	<ul style="list-style-type: none"> • Critical thinking (Design and conduct of research & dissemination of findings) • Scientific method • Creativity, resourcefulness & adaptability • Evidence-based practice
Professional values, attitudes & ethics	<ul style="list-style-type: none"> • Professional standards • Teamwork and leadership • Reflective practice • Life-long learning

Notional hours, intended learning outcomes, module/strand contents, assessments, recommended reading and additional reading related to community health strand (CHS) are provided in the respective module/strand handbooks.

In Phase I, basic concepts in public health and community medicine are learnt mainly through classroom- based activities.

Phase II of CHS focuses on learning the public health aspects of healthcare through community-based attachment and field visits. They also develop basic competence in designing and conducting research. The strand is assessed in six continuous assessments and the Second Examination for Medical Degrees.

3.5.1. Overall intended learning outcomes

At the end of CHS, students should be able to apply in practice;

- Knowledge on the social, environmental, behavioural and biological determinants of health and disease.
- Analytical thinking and research skills.
- Attitudes and skills required for lifelong learning and professional practice.
- Knowledge, attitudes and skills necessary to deliver community-oriented primary health care.

3.5.2. Course structure

Community health strand (CHS) runs across Phase I and Phase II of the curriculum. (Table 3-20)

Table 3-20 Course structure of community health strand

Phase	Module	Notional hours	Setting
I	Foundations of Public Health Module (CHS Block 1 & 2)	50	Classroom-based
	Nutrition (Integrated to BASS Cardiorespiratory, Blood and Immunology, Reproductive and Gastro-Intestinal Systems Modules)	25	Classroom-based
	Primary Health Care (CHS Block 3)	100	Field-based
II	Basic Epidemiology, Biostatistics and Research Methods (CHS Block 4, Integrated to BASS Cardiorespiratory Module, CHS Block 5, CHS Block 6, CHS Block 7, CHS Block 8, CHS Block 9)	200	Classroom-based

Prevention and Control of Infectious Diseases (Integrated to BASS Introductory Module, Blood, Lymphatics and Immunology Module, Neurosciences Module)	30	Classroom-based
Prevention of Cardiorespiratory Diseases (Integrated to BASS Cardiorespiratory Module)	10	Classroom-based
Health Promotion (Integrated to BASS Cardiorespiratory Module)	5	Classroom-based
Health Planning and Management (Integrated to BASS Cardiorespiratory Module)	10	Classroom-based
Reproductive Health (Integrated to Endocrine and Reproductive Health Module and CHS Block 5)	25	Classroom-based
Environmental Health (CHS Block 7 & 8)	25	Classroom-based
Occupational Health (CHS Block 8)	10	Classroom-based
Control of Non-communicable Diseases (CHS Block 9)	10	Classroom-based
Global Health (CHS Block 9)	10	Classroom-based
Application of public health principles in practice (Community attachment)	100	Field-based
Integrated application health related concepts and principles to demonstrate critical thinking (Research Project)	300	Field-based
Community clerkship (in CSS)	50	Field-based
Total	940 (Classroom-based-410; field-based-550)	

[Research component is 500 notional hours and workload is equal to a minimum and 7 credits: Basic Epidemiology, Biostatistics and Research Methods (200 classroom based notional hours = 5 credits) + Research project (300 field-based notional hours = 3 credits)]

3.5.3. Teaching/Learning and Assessment Matrix

Table 3-21 outlines the relative emphasis of teaching/learning and assessment methods with ILOs of the CHS. (Low emphasis +, Moderate emphasis ++, High emphasis + + +)

Table 3-21 Teaching/Learning and Assessment Matrix of CHS

	To demonstrate knowledge on the social, environmental, behavioural and biological determinants of health and disease	To demonstrate analytical thinking and research skills	To demonstrate attitudes and skills required for lifelong learning and professional practice	To demonstrate knowledge, attitudes and skills necessary to deliver community-oriented Primary Health Care
Teaching/ Learning				
Lectures	+ + +	+ + +	+	+ + +
Student Seminars	+ + +	+ + +	+ +	+ +
Small Group Discussions		+ + +		+ +
Student presentations	+ + +	+ +	+ +	+ + +
Group assignments/ projects	+ +	+ + +		
Problem Based Tutorial	+ +			+ + +
Tutorials	+ + +			
Community attachment	+ + +	+ +	+ + +	+ + +
Research project		+ + +		
Clerkship	+ + +			+ + +
Assessment				

Presentations (Formative)	++			+++
Quizzes (Formative)	+++			++
Student presentation	+++	+		+++
MCQ	+++			+++
SEQ	+++			+++
OSCE	++			+++
Community-based Communication assessment	+++			+++
Portfolio	++		+++	+++
Poster presentation (Formative)		+++		++
Research Report		+++		++
Viva Voce		+++		

3.5.4. Assessment

An assessment overview of CHS is provided in Table 3-22.

Table 3-22 Assessment of community health strand

Phases	Assessments	Modules/Subjects	Format
1	CHS CA1	Health and healthcare services Demography Nutrition Measurements in Medicine Normal growth	MCQ
2	CHS CA2	Research methods Basic epidemiology Statistics Health Promotion Health planning and management	MCQ SEQ

CHS CA3	Environmental Health Occupational Health Reproductive Health Communicable diseases Special topics in Public Health	MCQ
CHS CA 4	Community Medicine Clerkship	OSCE
CHS CA5	Research project	Research Report & Individual Viva Voce
CHS CA6	Community Attachment Programme	Portfolio, Communication Assessment, Project proposal and intervention presentation
Second Examination for Medical Degrees – Unit 6	Integrated assessment of theory and practical components	MCQ SEQ

CHS = Community Health Strand, CA = Continuous assessment, MCQ = Multiple choice questions, SEQ = Structured essay questions, OSPE = Objective structured practical examination

3.6. Student selected components (SSC)

3.6.1. Overall intended learning outcomes

At the end of the SSC, students should be able to;

- Enhance the interest and motivation for learning through diversification of the learning experience.
- Enhance the engagement with academic staff by means of sharing the specialised knowledge and special interests of the staff.
- Expand depth and breadth of understanding of the practice of medicine.

3.6.2. Course structure

The faculty offers student selected components (SSCs) to students, who are keen on expanding their scope of competence in medicine related areas. It is an opportunity for students to share the knowledge and experience of staff /departments in a variety of fields with the view of diversifying and improving the educational experience.

Individual departments or individual academic staff members propose SSCs. The duration of the SSC can be either one or two weeks. The number of students accommodated in each SSC is determined by the SSC proposer. Depending on nature and the relevance, the SSC will be offered after the First or the Second Examination for Medical Degrees. Teaching/learning may not be formal and structured. However, the teaching/learning and assessment methods reflect the Intended Learning Outcomes of a given SSC.

3.6.3. Assessment

Assessment methods of SSCs shall be conventional (e.g. MCQs, OSPE /OSCE) or non-conventional (e.g. work-based) depending on the nature of the SSC.

3.7. Details of assessment criteria and award of degrees

The final aggregate mark of a subject/unit is the credit weighted arithmetic mean of the percentage marks of different assessment components that contributed to the particular subject/unit.

Assessment Structure of the academic programme is given in the Table 3-23.

Table 3-23 Assessment Structure of the academic programme

Strand	Phase I		Phase II		Phase III
	Academic year 1	Academic year 2	Academic year 3	Academic year 4	Academic year 5
BASS	BASS CA1 BASS CA2	BASS CA3	BASS CA4 BASS CA5 BASS CA6	BASS CA7 BASS CA8 BASS CA9 (including Forensic Medicine long case)	
		First Examination for Medical Degrees	Second Examination for Medical Degrees (Unit 3)	Second Examination for Medical Degrees (Unit 4)	
PDFMS		PDFM CA1	PDFM CA2	PDFM CA3 PDFM CA4	
				Second Examination for Medical Degrees (Unit 5)	
CHS		CHS CA1	CHS CA2	CHS CA3 CHS CA4 CHS CA5 CHS CA6	
				Second Examination for Medical Degrees (Unit 6)	
CSS			CSS CA1	CSS CA2	CSS CA3-7
					Final Examination for Medical Degrees

BASS = Basic and applied sciences strand, PDFMS = Professional development and family medicine strand, CHS = Community health strand, CSS = Clinical skills strand

The relative weights of different assessment components which contribute to the final outcome of the examinations for medical degrees are given in the Table 3-24.

Table 3-24 Relative weights of different assessment components towards main examinations

	Subject/Unit	Continuous Assessments	Continuous Assessments (Weight)	Summative Assessment (Weight)	Total for Subject	Weight towards final results	Final mark for the examination
First Examination	Unit 1A	BASS CA1-3	30%	70%	100%	31%	100%
	Unit 1B	BASS CA1-3	30%	70%	100%	15%	
	Unit 1C	BASS CA1-3	30%	70%	100%	24%	
	Unit 2	-	-	100%	100%	30%	
Second Examination	Unit 3A, 3B, 3C	BASS CA4-6	30%	70%	100%	35%	100%
	Unit 4	BASS CA7-9	30%	70%	100%	35%	
	Unit 5	PDFM CA1-3	30%	60%	100%	10%	
		PDFM CA4	10%				
	Unit 6	CHS CA1	04%	50%	100%	20%	
		CHS CA2	10%				
		CHS CA3	06%				
CHS CA4		10%					
CHS CA5		10%					
Final Examination	Medicine	CSS CA1-2	10%	80%	100%	20%	
		CSS CA3	10%				
	Surgery	CSS CA1-2	10%	80%	100%	20%	
		CSS CA4	10%				
	Paediatrics	CSS CA1-2	10%	80%	100%	20%	
		CSS CA5	10%				
Obstetrics & Gynaecology	CSS CA1-2	10%	80%	100%	20%		
	CSS CA6	10%					

	Psychiatr V	CSS CA7	20%	80%	100%	20%	
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BASS = Basic and applied sciences strand, PDFM = Professional development and family medicine strand, CHS = Community health strand, CSS = Clinical skills strand

3.7.1. First Examination for Medical Degrees

1. The First Examination for Medical Degrees assesses the content of Basic and Applied Science Strand (BASS) – Phase I, which includes the subject areas of Anatomy, Biochemistry, Physiology and their clinical applications. The examination shall consist of four units: Unit 1A, 1B, 1C and Unit 2. All unit examinations shall be held in the second academic year after three semesters of teaching.
2. A candidate should have followed the prescribed course of study for each Unit. Mandatory course work shall include all tutorials, seminars, a portfolio, and practical classes, Problem-Based Learning sessions, sessions in the Clinical Skills Centre, and additional sessions made mandatory by the modules.
3. To be eligible to sit for the First Examination for Medical Degrees, a candidate should:
 - a) have obtained the Certificates of Competency in English awarded by the English Language Teaching Unit (ELTU) and Competency in IT awarded by the Health Data Science Unit (HDSU), AND
 - b) satisfactorily complete Structured Viva Voce Examination in basic sciences during Phase I.
4. The three continuous assessments (BASS CA1 – 3), which are conducted at the end of each of the first three semesters, shall contribute to 30% of the overall mark for the corresponding subject at the First Examination for Medical Degrees.
5. The following criteria shall be used to determine examination outcome:
 - a) **'Passed'** in the First Examination for Medical Degrees
A candidate who obtains,
 - ≥50% of the overall marks for each, with ≥45% of marks for the theory component of each, is considered to have 'Passed' Units 1A, 1B and 1C.

$\geq 50\%$ of the overall marks for Unit 2 is considered to have 'Passed' Unit 2.

A candidate who 'Pass' all Units shall be considered to have passed the First Examination for Medical Degrees.

b) **'Referred'** in the First Examination for Medical degrees

A candidate who obtains

$\geq 50\%$ of the overall marks for each of the units 1A, 1B, 1C and 2 but $< 45\%$ for the theory component of one or more of the units 1A, 1B or 1C.

