



# CCP NEWS

Newsletter of Ceylon College of Physicians

ISSN 3030-7511



## Achieving Health Excellence Through Person Centered Care CCP 26

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Welcome to the first edition of our bimonthly newsletter for the year 2026! In this edition, we offer a comprehensive update on the college's activities during the months of January and February 2026.

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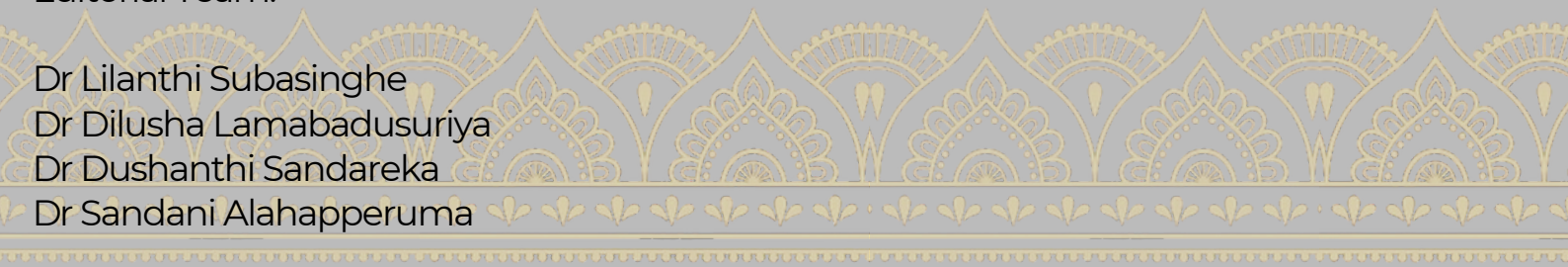


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## Editorial Team:

Dr Lilanthi Subasinghe  
Dr Dilusha Lamabadusuriya  
Dr Dushanthi Sandareka  
Dr Sandani Alahapperuma





# CCP NEWS

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## PRESIDENTS' MESSAGE



Professor Namal Wijesinghe

It is with deep humility, a profound sense of responsibility, and immense gratitude, I accept the office of President of the Ceylon College of Physicians. I consider this as a great honour, but also a duty—one that carries with it the legacy of over half a century of service to medicine in Sri Lanka, shaped by the wisdom, integrity, and dedication of those who have served before me.

I wish to express my sincere appreciation to the Past Presidents, Fellows and Members of our College for the confidence you have placed in me.

The Ceylon College of Physicians occupies a unique and a vital position in Sri Lanka's healthcare landscape. We are not only a professional body, but a moral and intellectual authority—one that shapes clinical standards, influences policy, and guides the next generation of physicians. The College must continue to be a forum where scientific rigor, compassionate care, and national responsibility converge together.

The theme of our college for year 2026 is ***"Achieving health excellence through person-centered care"***. Until towards the end of twentieth century, it was physician-centered care that dominated decision-making. Physician-centered care was based on the assumption that the doctor knows the best and he or she will act in the best interest of the patient and should thus dominate the doctor-patient relationship. Physician-centered care was also called medical paternalism. Physician was not only dominant in decision making in patient care, he also played a pivotal role in health administration and leading health care teams.





## PRESIDENTS' MESSAGE CONTINUED ...

However, it became more important to consider patients' wishes and their point of view in decision-making of the medical treatment. This also follows the ethical principle of patient autonomy. Therefore, the concept of patient-centered care was considered a better approach compared to physician-centered care.

A patient is a person who receives treatment for an illness, a situation which is characterized by vulnerability and dependence. Patient-centered care is a concept that emphasizes the involvement of the patients and their families in the decision making process. This concept seemed to be more appropriate compared to physician-centered care as the patient gets the opportunity to decide what they want to achieve by receiving health care.

Person-centered health care is another step forward in the positive direction and now considered an even better approach than the patient-centered care. However, it is still not uncommon to believe that the concepts of patient-centered care and person-centered care are equal. The main difference between these two concepts is that the whole person in a wider context is considered in the person-centered care, compared to only the person's role as a patient is considered in the patient-centered care.

The main goal of person-centered care is for the person to live a meaningful life. Here, the person is kept in the heart of their care. It is critical in provision of quality holistic care. This concept has a more holistic focus on the person's uniqueness in disregard to the sickness. It focuses on the individual values, preferences, and needs and consider patients as equal partners in decision making. There are four major components also called 4Cs of person-centered care - culture, care, communication and collaboration. It involves respecting their dignity, listening to their concerns, and empowering them to make informed decisions. This approach goes beyond a pure medical model, considering emotional, social, and financial factors that influence a person's well-being.





## PRESIDENTS' MESSAGE CONTINUED ...

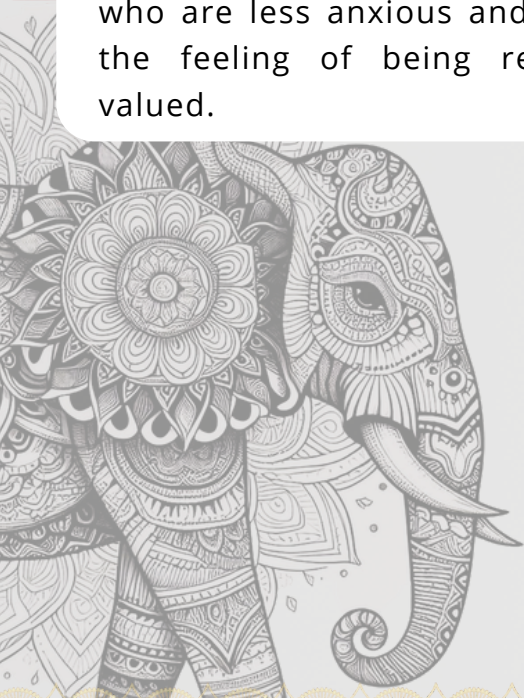
The key aspects of person-centered care include flexibility in treating each person as an individual with unique needs and preferences in a respectful and dignified manner, empowering them by providing necessary knowledge to make informed decisions and to actively participate and be responsible in all aspects of their care, personalize the care to their specific circumstances, values, and needs, coordinate all aspects of care to integrate and align with their goals, focusing on physical as well emotional, psychological and social well-being and build relationships to foster mutual respect and trust between health care providers and the individuals.

