# Review of Degree Programmes
# of the
# Gampaha Wickramarachchi
# University of Indigenous Medicine

# Final Report of the Main Committee

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# 1. Background

Gampaha Wickramarachchi University of Indigenous Medicine (GWUIM) was established as a state university in 2021 and subsequently expanded from a mono-disciplinary institution into a multi-faculty university with the addition of the Faculties of Indigenous Health Sciences and Technology, Indigenous Social Sciences and Management Studies, and Graduate Studies, alongside the pre-existing Faculty of Indigenous Medicine. It has been consistently observed that this expansion has taken place within a short timeframe and that the transition generated substantial academic, administrative, human-resource, and infrastructure challenges. At the same time, it is recognize that the University has significant potential to preserve and advance indigenous knowledge through higher education and innovation. In this background the University Grants Commission (UGC) undertook a review of the new undergraduate programmes of the University. This task was assigned to several sub-groups. The sub-groups visited the University, examined documents, and conducted interviews with staff and students. There reports were submitted the the UGC.

The reports of the sub-groups indicate a recurring institutional pattern across programmes: curriculum development and approval processes were sometimes unstable or insufficiently grounded in the institutional ecosystem; staffing and physical infrastructure were often inadequate for the scale of student intake; and several programmes require clearer academic positioning, stronger professional identity, and improved alignment with GWUIM's vision and mission. These cross-cutting issues are particularly evident in the programmes in technology, health information and communication technology, management, tourism, and applied interdisciplinary fields.

In this background the UGC appointed a main committee consisting of the following members to make a final recommendation to the UGC.

- Prof. D. A. Premakumara De Silva – Chair and Senior Professor of Socialogy and the Former Dean of the Faculty of Arts, University of Colombo and Former Member of the University Grants Commission. (Chair)
- Prof. Susantha P Molligoda – Professor, Department of Basic Principals and Ayurveda Anatomy and Physiology and the Dean of the Faculty of Indigenous Medicine, University of Colombo. (Member)
- Prof. Vajira H. W. Dissanayake – Chair and Senior Professor of Anatomy, Genetics and Biomedical Informatics and the Dean of the Faculty of Medicine, University of Colombo. (Member)

# 2. Mandate of the Main Committee

In keeping with the Terms of Reference (TOR) (Annex 1) , the Main Committee was mandated to conduct a comprehensive evaluation of the degree programmes of GWUIM based on the sub-group reports, in order to assess the quality, relevance, feasibility, alignment with national needs and institutional scope, and graduate employability of each programme, and to recommend whether each programme should be continued, discontinued, or merged with other programmes.

## 3. Objectives

This report is guided by the objectives set out in the TOR, namely to evaluate the academic, professional, and socio-economic relevance of the programmes; assess alignment with the vision, mission, and scope of GWUIM; examine curriculum structure, entry requirements, and graduate competencies; review staff adequacy and disciplinary suitability; assess infrastructure and learning resources; identify opportunities for research, industry, and community engagement; examine feasibility for continuation, restructuring, or merger; and identify necessary policy, administrative, and regulatory reforms.

## 4. Methodology

The Main Committee undertook a comprehensive desk review of the sub-group reports relating to the eight undergraduate programme under consideration. The Bachelor of Ayurveda Medicine and Surgery (BAMS) course offered by the Faculty of Indigenous Medicine was not part of this review.

The analysis below is based on the documentary evidence contained in those sub group reports and their stated findings, evaluations, and recommendations.

## 5. Main Cross-Cutting Findings

Across the review reports, several recurring themes emerge.

1. Many programmes are affected by the rapid expansion of the University and the resulting mismatch between programme ambitions and available human and physical resources.
2. Multiple reports identify misalignment between programme titles, curriculum content, graduate profile, and institutional ecosystem.
3. There are common concerns about staffing levels, overreliance on visiting or insufficiently specialized academic staff, inadequate library and laboratory support, and weak industry or clinical linkages.
4. While several programmes have clear potential and national relevance, many require restructuring rather than simple continuation in their current form

## 6. Programme-wise Findings and Recommendations

## 6.1 Bachelor of Science Honours in Yoga and Parapsychology

The sub-group report (Annex 2) identifies substantial misalignment between the stated graduate profile and the curriculum. A significant portion of the curriculum is occupied by marketing, tourism, graphic design, and fragmented psychology content, while the programme does not provide the structured practical training, supervised teaching, anatomy, physiology, and clinical depth expected of a credible university-level yoga programme. The report also states that inclusion of “Parapsychology” in the title lacks sufficient academic and professional justification and undermines academic credibility. It recommends a stronger focus on yoga practice, yoga philosophy, indigenous knowledge systems, health-related applications, earlier research training, more practice-oriented assessment, additional permanent lecturers, and clearer graduate employment pathways.