A pass for one or more units of the four units (1A, 1B, 1C and 2), but < 50 and $\geq 25\%$ for the other unit(s)

shall be considered referred in the relevant unit(s) of the First Examination for Medical Degrees.

c) **'Failed'** in the First Examination for Medical Degrees

A candidate who obtains

$< 50\%$ of the overall all units

OR

$< 25\%$ for any of the four units

shall be considered to have failed the First Examination for the Medical Degrees.

d) **Referred** candidates should re-sit for all components of the referred unit(s) and **failed** candidates should re-sit for all components of all units.

e) A student must pass the First Examination in not more than four scheduled attempts within the first three consecutive academic years of the candidate.

f) For award of classes, overall mark obtained for the First Examination for Medical Degrees shall be computed out of 100. Contribution from total marks obtained for each Unit for calculation of overall mark for the First Examination for Medical Degrees is as follows:

Unit 1A - 31%, Unit 1B - 15%, Unit 1C - 24%, Unit 2 - 30%

6. The following criteria shall be used to determine award of classes:
 - a) A candidate who passes the First Examination at the first attempt and obtains an overall average mark of $\geq 70\%$, AND $\geq 65\%$ for each of the Units (1A, 1B, 1C and 2) shall be eligible for **First Class Honours**.
 - b) A candidate who passes the First Examination at the first attempt and obtains an overall average mark between $\geq 65\%$ and $< 70\%$; OR obtains an overall average mark of $\geq 70\%$ but $< 65\%$ for any of the Units (1A, 1B, 1C and 2), shall be eligible for **Second Class (Upper Division) Honours**.
 - c) A candidate who passes the First Examination at the first attempt and obtains an overall average between $\geq 60\%$ and $< 65\%$ shall be eligible for **Second Class (Lower Division) Honours**.

3.7.2. Second Examination for Medical Degrees

1. The Second Examination for Medical Degrees shall consist of six components titled Units 3A, 3B, 3C, 4, 5 and 6. Units 3A, 3B, and 3C shall be held at the end of the 3rd academic year and Units 4, 5 and 6 shall be held together at the end of the 4th academic year.
2. A candidate for the examination should have followed the prescribed course of study for each Unit. Mandatory course work shall include all tutorials, seminars, a portfolio, and laboratory classes and clinical appointments in Clinical Pathology, Forensic Medicine, Family Medicine, and Community Health (Field visits conducted within the Community Health strand in Years 1, 2, 3 and 4, the clinical appointment in Community Medicine, the clinical appointment in Community Medicine, the Community Attachment and the Research Project).
3. Units 3A, 3B, and 3C shall consist of examination of the modules conducted in Terms 1, 2 and 3, respectively, in Phase II of the course.
4. There shall be 3 continuous assessments held after the end of Terms 1, 2 and 3 in Phase II, namely BASS CA4, BASS CA5 and BASS CA6 respectively, which shall contribute towards the final mark in the Units 3A, 3B, and 3C examinations respectively.

5. Unit 4 shall consist of examination of all modules that comprise Terms 4, 5 and 6 in Phase II of the course.
6. There shall be 3 continuous assessments held after the end of Terms 4, 5 and 6 in Phase II, namely, BASS CA7, BASS CA8 and BASS CA9 respectively, which shall contribute towards the final mark in the Unit 4 examination.
7. Unit 5 shall consist of examination of all the content matter covered within the Professional Development and Family Medicine Strand in Years 1, 2, 3 and 4 of the course.
8. There shall be 4 continuous assessments entitled PDFM CA1, PDFM CA2, PDFM CA3 and PDFM CA4 which shall contribute towards the final mark of the Unit 5 examination. PDFM CA1 shall be held at the end of Phase I and PDFM CA2-4 during Phase II.
 - a) A student should obtain $\geq 50\%$ for PDFM CA1 and PDFM CA4 in not more than two attempts to be eligible to sit for Unit 5 main examination.
 - b) A student who fails to obtain $\geq 50\%$ for PDFM CA1 and/or PDFM CA4 in two attempts shall sit for Unit 5 examination as a repeat candidate.
9. Unit 6 shall consist of examination of all the content matter covered within the Community Health Strand in Years 1, 2, 3 and 4 of the course.
10. There shall be 6 continuous assessments entitled CH CA1, CH CA2, CH CA3, CH CA4, CH CA5, and CH CA6, which shall contribute towards the final mark of the Unit 6 examination.
11. The following criteria shall be used to determine examination outcome:
 - a) A candidate who obtains an overall mark of 50% or more and a total of 45% or more for the summative examination theory papers for a given Unit, shall be considered to have passed that Unit, provided that the candidate has obtained an overall mark of more than 25% in the other concurrent Unit examinations.
 - b) A candidate who passes Units 3A, 3B, 3C, 4, 5 and 6 shall be considered to have passed the Second Examination for Medical Degrees.
 - c) A candidate who obtains marks between $\geq 25\%$ and $< 50\%$ of the overall mark or less than 45% in the summative examination theory components of any one or two units of Units 3A, 3B or 3C examinations shall be considered referred

in the relevant Unit(s) of the Second Examination for Medical Degrees.

- d) A candidate who obtains marks between $\geq 25\%$ and $< 50\%$ of the overall mark or less than 45% in the summative examination theory components of any one or two units of Units 4, 5 or 6 examinations, shall be considered referred in the relevant unit(s) of the Second Examination for Medical Degrees.
 - e) A candidate who obtains marks of $< 25\%$ for any one of Units 3A, 3B or 3C, and / or who obtains marks between $\geq 25\%$ and $< 50\%$ in Units 3A, 3B and 3C, shall be considered failed Units 3A, 3B and 3C. Such a candidate must sit for all three Units again at the next available examination.
 - f) A candidate who obtains marks of $< 25\%$ for any one of the Units 4, 5 or 6, and / or who obtains marks between $\geq 25\%$ and $< 50\%$ in Units 4, 5 and 6, shall be considered to have failed Units 4, 5 and 6. Such a candidate must re-sit all three Units again.
12. A student must pass the Second Examination for Medical Degrees in not more than six scheduled attempts, within four consecutive academic years, since entering the Phase II of the academic programme.
13. The following criteria shall be used to determine award of classes.

For award of classes, overall mark obtained for the Second Examination for Medical Degrees shall be computed out of 100. Weighted contribution from total marks obtained for each Unit for calculation of overall mark for the Second Examination for Medical Degrees is as follows.

Unit 3 – 35%, Unit 4 – 35%, Unit 5 - 10%, Unit 6 – 20%

(Unit 3A, 3B, and 3C shall have an equal contribution to the cumulative percentage mark for Unit 3.)

- a) A candidate who passes all six units that comprise the Second Examination for Medical Degrees at the first attempt and obtains an overall average mark of $\geq 70\%$ or above at that examination and $\geq 65\%$ in each Unit, shall be eligible for First Class Honours.
- b) A candidate who passes all six units that comprise the Second Examination for Medical Degrees at the first attempt, and obtains an overall average mark of between $\geq 65\%$ and $< 70\%$;

- or obtains an overall average mark of > 70% and < 65% for one or more units, shall be eligible for Second Class (Upper Division) Honours.
- c) A candidate who passes all six units that comprise the Second Examination for Medical Degrees at the first scheduled attempt, and obtains an overall average mark between ≥ 60 and <65% at that examination, shall be eligible for Second Class (Lower Division) Honours.
14. A student shall be permitted to enter the Phase III of the academic programme only after passing the Second Examination for Medical Degrees and completed all clinical appointments in the 3rd and 4th years.

3.7.3. Final Examination for Medical Degrees

1. The Final Examination for Medical Degrees shall consist of the subjects of Medicine, Surgery, Obstetrics & Gynaecology, Paediatrics and Psychiatry.
2. A candidate should have followed the prescribed course of study for each subject, and presented evidence of satisfactory completion of mandatory course work and in-course assessments, to be eligible to sit for the examination.
3. There shall be three continuous assessments in each of the subjects of Medicine, Surgery, Obstetrics & Gynaecology and Paediatrics. The 1st continuous assessment (CSS CA 1) for all four subjects shall be conducted together at the end of the 3rd year clinical appointments. The 2nd continuous assessment (CSS CA 2) for all four subjects shall be conducted together at the end of 4th year clinical appointments. The 3rd continuous assessment (CSS CA 3 – 6) shall be held in the final year, at the end of the relevant clinical appointment.
4. There shall be one continuous assessment (CSS CA 7) in the subject of Psychiatry, conducted in the final year, at the end of the relevant clinical appointment.
5. The following criteria shall be used to determine Final Examination outcome:
 - a) A candidate who obtains an overall mark of 50% or more, and a mark of 50% or more in the relevant clinical component, and a mark of 45% or more in the theory component, in a subject shall be considered to have passed that subject provided that

- the candidate has obtained a mark of 25% or more in each of the other subjects.
- b) A candidate who passes all five subjects shall be considered to have passed the Final Examination.
 - c) A candidate who obtains an overall mark between $\geq 25\%$ and $< 50\%$, or a mark $< 50\%$ in the clinical component, and / or a mark $< 45\%$ in the theory component of a subject, shall be considered referred in the subject provided that the candidate has obtained mark of $\geq 25\%$ in each of the other subjects.
 - d) A candidate who has referred in a subject(s) shall be permitted to re-sit for the referred subject(s) only. A candidate who has referred in two or more subjects must sit for all such subject examinations together, at one and the same examination.
 - e) A candidate who obtains an overall mark of $< 25\%$ in any one or more of the five subjects of the Final Examination, or who has not passed any of the five subjects, shall be considered to have failed the Final Examination. Such a candidate must re-sit all five subjects.
6. A student must pass the Final Examination in not more than six scheduled attempts, within three consecutive academic years, since entering the Phase III of the academic programme.
7. The following criteria shall be used to determine award of classes:
- For award of classes, overall mark obtained for the Final Examination for Medical Degrees shall be computed out of 100. An equal contribution from each subject shall be used for calculation of overall mark for the Final Examination for Medical Degrees.
- a) Each Unit for calculation of overall mark for the First Examination for Medical Degrees for award of classes, overall mark obtained for the Second Examination for Medical Degrees will be computed out of 100. Contribution from total marks obtained for is as follows
 - b) A candidate who passes all five subjects of the Final Examination for Medical Degrees at the first attempt and obtains an overall mark of $\geq 70\%$ and obtains an overall mark of $\geq 65\%$ in each subject, shall be eligible for First Class

Honours.

- c) A candidate who passes all five subjects of the Final Examination for Medical Degrees at the first attempt, and obtains an overall mark of between $\geq 65\%$ and $< 70\%$; or obtains an overall average mark of $\geq 70\%$ and $< 65\%$ for one or more subjects, shall be eligible for Second Class (Upper Division) Honours.
- d) A candidate who passes all five subjects of the Final Examination for Medical Degrees at the first attempt, and obtains an overall mark of between $\geq 60\%$ and $< 65\%$, shall be eligible for Second Class (Lower Division) Honours.

3.7.4. Award of distinctions and subject medals

1. Any candidate who is eligible for a class in the First Examination for Medical Degrees, and who has obtained marks as follows shall be awarded distinctions.

A candidate who obtains $\geq 70\%$ for

Unit 1A shall be awarded a Distinction in Anatomy

Unit 1B shall be awarded a Distinction in Biochemistry

Unit 1C shall be awarded a Distinction in Physiology

Unit 2 shall be awarded a Distinction in Basic Sciences

2. Any candidate who is eligible for a class in the Second Examination for Medical Degrees, and who has obtained at least 70% of marks for questions included in all assessment components of the relevant Examination (including continuous assessments) identified by the Examination Board as relevant to the subjects of Family Medicine, Forensic Medicine, Microbiology, Parasitology, Pathology, Pharmacology, and Public Health shall be awarded a Distinction in the relevant subject.
3. A candidate who is eligible for a class in the Final Examination for Medical Degrees, and obtains an overall mark of $\geq 70\%$, and a mark of $\geq 65\%$ for theory and $\geq 65\%$ for clinical component, in a subject respectively, shall be awarded a Distinction in the relevant subject.

4. From among the candidates awarded distinctions, the candidate who obtains the highest aggregate mark in a given subject shall be awarded the relevant subject Medal.
5. The candidate who obtains First Class Honours at the First Examination for Medical Degrees and obtains the highest aggregate mark at the said examination, shall be awarded the Dr. Asoka Dissanayake Gold Medal.
6. The candidate who obtains First Class Honours at the Second Examination for Medical Degrees and obtains the highest aggregate mark at the said examination, shall be awarded the Gold Medal for the Second Examination for Medical Degrees.
7. The candidate who obtains First Class Honours at the Final Examination for Medical Degrees and obtains the highest aggregate mark at the said examination, shall be awarded the Gold Medal for the Final Examination for Medical Degrees.
8. The candidate with best overall performance, who obtains the highest combined aggregate mark in the First, Second and Final Examinations for Medical Degrees, and has obtained an average mark of 65% or more in each examination, shall be awarded the Professor Carlo Fonseka Gold Medal.

