



RAJARATA UNIVERSITY OF SRI LANKA

POLICY ON MANAGEMENT OF THE MBBS DEGREE PROGRAMME (DRAFT)

2025

Policy Number: #####

Policy on management of MBBS programme, Policy No: ***

On the recommendation of the Senate, the Council of the Rajarata University of Sri Lanka, as the governing authority of the Rajarata University of Sri Lanka by resolution adopts the following Policy. **Policy is cited as Policy No: ###.**

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1. Rationale

Bachelor of Medicine, Bachelor of Surgery undergraduate (MBBS) degree programme of the Faculty of Medicine and Allied Sciences (FMAS), Rajarata University of Sri Lanka (RUSL) has been designed and developed to accomplish the vision of RUSL and the FMAS.

Design and development of teaching-learning strategies, programme management and assessments of the MBBS programme are intended to create health professionals with the highest ethical conduct, social accountability, mutual respect and holistic knowledge in medicine who can further proceed through any avenue in Medicine for the betterment of mankind. Achievement of the aforementioned endeavors through unremitted programme management and operation is facilitated by three main mechanisms; (1) the management and improvement of human and physical resources, (2) advancement and upgrade of the learning environment, and, (3) expansion and strengthening of the student support systems. Operation of the existing processes and implementation of the amended processes have to be streamlined through feasible and adaptable policies, adhering to the guidelines of the governing bodies of Higher Education and Medical Education in Sri Lanka.

This document comprises the policies related to the management of the MBBS programme, developed with the contributions of the academic and administrative staff of FMAS, RUSL, to provide guidance, and ensure the consistency, accountability, efficiency, and clarity of the processes of the MBBS programme.

2. Purpose

This policy was developed to ensure the achievement of the vision and mission of the university and the faculty. Moreover, it will ensure continuous improvement through the involvement of all relevant stakeholders within and outside the University.

The policy rest on the following principles:

1. The policy is in line with the vision and mission of the University and the faculty to ensure the highest quality of teaching, learning, assessment, research, outreach activities, and welfare activities of the faculty.
2. The policy abides with international and national standards of medical education and national higher education, including SLQF standards and quality assurance requirements in Institutional Review, Programme Review, and Sri Lanka Medical Council Accreditation.
3. This policy adheres to the regulations, guidelines, norms and procedures issued by the University Grants Commission in Sri Lanka (UGC), the Council and the Senate of the RUSL.

3. Policy statement

The FMAS, RUSL will adapt to the following policy framework to achieve its vision and mission and provide an inspiring educational experience to its undergraduates.

4. Scope

This document will serve as the ground document in managing the MBBS degree Programme at FMAS, RUSL. The policy addresses the programme design and development, course module design and development, teaching-learning strategies, student assessments and quality assurance to ensure the quality and smooth progression of the MBBS programme. Quality Assurance is placed to facilitate four main stages of the quality assurance cycle; (1) Monitoring of the processes and obtaining feedback, (2) identification of gaps and malpractices, (3) planning the remedial actions to bridge the gaps and prevent the malpractices, (4) creating a supportive environment to implement the remedial actions, to ensure the accomplishment of goals beyond the existing status. This policy also covers the programme management, human and physical resources, learning environment and student support along with healthy practices pave the path to consistent and efficient operation of the MBBS programme at FMAS, RUSL.

5. Definition and key words

Undergraduate degree: An academic degree earned by a person who has completed undergraduate courses. In Sri Lanka, it is usually offered at an institution of higher education, a university.

MBBS programme at FMAS, RUSL: Bachelor of Medicine, Bachelor of Surgery undergraduate (MBBS) is a 5-year (10 semesters) degree programme conducted by RUSL through FMAS. The programme content is delivered in 3 main courses namely; pre-clinical, para-clinical and clinical with an initial foundation course. The intended learning outcomes of the programme are aligned with the standards given by Sri Lanka quality assurance framework – 2016 (SLQF-2016) level 6, subject benchmark system-2021 (SBS-2021) and general medical council-United Kingdom (GMC-UK). It is a fulltime degree programme conducted only in English.

