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Shifting Paradigms – The Changing Landscape of Sri Lanka's Medical Workforce

D De Silva

Community Dentistry, University of Peradeniya, Sri Lanka

Correspondence:
D De Silva
Email: dileepdesilva@dental.pdn.ac.lk
https://orcid.org/0000-0002-0706-2904

Healthcare is crucial to a nation's well-being, and Sri Lanka has a rich history of medical excellence. However, as times evolve, so do the challenges faced by medical professionals. Sri Lanka's healthcare system has transformed significantly over time, from ancient healing practices and Ayurveda to modern hospitals. Yet, new challenges have emerged, such as uneven workforce distribution, strained financing, and the migration of medical professionals, threatening system gaps.

Today's oration focuses on several key areas: the historical evolution of healthcare, workforce governance, the growing private sector, medical education, migration trends, healthcare financing, workforce feminization and specialization, and future strategies. These topics are primarily based on a range of my publications, including Sri Lanka Health System Review, National Health Accounts Sri Lanka, Human Resources for Health in Sri Lanka: Key Issues in the Post-Independence Period, How Many Doctors Should We Train for Sri Lanka? System Dynamics Modeling for Training Needs, How Many Medical Specialists Does the Ministry of Health Sri Lanka Need by 2025?, Feminization of Sri Lankan Doctors and Key Specialties 2000-2020, and Research on the Specialization of Doctors in Sri Lanka 1997-2023. A comprehensive understanding of these areas will be critical in developing effective strategies for improving the country's healthcare system.

Health System

Sri Lanka boasts one of the world's oldest healthcare systems, dating back to the 4th century BC. Ancient Sri Lanka established hospitals under King Pandukabhaya, serving both civilians and monks. Reflecting on our past, ancient Sri Lanka was a hub of medical innovation. Alongside advanced hospitals, we had a sophisticated irrigation system that helped prevent waterborne diseases. This commitment to public health, at a time when many civilizations lacked such systems, is a testament to our enduring legacy—a legacy we must uphold amidst contemporary challenges.

The introduction of allopathic medicine in Sri Lanka began in the early 19th century under British colonial influence. By 1923, Sri Lanka had a modest health workforce of 1,532 serving 4.5 million people. By 2023, nearly 150,000 healthcare personnel serve 22 million. Despite this twenty-fold increase, challenges in resource distribution and specialist availability remain. Urban hospitals are well-equipped, while rural hospitals face staffing shortages and outdated equipment.

Sri Lanka's healthcare system includes both public and private services. The government provides free healthcare, while private hospitals offer treatment to those who can afford it. However, the high cost of private care raises concerns about

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accessibility and widening the healthcare gap between economic classes.

Healthcare governance operates under two structures: the Line Ministry, managing tertiary and specialized care, and the Nine Provincial Councils, overseeing primary and some secondary healthcare. However, funding disparities exist, with the Ministry of Health controlling 73-75% of the health budget, leaving the provincial councils with only 25-27%. As a result, rural hospitals often face financial difficulties.

The Ministry of Health employs approximately 150,000 individuals across more than 250 categories. Key staff categories include: 2,100 Medical Specialists, 23,000 Medical Doctors, 1,700 Dental Surgeons, 44,000 Nurses, 9,000 professionals in Supplementary Medicine (PSM), and 9,000 Midwives. Collectively, these professionals provided care to 58 million outpatient (OPD) patients, 7 million inpatient (indoor) patients, and 3 million clinic attendees in 2022.

Private Health Sector

Sri Lanka's private healthcare sector has grown significantly over the last two decades, offering essential services but raising ethical concerns due to high costs. It is estimated that around 38,000 personnel are employed in the private healthcare sector. The industry is dominated by a few major players, creating an oligopoly that influences pricing and access to services, potentially leading to disparities.

A key factor in the sector's expansion is the permission granted to state-sector healthcare professionals to engage in private practice outside their government duties (dual practice). Approximately 65-75% of state-sector medical officers and 90-95% of state-sector specialists participate in dual employment, which has significantly strengthened the private sector. Additionally, there are currently 1,300 full-time private general practitioners (GPs) providing outpatient care in private clinics on a fee-for-service basis. Further, around 200 doctors are working full-time in Private Sector Hospitals in Sri Lanka.

Currently, 192 private hospitals are registered with the Private Health Services Regulatory Council (PHSRC) under the Ministry of Health. The private sector provides care for 55% of outpatient and 3-5% of inpatient cases. Although the sector is regulated by the PHSRC, regulatory reforms are necessary to ensure a balance between the growth of the private sector and the interests of public healthcare.