3.7.5. Award of Fall-Back Qualifications

1. A student who has been admitted to the MBBS programme, but failed to complete the course under the examination by-laws may be awarded a Higher Diploma in Human Biology, provided the student has fulfilled the following criteria:
 - a) Accumulated grades of C or better in course units aggregating to at least 60 credits at SLQF levels 3 and 4 (1st and 2nd years of study), of which at least 30 credits must be from SLQL 4, and
 - b) Obtained a Grade Point Average of 2.00 or greater for such course units, and
 - c) Completed the relevant requirements within a period of not more than four consecutive academic years
2. A student who has been admitted to the MBBS programme, but failed to complete the course under the examination by-laws may be awarded a Higher Diploma in Human Biology with merit, provided the student has fulfilled the following criteria:

- a) Accumulated grades of C or better in course units aggregating to at least 60 credits at SLQF levels 3 and 4 (1st and 2nd years of study), of which at least 30 credits must be from SLQL 4, and
 - b) Obtained a Grade Point Average of 3.70 or greater for such course units, and
 - c) Completed the relevant requirements within a period of not more than two consecutive academic years
3. A student who has been admitted to the MBBS programme, but failed to complete the course under the examination by-laws may be awarded a Bachelor of Health Sciences, provided the student has fulfilled the following criteria:
- a) Accumulated grades of B- or better in course units aggregating to at least 60 credits at SLQF levels 3 and 4 (1st and 2nd years of study), and
 - b) Accumulated grades of C or better in course units aggregating to at least 30 credits at SLQF levels 5 and/or 6 (3rd and/or 4th years of study), and
 - c) Obtained a Grade Point Average of 2.00 or greater for all such course units, and
 - d) Completed the relevant requirements within a period of not more than five consecutive academic years
4. A student who has been admitted to the MBBS programme, but failed to complete the course under the examination by-laws may be awarded a Bachelor of Health Sciences with First Class, provided the student has fulfilled the following criteria:
- a) Accumulated grades of B- or better in course units aggregating to at least 60 credits at SLQF levels 3 and 4 (1st and 2nd years of study), and
 - b) Accumulated grades of C or better in course units aggregating to at least 30 credits at SLQF level 5 (3rd year of study), and
 - c) Obtained a Grade Point Average of 3.70 or greater for all such course units, and
 - d) Obtained grades of A or better in course units aggregating to at least 50% of the total credits required under (a) and (b) above
 - e) Completed the relevant requirements within a period of not more than three consecutive academic years.
5. A student who has been admitted to the MBBS programme, but failed to complete the course under the examination by-laws may be awarded a Bachelor of Health Sciences with Second

- Class (Upper Division), provided the student has fulfilled the following criteria:
- a) Accumulated grades of B- or better in course units aggregating to at least 60 credits at SLQF levels 3 and 4 (1st and 2nd years of study), and
 - b) Accumulated grades of C or better in course units aggregating to at least 30 credits at SLQF level 5 (3rd year of study), and
 - c) Obtained a Grade Point Average of 3.30 or greater for all such course units, and
 - d) Obtained grades of B or better in course units aggregating to at least 50% of the total credits required under (a) and (b) above
 - e) Completed the relevant requirements within a period of not more than three consecutive academic years.
6. A student who has been admitted to the MBBS programme, but failed to complete the course under the examination by-laws may be awarded a Bachelor of Health Sciences with Second Class (Lower Division), provided the student has fulfilled the following criteria:
- a) Accumulated grades of B- or better in course units aggregating to at least 60 credits at SLQF levels 3 and 4 (1st and 2nd years of study), and
 - b) Accumulated grades of C or better in course units aggregating to at least 30 credits at SLQF level 5 (3rd year of study), and
 - c) Obtained a Grade Point Average of 3.00 or greater for all such course units, and
 - d) Obtained grades of B or better in course units aggregating to at least 50% of the total credits required under (a) and (b) above
 - e) Completed the relevant requirements within a period of not more than three consecutive academic years.

7. The Grade Key is Found in Table 3-12

Table 3-25 Grade Key

Range of % marks	Grade	Grade Point
85-100	A+	4.00
70-84	A	4.00
65-69	A-	3.70
60-64	B+	3.30
55-59	B	3.00

50-54	B-	2.70
45-49	C+	2.30
40-44	C	2.00
35-39	C-	1.70
30-34	D+	1.30
25-29	D	1.00
00-24	E	0.00

8. A student who does not meet the criteria which are required to pass the First Examination for Medical Degrees, may supplicate for award of the Diploma or Higher Diploma in Health Sciences.
9. A student who is not eligible for award of the MBBS degree because he / she does not meet the criteria stipulated may supplicate for award of the degree of Bachelor of Health Sciences.
10. Once a fall-back qualification has been awarded, it cannot be changed, nor can a student revert back to the MBBS degree programme, under any circumstances.

BACHELOR OF MEDICINE AND BACHELOR OF SURGERY DEGREE BY - LAWS

By-laws made by the Council of the University of Kelaniya under section 135 of the Universities Act No 16 of 1978 as amended, and read with the University of Kelaniya Ordinance No Act No 45 of 1958 and its subsequent amendments.

1. GENERAL

1.1. These By-Laws may be cited as the Bachelor of Medicine and Bachelor of Surgery (MBBS) Degree By-Laws 2024.

1.2. These By-Laws shall come into operation on a date they are approved by the Council of the University of Kelaniya (hereinafter referred to as the Council).

1.3. These by-laws shall supersede any other By-Laws that may have been in operation in respect of the MBBS degree programme earlier, without prejudice to anything which has been done under them.

1.4. The Faculty of Medicine of the University of Kelaniya (hereinafter referred to as the Faculty) shall have authority to conduct programmes leading to the degrees.

1.5. Subject to the conditions laid down in these By-Laws, and the General Regulations, rules, and Guidelines (hereinafter referred to as the "Regulations") enacted by the University, the curricula shall detail the methodology of conducting academic programmes. The Senate may, based on the recommendations of the Faculty Board, amend and / or alter the curricula.

1.6. Upon successful completion of the relevant programme, any registered student of an academic programme may become eligible for the award of relevant degrees in the discipline. The Faculty Board may recommend such a student to the Senate of the University of Kelaniya (hereinafter referred to as the Senate) for the award of degrees in the relevant discipline.

1.7. The Council shall have the authority to confer the degrees on the recommendation of the Senate and the Faculty Board.

1.8. The Senate shall make such recommendations once the student has successfully completed all the requirements, including those

relating to the academic programme, as laid down in the relevant curricula, rules and regulations.

1.9. Students are expected to maintain the highest standards of personal, professional and ethical conduct. Any reports of misconduct shall be dealt with subject to the Regulations of the University.

1.10. In the event of any discrepancy between the provisions laid down in these By-Laws, and the curricula, or Regulations or rules, the provisions contained in these By-Laws shall prevail.

2. ACADEMIC PROGRAM

- 2.1. Subject to these By-Laws, a student shall be awarded the Degree of Bachelor of Medicine and Bachelor of Surgery, if the student has,
- a) been admitted as an internal student of the University,
 - b) been registered as a student of the University for a period not less than 4 years and 9 months,
 - c) completed to the satisfaction of the Senate, courses of study as prescribed by these By-Laws; and curricula, Rules, and Regulations made there under,
 - d) passed the First Examination for Medical Degrees,
 - e) passed the Second Examination for Medical Degrees,
 - f) passed the Final Examination for Medical Degrees **within ten consecutive academic years of admission to the University**, after registering for the course,
 - g) paid such fees or other dues as may be prescribed by the University, and
 - h) fulfilled any other conditions or requirements as may be prescribed by the University.
- 2.2. These Bylaws are applicable to all coursework, training, and examinations leading to the Degree of Bachelor of Medicine and Bachelor of Surgery.
- 2.3. The modules/strands/subjects within the courses of study and syllabuses for the examinations leading to the Degree of Bachelor of Medicine and Bachelor of Surgery and forms of assessments in each examination shall be prescribed by the Curriculum, rules, and Regulations made by the Senate.
- 2.4. Each of the examinations prescribed by these By-Laws and the Regulations thereunder shall be conducted by a Board of Examiners approved by the Senate.
- 2.5. A candidate shall sit for each examination leading to the degree at the earliest scheduled examination after completion of the relevant course work, on the first occasion at which the student is required to do so, provided that it shall be within the power of the Senate to declare that the student is eligible to appear for that examination. A candidate must have evidence of satisfactory completion of the relevant mandatory coursework / clinical rotations in order to be eligible to appear for an examination.

- 2.6. A candidate who does not have evidence of satisfactory completion of the relevant mandatory coursework and clinical rotations must complete such coursework and clinical rotations by attending extra classes. Once coursework and clinical rotations have been satisfactorily completed, the candidate is eligible to sit for the next available end-course examination.
- 2.6.1. If the candidate's absence from mandatory course work and clinical rotations, preventing the student from sitting for a scheduled examination, is covered by a valid excuse accepted by the Senate, the subsequent attempt shall be considered as the scheduled attempt at the said examination.
- 2.6.2. If the candidate's absence from course work and clinical rotations is not covered by a valid excuse, and prevents the student from sitting a scheduled examination, this would be considered as an unsuccessful attempt at the said examination.
- 2.7. Marks from continuous assessments shall be taken into consideration only for a candidate's first attempt at the relevant end course examination.
- 2.8. If a student has not appeared for one continuous assessment and has a valid excuse accepted by the Senate, the student shall be awarded a mark that is equivalent to the average mark obtained at the other continuous assessments relevant to that particular examination, provided that the student has satisfactorily completed the relevant mandatory course work.
- 2.9. If a candidate has not sat for a continuous assessment and does not have a valid excuse accepted by the Senate, the student shall be given a zero mark for that continuous assessment.
- 2.10. If a candidate has not sat for two or more continuous assessments, with or without a valid excuse, the student shall not be eligible to appear for the scheduled end-course examination. Such missed examination shall be counted as an unsuccessful attempt at the said examination.
- 2.11. A candidate shall appear for all Units / Subjects of a given examination. A candidate who has referred/failed at a previous attempt shall be allowed to appear for one or more such referred/failed Unit / Subject in a particular examination.
- 2.12. In the absence of an excuse acceptable to the Senate, failure to sit any scheduled examination shall be considered as an unsuccessful attempt at that examination.

- 2.13. If a candidate is absent for the entire examination at the first scheduled attempt, and
- a) has a valid excuse accepted by the Senate, such candidate shall sit for the next scheduled examination as the first attempt and shall be eligible for classes, distinctions and medals.
 - b) does not have a valid excuse acceptable to the Senate, such a candidate shall sit for the next scheduled examination as second attempt.
- 2.14. If a candidate is absent for a part of an examination (units / subjects) and has a valid excuse accepted by the Senate shall select one of the following options.
- a) The candidate may request that the examination be considered null and void and take the next available examination, which shall be considered as the scheduled attempt. **OR**
 - b) The candidate may request to sit only for the Units/Subjects for which the student was absent and / or did not pass. Such an attempt shall be considered as a subsequent attempt. Therefore, the candidate will not be eligible for classes, distinctions, or medals.
- 2.15. In the event that a student submits medical certificates more than once as reasons for not appearing for scheduled attempts at a given examination, the student shall be required to appear before a medical board appointed by the Faculty Board, to ascertain fitness to continue the academic programme.
- 2.16. A student may be granted permission to defer the academic programme for a maximum period of two consecutive academic years or part thereof, on not more than one occasion during the period of registration in the faculty, on the basis of a valid excuse accepted by the Senate. However, such a student shall complete the academic programme within ten academic years.

3. EXAMINATIONS

3.1. General

- 3.1.1. A candidate for a given examination should have followed the prescribed course of study to the satisfaction of the Senate and present evidence of satisfactory completion of mandatory course work and in-course assessments.
- 3.1.2. The final aggregate mark, expressed as a percentage, of a subject/unit is the credit weighted arithmetic mean of the percentage marks of different assessment components that contributed to the particular subject/unit.
- 3.1.3. One repeat examination shall be held not less than three (3) weeks after publication of the results of an end-course examination.
- 3.1.4. If a student fails to complete an examination within the given number of academic years and /or the number of attempts stipulated, the student shall be deregistered by the Vice-Chancellor on the recommendation of the Faculty Board and the Senate.

3.2. First Examination for Medical Degrees

- 3.2.1. The First Examination for Medical Degrees assess the content of Basic and Applied Science Strand (BASS) – Phase I, which includes the subject areas of Anatomy, Biochemistry, Physiology and their clinical applications. The examination shall consist of four units: Unit 1A,1B,1C and Unit 2. All unit examinations shall be held in the second academic year after three semesters of teaching.
- 3.2.2. A candidate should have followed the prescribed course of study for each Unit. Mandatory coursework shall include all tutorials, seminars, a portfolio, practical classes, Problem-Based Learning sessions, sessions in the Clinical Skills Centre, and additional sessions made mandatory by the modules.
- 3.2.3. To be eligible to sit for the First Examination for Medical Degrees, a candidate should:
 - a) have obtained the Certificates of Competency in English awarded by the English Language Teaching Unit (ELTU) and Competency in IT awarded by the Health Data Science Unit (HDSU), AND
 - b) satisfactorily complete the Structured Viva Voce Examination in all three basic sciences subjects during Phase I.