Benefits of person-centered care include happiness, confidence and improved satisfaction of the individuals who are less anxious and are left with the feeling of being respected and valued.

They also will have the feeling of independence and the feeling of being in control of their health. The health outcomes will be better as the individuals are more likely to adhere with lifestyle modification and treatment because of their active participation and their responsibility in care. This will also reduce health care costs by reducing unnecessary hospital admissions, costly investigations and unwarranted treatments.

During this year, we plan to popularize the concept of person-centered care in all our educational activities. In addition, we concentrate on island wide educational programs for general public to empower the with knowledge on common diseases and good lifestyle measures.

During my tenure, I intend to strengthen the College's role in continuing professional development by expanding high-quality, evidence-based educational programs. The college will continue to provide clear, evidence-based guidance on clinical practice while serving as a strong voice in matters of medical ethics, professionalism, and patient safety. Our postgraduate trainees and young physicians are the future of this profession. The College must be a source of guidance, advocacy, and mentorship to them. We will work closely with training bodies and stakeholders to enhance academic and professional support structures.





## **PRESIDENTS' MESSAGE CONTINUED ...**

Physicians also have a duty to contribute to national health discourse. The College will engage constructively with the Ministry of Health and other stakeholders to offer independent, scientifically grounded advice on matters of health policy, workforce planning, and service delivery. Our goal is not confrontation, but collaboration—always guided by what best serves the people of Sri Lanka.

Sri Lankan physicians are respected worldwide. We will continue to strengthen ties with international colleges and professional bodies, promoting academic exchange, collaborative research, and global recognition of our standards and expertise.

Other than the routine college activities, the biggest task we have this year will be re-building our home. We have got all the plans in place to build the office building of the Ceylon College of Physicians at Rajagiriya. I take this opportunity to urge all of you to give your maximum support for this endeavour.

Let us move forward together, with clarity of purpose, unity of spirit, and an unwavering commitment to excellence in medicine.

Thank you.

**Professor Namal Wijesinghe  
President 2026  
Ceylon College of Physicians**





## PRESIDENTIAL INDUCTION 2026

Ceylon College of Physicians (CCP) held its ceremonial Induction of the 50th President at the Cinnamon Grand Hotel in Colombo on 09th of January 2026. The event brought together eminent members of the medical fraternity.

The highlight of the evening was the formal handover of the President's Medal by the immediate Past President, Vidya Jyothi Professor Prasad Katulanda, to the newly inducted President, Professor Namal Wijesinghe. A highly renowned figure in Sri Lanka's medical community, Professor Wijesinghe takes on the leadership of the Ceylon College of Physicians with a clear vision to strengthen medical education, advance research, and enhance patient care in response to the evolving healthcare landscape.

The ceremony was graced by a distinguished gathering that included Past Presidents, Council members, and senior officials from the Ministry of Health and Mass Media. Their presence underscored the significance of the occasion and reaffirmed the continued commitment of CCP to strengthen the nation's healthcare system.

In his inaugural address, Professor Wijesinghe announced his theme for the year 2026 as *"Achieving Health Excellence Through Person Centered Care"*. He highlighted the need for physicians to place the patients at the core of the clinical decision-making in the pursuit of health excellence amid evolving healthcare challenges. He also acknowledged the contributions of his predecessors and reaffirmed his commitment to upholding the high standards of the College.

The event marked a significant milestone in the history of the Ceylon College of Physicians, reinforcing its enduring mission to nurture, inspire, and empower the next generation of physicians in Sri Lanka.





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Newsletter of Ceylon College of Physicians



CEREMONIAL INDUCTION OF THE PRESIDENT  
9<sup>th</sup> January 2026, Cinnamon Grand Colombo.