Discrimination: Treating or making rules and regulations which make a person or a group of people less favorable than others based on one or more characteristics (such as ethnicity, religion, gender, social class and disabilities etc.) the person or the group of people have in common compared to others.

Ragging: Any means any act which causes or is likely to cause physical or psychological injury or mental pain or fear to a student or a member of the staff of an educational institution.

Gender-identity: an individual's personal sense of being male, female, both, or neither, as it relates to their internal experience of gender. This differs from biological sex assigned at birth and includes the cultural, economic, social, and political aspects of how genders are constructed and valued.

Gender: is set of social expectations, standards and constructed characteristics about how men and women are supposed to act.

Gender orientation: person's sexual orientation and gender identity, which include a person's attraction to others and their internal sense of being male, female, or non-binary.

Gender based-violence: an umbrella term for any harmful act that is perpetrated against a person's will that is based on gender.

Gender based-harassment: means the use of criminal force, words or actions to cause gender related annoyance or harassment to a student or a member of the staff, of an educational institution.

6. Procedure

6.1. Programme management:

The faculty ensures,

- 6.1.1. that the strategic plan of the FMAS is implemented to facilitate efficient management of the undergraduate programme and make the faculty strategic plan available for all stakeholders.
- 6.1.2. that the faculty action plan is developed annually, aligning with the university strategic plan adopting a participatory approach in decision-making within the strategic plan in relation to all teaching, learning, assessment, research, outreach and welfare activities in the faculty.
- 6.1.3. that an annual academic calendar is developed, enabling the students to complete the programme within the stipulated period aligned with the national and international standards of medical education and medical professional regulatory requirements.
- 6.1.4. that all the management procedures within the faculty comply with national and university standard operating procedures.
- 6.1.5. that the student handbook includes all the necessary general information on available services, overall MBBS programme, learning outcomes of the programme and the modules, rules and regulations related to examinations, code of conduct, and general regulations including attendance requirements, and the handbook is circulated to students at the entry to the MBBS programme and available on the faculty website.
- 6.1.6. that the students of the faculty are involved in the decision-making process of the faculty by being members of the faculty board and relevant faculty-board- appointed committees.
- 6.1.7. that a comprehensive faculty website is maintained and regularly updated with the up-to-date student handbook, prospectus, curriculum and manual of procedure for conduct of examinations of the faculty.
- 6.1.8. that the faculty conducts a mandatory foundation and orientation course for new students, introducing them to the structure of the MBBS program, their roles and responsibilities as students and future professionals, available facilities, resources, and support services.
- 6.1.9. that codes of conduct for all staff members and students are based on the national and international norms and regulations, approved by the council of RUSL, and are enforced at the faculty level.
- 6.1.10. that code of practice for all staff members is enforced at the faculty level
- 6.1.11. that every department/unit and the administrative unit has a transparent document that consists of the distribution of teaching, administrative work, service commitments, and research work of each staff member to ensure fair distribution of work among staff members with duty lists for non-academic staff in relation to the academic programme.

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- 6.1.12. that the quality assurance cell of the faculty is actively involved in key activities related to programme management.
- 6.1.13. that an appraisal mechanism is in place for the enhancement of research and teaching performance of the staff and the performance of students.
- 6.1.14. that the faculty actively promotes national and international collaborations with regard to the programme development and research.
- 6.1.15. that a system is in place to recognize students with special needs in order to develop a support mechanism while constantly reviewing facilities available for them and taking remedial measures.
- 6.1.16. zero tolerance for ragging and adequate safeguards are taken to prevent any form of ragging.
- 6.1.17. a safe and pleasant environment that is free from any form of discrimination related to age, gender identity, gender, gender orientation, culture, race/ ethnicity, religion, social status, medical conditions or performance and undue influences or harassments for all the students and staff members.
- 6.1.18. a safe environment that is free from gender-based violence (GBV) and harassment by enforcing the relevant university and national policies and regulations at the faculty level.
- 6.1.19. that unbiased and transparent procedure is in place to obtain feedback on administration and administrative procedures regularly from staff and students and, regular improvements in administration and administrative procedures based on the feedback received.
- 6.1.20. that the faculty follows the regulations, guidelines, and procedures issued by the UGC, the Council of the RUSL, and the Senate of the RUSL in staff recruitment and promotions ensuring that the decisions are not influenced by the factors such as age, gender identity, gender, gender orientation, culture, race/ ethnicity, religion, social status and medical conditions.
- 6.1.21. that the faculty decides the academic requirements in the staff recruitment considering the timely need and trends in medical education with an ultimate goal of quality improvement of the programme.