3.2.4. The three continuous assessments (BASS CA1 – 3), which are conducted at the end of each of the first three semesters, shall contribute to 30% of the overall mark for the corresponding subject at the First Examination for Medical Degrees.

3.2.5. Criteria Used to Determine Examination Outcome
The following criteria shall be used to determine the examination outcome:

a) 'Passed' in the First Examination for Medical Degrees
A candidate who obtains

≥50% of the overall marks for each, with ≥45% of marks for the theory component of each, is considered to have 'Passed' Units 1A, 1B and 1C.

≥50% of the overall marks for Unit 2 is considered to have 'Passed' Unit 2.

A candidate who 'Pass' all Units shall be considered to have passed the First Examination for Medical Degrees.

b) 'Referred' in the First Examination for Medical Degrees
A candidate who obtains

≥50% of the overall marks for each of the units 1A, 1B, 1C and 2 but <45% for the theory component of one or more of the units 1A,1B or 1C

A pass for one or more units of the four units (1A, 1B, 1C and 2), but <50 and ≥25% for the other unit(s).

shall be considered referred in the relevant unit(s) of the First Examination for Medical Degrees.

c) 'Failed' in the First Examination for Medical Degrees
A candidate who obtains

<50% of the overall all units

OR

< 25% for any of the four units

shall be considered to have failed the First Examination for the Medical Degrees.

- d) Referred candidates should re-sit for all components of the referred unit(s) and failed candidates should re-sit for all components of all units.
- e) A student must pass the First Examination in not more than four scheduled attempts within the first three consecutive academic years of the candidate.

3.3. Second Examination for Medical Degrees

- 3.3.1. The Second Examination for Medical Degrees shall consist of Units 3A, 3B, 3C, 4, 5 and 6. Units 3A, 3B, and 3C shall be held at the end of the 3rd year and Units 4, 5 and 6 shall be held together at the end of the 4th year.
- 3.3.2. Units 3A, 3B, and 3C shall consist of an examination of the modules conducted in the third year of academic work.
- 3.3.3. There shall be continuous assessments, namely BASS CA4, BASS CA5 and BASS CA6 respectively, which shall contribute towards the final mark in the Units 3A, 3B, and 3C examinations respectively.
- 3.3.4. Unit 4 shall consist of an examination of all modules that comprise the fourth year of academic work.
- 3.3.5. There shall be continuous assessments, namely, BASS CA7, BASS CA8 and BASS CA9 respectively, which shall contribute towards the final mark in the Unit 4 examination.
- 3.3.6. Unit 5 shall consist of an examination of all the content matter covered within the Professional Development and Family Medicine Strand in Academic Years 1, 2, 3 and 4 of the course.
- 3.3.7. There shall be continuous assessments, namely PDFM CA1, PDFM CA2, PDFM CA3 and PDFM CA4 which shall contribute towards the final mark of the Unit 5 examination. PDFM CA1 shall be held at the end of Phase I and PDFM CA2-4 during Phase II.

- 3.3.8. Unit 6 shall consist of an examination of all the content matter covered within the Community Health Strand in Academic Years 1, 2, 3 and 4 of the course.
- 3.3.9. There shall be continuous assessments, namely CH CA1, CH CA2, CH CA3, CH CA4, CH CA5, and CH CA6, which shall contribute towards the final mark of the Unit 6 examination.
- 3.3.10. Criteria Used to Determine Examination Outcome
- a) A candidate who obtains an overall mark of 50% or more and a total of 45% or more for the summative examination theory papers for a given Unit, shall be considered to have passed that Unit, provided that the candidate has obtained a mark of $\geq 25\%$ in the other Units of the said examination.
 - b) A candidate who passes Units 3A, 3B, 3C, 4, 5 and 6 shall be considered to have passed the Second Examination for Medical Degrees.
 - c) A candidate who obtains marks between $\geq 25\%$ and $< 50\%$ of the overall mark or less than 45% in the summative examination theory components of any one or two units of Units 3A, 3B or 3C examinations shall be considered referred in the relevant Unit(s) of the Second Examination for Medical Degrees.
 - d) A candidate who obtains marks between $\geq 25\%$ and $< 50\%$ of the overall mark or less than 45% in the summative examination theory components of any one or two units of Units 4, 5 or 6 examinations, shall be considered referred in the relevant unit(s) of the Second Examination for Medical Degrees.
 - e) A candidate who obtains marks of $< 25\%$ for one or more Units, or who obtains marks between $\geq 25\%$ and $< 50\%$ for all 3 Units, shall be considered failed in Units 3A, 3B and 3C. Such a candidate must sit for all three Units again at the next scheduled examination.
 - f) A candidate who obtains marks of $< 25\%$ for any one of the Units 4, 5 or 6, or who obtains marks between $\geq 25\%$ and $< 50\%$ in all three Units, shall be considered to have failed Units

- 4, 5 and 6. Such a candidate must re-sit all three Units at the next scheduled examination.
- g) A student must pass the Second Examination for Medical Degrees in not more than six scheduled attempts, within four consecutive academic years.

3.3.11. Criteria Used to Determine Award of Classes

- a) For award of classes, overall mark obtained for the Second Examination for Medical Degrees shall be computed out of 100. Weighted contributions from the Units are outlined in the relevant curriculum.
- b) A candidate who passes all six units that comprise the Second Examination for Medical Degrees at the first attempt and obtains an overall average mark of $\geq 70\%$ at that examination and $\geq 65\%$ in each Unit, shall be eligible for First Class Honours.
- c) A candidate who passes all six units that comprise the Second Examination for Medical Degrees at the first attempt, and obtains an overall average mark of between $\geq 65\%$ and $< 70\%$ or obtains an overall average mark of $\geq 70\%$ and $< 65\%$ for one or more units, shall be eligible for Second Class (Upper Division) Honours.
- d) A candidate who passes all six units that comprise the Second Examination for Medical Degrees at the first scheduled attempt, and obtains an overall average mark between ≥ 60 and $< 65\%$ at that examination, shall be eligible for Second Class (Lower Division) Honours.
- e) A student shall be permitted to enter the Phase III of the academic programme only after passing the Second Examination for Medical Degrees and completed all clinical appointments in the 3rd and 4th years.

3.4. Final Examination for Medical Degrees

- 3.4.1. The Final Examination for Medical Degrees shall consist of the subjects Medicine, Surgery, Obstetrics & Gynaecology, Paediatrics, and Psychiatry.

- 3.4.2. A candidate should have followed the prescribed course of study for each subject, and presented evidence of satisfactory completion of mandatory course work and in-course assessments, to be eligible to sit for the examination.
- 3.4.3. There shall be three continuous assessments in each of the subjects of Medicine, Surgery, Obstetrics & Gynaecology and Paediatrics. The 1st continuous assessment (CSS CA 1) shall be conducted at the end of the 3rd year clinical appointments. The 2nd continuous assessment (CSS CA 2) shall be conducted at the end of 4th year clinical appointments. The 3rd continuous assessment (CSS CA 3 – 6) shall be held in the final year, at the end of the relevant clinical appointment.
- 3.4.4. There shall be one continuous assessment (CSS CA 7) in the subject of Psychiatry, conducted in the final year, at the end of the relevant clinical appointment.
- 3.4.5. Criteria Used to Determine Examination Outcome
- a) A candidate who obtains an overall mark of 50% or more, and a mark of 50% or more in the relevant clinical component, and a mark of 45% or more in the theory component, in a subject shall be considered to have passed that subject provided that the candidate has obtained a mark of $\geq 25\%$ in each of the other subjects.
 - b) A candidate who passes all five subjects shall be considered to have passed the Final Examination.
 - c) A candidate who obtains an overall mark between $\geq 25\%$ and $< 50\%$, or a mark $< 50\%$ in the clinical component, or a mark $< 45\%$ in the theory component of a subject, shall be considered referred in the subject provided that the candidate has obtained mark of $\geq 25\%$ in each of the other subjects.
 - d) A candidate who has referred in a subject(s) shall be permitted to re-sit for the referred subject(s) only. A candidate who has referred in two or more subjects shall sit for all such subjects at the next scheduled examination.
 - e) A candidate who obtains an overall mark of $< 25\%$ in any one or more of the five subjects of the Final Examination, or who has not passed any of the five subjects, shall be considered to

have failed the Final Examination. Such a candidate must re-sit all five subjects at the next scheduled examination.

- f) A candidate who has not passed one or more subjects after two attempts at the Final examination shall be required to repeat a course of study prescribed for the relevant subject(s) by the Head of the Department and approved by the Faculty Board, before such a candidate is considered eligible for the next attempt at the Final examination.
- g) A student must pass the Final Examination within three consecutive academic years in not more than six scheduled attempts.

3.4.6. Criteria Used Determine the Award of Classes

- a) For award of classes, overall mark obtained for the Final Examination for Medical Degrees will be computed out of 100. Each subject shall contribute an equal weight towards the calculation of overall mark for the Final Examination for Medical Degrees.
- b) A candidate who passes all five subjects of the Final Examination for Medical Degrees at the first attempt, and obtains an overall mark of $\geq 70\%$, and obtains an overall mark of $\geq 65\%$ in each subject, shall be eligible for First Class Honours.
- c) A candidate who passes all five subjects of the Final Examination for Medical Degrees at the first attempt, and obtains an overall mark of between $\geq 65\%$ and $< 70\%$; or obtains an overall average mark of $\geq 70\%$ and $< 65\%$ for one or more subjects, shall be eligible for Second Class (Upper Division) Honours.
- d) A candidate who passes all five subjects of the Final Examination for Medical Degrees at the first attempt, and obtains an overall mark of between $\geq 60\%$ and $< 65\%$, shall be eligible for Second Class (Lower Division) Honours.

4. AWARD OF DISTINCTIONS AND SUBJECT MEDALS

- 4.1. Any candidate who is eligible for a class in the relevant Examination for Medical Degrees, and who has obtained at least 70% of marks for questions included in all assessment components of the relevant Examination (including continuous assessments) identified by the Examination Board as relevant to the subjects of Anatomy, Physiology, Biochemistry, Family Medicine, Forensic Medicine, Microbiology, Parasitology, Pathology, Pharmacology, and Public Health, respectively, shall be awarded a Distinction in the relevant subject.
- 4.2. A candidate who is eligible for a class in the Final Examination for Medical Degrees, and obtains an overall mark of $\geq 70\%$, and a mark of $\geq 65\%$ for theory and $\geq 65\%$ for clinical component, relevant to the subjects of Medicine, Surgery, Obstetrics & Gynaecology, Paediatrics, and Psychiatry, respectively, shall be awarded a Distinction in the relevant subject.
- 4.3. From among the candidates awarded distinctions, the candidate who obtains the highest aggregate mark in a given subject shall be awarded the relevant subject Medal.
- 4.4. The candidate who obtains First Class Honours at the First Examination for Medical Degrees and obtains the highest aggregate mark at the said examination, shall be awarded the Dr. Asoka Dissanayake Gold Medal.
- 4.5. The candidate who obtains First Class Honours at the Second Examination for Medical Degrees and obtains the highest aggregate mark at the said examination, shall be awarded the Gold Medal for the Second Examination for Medical Degrees.
- 4.6. The candidate who obtains First Class Honours at the Final Examination for Medical Degrees and obtains the highest aggregate mark at the said examination, shall be awarded the Gold Medal for the Final Examination for Medical Degrees.
- 4.7. The candidate with best overall performance, who obtains the highest combined aggregate mark in the First, Second and Final Examinations for Medical Degrees, and has obtained an average mark of 65% or more in each examination, shall be awarded the Professor Carlo Fonseka Gold Medal.

5. AWARD OF FALL-BACK QUALIFICATIONS

A student who has been admitted to the MBBS programme, but failed to complete the course under the examination by-laws may be awarded one of the following fall-back qualifications. The Grade Key used, and the course structure with the volume of work are given in the relevant Curriculum.

- 5.1. A student who has fulfilled the following criteria may be awarded a Higher Diploma in Human Biology;
 - a) Accumulated grades of C or better in course units aggregating at least 60 credits at SLQF levels 3 and 4, of which at least 30 credits must be from SLQF level 4, and
 - b) Obtained a Grade Point Average of 2.00 or greater, and
 - c) Completed the relevant requirements within a period of not more than two consecutive academic years.