# CCP NEWS

Newsletter of Ceylon College of Physicians



## COUNCIL 2026



Professor Namal Wijesinghe  
President



Dr Wimalasiri Uluwattage  
President Elect



Vidya Jyothi Professor Prasad Katulanda  
Immediate Past President



Dr Hiruni Jayasena  
Honorary Joint Secretary



Professor Priyamali Jayasekara  
Treasurer



Dr Dinuka Liyanage  
Honorary Joint Secretary



Dr Naomali Amarasena  
Past President  
Representative



Dr Ananda Wijewickrama  
Past President  
Representative



Dr Duminda Munidasa  
Past President  
Representative



Dr Anula Wijesundere  
Trustee Representative



Dr Lasantha Ganewatta  
Fellow Representative



Dr Harsha Sathischandra  
Fellow Representative



Dr Ganaka Senarathne  
Fellow Representative





## COUNCIL 2026



Dr Nandana Dikmadugoda  
Council Member



Dr Neranjan Dissanayake  
Council Member



Dr Dumitha Govindapala  
Council Member



Dr Anura Hewageegana  
Council Member



Professor Jegarajah Indrakumar  
Council Member



Dr Dinushka Jayaweerabandara  
Council Member



Dr Waranga Jayawickrama  
Council Member



Dr Yapa Udaya Kumara  
Council Member



Dr Prabhashini Kumarihamy  
Council Member



Dr Dilusha Lamabadusuriya  
Council Member



Dr Suranga Manilgama  
Council Member



Professor Chamila Mettananda  
Council Member



Dr Mohanaruban Pravinson  
Council Member



Professor Udaya Ralapanawa  
Council Member



Dr Gotabhaya Ranasinghe  
Council Member



Dr Asanka Ratnayake  
Council Member



Dr Hemal Senanayake  
Council Member



Dr Lilanthi Subasinghe  
Council Member



Dr Chandimani Undugodage  
Council Member



Dr Praveen Weeratunga  
Council Member



Dr Maheshi Wijayabandara  
Council Member





## COUNCIL 2026



Professor Dinithi Fernando  
Co-editor (JCCP)



Professor Kamani Wanigasuriya  
Co-editor (JCCP)

## REPRESENTATIVES FROM OTHER COLLEGES



Professor Lallindra Gooneratne  
Council Member  
College of Pathologists of  
Sri Lanka



Dr Kapila Ranasinghe  
Council Member  
Sri Lanka College of  
Psychiatry



Dr Manu Wimalachandra  
Council Member  
Sri Lanka College of  
Haematologists



Dr Kisali Hirimutugoda  
Council Member  
College of Chemical  
Pathologists of Sri Lanka





## FEATURE ARTICLE

### WHERE PHYSIOLOGY MEETS HUMANITY: THE ROLE AND WISDOM OF THE INTENSIVIST

#### Critical Care Medicine:

Critical care medicine occupies a unique space within the practice of medicine, where science is tested under pressure and humanity is revealed in its most vulnerable moments. The intensivist stands at this intersection, integrating complex physiology with fine balance, ethical judgment, teamwork, and compassion. The ICU is more than a place of machines and monitors; it is a space where decisions carry immediate consequences, where organ systems interact in fragile balance, and where dignity must be preserved even when cure is uncertain.



**Dr Dilshan Priyankara**

MBBS MD FRCP(UK) FRCP(Lon) EDIC  
Consultant Intensivist  
Medical Intensive Care Unit  
National Hospital of Sri Lanka

In the ICU, medicine reveals itself in its most unfiltered form. Decisions cannot be postponed. Physiology cannot be ignored. Every action has consequences, sometimes within minutes. Yet, alongside this urgency lies something profoundly humane: conversations with families at their most vulnerable, moments of unexpected recovery, and the quiet duty of preserving dignity when cure is no longer possible.

#### The Passion:

The passion for critical care comes from bearing witness to medicine at its most honest forms. In the ICU, there is no room for superficial practice. Every decision is exposed, every assumption challenged, and every action carries weight. We are drawn to this environment because it demands the very best of us, clinically, intellectually, and ethically.

In Sri Lanka, this passion is sharpened by circumstance. Working with limited resources forces innovation, prioritisation, and unwavering focus on fundamentals.





## ARTICLE CONTINUED ...

We learn to value clinical judgment over convenience, teamwork over individual heroics, and patient dignity over technological excess. Critical care becomes not just a workplace, but a commitment.

What sustains this passion is the privilege of impact. Few areas of medicine allow us to alter the course of illness so dramatically, sometimes within hours. Equally, few specialties demand such honesty when recovery is no longer possible. Standing with families in their most vulnerable moments, advocating for patients who cannot speak, and ensuring dignity at the end of life, give profound meaning to our work.

Passion in critical care is not loud or dramatic. It is seen in vigilance through the night, in meticulous attention to detail, in calm leadership during crisis, and in the quiet resolve to return the next day despite exhaustion.

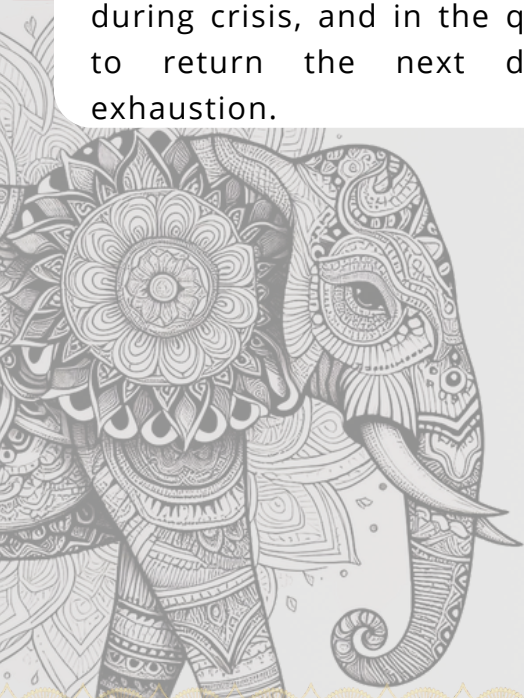
It is this passion tempered by humility and guided by compassion that defines the physician-intensivist.

### **A physician and an intensivist:**

A physician and an intensivist may stand at the same bedside, review the same investigations, and yet see the patient through different lenses. These perspectives are not competing; they are complementary. Understanding this difference enriches patient care and strengthens collaboration.