6.2. Human and physical resources:

The faculty ensures,

- 6.2.1. the availability of qualified and competent academic and non-academic staff to design, develop and deliver the MBBS programme and related courses and modules to fulfill research, innovations, counseling, and outreach activities.
- 6.2.2. that facilitate the academic staff to obtain postgraduate academic degrees, research grants, and promote scientific publications in national and international indexed journals to be on par with national and international norms and standards.
- 6.2.3. that all newly recruited academic staff undergo the staff development programme as early as possible and continuously update the required competencies through the provision of in-service, continuous professional development (CPD) programmes.
- 6.2.4. that the faculty promote the access to well-maintained, regularly upgraded, well-equipped state-of-the-art infrastructure facilities which meet the requirements of all the staff and the students.
- 6.2.5. that the students gain the required continuous clinical exposure and practice by giving them access to relevant specialized clinical training and standard professorial clinical appointments.
- 6.2.6. the provision of adequate facilities for the staff and students to adopt outcome-based education and student-centered learning.
- 6.2.7. the provision of library facilities with up-to-date print and electronic forms of titles and electronic databases for staff, students and scholars.
- 6.2.8. the provision of information and communication technology (ICT) facilities along with qualified technical guidance and free internet connectivity.
- 6.2.9. the provision of a well-equipped and resourced English language training facilities within the faculty.
- 6.2.10. the availability of career guidance programmes.
- 6.2.11. a proper mechanism and conducts activities to develop soft skills in students.
- 6.2.12. the provision of support for multicultural activities within the faculty and facilitates student and staff participation in these events.

6.3. Programme design and development:

The faculty ensures,

- 6.3.1. that the programme is designed by the curriculum development committee (CDC) considering the feedback from internal (academic staff, non-academic staff, alumni) and external stakeholders (clinicians, other subject experts, Ministry of Health, patients, and public).
- 6.3.2. The CDC consists of the dean of the faculty, all the heads, professors, senior lecturers and two co-opted members appointed by the CDC.
- 6.3.3. that the roles, responsibilities, and authority of different individuals involved in the design and development of the MBBS programme are clearly defined and informed.
- 6.3.4. that the MBBS curriculum complies with the Subject Benchmark Statements in Medicine, level descriptors and qualification descriptors of the Sri Lanka Qualification

framework (SLQF) level 6, standards set out by the Sri Lanka Medical Council (SLMC), and the government of Sri Lanka.