- 5.2. A student who has fulfilled the following criteria may be awarded a Higher Diploma in Human Biology with merit;
 - a) Accumulated grades of C or better in course units aggregating to at least 60 credits at SLQF levels 3 and 4, of which at least 30 credits must be from SLQF level 4, and
 - b) Obtained a Grade Point Average of 3.70 or greater, and
 - c) Completed the relevant requirements within a period of not more than two consecutive academic years.

- 5.3. A student who has fulfilled the following criteria may be awarded a Bachelor of Health Sciences;
 - a) Accumulated grades of B- or better in course units aggregating to at least 60 credits at SLQF levels 3 and 4, and
 - b) Accumulated grades of C or better in course units aggregating to at least 30 credits at SLQF levels 5 and or 6, and
 - c) Obtained a Grade Point Average of 2.00 or greater, and
 - d) Completed the relevant requirements within a period of not more than four consecutive academic years.

- 5.4. A student who has fulfilled the following criteria may be awarded a **Bachelor of Health Sciences with First Class Honours**;
 - a) Accumulated grades of B- or better in course units aggregating to at least 60 credits at SLQF levels 3 and 4, and

- b) Accumulated grades of C or better in course units aggregating to at least 30 credits at SLQF level 5, and
 - c) Obtained a Grade Point Average of 3.70 or greater, and
 - d) Obtained grades of A or better in course units aggregating to at least 50% of the total credits required under (a) and (b) above
 - e) Completed the relevant requirements within a period of not more than four consecutive academic years.
- 5.5. A student who has fulfilled the following criteria may be awarded a Bachelor of Health Sciences with Second Class Honours (Upper Division);
- a) Accumulated grades of B- or better in course units aggregating to at least 60 credits at SLQF levels 3 and 4, and
 - b) Accumulated grades of C or better in course units aggregating to at least 30 credits at SLQF level 5, and
 - c) Obtained a Grade Point Average of 3.30 or greater, and
 - d) Obtained grades of B or better in course units aggregating to at least 50% of the total credits required under (a) and (b) above
 - e) Completed the relevant requirements within a period of not more than four consecutive academic years.
- 5.6. A student who has fulfilled the following criteria may be awarded a Bachelor of Health Sciences with Second Class Honours (Lower Division);
- a) Accumulated grades of B- or better in course units aggregating to at least 60 credits at SLQF levels 3 and 4 (1st and 2nd years of study), and
 - b) Accumulated grades of C or better in course units aggregating to at least 30 credits at SLQF level 5 (3rd year of study), and
 - c) Obtained a Grade Point Average of 3.00 or greater, and
 - d) Obtained grades of B or better in course units aggregating to at least 50% of the total credits required under (a) and (b) above
 - e) Completed the relevant requirements within a period of not more than four consecutive academic years.

- 5.7. A student who does not complete the Examinations for Medical Degrees, but has accrued sufficient credits may supplicate for the award of Diploma, Higher Diploma, or Bachelor of Health Sciences as the case may be.
- 5.8. A student who does not obtain the grades required for award of the Diploma in Human Biology, the Higher Diploma in Human Biology or the Bachelor of Health Sciences may re-sit the examination of the relevant course units in the next available attempt in order to improve the grade. The best grade obtainable by a student in this instance would be C.
- 5.9. Once an Fall-Back Qualification is awarded, it cannot be changed, nor can a student revert back to the MBBS degree programme, under any circumstances.

6. INTERPRETATION

6.1. "Council" means the Council of the University of Kelaniya constituted by the Universities Act No. 16 of 1978 and its subsequent amendments.

6.2. "Senate" means the Senate of the University of Kelaniya constituted by the Universities Act No. 16 of 1978 and its subsequent amendments.

6.3. "Faculty" means the Faculty Board of the University of Kelaniya constituted by the Universities Act No. 16 of 1978 and its subsequent amendments.

6.4. Any questions regarding the interpretation of these By-laws shall be referred to the Council, whose decision thereon shall be final.

STUDENT CHARTER

Purpose

This student code of conduct for the Faculty of Medicine, University of Kelaniya, has been formulated by the students and the staff of the faculty to provide a clear statement of the faculty's expectations of students in respect of academic and general conduct during their studentship at the Faculty of Medicine, University of Kelaniya.

Studying at the Faculty of Medicine provides opportunities for students to interact with other members of the university community. All students of the faculty, upon completion of their degree, enter in to vocations with direct patient contact. During their studies, they work within this professional environment and are privileged to access patients and their health information. The trust that patients place in healthcare professionals carries a significant responsibility and any breach of these expectations could result in serious repercussions for the students in their future careers.

Furthermore, through their conduct, the students shape the image and the reputation of the faculty among the general public. It is essential that the students take responsibility of their actions which will have an effect on the reputation of the faculty and the university.

The Faculty of Medicine, University of Kelaniya recognizes and values the diversity of student experiences and expectations, and is committed to treating students, both academically and personally, in a fair and transparent manner. All students, in return, are required to comply with the requirements set down in this student code of conduct.

This code of conduct will be revised and reprinted triennially with the participation of the staff and the students of the faculty of Medicine.

With the vision and mission of the faculty in mind, the Faculty reaffirms its commitments to:

- high academic standards and a high quality education
- intellectual freedom and social responsibility
- recognition of the importance of ideas and the pursuit of critical and open inquiry
- tolerance, honesty and respect as the hallmarks of relationships throughout the University community
- high standards of ethical behaviour

All students of the Faculty of Medicine, University of Kelaniya are subject to the statutory provisions of university discipline set out in regulations. The University of Kelaniya expects students to behave in a manner appropriate to the above principles.

All students of the Faculty of Medicine, University of Kelaniya are legally bound to read, understand and abide by these regulations at all times.

Students whose conduct may harm the good name of the University of Kelaniya and its employees, students or patients of the partner hospitals may be subjected to disciplinary action deemed appropriate by the university administration.

Coverage

This student code of conduct applies to all students of the Faculty of Medicine, University of Kelaniya, in respect of all actions and activities relating to or impacting on the Faculty or its students and employees. It must be read in conjunction with the statutes, rules, and resolutions of the University.

Definitions

In this student charter:

Student means all students of the Faculty of Medicine, University of Kelaniya, including undergraduate students of all study programs, foreign category students, external students, exchange students, and postgraduate students.

Employee means all staff (academic and non-academic) of the University of Kelaniya including full-time, part-time or contracted staff.

Faculty means the Faculty of Medicine, University of Kelaniya, unless stated otherwise.

University means University of Kelaniya.

Academic environment and student support services

The university provides a conducive academic atmosphere which promotes the realization of the full potential of students and staff. A standard set of facilities, student services, and common amenities are provided in par with all other universities of the country, though the availability and quality of some may vary.

In addition to the educational curriculum, it is desired the undergraduates obtain a 'basket' of complementary and transferable skills, namely, English language skills, information and communication technology skills, interpersonal skills, entrepreneurial skills, leadership skills, etiquette, personality traits, etc.

In use of these facilities and services, the students are encouraged to make the full use of these while assuring their availability for future generations of students. Since many of the resources are limited it is envisaged that their distribution is done in a fair and just manner.

Residential Facilities

- The residential facilities will be provided for a limited period of time for a fee, depending on the availability and the faculty policy of their distribution.
- The faculty policy is based on the following principles.
 - The residential facilities will be allocated following application in response to advertisement.
 - The senior most batches will be provided with residential facilities due to their educational demands to facilitate their academic activities.
 - After providing residential facilities to the senior most batches, ratios between genders, study programmes, and academic years are determined based on the hostel policy, in filling the remainder of the vacancies.
 - Selection of students for residential facilities within a batch will be done using a pre-determined set of criteria. Such criteria will be determined with concurrence of the student body.
- Upon receiving the residential facilities, the student should do the following
 - Pay the fee and register with the university.
 - Accept the inventory for the room after inspection of the inventory items.
 - Make sure the room can be appropriately secured when the occupants are away.
- In using and handing back the facility the student should
 - Use the furniture and the facilities with care to avoid any unnecessary damage.
 - Any damage to furniture or the facility resulting either from accident or normal wear and tear should be informed to the relevant authorities.
 - Pay the funds required for repair or purchase of any property damaged by misuse or improper use.
 - Vacate the rooms after the period to which it was provided on or before the date specified.
- The residential facilities will be common university property. Every student should guarantee that their conduct and behaviour is in accordance with the university rules and regulations. In addition to these, the following should be followed in order to provide a peaceful, secure environment conducive for living.

- Use of the residential facility and other amenities are for the occupants of the residential facility. No outsiders should be allowed to stay within the facility as it will cause inconvenience to other occupants and compromise the security and privacy of occupants.
- Residents should avoid playing loud music and engage in other activities that may disturb the fellow occupants.
- Any sport activities should be restricted to the designated areas.
- Visitor policy for residential facilities.
 - All occupants of the residential facility may go in and out of the facility anytime during the day.
 - There are 2 categories of visitors to the hostel;
 - Firstly, students of the faculty who are not residents of the said facility
 - Secondly, those that do not belong to category 1, but visit the facility to meet a resident of the facility.
- The residents may enter the facility upon identifying themselves if requested by the security personnel.
- The first category of visitors may enter the facility upon identifying themselves with a student ID and signing an entry log.
- The second category of visitors may enter the facility only accompanied by a resident and signing an entry log. They will be required to produce identification at the entry.
- The first category of visitors may enter the facility anytime during the day while category two will be allowed entry only between 6AM and 8PM. Any visits outside these hours for emergencies should be with the approval of the subwarden of the facility.
- No male visitor will be allowed in a female residential facility without prior permission of the subwarden or the warden.

Security and Safety

- The University marshals and security officers are entrusted with maintaining security and safety of the faculty and its individual staff and students.
- Students should adhere to the regulations laid down to safeguard the safety of the students within the University premises.
- At no time the students should undermine the authority of the security personnel in carrying out their duty.

- The students should produce identification documents, if requested by security personnel while within the university premises.

Library Service

- The library is a place dedicated for reading and self-study. Students should use the library in such a way that other users are not disturbed in their work.
- The books, journals and other furniture of the library should be used with care and any damage during their proper use should be brought to the notice of the staff.
- Students should pay the value of replacement in case of damage to books, journals or furniture by misuse or improper use.
- All material borrowed should be returned and all dues should be paid to the library prior to completion of study.

Information Communication Services

- The faculty has a computer centre dedicated for students and staff and an internet facility within the faculty premises to be used for educational purposes.
- All these facilities are password protected and the students should log on with their personal login details.
- The misuse, overuse and inappropriate use of these facilities will be centrally monitored. In the event of being detected with such activities, the account will be suspended.
- The students are encouraged to use the services in a way that does not hamper the use by others.
- When using these facilities, the students should not bring the University, the Faculty or fellow students to disrepute, especially when posting messages on the internet and in social media.

Sports and Recreational Facilities

- The faculty provides students with state of the art sports facilities that include expensive and sophisticated infrastructure and equipment.
- The students should take good care of these facilities and avoid damage by misuse or improper use.
- Any damage during their proper use should be brought to the notice of the staff.
- The students will be liable to pay damages caused to property and equipment in the event of misuse or improper use.

- There are clearly laid down rules and regulations for the use of these facilities and these should be strictly adhered to at all times.
- The students should identify themselves and enter an entry log when entering some facilities such as the gymnasium.
- Students should assist the staff who are responsible for their operations and maintenance.
- The facilities should be used in a fair and just manner respecting the equal right of every student of the faculty.

Aesthetic facilities

- The Faculty has a facility for aesthetic activities. Students are encouraged to use them in order to develop their aesthetic skills, express themselves and to have a healthy balance in life.
- The facilities should be used in a fair and just manner in harmony with fellow students.
- The proper usage of the equipment is essential to assure their functioning and durability.
- Any damage to equipment and instruments during their proper use should be brought to the notice of the staff.
- Users will be liable to any damage caused to equipment or property due to misuse or improper use.

Student Support Services and Welfare Network

- The faculty has a separate administrative and service division to assist students in all matters relating to their admission, hostel accommodation and other essential services.
- This network consists of staff and students and therefore the students are encouraged to actively participate in its activities.
- In many instances this committee is entrusted with distributing limited resources among the students who desire those. Students are expected to be honest during application process to prevent injustice to the deserving fellow students.
- Non-usage of facilities provided by the faculty (eg. Accommodation) leads to deprivation of a fellow student of that facility and hence such action should be avoided.

Governance and Management

- State universities are established, structured and governed by the provision granted by the Universities Act No.16 of 1978. All universities are fully authorized and empowered to manage their

core functions and to acquire the capacity to design, formulate, implement and deliver their services, and redress grievances and maintain discipline of students and staff.