The physician often views the patient longitudinally. There is a deep awareness of the disease trajectory, how the illness began, how it has evolved, and how it may unfold over weeks, months, or years. The physician weighs comorbidities, previous responses to treatment, social context, and long-term goals. Decisions are framed with an eye on sustainability, continuity, and life beyond the hospital.

The intensivist, in contrast, views the patient moment by moment. The focus is on immediate physiology, oxygen delivery, perfusion, organ interactions, and the narrow margins within which life is maintained. The question is not only what disease the patient has, but how close the patient is to the edge right now. Time is compressed, and priorities shift rapidly as physiology evolves.





## ARTICLE CONTINUED ...

While the physician may ask, "What is the best long-term strategy for this illness?", the intensivist asks, "What must be stabilised in the next hour to keep this patient alive?" Both questions are essential.

The intensivist also views the patient as part of a system. A change in ventilation affects haemodynamics; fluid resuscitation impacts the lungs; sedation alters neurological assessment. This constant balancing of competing organ priorities shapes how intensivists think and act.

Yet, perhaps the most important difference lies in responsibility. When a patient enters the ICU, the intensivist temporarily becomes the patient's primary advocate, coordinator, and decision-maker. Other specialties advise; the intensivist integrates. This role requires not only technical skill but emotional resilience and ethical clarity.

In Sri Lanka, where ICU resources are limited, this dual perspective becomes even more important. The physician's longitudinal insight helps guide appropriate admissions and realistic goals, while the intensivist's acute focus ensures that scarce resources are used where benefit is most likely.

Ultimately, the best patient care occurs when these perspectives meet, when physicians and intensivists respect each other's ways of seeing, communicate openly, and align their goals. The patient does not need one view or the other; the patient needs both.

### Message to young physicians:

I did not come to critical care by accident. Like many who opted to take this path, I was drawn to the intensity, the immediacy, and the responsibility that come with caring for the sickest patients in the hospital. Over time, I realised that critical care is far more than managing ventilators or titrating vasopressors; it is about integrating physiology with judgment, urgency with restraint, and science with humanity. It is chosen deliberately, often at a cost. Long hours, emotional strain, and the constant proximity to life-threatening illness, test even the most resilient. Yet, those who choose critical care remain deeply committed, not because it is easy, but because it matters.





## ARTICLE CONTINUED ...

Critical care will stretch you. It will expose your limits, challenge your assumptions, and test your endurance. You will experience loss, frustration, and self-doubt. Yet you will also witness extraordinary recoveries, profound gratitude, and moments where your presence alone makes a difference. Few specialties allow such immediate and meaningful impact.

Most importantly, critical care shapes how you practise medicine, where judgment matters more than certainty, where compassion is as essential as competence, and where the patient is always seen as a whole. Even if you eventually practise outside the ICU, the mindset you gain will make you a better physician.

To those considering this path: spend time in the ICU. Observe how decisions are made, how teams function, and how humanity is preserved under pressure. If the intensity does not deter you, but instead draws you closer, then critical care may not just be a specialty; it may be your calling.

### At the end:

There are nights in the ICU when the monitors are quiet, the lights are dim, and the weight of responsibility feels almost tangible. In those moments, one becomes acutely aware of how thin the line is between recovery and loss.

Titles, achievements, and hierarchy fade into the background. What remains is duty, to think clearly, to act decisively, and above all, to remain human.

Critical care has taught me that medicine is not only about saving lives. It is about standing beside them, at their strongest and at their most vulnerable, with steadiness, compassion, and courage. And in doing so, we are reminded why we chose this calling in the first place.





## YOUNG PHYSICIANS' FORUM

The young physicians' forums for the months of January & February were held on January 20<sup>th</sup> and February 17<sup>th</sup>, respectively.

The two speakers for the month of January were Dr Tiron Chathuranga, Senior Registrar in General Medicine, National Hospital Galle and Dr Chirath Madurapperuma, Senior Registrar in Neurology, National Hospital of Sri Lanka.

The two speakers for the month of February were Dr Akshara Pranama Liyanage, Senior Registrar in Internal Medicine, National Hospital Galle and Dr Rathai Janahan, Senior Registrar in Rheumatology & Rehabilitation, CSTH, Kalubowilla.



### **Zebars Behind the Fever - Rare Causes of PUO Every Physician Must Know**

**Dr Akshara Pranama Liyanage**

Senior Registrar in Internal Medicine  
National Hospital Galle



### **Optimizing Maternal and Fetal Outcomes in Rheumatologic Diseases**

**Dr Rathai Janahan**

Senior Registrar in Rheumatology & Rehabilitation  
CSTH, Kalubowilla

To view the lecture visit



### **Awakening: Steroids Responsive Encephalopathy Beyond the Thyroid**

**Dr Tiron Chathuranga**

Senior Registrar in Medicine  
National Hospital Galle



### **Neurologic Complications of HIV: Clinical Insights and Practical Solutions**

**Dr Chirath Madurapperuma**

Senior Registrar in Neurology  
Institute of Neurology  
National Hospital of Sri Lanka

To view the lecture visit





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## Young Physicians' FORUM





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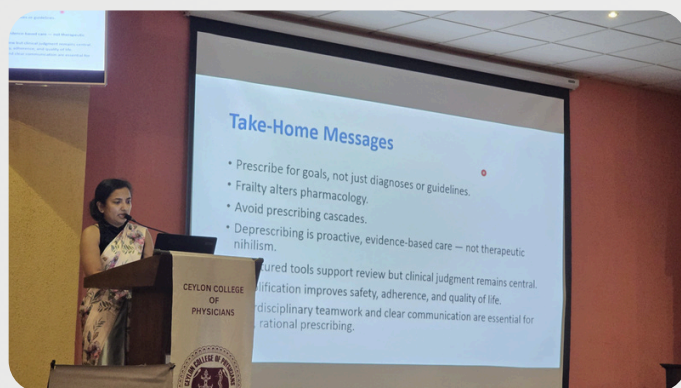
Newsletter of Ceylon College of Physicians



There were two college lectures, held successfully at the ClinMARC, NHSL on March 18<sup>th</sup> 2026, and February 17<sup>th</sup> 2026.