- 6.3.5. that the outcomes of the MBBS course are defined, describing the competencies of a graduate of the MBBS programme of FMAS, RUSL.
- 6.3.6. that the MBBS programme follows an outcome-based curriculum, in which the teaching-learning strategies and assessments are aligned with the outcomes of the medical course (constructive alignment).
- 6.3.7. that the CDC meets regularly (once in three months) to facilitate the process of curriculum review based on student feedback reports, reports, stakeholder reports, national and international academic standards and requirements and programme evaluations.
- 6.3.8. that the MBBS programme is designed to promote learning autonomy, creative and critical thinking, lifelong learning and progression, cultural competence, interpersonal communication, teamwork, and inter-professional and collaborative learning through an interdisciplinary and multidisciplinary approach.
- 6.3.9. that the outcome-based performance indicators of the MBBS programme are regularly reviewed, evaluated, and monitored by the faculty FQAC to ensure that the programme is up-to-date and congruent with the national, regional, and global requirements.
- 6.3.10. the availability of fallback qualifications, designed in consideration of SLQF requirements and other regulations of the University Grants Commission and the Council of RUSL, for those who are not progressing as expected.
- 6.3.11. that the curriculum development and obtaining approval procedures are in accordance with the Bylaw for Curriculum Development and SOP for curriculum development of RUSL.
- 6.3.12. A participatory approach during the design, development, and evaluation of the programme represents the academic staff of all academic departments, with inputs from student feedbacks and feedbacks from external stakeholder such as extended teaching staff in curative and preventive health sectors and professional colleges.
- 6.3.13. that the courses/modules/streams are designed based on student-centered principles, and the faculty would develop standard guidelines for course/module design.
- 6.3.14. that intended learning outcomes (ILOs) of the courses/modules/streams are accessible to all students in the Student Handbook at the entrance to the faculty and the details of the content, teaching-learning and assessment strategies, learning resources, credit weight would be clearly specified as per the SLQF Level 6.
- 6.3.15. that the needs of differently abled students are considered when designing courses.
- 6.3.16. the provision of adequate physical and human resources for course design, approval, monitoring, and review processes. The faculty would provide prior training and opportunities for continuous professional development to the staff involved in instructional design and development.
- 6.3.17. that the courses/modules/streams are evaluated regularly (at the end of each course/module/stream) through FQAC and the recommendations are used to improve the content, delivery, and assessment processes of the courses/modules/streams.
- 6.3.18. that 30-40% of the courses are designed promoting student centered learning.

6.4. Teaching and learning:

The faculty ensures,

- 6.4.1. that the teaching-learning strategies of the MBBS curriculum of the faculty are developed to achieve the vision, mission, and outcomes of the MBBS programme.
- 6.4.2. conducting an orientation programme to introduce the MBBS programme, code of conduct, English language skills (By English Department, RUSL; starts with the orientation and extends through preclinical course), and soft skills.
- 6.4.3. that the calendar of dates is available at the beginning of the semester and timetables are made available for the students from each department at least one week before the commencement.
- 6.4.4. the use of information gained from the assessment of students to improve teaching
- 6.4.5. the use of modern technology for effective teaching and learning, the use of innovative teaching methods by staff, and the promotion of blended learning.
- 6.4.6. that research findings are incorporated into teaching-learning sessions and students are motivated to refer to the relevant research publications (e.g., evidence-based medicine).
- 6.4.7. the engagement of students in research as a part of teaching-learning strategy and support students to publish their research.
- 6.4.8. that the teaching and learning activities are designed without any discrimination related to gender, culture, ethnicity, and religion
- 6.4.9. that the obtaining of student feedbacks are carried out at the end of each semester or professorial appointments by each department through the ICT unit and the summary reports of the evaluations are submitted to individual lecturer and the Head of the Department, by the ICT unit.
- 6.4.10. that the peer evaluations are carried out annually
- 6.4.11. that stakeholder evaluations are carried out before a major curriculum revision and when required
- 6.4.12. that the teaching-learning frameworks are informed by the Head of the Department to FQAC and Medical Education Unit (MEU).
- 6.4.13. that the workload of the academic staff members is distributed according to the UGC norms to give them adequate time to provide effective instruction, and advice, conduct assessments, contribute to programme evaluation and improvement, and engage in continuous professional growth while participating in scholarship and research.

6.5. Learning environment, student support, and progression:

The faculty ensures,

- 6.5.1. the availability of physical infrastructure that enables the students to successfully achieve intended learning outcomes (ILOs).
- 6.5.2. adequate human resources by recruiting a sufficient number of full-time faculty members, enabling students to successfully achieve ILOs.
- 6.5.3. the provision of student support programmes tailored to the needs of individual student and the diversity of the student body including student mentoring, counseling, student health services, scholarship, and support for needy students.