- State universities are fully aware that while they function as the centres of excellence in training future leaders who will shape the future of the country in all spheres, they should also have a paramount role to play and function as role models for state institutions.
- Students should assist the governance system of the faculty and the university at all times. In the event there are disagreements such concerns should be raised through the proper channels and discussed.

Freedom of Expression

- Freedom of expression is guaranteed for all university students.
- Students are encouraged to form opinions and express their views on matters ranging from academic affairs, administrative and welfare issues and also on political and social issues and themes.
- Students should follow the basic principles of freedom of expression
 - One should always respect the right of the others to their opinions and views.
 - One's freedom of expression should not lead to violation of rights of others.
 - Avoid going to the extent of personalizing or targeting individuals.
 - Reply to a point of view or any clarifications should be through similar media.
 - The confidentiality and privacy of individuals should be respected at all times.
 - Be aware of the legal and other consequences of comments on public domain and social media.

Students should only use language, content and media that is appropriate to a student of the faculty.

The use of the faculty and/or university name should be reserved only when the faculty or the university is represented in an official capacity.

Student Representations

- Under the Universities Act No.16 of 1978 as amended, matters of welfare concerns and on certain matters relating to the

administrative and academic nature, students are entitled to make representations through the student representatives.

- Student representatives are required to sit in the Faculty Boards, Food and Canteen Committees, Security Committees, Hostel Committees, Sports Committees, Green practices committees and also in ad hoc committees for various events organized by the faculty.
- Students should make representation to all these committees and take an active role in improving the facilities of the faculty.
- The students should make sure the attendees at these committees are actually representing the larger student body with representation from all study programmes and all batches of study.

Right to form Students Associations

- Under the Universities Act No.16 of 1978 as amended, the students are granted the right of forming or grouping into associations or societies or unions.
- The students are encouraged to form such associations that are free of any vested or politically driven motivations.
- The right of students who wish to join a different association or wish to remain independent and disassociate themselves from such associations or societies should be respected.
- In forming such associations, the students should guarantee appropriate representation of both genders, all study programmes and all academic years.

Personal Conduct

- Each individual making up the university community should fully understand the prestige of the institution and the self-esteem of its members.
- Therefore, all should conduct themselves in a manner compatible with their role in the faculty.
- Students need to be mindful of their personal hygiene, etiquette, dress or attire, speech, etc.
- No student should offend the feelings of fellow students or members of the community.
- People are free to dress or eat in a manner that is befitting their accepted cultural practices. As such, no one should impose their will on others to dress or to eat to suit one's own liking.

- A strict professional conduct should be maintained when dealing with patients during the clinical training.
- The dress code should be strictly followed in clinical settings and other times of patient contact.
- Students must be polite in their words and actions, and should allow space for all people to live in harmony.
- Offensive activities will be subject to the laws under the public nuisance framework and disciplinary regulations of the University.

Maintenance of Discipline and Law and Order

- Faculty is a centre of excellence in training and developing future leaders. Therefore, it is imperative that students behave in a responsible and dignified manner, conforming to all norms and practices of the civil society.
- Further, they have to abide by all rules and regulations enacted by the University.
- All students are required to adhere to the highest behavioural and ethical standards.
- They are expected to protect the reputation of the University and should not indulge in any unethical, immoral and illegal activity that will bring disrepute to the university.
- Non-compliance with the university rules and regulations and resorting to disruptive measures leading to breaking of law and order of the land and institution, will result in activation of disciplinary procedures within the university as specified in the student By-laws approved by the Council of the University.
- According to the law of the land the authorities may hand over the offenders to the law enforcing agency, the police, to be dealt with under the civil/criminal law.
- The unethical and unlawful activities which the students should refrain from are outlined in next chapter

Unethical and Unlawful Activities that are prohibited in Universities

- The students of the faculty should be aware that laws of the land will apply to university students without any exception.
- Students of the faculty are required to refrain from engaging or committing the following unethical and unlawful activities which will result in disciplinary action by the institution and punitive action by the Police and Courts of Law.

Plagiarism and Cheating

- Students are required to maintain high academic standards and commit themselves to academic honesty and integrity in their academic work and examinations.
- Keeping unauthorized material at examinations, copying, plagiarising or reproducing work of the others in student reports or theses or assignments without disclosing the source of information is not allowed.
- Disciplinary action would be taken against all violators.
- All students are advised to ensure that any work submitted is their own work and that use of work of others should appropriately be acknowledged.

Disorderly Conduct, Dissent and Protests

- Violating the contemporary community standards of morality and/or in violation of university norms will not be tolerated.
- Any type of offensive or vulgar or rude or indecent conduct in campus or at university sponsored events, on or off campus will not be tolerated.
- Organizing, sponsoring, implementing or conducting programmes or activities which are disorderly and/or violation of civil laws or university regulations are prohibited and will be subjected to disciplinary action.

Disrespect and Non-compliance

- Failure to comply with the directives of university officials acting in performance of their duties is prohibited.
- Disciplinary action can be applied in such situations including, but not limited to, the following acts:
 - Use of abusive or insulting language.
 - Engaging in indecent and unbecoming gestures.
 - Providing fraudulent or false information to university officials.
 - Showing disrespect or refusing to comply with a reasonable request from a university official.
 - Not responding to a reasonable request within a specific timeline, including absence for assigned appointments.
 - Intentionally and knowingly interfering with teaching.
 - Obstructing or hindering the investigation of an incident.

Wrongful Utilization of Goods, Services or Information

- Students are required to demonstrate sincerity and honesty in their dealings with the University and the public.
- The following activities are prohibited for students and their guests:
 - Possessing any property without authorization from another person, group of people or offering any service without authorization.
 - Embezzling, defrauding or procuring money, goods or services under false pretence.
 - Possessing, purchasing or receiving property, money or services knowing them to be stolen or embezzled.
 - Issuing a cheque for payment of dues or for any other purpose on campus knowing that it will not be honoured when presented for payment.
 - Duplicating keys, computer access codes or other devices without proper authorization.
 - Forging, altering or causing any false information to be entered on an administrative record or presented such information at administrative or disciplinary proceedings.
 - Unauthorized use of the computer system, computer access codes and restricted areas of computer services.
 - Possession or use of false identification.
 - Possession and/or use of keys or any other devices (such as number codes or sweep cards) for access to offices or laboratories of department or faculty buildings or rooms of resident halls by anyone other than those authorized by the University.

Unauthorized Collection of funds

- Any solicitation of funds for a university activity organized by students should be pursued only with proper authorization.
- Any external communications requesting sponsorships or funds should be done by a letter addressed to the external organization under approval of the relevant authorities.
- Without such approval, solicitation for or collection of funds for political purposes or purported charitable or social activities is not allowed either within or outside the university premises.

Solicitation

- No outside person, organization or business may solicit on the university premises without permission of the relevant authorities.
- This includes holding meetings, distribution of any type of leaflet, or posting, exchange of goods or services and bartering or selling of services or goods.

Possession and consumption of alcohol, drugs and tobacco within the university premises

- Sri Lankan society discourages consumption of alcohol, drugs and tobacco, as the consumption of all forms of such substances intoxicates the human mind and alters the human behaviour and hence, derails their mental and physical capacities.
- Therefore, the state universities adopt a code of practices that prohibits possession and consumption of alcohol, illicit drugs and tobacco within the University premises.
- Hence, students are strongly advised to refrain from bringing alcohol into the campus and to any premises of the University.
- Students are discouraged from entering the university premises after consuming alcohol and/or illicit drugs.

Gambling

- Gambling is not permissible within the campus.
- Any form of betting, acceptance of bets, payment or running of any betting scheme is not permitted. Any student/s caught gambling will be punished under the prevailing law and university regulations.

Harassment/Violence

- Harassment of an individual or group of individuals or inciting violence inside or outside the university is a punishable offence under the civil law and the civil law regarding harassment and violence is equally applicable both inside and outside the university.
- This includes, but is not limited to, the following activities against members of the university faculty, administrative staff, student body or guests by direct or indirect methods.
 - Threatening and /or using physical force on an individual or a group of persons.

- Engaging in violence or commotion resulting in bodily injuries and/or psychological trauma of individuals or group of individuals and/or damages to properties.
- Causing intimidation, bullying or cruelty on individuals or a group of individuals.
- Pestering or causing annoyance on others.
- Causing harassment through telephone, mail or computer emails or other means of communication.

Hazing/Ragging

- Ragging is now a criminal offence under the Prohibition of Ragging and Other Forms of Violence in Educational Institutions Act, No. 20 of 1998 passed by the Parliament in 1998.
- The Police has been empowered to take punitive action against the offenders through the Court of Law.
- The university administrations have been empowered through the UGC Circular No. 919 of 15th January 2010 which sets strict guidelines to curb the menace of ragging in the Universities/Higher Educational Institutes, to take stern action against those who commit any unethical and unlawful activities.
- Further, the UGC has given instructions through UGC Circular No. 902 of 1st December 2008 to all universities to make offenders accountable for any damages to the university property and charge the cost of damages from the responsible individuals or, reduce the cost of damages from the allocations made to student societies and councils.
- Therefore, the punishment that would be imposed by the university may range from recovering damages and/or issuing a warning letter to temporary suspension for a period of time from academic work and/or university residential facilities and expulsion from the university in addition to the punishments imposed by a Court of Law.
- The students should not engage in any activity related to Ragging or Hazing of fellow students either within the university premises or outside.
- The actions prohibited under these regulations include, but are not limited to, the following.
 - Forcing individuals to perform and/or engage in demeaning or humiliating acts.
 - Bullying or coercing, or intimidating individuals or group of individuals.

- Creation of excessive physical or mental fatigue.
- Causing physical or psychological shock.
- Forcing to wear clothing which is conspicuous or bad in taste.
- Forcing an individual or individuals to engage in morally degrading or humiliating acts, games or activities.
- Forcing individuals or group of individuals to engage in early morning or late evening work sessions which are not in conformity with norms of civil society and/or that may interfere with academic performance.
- Body marking/painting or any activity that is not consistent with the policy of the university which would adversely affect the University's mission and damage its image.
- Students shall not engage in these activities and should not encourage or contribute to them in any form or manner.
- A student who witness any such activity should bring it to the notice of the authorities either way of a formal complaint without delay to avoid being responsible of aiding a criminal offence.
- Students should not act against those who actively engage in preventing ragging of fellow students.

Sexual Harassment/Sexual Misconduct

- The faculty student population is a mixed population of males and females.
- The freedom to engage in sexual behaviour cannot be practically restricted other than on moral and ethical grounds.
- Student shall not force their will on others causing sexual harassment and misconduct.
- Any act of sexual harassment or misconduct by trying to impose their sexual desires on another person, be it a person of the opposite sex or of the same sex, will be dealt with a formal enquiry and action will be taken under the prevailing law to bring justice and punish the offender.

Theft

- Stealing physical goods as well as stealing intangible assets such as intellectual properties (plagiarism; i.e. academic and research work and innovations of others) are punishable offences under the civil law as well as under the university disciplinary procedures.

- Stealing of physical goods, either personal items or things provided or lent from the university, will be defined as possession of any property without the knowledge and the consent of the rightful owner or the guardian.
- Plagiarism is claim to the academic and research work and innovations of others without adequately citing and acknowledging the original source.
- Such acts as well as any attempts to conceal such wrongdoing will lead to disciplinary action according to the prevailing laws and regulations.

Academic dishonesty

- Students are encouraged to carryout academic and research work and present at scientific meetings within and outside the faculty to showcase their work.
- Since the faculty and the university are represented in such work it is important to follow the governing principles of scientific publishing.
- Academic dishonesty could result, though not exclusively, from the following
 - Plagiarism – Use of another person’s work without acknowledgement.
 - Copyright violations – Use of restricted tools and questionnaires without proper permission from the owners.
 - Research without ethics review and approval – conducting research without proper ethics clearance.
 - Violation of study protocols / conditions – Non adherence to the approved research protocol or the conditions laid down by the ethics review committee or the clinical trials registry.
 - Non-recognition of contributors – Omitting contributors in the publications.
 - Ghost authorship – Inclusion of authors that have not significantly contributed to the work.
 - Inclusion of authors without prior permission – Inclusion of an investigator / author without their consent in research grant applications, ethics review applications or research publications.
 - Publication of false data – Inclusion of false data or data multiplication.

- Duplication of publications – Multiple publications of the same work without citing previous publications.
- Misuse of research grants – Use of funds obtained for research work for purposes other than what it was granted without the prior approval of the granting agency.
- Any such acts committed by either omission or commission shall result in disqualification or downgrading at the assessment as well as disciplinary action against all those responsible.