The college lecture for the month of January titled “Know Your Lipid Targets: Contemporary Approaches to Lipid Management” was delivered by Dr Dinuka Liyanage, MBBS (Peradeniya), MD (Col), MRCP (UK), EECC (ESC), Consultant Cardiologist, DGH Horana. He delivered a comprehensive talk on risk stratification, guideline-recommended lipid targets, optimal use of statins and newest strategies in the lipid management.

The lecture titled “Rational Prescribing in the Elderly: Navigating the Challenges of Polypharmacy” was delivered as the college lecture for the month of February by Dr Maheshi Wijayabandara, MBBS (Colombo), MD (Geriatric Medicine), MRCP (UK), MRCP (London) MRCP SCE in Geriatric and Acute Medicine(UK)Consultant Geriatrician, National Hospital, Kandy. She delivered insightful lecture on how polypharmacy increases the risk of adverse drug reactions, drug interactions and the importance of regular medication review, appropriate dose adjustments to improve safety and overall quality of life in elderly.



### Know Your Lipid Targets: Contemporary Approaches to Lipid Management.

**Dr Dinuka Liyanage**

MBBS, MD(Col), MRCP(UK), EECC (ESC)  
Consultant Cardiologist,  
District General Hospital Horana.



### Rational Prescribing in the Elderly: Navigating the Challenges of Polypharmacy

**Dr Maheshi Wijayabandara**

MBBS, MD (Geriatric Medicine), MRCP (UK), MRCP (London) MRCP SCE in Geriatric and Acute Medicine(UK)  
Specialist in Geriatric Medicine  
National Hospital- Kandy



## PEER LEARNING: PERIPHERY TO THE FORE

*Clinical Case discussion by  
Consultant Physicians working in  
peripheral centers*

The Peer Learning: Periphery to the Fore lecture series provides an essential platform for physicians working in peripheral hospitals to share their experience and strategies in delivering healthcare in resource-limited environments, despite facing various challenges.

The first session of 2026 took place on 27th January 2026, featuring two interesting case presentations. Dr Mohanaruban Pravinson, Consultant Physician, Base Hospital, Kalmunai North presented on "An emerging pattern of the Melioidosis" and Dr Selladurai Pirasath, Consultant Physician, Base Hospital Point Pedro Jaffna, discussed "Leptospirosis in non-endemic areas: Recognition and management of a sudden outbreak "

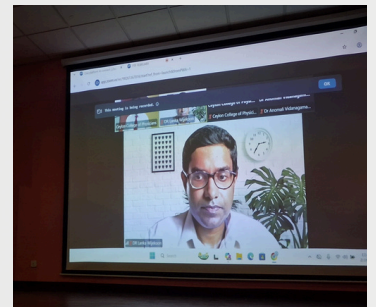
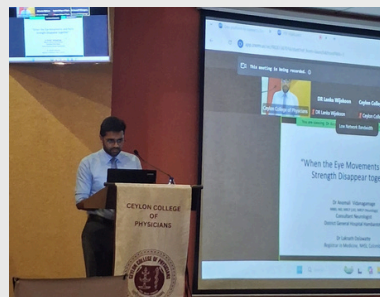
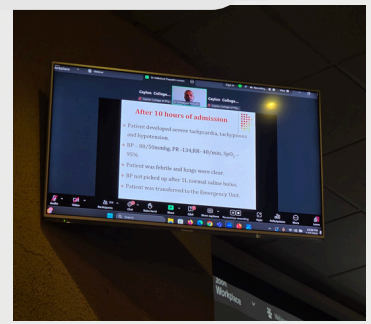


**An Emerging Pattern of a Known Disease**  
**Dr Mohanaruban Pravinson**  
Consultant Physician  
Base Hospital  
Kalmunai North



**Leptospirosis in Non-Endemic Areas:  
Recognition and Management of a Sudden  
Outbreak**  
**Dr Selladurai Pirasath**  
Consultant Physician  
Base Hospital Point Pedro  
Jaffna

To view the lecture visit 



The second session of 2026 took place on 24th February 2026, featuring two captivating case presentations. Dr Lanka Wijekoon, Consultant Physician and Lecturer, Rajarata University of Sri Lanka presented on "More than Skin Deep: Solving a Megaloblastic Crisis through Dermatological Examination" and Dr Anomali Vidanagamage, Consultant Neurologist, District General Hospital, Hambantota, discussed the case on "When the Eye Movements and Neck Strength Disappear Together "

### More than Skin Deep: Solving a Megaloblastic Crisis through Dermatological Examination

**Dr Lanka Wijekoon**  
Lecturer and Consultant Physician  
Department of Medicine, Faculty of Medicine & Allied Sciences  
Rajarata University of Sri Lanka



### When the Eye Movements and Neck Strength Disappear Together

**Dr Anomali Vidanagamage**  
Consultant Neurologist  
District General Hospital Hambantota



To view the lecture visit 



## **SPECIALTY UPDATE - INTERNAL MEDICINE**

in collaboration with

### **Sri Lanka College of Internal Medicine**

The Ceylon College of Physicians, in collaboration with the Sri Lanka College of Internal Medicine (SLCIM), successfully hosted the CCP Specialty Update in Internal Medicine on 10<sup>th</sup> of February, 2026, at ClinMARC, National Hospital of Sri Lanka.

