



Sri Lanka College of Venereologists

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The Secretary to the Committee on Medical Administrative Grades
Office of the Additional Secretary Medical Services
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**Director and Deputy Director positions of
National STD/AIDS Control Programme (NSACP)**

Sri Lanka College of Venereologists (SLCV) came to know about the appointment of 'Committee to make recommendations on defining the areas of discipline in placing the medical administrative grade posts and restructuring deployment system of MSc and MD holders in respect of Medical Administrators and Community Physicians'.

SLCV was able to make representation on the position of Director and Deputy Director of NSACP to previous committees which examined issues related to administrative positions in the past.

As you may aware, the programme was headed by a specialist in the field (Venereologist) throughout in its' existence since 1952 to 2007 (earlier as anti-VD campaign and then as National STD/AIDS Control Programme and since 1985).

In 2007/8 a Director was appointed from medical administrative grade to head the organization.

Treatment, care, control and prevention of STIs/HIV/AIDS remains basically a public health specialty in Sri Lanka and it is under the Deputy Director General of Public Health Services in the Department of Health. In response to the emerging HIV/AIDS epidemic, enhancement of clinical component in the training of venereology was accepted and introduced to the training curriculum without changing the public health character of the specialty which is evident from the training programme (annexed).

Since there is a renewed attempt to sort out administrative positions in the public health sector of the country the SLCV request emphatically to facilitate appointment of a venereologist as Director and Deputy Director of NSACP.

The SLCV would like to draw your attention to following facts;

01. Throughout its' existence the programme had been headed by a venereologist.

02. In the past over a period of 50 years, Anti VD Campaign at that time and later on NSACP, provided services to the public in clinical and preventive services through well trained Consultant Venereologists and Medical Officers who had undergone training in public health and clinical aspects of Venereology. During this period the head of the VD campaign and later on NSACP had been always a Venereologist. The national statistics of STDs and the low prevalence of HIV is a testimony to the dedication and exemplary work of Venereologists and MOs.

03. Current venereology training programme is tailor made to cater treatment, care, control and prevention of STIs/HIV/AIDS in Sri Lanka. Therefore, they are the best to head this organization.



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04. The SLCV requests the committee and all other stakeholders to consider the achievements of this programme under the leadership of Venereologists (STIs are successfully controlled and HIV prevalence continues to remain low). This position was shown in the WHO Global STI surveillance report 2013 as follows;

“WHO aims to support more countries to strengthen their STI control efforts so that they can replicate the results achieved in Cuba, Sri Lanka and Thailand.” Page 37

“The experience of Sri Lanka can be described all the way from the 1970s to the present (Figure 6.1). STIs have been in decline over decades and were already low in the 1980s when HIV emerged globally. Continued strengthening of STI control and further declines helped to avert emergence of an HIV epidemic despite multiple factors, including an uncircumcised male population and a protracted civil war, that have facilitated growth of HIV epidemics in other countries”. Page 35

05. The SLCV firmly believes that except for NSACP, Consultant Community Physicians should be appointed as heads of all other public health organizations.

According to the training curriculum of Venereologists, SLCV likes to emphasise that consultant Venereologists are adequately trained in clinical as well as in all relevant public health aspects of NSACP.

Therefore, we request earnestly to think of greater good of the country by making most suitable decision on this issue. **If all public health organizations are going to be headed by Consultant Community Physicians, SLCV requests that NSACP should be headed by Consultant Venereologists who possesses expertise in the field of clinical and prevention sciences.**

Furthermore, SLCV would like to request an opportunity to make an **oral presentation**.

Outline of the Venereology training programme is attached for your perusal.

Thank you,

Dr Ajith Karawita

President

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ANNEXURE

Diploma in Venereology (training period: one and half years)

MOH training of first 6 months

Once suitable candidates are selected through an exam, **they have to work six (6) months attached to an MOH-office under a qualified MOH.** That way they receive six months practical training in public health activities at grass-root level.