Vandalism

- Vandalizing property of the university or provoking others to do so will be dealt with under the law of the land concerning public property and privately held assets, and the university regulations.
- Students or student groups who are responsible will be liable to pay damages to repair or replace any damaged items such as classroom furniture, hostel furniture, laboratory equipment, computers and accessories, equipment at the cultural centre, and playground equipment.
- Students who leave university property insecurely exposing them to acts of vandalism will also be liable to pay damages.
- In case of student agitations / social events resulting in vandalism, the organisers of such events will be liable to pay damages.

Unauthorized Entry

- The faculty will be open to students throughout the day. However, some areas and facilities will have limited open hours and students need to honour such regulations.
- Access to some public areas may be restricted from time to time due to examinations or other security matters. Students should adhere to these regulations.
- Security personnel will be responsible in implementing such restrictions and students should always follow their instructions on such matters. Any clarifications or doubts should be raised with the relevant administrative authority through the student representatives.
- Anyone found trespassing is liable to be prosecuted under the common law of the land and be dealt with the university disciplinary procedures.

Co-operation with Authorities and Committees of Inquiry

- The dean or the university may appoint committees of inquiry on disciplinary matters and empowered officers may summon students to provide verbal or written evidence. On such events it is necessary for students to cooperate with the authorities.
- If students fail to cooperate by being stubborn or by resisting the action taken by authorities, this may be construed as an act of disregard to the university authority and may become the cause for another disciplinary action.
- Students are strongly advised to cooperate with the authorities whenever requests for information are made.

Right of Appeal

- Right of appeal is enshrined in the fundamental rights up until the level of the Supreme Court. This principle applies to the university as well, and therefore one can appeal to the Vice Chancellor against a decision given by the disciplinary authorities regarding any matter.
- This may be done collectively or individually and a fair hearing for such appeals will be given by the Vice Chancellor through appropriate channels.
- Students should always use the available methods of appeals and complains when disagreements exist with the authorities regarding decisions made. Such appeals and complains should be through the student representatives such as student union, faculty board representatives or batch representatives where appropriate.

Dress code for medical and health professional undergraduate students

• Why a dress code?

Maintaining a professional appearance is crucial for students who are training to become healthcare professionals. A dress code helps students project a sense of competence, trustworthiness, and responsibility, which are essential qualities in the medical field.

In health care settings, patients often associate a well-groomed and appropriately dressed healthcare professional with competence and reliability. A standardized dress code helps create a consistent and positive image, contributing to patient comfort and building trust.

Therefore, the Faculty of Medicine, University of Kelaniya, in line with leading medical schools in the world such as Stanford University, Cornell university etc has recommended specific dress codes for students of the faculty.

- **What can be worn for lectures and teaching learning activities in the faculty?**

Smart-casual attire is encouraged in the faculty. This is further described in Table 1.1 below.

Table 1.1 Smart-casual attire for students when attending Teaching learning activities in the Faculty.

Female Students		Male Students	
✓	X	✓	X
Blouses/ Button-down Shirts	Denim jeans	Button down shirts	T-shirts
Trousers	Tank tops, T-shirts, and Tops with thin straps	Trousers	Denim jeans/ combat pants
Dresses and skirts of appropriate length (knee-length & below)	Mini-skirts/ mini-dresses		Shorts/ Three-quarter pants
Kurtas/ Shalwars	Shorts/ Capri-pants	Shoes and socks	Slippers/ Rubber slippers
Shoes/ sandals	Rubber slippers		
Abaya/ hijab/ headscarves	Niqaab		
*Scrub suits are not allowed for Phase 1 lectures and teaching/ learning activities			

- **What can be worn for theory and practical examinations?**

Students should be dressed as per lectures/ teaching-learning activities. Scrub suits are not allowed.

- **What can be worn for formal events, public relation events and research presentations?**

Female students should dress in saree while male students should be dressed in long-sleeved button-down shirts, trousers, socks and shoes and a tie if required.

- **What can be worn in ward/ clinical settings and hospital-based clinical examinations?**

In healthcare settings, there is a risk of spreading infections. Scrubs are designed to be easily laundered and are often made of materials that resist contamination. Guidelines for wearing scrubs help maintain a clean and hygienic environment by reducing the risk of spreading infections. Some basic guidelines for wearing scrub suits are given in Table 1.2 below.

Table 1.2 Guidelines for wearing scrub suits.

✓	✗
Should be clean and neat	Should not be worn outside of hospital and faculty premises (eg: should not be worn when shopping, engaging in leisure activities etc)
Must be worn with closed-toe, non-slip shoes	Should not be worn for theory examinations
Should only be worn within hospital and faculty premises	

In addition to the above, the following guidelines with regard to grooming and self-care is recommended.

1. Students should have well maintained, neat hair.
2. Male health professional students are generally encouraged to be clean-shaven. If wearing a beard, it must be trimmed and well-groomed.
3. Fingernails should be kept short and clean.
4. Be mindful of body odour since you are working in proximity with patients and others in a humid environment. Wearing deodorant is encouraged. But colognes and perfumes with strong scents should be avoided.
5. Jewelry should be kept minimal.
6. Any tattoos are recommended to be covered.

Please note: Failure to adhere to these guidelines may be considered a breach of professionalism and can be reported in a student’s professionalism index.

SPECIAL/EQUAL ACCESS POLICY FOR FACULTY OF MEDICINE

1. Self-reporting a special need/Identification of students with disabilities

Upon registration at the faculty, a student can apply for consideration of benefits that are provided under this special access policy. The relevant application forms will be distributed to the new students during the registration process and need to be handed over to the Dean's office within (two weeks) of enrolment.

Current students can obtain applications from the Dean's office upon request. A student has to be currently enrolled in the course for consideration of the application. Both new entrants and current students are urged contact the CCSD for further information on special accommodation and application process.

Eligibility for granting special access will include;

- a. Permanent physical conditions that will require special access (e.g. impairment of vision/hearing, anatomical deformities)
- b. Temporary physical conditions that will require special access (e.g. injuries/fractures)
- c. Re-consideration of the current status of special access granted

2. Evaluation of application for special access/reasonable accommodations

The applications will be evaluated by a committee nominated by the dean. The committee will have representation from the CCSD, Welfare committee, medical specialists and other academic staff members as required. The decision of the committee will be conveyed to the Dean, who will make final recommendations on granting privileges /reasonable adjustments appropriate for the situation.

3. Benefits/reasonable accommodations/adjustments granted

The benefits/reasonable accommodations/adjustments granted will be decided on a case by case basis. These benefits/reasonable accommodations/adjustments are intended for facilitating the requirements of a student to minimize the obstacles in achieving his/her fullest potential. If the applicant finds it difficult to continue with his/her studies under the currently granted benefits/reasonable adjustments, he/she can re-apply with a letter requesting amendments. This application will also be processed as described for a new application.

The exemptions/reasonable accommodations pertaining to examination related matters will be granted according to the examinations by-laws of the University of Kelaniya. Granting of extra time for examinations will be subjected to the certification of the Medical Board chaired by the Chief Medical Officer of the university.

4. Compliance with special access policy

Within its limitations, the faculty will make the best effort to provide the physical and psychological support required to students with disabilities /special needs students.

5. Coordinating Centre for Students with Disabilities (CCSD)

The remit of the *Coordinating Centre for Students with Disabilities* (CCSD) is to offer students with disabilities relevant and timely advice, guidance and medical, psychosocial and academic support as necessary to enable equal and equitable access to university education as their peers without disabilities, promoting individual growth and independence. The main focus of the centre is to offer a safe space in which students with disabilities can meet an advisor and discuss their concerns and needs and gain advice on a multitude of areas including their medical, academic, psychosocial or socio-economic concerns. In addition, the centre encourages diversity and equal and equitable participation of all students with disabilities in all aspects of university life by decreasing barriers and promoting inclusion. This includes promoting renovation and upgrade of existing buildings and pre-planning of new infrastructure projects in keeping with current legislature, advice on making accessible sanitary amenities and washrooms as well as appropriate inclusive hostel facilities and extending library resources, helping to mainstream disability into policy and practice. In addition, the centre is committed to challenging societal and attitudinal barriers deterring students with disabilities from full and equal participation in university life, with the support of the entire student body.

STUDENT WELFARE

Student Social Welfare & Admissions Committee

This committee consists of academic staff, student representatives from each batch, and the Senior Assistant Registrar of the medical faculty. In addition to academic staff members appointed to the Committee by the Faculty Board, all student counsellors, hostel wardens and sub-wardens, and the Sports Council Advisory Board members are also *ex officio* members.

The functions of the committee include the following

- Making recommendations to the Faculty Board regarding admissions and transfer of students between this medical faculty and other faculties.
- Making recommendations to the Faculty Board regarding approval of medical certificates submitted by students.
- Organisation of any activities related to student welfare.
- Dealing with complaints regarding hostels and canteens.

Director, Student Affairs, University of Kelaniya

Dr B. K. S. L. Fernando – Dept. of Applied Computing, Faculty of Computing and Technology - 0718106165

Senior Student Counsellor, Faculty of Medicine

Dr S. F. Kurukulasuriya – Dept. of Pharmacology - 0714426555

Student Counsellors, Faculty of Medicine

Prof W. N. S. Perera – Dept. of Forensic Medicine - 0727105567

Dr Y. Thivaharan – Dept. of Forensic Medicine - 0777312349

Dr K. K. G. Kodikara – Dept. of Medical Education – 0716846317

Dr A. K. A. B. Baminiwatta - Dept. of Psychiatry - 077 7959197

The duties of student counsellors are as follows:

- To enquire into complaints and queries of students and to advise them or direct them to the relevant persons.
- To advise students regarding the organization and planning of trips.
- To supervise the collection of monies from students within the faculty premises.

- To facilitate the activities of student organisations, such as meetings with guest speakers, dramas, films, etc.
- To advise the Vice-Chancellor regarding student welfare activities.

Assistant Student Counsellors

- Mrs. EMND Ekanayaka - 071 5951632

Marshal

- HD Abeyrathne - 076 4859230

Student advisors

An academic staff member is appointed as a Student Advisor for every student in the Faculty of Medicine, to help students with any academic or personal problems they may face during their stay in the Faculty. Even in the absence of any problems, students are expected to meet their Advisors at least once in three months, and inform them of their progress in the faculty. If a student finds that his / her Advisor is on long leave, he should inform the Asst Registrar, so that another Advisor may be appointed.

1. Hostels

Boy's Hostels

Warden Dr R. A. P. J. K. M. S. Rupasinghe - 0718008239

Full time Mr DDD Withanage - 0715606885
sub-warden

Hostel	No. of places
Block C1	24
Block D3	48
Block D5	48
Block B1	100
Block D6	42
Block D8	24
Block D12	100

Girl's Hostels

Warden : Prof PAS Edrisinghe - 071 8426420

Dr KMN Perera - 0718303633

Full-time sub-warden : Mrs MND Senevirathna - 0742001478

Mrs Sandamali Gedaragoda - 0710969647

Hostel	No. of places
Block B3	100
Block B4	102
Block B5	92
Block C4	46
Block C7	104
Block C8	396

Hostel fees

Admission fee to the hostels is Rs 500/= . In addition, a hall fee of Rs 600.00 per academic year has to be paid at the beginning of each year. Except for medical reasons certified by the University Medical Officer, students are not allowed to deposit hostel fees at a reduced rate for any other reason. The hostel fees have to be paid in full from the date they have been informed of their selection for hostel accommodations. If hostel fees are not paid on the required date an additional 25% fee will be charged. Although selected for hostel accommodation students may not be taken in to the hostel until the fees are paid.

Students selected for hostel accommodation should occupy hostel rooms on the date they are informed to do so. A student who does not report to the hostel within 7 days, will be replaced by another student.

The full-time sub-warden's duties include maintaining inventories for each room, supervision of cleaning, co-ordinating maintenance of buildings, formation of hostel committees, maintenance and checking of student registers, checking on hostel security and unauthorized occupants, preventing and reporting on ragging in hostels.

Allocation of hostel places and rooms

At the beginning of each academic year, student hostel committees headed by the warden are appointed for each hostel. The objectives of

the students committee are to report on matters pertaining to welfare of students. Hostel rooms are allocated by the warden / sub-warden.