Distribution of Health Workforce

Sri Lanka has 1,126 healthcare institutions, but access to quality care is uneven. Major cities like Colombo have world-class hospitals, while rural areas depend on underfunded divisional hospitals. The healthcare workforce includes approximately 150,000 personnel, but its distribution is uneven, with more specialists in urban areas. Sri Lanka has a doctor-to-population ratio of 104 Government (Ministry of Health) doctors per 100,000 people. However, this ratio is unevenly distributed, with some districts experiencing oversupply and others facing severe shortages. For instance, Western Province has over 160 doctors per 100,000 people, while Uva Province has fewer than 70.

When considering all sectors (Ministry of Health, Defense, Academia, and the Private sector), there are 127 doctors per 100,000 population in Sri Lanka. However, when dual practice is considered, the number rises to 163 per 100,000 population; favorable compared to many developing nations.

This imbalance contributes to burnout among rural healthcare workers and affects service quality. Policymakers must focus on redistributing healthcare resources effectively. Furthermore, Medical specialists too are concentrated in Colombo and a few big cities, leading to long waiting times and unnecessary referrals, forcing patients from rural areas to travel to urban centers, increasing their financial and emotional burdens.

Health care Funding

In Sri Lanka, the primary contributors to healthcare funding are as follows: the government accounts for around 42%, individuals (out-of-pocket) contribute over 50%, corporations (employers) provide 2%, health insurance covers 6%, and donor funding contributes 2%.

The Ministry of Health’s budget has increased significantly, rising from Rs 70 billion in 2013 to Rs

400 billion in 2024. However, government spending on healthcare has remained below 2% of Gross Domestic Product (GDP) since 2000. This level of investment is insufficient to meet the growing healthcare needs of the public sector.

Overall, total healthcare spending in Sri Lanka ranges between 3-4% of GDP. This underinvestment negatively impacts the accessibility and quality of healthcare services. A major challenge is the unequal distribution of healthcare funding. The Western Province receives nearly 45% of total healthcare funding, while provinces like Uva (3.9%) and Northern (4.6%) receive far less. Urban hospitals are generally better equipped, while rural areas face significant resource limitations.

Out-of-pocket healthcare expenses are a heavy financial burden for patients, particularly those from economically disadvantaged backgrounds. To alleviate this strain, improvements in insurance coverage and increased public healthcare investment are essential.

Training of Health Professionals

Sri Lanka trains medical doctors and dental surgeons through state university programs regulated by the Ministry of Higher Education. The training of nurses and allied health professionals was done by the Ministry of Health and training of those categories by universities in Sri Lanka is a relatively recent development. However, the Ministry of Health continues to train several allied health professionals and nurses. The establishment of allied health faculties within universities has increased the supply of allied health professionals, sometimes leading to a mismatch between the number of graduates and the availability of job vacancies in the Ministry of Health. For instance, 204 physiotherapists have been waiting for government employment for nearly five years, resulting in the underutilization of the country's investment in their education. Currently, there are around 680 Physiotherapists employed by the Ministry of Health.

Each year, only 5% of bioscience students in Sri Lanka's GCE Advanced Level Examination gain entry to state medical faculties. For example, in 2019, over 40,000 students sat for the bioscience stream, but only around 2,050 were admitted. Training a single medical student costs approximately LKR 5.5 million over five years, while dental training exceeds LKR 8.6 million. Despite these investments, many graduates migrate abroad, causing a loss of national resources.

The Sri Lanka Medical Council (SLMC) recognizes 48 foreign medical schools in countries like India, Malaysia, China, and the UK. However, the quality of training varies, and many students struggle with the ERPM licensing exam, delaying their entry into the workforce. Addressing these issues is critical for the smooth integration of foreign-trained doctors. Between 1997 and 2024, over 6,000 foreign-trained doctors passed the ERPM, but the pass rate remains low.

As for the author's calculation based on available data, nearly 10,000 doctors will graduate from state medical faculties, and around 2700 foreign qualified Sri Lankans will enter the system in the next five years. While this is promising, Sri Lanka must ensure its healthcare system is prepared to integrate these graduates effectively and provide sufficient employment. The foreign-trained medical graduates, now make up around 25% of doctors entering the Sri Lanka health system.

The 3,750 specialists in training at the Post Graduate Institute of Medicine (PGIM) highlight the country's commitment to producing skilled professionals, but more focused planning is needed for healthcare resources and infrastructure to accommodate them.

The Sri Lanka Medical Association (SLMA) reports that approximately 2,500 doctors have migrated over the past decade. According to data from the Ministry of Health, 210 medical specialists—nearly 10% of the total specialists in the ministry—and around 700 doctors—less than 3% of the total medical doctors—left Sri Lanka for employment opportunities abroad in 2023/2024. This "brain drain" has contributed to shortages in key specialties and delays in patient care. When government-trained doctors leave, Sri Lanka essentially subsidizes the healthcare systems of other countries, raising concerns about the return on investment in medical education and highlighting the need for policy changes to retain these professionals.