12 months training at STD Clinics

Central STD clinic - 9 months - Monday to Thursday
Provincial clinic - 3 months - Monday to Thursday

Friday and Saturday - lectures at PGIM and the, time allocation as follows

Sections	Topics	Number of hours	Total hours (%)
Prevention (public health) related topics	Introduction to NSACP	9 & 1/2	85 (42%)
	Statistics and basic epidemiology	11	
	Surveillance and screening	6	
	Basic research methodology	9	
	Promotion of sexual health, planning, monitoring and evaluation	24	
	Legal and ethical aspects	7 & 1/2	
	Behaviours	6	
	Data collection, record keeping, special consideration & role of vaccine in patient care	4 & 1/2	
	HIV	7 & 1/2	
Clinical topics	STIs and HIV	117	117 (58%)
Total			202(100%)

Candidates need to submit a clinical **case book** before the Diploma in Venereology examination.

MD Venereology (training period: 2 years and 3 months)

Field of training	Duration in months
Medicine	6
Dermatology	3
Obstetrics & Gynaecology	1 & ½
Psychiatry	1 & ½
Laboratory	1 & ½
IDH	1 & ½
STDs, training in programme areas and outreach activities	9
Community medicine	3



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Local Senior Registrar (training period: One year)

During this period the trainees are exposed to entire spectrum of programme activities i.e. **Surveillance, surveys, studies, mapping and size estimation of high risk populations, report writing, STI/HIV project cycle management, monitoring and evaluation, working with special projects (EMTCT of HIV and Syphilis, GFATM projects, condom promotion, outreach testing and health education programmes, IEC material development, planning of BCC programmes, multisectoral coordination etc..) counselling, sexual health promotion, training in leadership and team work and STI and HIV patient management**

Foreign training (training period: One year)

Training in preventive and curative aspects at a centre of excellence covering clinical and prevention areas

Research component

During the period of MD training programme the trainees have to **complete a research under a supervisor and submit a dissertation consist of 8,000 -10,000 words.**

Successful completion of research and dissertation is a requirement for Board-certification as a Consultant in the specialty of Venereology.

Adequate emphasis on clinical component of training programme is a response to the challenge posed by HIV/AIDS, but the basic character of the specialty remains unchanged i.e. preventive or public health.

While the trainees receive a general training in basics of public health, in-depth and full scale training is given in relation to the prevention of STDs and HIV/AIDS in Sri Lanka covering all possible aspects.

Therefore, being a responsible academic body, the SLCV likes to emphasise that consultant venereologists are adequately trained in clinical as well as in all relevant public health aspects of NSACP.



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Additional notes to the submission made by the Sri Lanka College of Venereologist on the Director and Deputy Director Positions of National STD/AIDS Control Programme (NSACP)

The Sri Lanka College of Venereologists would like to submit this additional note with regard to the above subject following the discussion held with the Committee on Medical Administrative Grades on 20th May, 2016 at the Ministry of Health.

- Before 2006 the Directors of the NSACP were consultant Venereologists. They were sought as international experts in the field of STD/HIV and served as consultants in many countries. In fact, the last consultant venereologist who was Director of the NSACP Dr Iyanthi Abeyewickreme was appointed Regional Advisor for STD/AIDS for the South East Asia Region of the WHO.
- From 2006 the medical administrators who were Directors of the NSACP attended international meetings. They were not recognised as experts by their international peers and the WHO because of their lack of knowledge and experience.
- Therefore, the non-availability of the posts of Director and Deputy Director of the NSACP has taken away the international recognition of the remarkable achievements of the NSACP and the use of the expertise of Sri Lankan Venereologists internationally.

This is another strong reason for the Committee on Medical Administrative Grades to recommend that the posts of Director and Deputy Director of the NSACP be reserved for consultant Venereologists.

Thank you,

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