General rules and regulations for hostellers

1. Students should not change their rooms without permission from the warden / sub-warden.
2. Hostellers should be in their rooms after 10.00 p.m. They also should respect the privacy of others.
3. No hosteller should behave in the room or outside in a manner that disturbs other students.
4. Accommodation should not be provided to any outsider without permission from the warden / sub-warden.
5. Items in one room should not be moved to another without permission from the warden / sub-warden.
6. Furniture should not be left out in the balcony or outside the room exposed to sun and / or rain.
7. When a room is occupied by more than one student, each of these students should be individually, and as a group, responsible for the protection of property in the room. Students will be charged for loss, damage, or destruction of property.
8. Students should not keep any items (such as knives, forks, spoons, furniture etc.,) in his room other than items given to him.
9. Keys and other items given to hostellers should be returned to the warden / sub-warden when they leave rooms for vacation or on completion of their stay in the hostel.
10. Supply of keys to replace lost keys and repair of broken keys are the responsibility of the hosteller.
11. Students are not allowed to enter hostels during vacation.
12. No money should be given to minor employees.

Electrical Appliances

1. Students are not allowed to keep kettles, electric cookers, irons, table lamps etc. without prior permission from the warden / sub-warden.
2. The warden / sub-warden should get such items inspected by a University Electrician before granting permission for their use.

Ragging

1. Ragging in any form is prohibited in hostels.

2. Collection of money from new entrants and participating or organizing any activity to harass the new entrants is not permitted.

Unions / Association

1. Students should not form any unions or associations in the hostels without permission from the warden or sub-wardens.
2. No speaker should be invited for lectures or meetings to the hostels without prior permission from the warden or sub-wardens.

Visitors

1. If required, a warden / sub-warden has the authority to order a visitor to leave the hostel at any time.
2. Female students should not allow any male visitors to enter their rooms without permission from the warden/ sub-warden. Male students should not allow any female visitors to enter their rooms without permission from the warden/sub-warden.

Clothes & cleaning of clothes

1. Clothes should not be spread on windows, doors, balconies or on furniture for drying.
2. Clothes should not be left soaking in basins in bath-rooms.

Lights

1. Lights should be switched off when leaving rooms / bathrooms / toilets.
2. Lights in corridors, study rooms, common rooms should be switched off at 10.00 p.m.

Garbage

1. Garbage should be disposed only into bins provided and should not be left in corridors or thrown to the garden.
2. Students should keep their rooms clean. The waste swept from rooms should be kept outside the door for workers to collect, before 8.00 a.m. A broom will be provided for each room and the hostellers should clean their own rooms.

Silence

1. Silence should prevail in the hostels from 9.30 p.m. to 6.00 a.m.
2. Use of the common TV & radio, and any musical instruments is not allowed from 9.30 p.m. to 6.00 a.m.

All students who accept hostel accommodation must follow the instructions given above. Wardens and sub-wardens have the authority to take disciplinary action against students who do not follow these rules and regulations.

2. Canteens & Common Rooms

There are two **canteens** and a milk bar in the faculty premises. These are kept open throughout the year (including vacations) except during Sinhala and Tamil New Year, and the Christmas holidays. All three meals, soft drinks, and short-eats can be purchased from these canteens at a subsidized rate.

Common room

Facilities are available for students in the Multipurpose building in the Faculty. Students may use this for resting or for engaging in indoor recreation activities during their free time. Photocopying facilities for students are available in the Multipurpose building.

3. Sports

Facilities for sports

The Faculty has a gymnasium in which facilities for indoor games such as Badminton, Table Tennis, Carrom, Chess and Weightlifting are available. This gymnasium is open for the use of students and staff from 7.00 a.m. to 7.00 p.m. on all days.

Playground is available in the hostel premises for sports such as softball cricket, football and jogging.

A court complex with lighting facilities has been constructed with tennis, basketball, volleyball and netball courts in the boys' hostel compound.

Transport is provided to a designated swimming pool for students participating in swimming practices. Students are also encouraged to go to the main campus premises in Dalugama for variety of sports activities.

Organization of sports activities at the main campus, is done by its Department of Physical Education. Sports conducted by the Department of Physical Education include Volleyball, Badminton, Rugby football, Basketball, Athletics, Netball, Hockey, Elle, Swimming, Tennis, Table Tennis, Cricket, Wrestling, Weight lifting, Football, Judo, Carrom, Chess and Taekwondo. Medical students can participate in organized training programmes in these events. Every year a special programme is conducted to introduce sports activities to new entrants. All new

entrants are requested to fill in the New Entrant's Sports Information form and submit it to the Director, Department of Physical Education.

Sports Programmes organized by the Department of Physical Education, University of Kelaniya are as follows:

Stage 01 Programmes for New Entrants
Sports Orientation Programmes for Freshers
Freshers' Meet
Inter-Faculty Competitions

Stage 02 Freshers' and open competitions
Establishment of coaching camps and implementation of coaching camp programmes
Competitions between sports teams of other Universities and recognized Sports Clubs.

Stage 03 Annual assessments and Colours Awards

In addition to the above programmes, Department of Physical Education organises the participation of University teams for National level competitions, Inter University and World University Games, and provides opportunities to represent Universities in National Coaching Camps.

Information and instructions of sports programmes and trainings can be obtained from the Department of Physical Education in the Students Centre Building. Facilities for sports in the main campus include two playgrounds, a modern gymnasium, a Fitness Investigation Unit and a complete Exercise Unit run under the supervision of the Department of Physical Education.

Sports Activities during Orientation Programme for new entrants

A session is held for the new entrants to introduce them to the facilities for sports and sports activities in the faculty and at the main campus.

Annual Events

An Inter-Batch sports tournament is held at the faculty sports complex. This includes Cricket, Volleyball, Netball, Basketball, Badminton, Table Tennis and Chess matches.

Students may take part in Inter-faculty and Inter-University Sports Competitions co-ordinated by the Department of Physical Education of the University of Kelaniya.

Sports Council Advisory Board members

Prof M. N. Chandratilake	Dean
Prof K. T. A. A. Kasturiratne	Dept of Public Health
Dr C. A. Wijesinghe	Dept of Psychiatry

4. Cultural Centre

The Cultural centre will be opened for the student activities from 8.30 a.m. to 4.30 p.m. on weekdays. A Skill Development programme is designed for the students and academic and non-academic staff of the Faculty of Medicine. These courses are conducted after 4.30 pm. The students can take part in the following activities.

1. Photography
2. Music (Instruments, Voice Training)
3. Dance
4. Language courses (Tamil, Sinhala)

5. Health care and Medical Certificates

Physical illness

Students can obtain treatment for minor ailments from the University Medical Officer who is stationed at the University of Kelaniya. In event of an emergency they could contact any Consultant who works at the Colombo North Teaching Hospital.

Mental health issues

Students could come to the outpatient psychiatry clinic on Saturday at 7.00 a.m. or Tuesday at 1.00 p.m. at the Colombo North Teaching Hospital, Ragama. The students also could visit the psychiatry wards (wards 28/29) and talk to a medical officer working there in the event of an emergency at any time of the day.

Medical certificates

Only medical certificates issued by consultants will be accepted for official purposes. All such medical certificates will have to be channelled through the University Medical Officer to the relevant Head of Department. Medical certificates will have to be forwarded within two months of the said period of illness. No medical certificates will be issued to cover periods of illness prior to the initial consultation. (Further details are available in the section on examination regulations)

6. Financial assistance

1. **Mahapola scholarships:** This scheme was started by the Ministry of Trade and Commerce. Scholarships are awarded by the said Ministry on the basis of A'level marks, the students district of admission, and family income. Medical students are given a monthly minimum of **Rs 5000.00** for a period of five years. Payments are made through the Peoples Bank, Ragama.
2. **Bursaries** maximum of **Rs 4000** per month are awarded to students in need of financial assistance, but are not in receipt of Mahapola scholarships.
3. For students who have won **Year 5 and Year 8 scholarships** in school, but are not in receipt of any other financial assistance, these scholarships can be extended to cover the undergraduate period as well. Students who wish to make use of this scheme should inform the AR in writing.
4. **The Major Prasanna Ramanayake Memorial Scholarships:** These are awarded once in five years to two first year students in memory of Major Ramanayake who died in action in Jaffna in 1998. The first recipients were selected in 1999.
5. **The DJ Wijeratne Foundation Scholarship:** This is awarded to a student from the Galle District, with the highest A'level aggregate mark, and entering any Faculty of the University of Kelaniya.
6. **The Vice-Chancellor's Fund:** This was set up with the intention of giving students assistance in the event of sudden financial distress. A student is entitled to this form of assistance only once during his / her undergraduate period. Assistance is given in the form of a loan, on the recommendation of the Senior Student Counsellor, and the Committee of Deans. The relevant application forms can be obtained from the Student Welfare Branch of the University.

Note: The Vice-Chancellor of the University can suspend a scholarship or award temporarily or permanently in the following instances:

- Inadequate attendance at tutorials, practicals or clinicals
- Disorderly behaviour inside or outside the university premises
- Award of another scholarship
- Non-registration for the academic year
- Obtaining employment.

Presentation of a valid University identity card is essential in claiming payments made under any form of financial assistance. The SAR's office should be notified immediately if a student ID is lost

7. Student Societies and Associations

Student Council

Activities include

- Ensuring the student's rights are protected.
- Hostel facilities, maintenance, cleanliness are supervised.
- Sports and recreation facilities both in the faculty and hostels are maintained and improved.
- Canteen facilities improved, maintained and cleanliness and standards supervised.
- Establishing telephone booths and communication facilities for students.

The Student's Council works closely with the Student Social Welfare Committee and the Dean in order to carry out the above activities.

The Students Council also carries out the following:

- Organization of health promotion exhibitions
- Health camps organized in the border villages and remote areas
- Building of an outdoor theatre

Arts Society

Activities include

- Organising an annual Arts festival "*Nim Thera*"
- Popular films screened in the Faculty auditorium
- Popular stage plays are presented at the Faculty
- Publication of "Prabathaya" - a biannual newsletter
- Presenting various creations at Arts festivals held in other Universities

The Buddhist Students Society, the Catholic Students Society & the Muslim Students Society

These organize various forms of religious activities.

Kelaniya Medical Faculty Photography Society (KMFPS)

The KMFPS was established in 2015 with the primary objective of discovering and developing the creative ability of students, non-academics, academics and alumni of the Faculty of Medicine, through photography. It provides a common platform to improve the artistic and scientific photography skills, while encouraging and fostering cultural and social harmony through working together. The membership consists of two categories: members and associate members. Membership is open to any student registered for a course

conducted at the Faculty of Medicine, University of Kelaniya and further details can be obtained from the Cultural Centre of the Faculty of Medicine, University of Kelaniya.

Green Society

The Green Society, which was established in 2015, brings together students, staff and faculty members who are interested in various green activities. Its objectives are:

- I. To promote and enhance the knowledge, attitudes and skills required to adopt green concept and environment friendly lifestyle.
- II. To identify/develop/adopt new mechanisms to sustain current green practices in the faculty of medicine.
- III. To encourage and foster cultural and social harmony through green concept.

As an integral aspect of the University's vision of becoming a center of excellence in creating and distributing knowledge for sustainable development, the University of Kelaniya was declared **the first national green university in Sri Lanka in December, 2014**. The main objective of this initiative is to adopt green practices in all aspects of universities activities and to promote and popularize environmental conservation and sustainable development among university community. The Faculty of Medicine, University of Kelaniya at Ragama premises has been pro-active in adopting green practices in to various aspects of its routine operations.

Registration of new societies

1. Students who wish to form a new society or association should first seek advice from the Senior Assistant Registrar or a Student Counsellor.
2. After publicizing their intention of forming a new society in the Faculty, the students concerned should then hold a public meeting and adopt a constitution for the society. A copy of a model constitution may be obtained from the Student Welfare Branch of the University.
3. All such duly constituted societies must be registered with the SAR's office.
4. Only registered students of the University of Kelaniya are entitled to be members of such societies.
5. Student societies cannot be affiliated in any way to any society outside the University.

6. Societies that have not been registered with the SAR's office have no right to carry out any activities within the university premises.

Organisation of meetings, festivals, film shows, etc

Student societies that wish to hold any of the above activities should first obtain an application form from the SAR's office. Written permission to hold such activities will be granted after obtaining the permission of the Dean and Student Counsellors of the Faculty.

Displaying notices

The following rules must be observed in displaying notices and posters.

1. All notices and posters must be approved and signed by a Student Counsellor, and displayed only in areas designated for the purpose.
2. A notice should not be displayed for more than 10 days.

Collecting funds

1. Every student society must have a Senior Treasurer from among the academic staff and a Junior Treasurer from among the student body.
2. Funds for a society may be collected through membership fees and other fund-raising activities.
3. Every society must have a bank account in its own name. All payments must be made by voucher, after approval of the Snr Treasurer.
4. A statement of income and expenditure must be presented to the Dean's Office by the Senior Treasurer within one week of the end of each academic year.

Faculty Song

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