- 6.5.4. that the students are given appropriate guidance on the ethical use of learning and information resources.
- 6.5.5. that the students are clearly conveyed their rights, responsibilities, and conduct to successfully complete the programme and establish a mechanism to address their problems throughout the programme.
- 6.5.6. the availability of an up-to-date web-based help desk that provides information and a platform for students, alumni, and others to contacts the officials.
- 6.5.7. the adoption of a green environment policy.
- 6.5.8. the availability of an established fallback qualification system for students who are unable to complete the programme successfully.
- 6.5.9. that the tracer studies of recent graduates are conducted regularly, and that information is utilized to motivate students.
- 6.5.10. the enhancement of learning opportunities for students by collaborating with other institutions (in research opportunities, academic sessions, and clinical training, etc.).
- 6.5.11. that the students can raise matters of concern without a risk of disadvantage.
- 6.5.12. a favorable teacher-student relationship through interactive social activities.

6.6. Student assessment and awards:

The faculty ensures,

- 6.6.1. that the intended learning outcomes and assessment criteria are developed as given in UGC and Ministry of Health guidelines, SLQ level 7, and the vision and mission of the university and the faculty.
- 6.6.2. that the faculty awards the degree in compliance with SLQF level7.
- 6.6.3. that the students are informed about the types of assessment, their alignment with the ILOs, timelines for assessment and the release of results before the commencement of each course of the programme.
- 6.6.4. that the students are made aware of codes of conduct for preparation and submission of assignments, projects, or examination processes.
- 6.6.5. that the faculty has approved procedures for designing, setting, moderating, marking, grading, monitoring, and reviewing the assessment methods and standards of awards.
- 6.6.6. that the faculty provides regular training on methods of assessment to staff and ensures that staff members who are involved in assessing students are competent to undertake their roles and responsibilities and have no conflicts of interest.
- 6.6.7. that the student examination matters including examination planning are discussed as an agenda item at department meetings.
- 6.6.8. that the different components of the examinations are developed using examination blueprints (subject or module-specific) to indicate the alignment of assessment with ILOs and that examiner biases are minimum.
- 6.6.9. that the assessment methods and the marks assigned for each component are clearly informed to students including them in the student handbook (departmental logbook or LMS where relevant).
- 6.6.10. that the assessments have well-defined marking schemes, second marking, and procedures for recording and verifying marks to ensure transparency, fairness, and consistency.

- 6.6.11. the involvement of external examiners is an essential part of the assessment process to maintain the quality and standards. The external or second examiner follows blind marking and reconciles the marks when there is a major discrepancy between the two sets of marks.
- 6.6.12. That the policies, regulations, and processes relating to assessments are clear and accessible to all the relevant stakeholders (students, academic staff, administrative staff, and internal and external examiners).
- 6.6.13. that the assessment and examination policies, practices, and procedures provide differently abled students with the same opportunity as their peers to demonstrate the achievement of learning outcomes.
- 6.6.14. that the assessments are used to provide feedback to students to facilitate achieving the ILOs.
- 6.6.15. that the assessment is systematic and broad-based incorporating all aspects of learning including lectures, practical/ laboratory training, field-based training, , and clinical training.
- 6.6.16. the use of both formative and summative assessments to track individual students' learning and uses this information to ensure the achievement of ILOs
- 6.6.17. that the students are provided with regular, appropriate, and timely feedback on these assessments to promote effective learning.
- 6.6.18. that the examination division is obtaining examiners' feedback on student performance at the end of examinations on each subject
- 6.6.19. that the complete transcript indicating the courses followed, grades obtained, and the grade and class is made available to students and relevant authorities upon request following graduation.
- 6.6.20. that university rules and regulations on examinations are strictly enforced and disciplinary procedures are implemented for breaches/ malpractices of examination regulations by students.
- 6.6.21. the timely release of results and accurate recording assessment decisions and are maintained.
- 6.6.22. that the departments define the criteria to be fulfilled by the students to receive awards, medals, and prizes for the respective subjects and get them approved by faculty board and the Senate and the council of the RUSL.
- 6.6.23. the standards of each award are upheld by maintaining the integrity, confidentiality and avoiding conflict of interest in the assessment process conducted by the staff
- 6.6.24. that examiners' feedback on the student performance in examinations are shared with the relevant stakeholders, to plan and implement remedial actions for quality improvement.