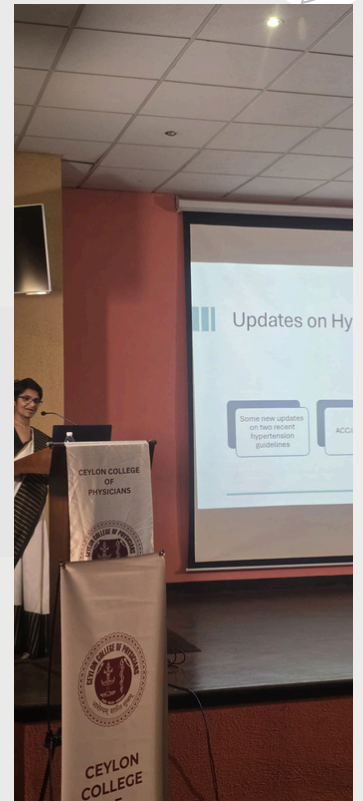
This focused academic session brought together leading experts in internal medicine to discuss emerging trends and practical clinical insights through four key segments:

- Update on Hypertension
- An Unusual Case of Osmotic Demyelination Related to Diabetes Insipidus
- Cholestasis in Systemic Illness: When an Antimicrobial Resistance Pattern Unlocked the Diagnosis
- Thinking Beyond the Organs: Connecting the Dots in Multisystem Disease

The sessions comprised of case-based discussions delivered by senior registrars and consultant physicians, followed by critical appraisal and panel discussions facilitated by distinguished resource persons. The interactive format encouraged meaningful dialogue and knowledge-sharing among clinicians at different stages of their careers.

The programme exemplified CCP's sustained commitment to continuing professional development, academic excellence, and the promotion of high standards in clinical practice. By integrating expert commentary, case-based learning, and evidence-informed discussion, the event provided participants with valuable insights directly applicable to patient care. The sessions were livestreamed to ensure broader national reach, and attendees were awarded Continuing Professional Development (CPD) certification in recognition of their participation and engagement.



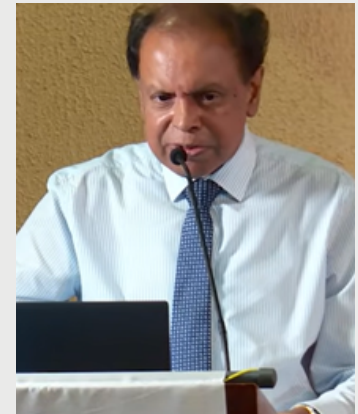



## Specialty Update - Internal Medicine



### History

- No respiratory or cardiovascular symptoms
- No neurological symptoms
- No genital ulcers/discharges
- No joint symptoms
- No night sweats
- No bleeding

### Patient Timeline


26/11/2025 - 03/12/2025  
 NYC - Fever for 1/2, LUTIs +  
 Treated for Urinary/AKI in a Base Hospital

	26/11	01/12	02/12	03/12
S. Creatinine	8.1	6.7	6.1	4.6
K	8.1	7	6.3	5.1
Na				122
CRP	430	251	270	
U. Culture	E.Coli	E.Coli	E.Coli	

**Treatment Given**

- USS evidence of AKI
- IV Coamoxystylar for 2 days → IV Meropenem for 5 days
- 3 Vials of IV NaHCO<sub>3</sub> just before the transfer
- 1 Vial of IV NaHCO<sub>3</sub> just before the transfer

Mrs. X  
 63 years old  
 from Mulleriyawa  
 03. Nov 2025



- **PMH**
  - Hypertension - 5 years
  - IHD - DVD - PCI to LAD done-2022
  - History of renal pathology the patient was not fully aware of
- **PSH** - no significant history
- **Allergic history** - no significant history
- **Drug history** - DAPT, Antihypertensives, NaHCO<sub>3</sub>
- **Family history** - no family history of liver, renal disease malignancies
- **Social history**
  - Unmarried
  - Unemployed
  - Lives with her brother's family
  - Has good family support

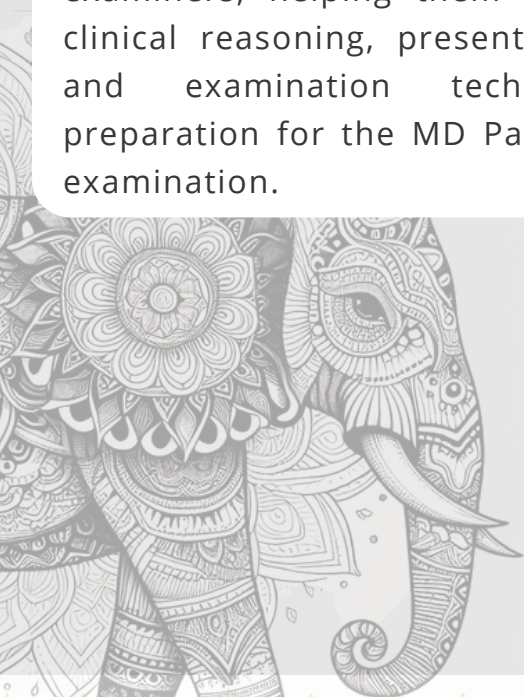




## MD Part II Clinical Preparatory Courses

The MD Part II Clinical Preparatory Course organized by the Ceylon College of Physicians was a structured mock examination programme conducted in February and March 2026 across several teaching hospitals in Sri Lanka. The course covered key specialties including Cardiology, Neurology, Respiratory Medicine, and General Medicine.