On the other hand, Sri Lanka's healthcare system is facing significant strain due to a mismatch between the number of medical graduates and available employment opportunities. As mentioned earlier, in the next five years, even if 25% of newly graduating doctors leave the country, nearly 10,000 medical graduates will still enter the workforce, while only around 2100 will leave the system due to retirement. To address this, Sri Lanka must align medical education with the needs of its healthcare system, increase funding, and improve workforce planning. Expanding hospital facilities and better integrating graduates into the workforce are essential steps toward building a stronger healthcare system.

The growing number of foreign-trained doctors calls for improved certification and integration processes, while the increasing number of specialists in training underscores the need for expanded healthcare infrastructure. To address these challenges, the government must enhance healthcare financing, create more fiscal space, and ensure that new graduates have access to suitable employment opportunities.

Feminization

In Sri Lanka's health workforce of approximately 150,000 personnel, nursing is the largest category, with 44,000 nurses, 95% of whom are women. Similarly, all 9,000 midwives are female, and over 60% of other healthcare staff are women, making the overall proportion of female healthcare workers 70%.

Globally, there's a trend of increasing female representation in medical schools. In Sri Lanka, the percentage of female medical students has risen from 43% in 1990 to 64% in 2024, projected to reach 73% by 2030. The feminization of specialties is also evident, with 83% of certified microbiologists and 64% of dermatologists being women. However, specialties like orthopaedic surgery remain predominantly male, with only 1% of certified orthopaedic surgeons being women. Similarly, Neurosurgery and Cardiothoracic Surgery are too male-dominant.

Feminization brings HR challenges. Women are more likely to choose specialties with a better work-life balance, such as dermatology or Family Medicine, leading to fewer women in surgical specialties that require long hours and on-call duties. The increasing number of women in healthcare is an opportunity, but it also requires policies supporting work-life balance, flexible hours, and gender-sensitive healthcare. Adapting to these changes ensures a more inclusive and sustainable healthcare system. Further policies promoting diverse gender participation across specialties are vital.

Specialization

The journey to medical specialization in Sri Lanka involves personal interest, training exposure, lifestyle preferences, financial factors, and patient interaction preferences. Some specialties, like general surgery, require intense commitment, while others, like dermatology, offer more predictable hours. Mentorship during medical rotations plays a significant role in specialty selection, as does the earning potential associated with various fields.

Sri Lanka's overall conversion rate from doctor to specialist is approximately 11%, compared to over 25% in the UK. A reverse cohort study conducted by the orator, which included around 24,100 doctors, analyzed graduates from state universities (meeting the inclusion criteria of producing MBBS graduates for at least 10 years up to 2017) and foreign-qualified doctors who passed the ERPM examination; during 1997–2017 period. Therefore, those who graduated between 1997-2017 and became specialists by 2023 were the study groups. Data were obtained from SLMC Registries and Post Graduate Institute of Medicine (PGIM), University of Colombo. Though this study analyzed, all specialties in the country, only the main specialties are discussed here.

The study revealed significant variations in the likelihood of becoming a specialist, depending on the medical school attended.

According to the study results, medical graduates from the University of Jaffna are most likely to specialize in General Medicine and General Surgery. Meanwhile, graduates from the University of Colombo lead in the fields of Paediatrics, Gynaecology & Obstetrics, and Anaesthesiology.

Probability of becoming a specialist/consultant – for 100 medical students

Specialty	Colombo	Peradeniya	Jaffna	Kelaniya	Ruhuna	SJP	Foreign Qualified
General Medicine	1.644	1.237	2.553	1.040	1.280	1.102	**0.145**
General Surgery	0.851	0.928	1.389	0.478	0.676	0.818	**0.058**
Paediatrics	1.334	0.856	0.290	0.618	0.676	0.346	**0.202**
Gyn & Obs	1.083	0.832	0.754	0.309	0.711	0.504	**0.086**
Anaesthesiology	1.528	0.808	0.871	0.675	0.605	0.755	**0.260**

The University of Peradeniya ranks second in the likelihood of specializing in General Surgery, Paediatrics, and Gynaecology & Obstetrics.

In conclusion, while Sri Lanka has made significant strides in medical education and healthcare, addressing critical issues such as funding disparities, ensuring equitable access to healthcare services, and effectively managing the medical workforce are essential to meeting the nation's future health challenges. The country must prioritize these areas to enhance the efficiency of its healthcare system, reduce regional disparities, and ensure that all citizens have access to high-quality care. Strategic investments in healthcare infrastructure, alongside reforms in workforce planning and medical education, are crucial for achieving long-term sustainability and improving health outcomes across Sri Lanka.