

Developing a research agenda in a less-than-research-friendly environment: the Ragama story

Professor Janaka de Silva



Janaka de Silva is Senior Professor and Chair of Medicine at the University of Kelaniya. He is currently also Director, Postgraduate Institute of Medicine, University of Colombo and Chairman, National Research Council. He was previously Dean of Medicine and member of the University Grants Commission. Prof de Silva had his medical training in Colombo and Oxford. He is a Fellow of the Royal College of Physicians London, Ceylon College of Physicians, and National Academy of Sciences of Sri Lanka, and Honorary Fellow of the Royal Australasian College of Physicians, Royal College of Physicians of Thailand and College of General Practitioners of Sri Lanka. He is Editor Emeritus of the Ceylon Medical Journal, a Deputy Editor of PLoS Neglected Tropical Diseases and Joint Editor of the Online Appendix of Kumar and Clark's Clinical Medicine. He was recipient of the titular national honour Vidyajyothi, the highest award for scientific achievement in Sri Lanka.

SUMMARY

Universities should be engines for knowledge generation. Although there are signs of change, a research culture is not widespread in Sri Lankan universities. It was in this environment that the Faculty of Medicine was established at the University of Kelaniya, in 1991. The private North Colombo Medical College, that was its physical forerunner, had virtually no recognized research output.

The major strength of the new faculty was the quality of its academic staff. It soon had a critical mass of restless high-achievers with excellent postgraduate training. As with most institutions with a short history, making a mark nationally and internationally depended on drive, commitment, pragmatism and, most importantly, innovation - adapting to research in a resource poor setting. The strategy had to be simple and feasible: not to compete internationally in laboratory-based basic sciences, but to focus on diseases that were relevant locally but rare in the West, and on diseases of affluence that were emerging in the developing world, concentrating on their epidemiology and clinical aspects, and seeking foreign collaboration for their detailed study.

Research was undertaken while developing new study programmes, curricula and timetables for the newly established faculty, and servicing one of the busiest teaching hospital in the country. There was a freedom to follow individual research interests, and as each department initially had few staff, inter-departmental, multi-disciplinary research was not just a philosophy, but a necessity. Though there were a few skeptics, research was encouraged at every level, including in the undergraduate curriculum, and achievements publicly acknowledged.

International collaborations with leading researchers and institutions followed. Faculty members were recognized for their research and many were soon in influential academic, editorial and administrative positions nationally and internationally. Research infrastructure was built gradually: a molecular medicine unit, a clinical trials unit participating in ground-breaking international trials, a national reference laboratory for thalassaemia, a community cohort for the longitudinal study of non-communicable diseases, and one of the only four WHO-recognized ethics committees in the country, to name a few.

At 25 years, and starting from zero, our measureable institutional research output stands at about 1,000 Google Scholar and 500 PubMed publications, with over 10,500 citations and an h-index of 46. Compared to the first five years (1991-1996), publications and citations have increased nearly 10-fold during the last four (2012-2015). Work in some areas has led to implementation or changes in clinical practice and health policy internationally. The output is one of the best in this country, but challenges remain and the impetus needs to be sustained, and the research agenda more ambitious.

Session chair: Prof M J S Wijeyarathne