Designed to simulate the actual clinical examination setting, the programme provided candidates with exposure to long and short cases, bedside assessments, and structured viva-style discussions. Participants received constructive feedback from experienced consultants and examiners, helping them refine their clinical reasoning, presentation skills, and examination techniques in preparation for the MD Part II Clinical examination.



### MD Part II Clinical Preparatory Course

13.02.2026	Cardiology	Cardiology Unit, National Hospital of Sri Lanka, Colombo
19.02.2026	Rheumatology	4 <sup>th</sup> Floor, Rheumatology Unit, National Hospital of Sri Lanka
21.02.2026	Neurology	ClinMARC, National Hospital of Sri Lanka
22.02.2026	General Medicine and Sub-Specialties	ClinMARC, National Hospital of Sri Lanka
24.02.2026	Respiratory Medicine	National Hospital Galle
06.03.2026	General Medicine	University Hospital KDU, Werabera



We gratefully acknowledge all resource persons and coordinators from the college, Dr Dinuka Liyanage, Dr Wasanthi Rathnayake, Dr Gamini Pathirana, Dr Dumitha Govindapala, Dr Ushani Wariyapperuma, Dr Gunendrika Kasthuriratne, Dr Wimalasiri Uluwattage, Dr Dilusha Lamabadusuriya, Dr Maheshi Wijayabandara whose dedication and meticulous organisation made the programme a valuable learning experience for candidates.





## MRCP Preparatory Course

The MRCP Preparatory Examination was successfully held on the 6th of February 2026, providing an important opportunity for candidates to prepare for the MRCP PACES examination. The preparatory exam was organized to simulate the real examination environment, allowing trainees to practice their clinical examination skills, communication, and diagnostic reasoning under exam conditions.



The successful conduct of the preparatory examination was made possible through the dedication of Dr Dumitha Govindapala and the support of the organizing committee, examiners, patients, and all staff members who contributed to the smooth execution of the event.





## MRCP(UK) PACES Examination

### *1.2026 diet - February 2026*

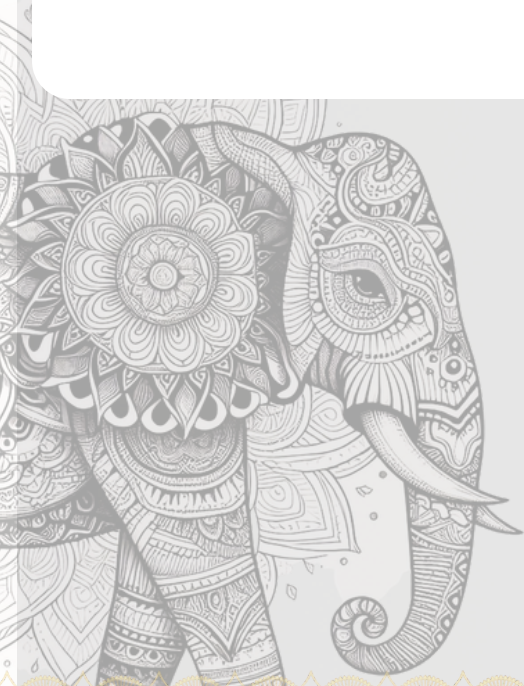
The MRCP(UK) PACES examination was successfully conducted at the Clin MARC, National Hospital of Sri Lanka, from 26th to 28th February 2026, marking the 15th time the examination has been held in Sri Lanka.

This sitting was particularly significant as it marked the 10th anniversary of the PACES examination in Sri Lanka, since its inception in February 2016 under the collaboration of the Ceylon College of Physicians (CCP) with the Royal College of Physicians (RCP). Over the past decade, the local PACES centre has played an important role in providing Sri Lankan and regional candidates access to this prestigious clinical assessment.

The February 2026 diet was conducted under the leadership of Dr Barana Millawithana, serving as the Host Examiner on behalf of CCP, together with Dr Nabil Jarad, who served as the Chair of the UK Examiners. A total of 45 candidates from Sri Lanka and overseas were able to sit for the examination during this diet.

The examination was supported by a dedicated panel of 15 local examiners, reflecting the growing local expertise and continued commitment to maintaining the high standards of the MRCP(UK) clinical examination. In addition, two Sri Lankan physicians were trained as trainee examiners, further strengthening the CCP's examiner base for future PACES diets.

A particularly memorable moment took place during the examiner briefing meeting held on the evening of 25th February. During this occasion, Professor Moe Thaw Oo representing the Royal College of Physicians and Surgeons of Glasgow, presented a special memento from the President of the College to Professor Namal Wijesinghe, the president of CCP. This gesture recognised the longstanding collaboration between the two institutions and acknowledged the significant contributions made by the CCP to postgraduate training in Sri Lanka.





## Continued...

Another highlight of the evening was the recognition of Dr Barana Millawithana, who was awarded the Senior Examiner Badge from the Royal College of Physicians and Surgeons of Glasgow, in appreciation of his ten years of dedicated service and commitment to the PACES examination in Sri Lanka.

On behalf of the Ceylon College of Physicians, sincere appreciation is extended to Dr Barana Millawithana (Host Examiner), Dr Duminda Munidasa (Chairman) and Dr Dumitha Govindapala (Convenor) of the CCP PACES Steering Committee for their leadership in successfully organising this landmark examination.