6.7. Innovative and healthy practices:

The faculty ensures,

- 6.7.1. the establishment and operation of a comprehensive and up-to-date ICT-based platform (LMS) and it is used by all departments of the faculty.
- 6.7.2. that the staff and students utilize Open Educational Resources (OER) to supplement the teaching and learning process.
- 6.7.3. that the complementarities between academic training, research and development innovations, and industry engagement as core duties of academics.
- 6.7.4. the promotion of undergraduate research through multiple strategies.
- 6.7.5. the collaboration between various international, national, governmental, and non-governmental agencies.
- 6.7.6. that the diversified faculty sources of income complement the grants received through the Government by engaging in income-generating activities.
- 6.7.7. the promotion and provision of physical, financial, and human resources for cultural, charity, aesthetic, and sports events.
- 6.7.8. that the student participates in regional/national level competitions.
- 6.7.9. that regular feedback is obtained from students, academic staff, and non-academic staff on the administrative practices of the faculty.
- 6.7.10. the ethical conduct in interactions of student-staff, student-student, staff-staff and student-patient and in handling the related information or materials (i.e.: obtaining and usage or sharing information, photos, videos and recordings etc.).

6.8. Quality assurance:

The faculty ensures,

- 6.8.1. the establishment and functioning of the FQAC to maintain the quality of the academic programme and allied services within the faculty.
- 6.8.2. the regular internal reviews and follow-up activities in quality improvement.
- 6.8.3. that the faculty undergoes in regular external reviews, national and international accreditations.
- 6.8.4. the implementation of follow-up actions recommended by internal and external reviewers, national and international accreditation agencies.
- 6.8.5. the monitoring of the implementation and internalization of policies on nine major aspects of the MBBS programme management; (1) Programme management, (2) Human and physical resources, (3) Programme design and development, (4) Course/module design and development, (5) Teaching and learning, (6) Learning environment, student support and progression, (7) Student assessment and awards, (8) Innovative and healthy practices, and, (9) Quality assurance.

7. Responsibilities

Implementing the policy related to the management of the MBBS programme is the responsibility of every member of faculty staff. For this approach to be successful, there must be clear lines of responsibility and accountability. Therefore, the faculty board shall delegate

the specified duties to Units, Centers, Departments, Committees established under the purview of the Faculty Board, and officials appointed by the Faculty Board to monitor the implementation and internalization of the policies developed for the enhancement of quality in the faculty.

8. Review

The policy will be revised once in five years or when the need arises.

9. Related documents

University act, University establishment code, UGC circulars related to management of undergraduate degree programmes, SLQF (version 2015), Subject Bench Mark statement in medicine (Sri Lanka), Accreditation standards by accreditation unit, SLMC, RUSL management guide, RUSL examination bylaw, University bylaw of Center for quality assurance, university SOPs in curriculum development, university bylaws on curriculum development, bylaws and SOPs of the subcommittees of FMAS faculty Board and subcommittees of FQAC are related to this policy.

10. Abbreviations

FMAS – Faculty of Medicine and Allied Sciences
RUSL – Rajarata University of Sri Lanka
CDC – Curriculum Development Committee
FQAC – Faculty Quality Assurance Cell
SOP – Standard Operating Procedures
SLQF – Sri Lanka Qualification Framework
SLMC – Sri Lanka Medical Council
LMS – Learning Management System
OER – Open Educational Resources
MEU – Medical Education Unit
ILO – Intended Learning Outcomes
PLO – Programme Learning Outcome

11. Approval and Amendments

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Date Rescinded :

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