J. Natn.Sci.Foundation Sri Lanka 2006 34(1): 53-54

OPINION

Undergraduate education in Medical Sciences:should we not change a flawed selection procedure

Vidyajyothi Lalitha Mendis
Former Director, Postgraduate Institute of Medicine, University of Colombo, Colombo

Received: 15 February 2006 ; Accepted: 23 February 2006

The philosophy and direction of medical education changed in the 20th century from knowledge based to skills and outcome based integrated teaching. Modern medical training uses teaching and learning strategies guided by modern education theory. These strategies include, among other features, student-centred learning; a training towards reflective thinking and self motivated life-long professional development; development of generic skills such as communication, interpersonal skills and clinical skills; an emphasis on primary health care, community and family based health care and an introduction to scientific method, critical analysis, evidence based decision making and research. Over the years, the curriculum content has increased, and the concepts to be grasped have become more complex. It is essential that the starting material, the student to be put through such a programme of training must possess a minimum intellectual capacity and a favourable attitude of mind if he or she is to be moulded to be a 'quality' doctor. Does the present selection procedure of students for medicine favour selection of such starting material?

At present students are selected on the basis of Z scores at the national G.C.E. A-Level Examination (General Certificate of Examination - Advanced Level) which is bereft of a practical test. Up to 40% of the places are filled in order of Z scores ranked on an all island basis. Up to 55% of available places are allocated to the 25 administrative districts in proportion to the total population of the district concerned to the population of the country. A separate allocation of up to 5% of the available places is awarded to the underprivileged districts (Ratnapura, Puttalam and Badulla).

An analysis of the district quotas in 2001, 2002 and 2003 (when the merit quota was 40% [1]) showed that, if 80% are selected on the basis of all island merit, not a single district would have lost all its places, and that quotas to seven districts increased. The total number of places gained by these seven districts were 154, 142 and 129 in 2001, 2002 and 2003, being 17,16 and 14 percent of all places respectively. These numbers represent high performing students in these districts who would have been deprived of an opportunity to study medicine when the formula of 40% merit was applied. It is noteworthy that six of these seven districts(Galle,Matara, Kandy , Kurunegala, Vavuniya and Jaffna) are widely distributed in the island and do not necessarily belong to the so called "privileged" or "elite" which through affirmative action are usually sacrifised. The seventh district was the Colombo district.

The classification of 13 districts as Educationally Underprivileged Areas (EUPAs) lacks justification for no document is available regarding the criteria that have been applied to identify a district as an EUPA. Clear cut and transparent criteria should be used to review regularly any undue advantage given by unfair classing of some districts as EUPAs must surely infringe on the fundamental rights of some students in other districts who are thereby denied admission to university education.

In using the midyear population to calculate district quotas, an assumption seems to have been made that the A-Level student population in a district is proportionate to mid year population. This is not so.[1] The present computation of district quota is therefore flawed for it lacks a sound statistical basis.

When selecting students for medicine, it would seem logical to introduce aptitude tests. This is a global trend not only in developed countries such as USA and UK but in some medical schools in the developing world as well. e.g.Vellore Medical College. The concept is not

new to Sri Lanka, and it has been previously recommended for selection for medicine in Sri Lanka.[2]

There have been several expert committee reports on university admission which have repeatedly recommended university admission on the basis of merit. In the Pieter Keuneman report of 1975 it was said – *"By far the most controversial of the procedures governing University admissions is the system of admission on the basis of district quota".*[3]

In 1984, a committee chaired by the Chairman UGC Dr.Stanley Kalpage recommended reducing the number of EUPAs from 13 to 5.[4] In 1987, another review committee chaired by Prof. KM de Silva recommended thus-*"The district quotas originally introduced as a temporary measure would then have survived for a quarter of a century, time enough and more for the elimination of imbalance in educational resources, especially in the rural districts and more isolated areas in the country, the prevalence of which provided the justification originally."*[2] These recommendations were repeatedly rejected by the governing authorities of the time as they were not politically expedient.

We have for long enough ignored the national need to select the best for medical education. We have for long enough hidden behind district quotas for EUPAs in an effort to conceal our failure to elevate the standard of secondary education in general and science education in particular in many districts of the island. We have for long enough perpetrated gross injustice on high performing students in a number of districts. We have for long enough endangered the quality of a profession.

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