Special thanks to the CCP PACES Committee members, examiners, consultant physicians, CCP administrative staff, and volunteers, whose dedication and teamwork ensured the smooth conduct of this important examination.

The successful completion of this landmark 10-year milestone of PACES in Sri Lanka highlights the continued commitment of the Sri Lankan physician community to maintaining international standards in postgraduate clinical assessment and training.





## REVIVAL

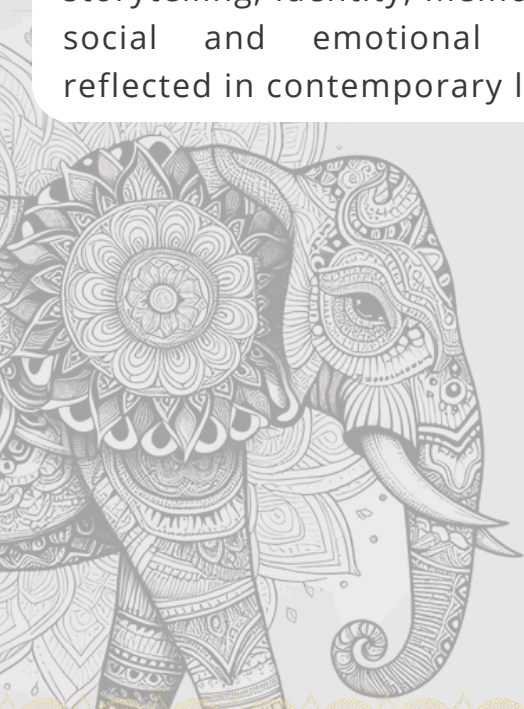
### *An Evening of Literature, Music and Reflection*

Revival returns with a deeply reflective and inspiring event organized by the Ceylon College of Physicians, bringing together literature, art and music in an atmosphere of fellowship and cultural appreciation. There were two Revival events for the January and February months, and each consisted of the Book Club, the Beyond Medicine lecture, followed by a musical interlude.

The program unfolded with the Book Club, featuring engaging discussions on work done by internationally acclaimed authors, including Shehan Karunatilaka and Arundhati Roy. These sessions explored powerful storytelling, identity, memory, and the social and emotional landscapes reflected in contemporary literature.

The Beyond Medicine Lecture invited the participants to step outside the clinical sphere. From musical conversations that bridged Hindi and Sinhala traditions to the inspiring lecture "Visualizing Illness: Bridging Art and Medicine," this segment highlighted the deep connections between creativity, culture, lived experience, and healing.

The evenings concluded with a Musical Interlude, offering timeless melodies in an intimate setting, followed by the fellowship dinner.



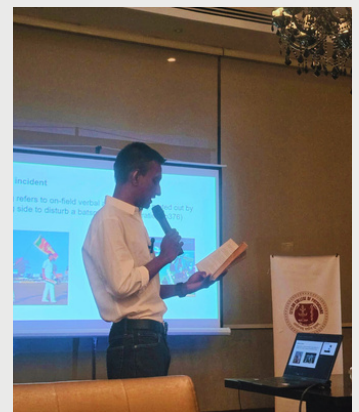


# CCP NEWS

Newsletter of Ceylon College of Physicians



## REVIVAL





## CCP SPORTS EVENTS

The Ceylon College of Physicians (CCP) continues to foster camaraderie, teamwork, and professional fellowship beyond the academic sphere through its monthly sports events. Among the most anticipated highlights of the College's social events are the friendly cricket encounters and the netball match, which bring together members in a spirit of unity, wellness, and healthy competition.

Both the men's and women's teams of CCP secured victories in their competitive matches, played against Sri Lanka College of Emergency Physicians and Sri Lanka College of Community Physicians. It was a commendable achievement that reflected strong teamwork, coordination, and determination. The netball match likewise demonstrated agility, collaboration, and enthusiasm, with vibrant participation and spirited support from members.

Through these initiatives, the CCP reaffirms its commitment not only to academic and professional excellence but also to cultivating a cohesive and supportive professional community. The College's sports events stand as a testament to its dedication to holistic engagement, professional camaraderie and the celebration of shared success both on and off the field.





## UPCOMING EVENTS



MARCH  
10

*Specialty Update*  
IN  
CARDIOLOGY

### **SPECIALTY UPDATE IN CARDIOLOGY**

Specialty Update in Cardiology will be held on 10<sup>th</sup> March, 2026 from 11.30-01.30 pm at the ClinMARC Auditorium, NHSL. This event is in collaboration with the Sri Lanka College of Cardiology




MARCH  
18

**REGIONAL  
ACADEMIC  
SESSIONS**

### **REGIONAL MEETING ANURADHAPURA**

Regional Meeting Anuradhapura will be held on 18<sup>th</sup> March 2026, in collaboration with Anuradhapura Medical Association.



MARCH  
19

*Young  
Physicians  
FORUM*

### **YOUNG PHYSICIANS' FORUM & COLLEGE LECTURE**

Young Physicians' Forum and the College Lecture will be held on 19<sup>th</sup> March 2026, 11.45 am to 12.45 pm at the ClinMARC Auditorium, NHSL.



MARCH  
24

*Periphery  
TO THE  
FORE*

### **PERIPHERY TO THE FORE**

Peer Learning: Periphery to the Fore is scheduled to be held on 24<sup>th</sup> March 2026, 12.00 noon to 1.30 pm via virtual platform



# CCP NEWS

Newsletter of Ceylon College of Physicians



## CEYLON COLLEGE OF PHYSICIANS

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