**Main Committee Recommendation:**
This programme should **not continue in its present form**. It should be **restructured and continued under a revised title**, with the removal of "Parapsychology" from the degree title. Among the titles discussed in the review material, **BSc (Hons) in Yoga Science** is an acceptable option. Continuation should be conditional upon full curriculum revision to restore constructive alignment, strengthen practical and therapeutic yoga training, reduce non-core content, introduce progressive research training earlier in the programme, recruit additional permanent staff, and define realistic graduate roles aligned with employment in health, wellness, and yoga-related sectors. It may be appropriate for the University to engage in formal discussions with the Ayurveda Medical Council with a view to establishing a pathway for the registration of these graduates, thereby ensuring appropriate professional recognition and alignment with national regulatory standards.

## 6.2 BSc (Hons.) Health Tourism & Hospitality Management

The sub group report (Annex 3) finds serious conceptual and curricular weaknesses in this programme. It notes weak conceptual grounding, insufficient disciplinary depth in both health tourism and hospitality management, overlapping and technically flawed modules, irrational increase in intake from 50 to 70, unsatisfactory library and computer facilities, high student–staff ratio, and heavy dependence on visiting lecturers. The report also notes instability in the curriculum history and problems in academic governance and programme placement. At the same time, it recognizes potential relevance of the tourism and healthcare sectors if the programme is better structured and aligned.

**Main Committee Recommendation:**
This programme should **be continued only after major restructuring and institutional realignment**. The curriculum should be refocused on **one clear disciplinary base**, preferably either tourism management or hospitality management, with health tourism repositioned as a module rather than treated as a dual-core identity. The programme should be reassigned to the more appropriate academic setting identified in the draft recommendations only to the extent supported by the review logic, namely to improve governance alignment, subject expertise, and standing committee representation. Intake should be reduced to a manageable level, academic staffing strengthened, and library and programme-specific learning resources improved before continuation. It is also recommended to reassign this course to the Faculty of Indigenous Social Sciences and Management Studies.

## 6.3 BHSc (Hons) in Biomedical Technology

The sub-group review treats Biomedical Technology and Health Information and Communitation Technology (Annex 4) together, but it is clear that Biomedical Technology is intended as a health sciences–technology programme linked to biomedical applications, instrumentation, biotechnology, and problem-solving in health contexts. The sub-group report confirms strong student demand, national uniqueness, and evidence of innovation in areas such as biomedical sensors, wound-care technologies, and AI-supported diagnostics. However, it also states that the delivered curriculum has drifted away from health and indigenous content, that infrastructure is inadequate, that staffing is insufficient, and that clinical exposure and research support are weak.

**Main Committee Recommendation:**
This progamme may **continue, however if it is to remain at GWUIM it require urgent reform to align with indeginous content.** In addition the curriculum should be re-aligned toward biomedical and health applications rather than generic ICT content; staffing should be strengthened with expertise in biomedical and health sciences; laboratory and learning infrastructure should be upgraded; and targeted hospital and healthcare attachments should be established. Although the review report supports continuation at GWUIM with a concerted reform plan and does not support removal of the programme from the University at this stage, however and lack of alignment with indegnous knowledge and the staffing and resource constraints reassigning the programme to a technology faculty of another university is an option that must be considered.

## 6.4 BHSc (Hons) in Health Information and Communication Technology

The same review report (Annex 4) shows that Health Information and Communication Technolgy also has strong national relevance, high demand, and potential value in health informatics, digital health, and technology-enabled health systems. However, it identifies serious curriculum drift, with the delivered programme functioning largely as a general ICT degree rather than a health information and communication technology programme. It also notes minimal exposure to healthcare settings, almost no meaningful integration of indigenous medicine, insufficient staff depth in health informatics, severe infrastructure shortages, and confusion in graduate identity.

**Main Committee Recommendation:**
This programme may not be suitable for **GWUIM as the discipline itself is very poorly developed within the indeginous medical sector.** In any case the **progrmme require urgent reform to do justice to the students already enrolled in the programme**. Its continuation should be conditional upon restoring a genuinely health-oriented curriculum, increasing exposure to healthcare environments, strengthening academic capacity in health informatics and related domains, and improving laboratories, learning space, and governance. The exposure relavent to this programme is currenly not available with in the indeginous medical sector. Although the review report supports continuation at GWUIM with a concerted reform plan and does not support removal of the programme from the University at this stage, given the issues highlighted above and staffing and resource constraints reassigning the programme to a medical faculty of another university is an option that must be considered.

## 6.5 BSc (Hons.) in Indigenous Medicinal Resources

The sub-group review report (Annex 5) finds that the programme is relevant to national and institutional priorities and is SLQF compliant, but states clearly that indigenous medicinal resources content is currently insufficient for a programme carrying that title. It specifically identifies inadequate coverage of plant identification and weak integration of indigenous knowledge across agronomy, nutrition, plant pathology, medicinal plant cultivation, and related areas. The report also notes limited employability, declining admission Z-scores, and shortages in staff and infrastructure. Its recommendations emphasize increasing indigenous medicinal resources content to at least 30–40%, appointing an expert committee to revise the curriculum, recruiting more specialized lecturers, improving infrastructure, and strengthening research, industry, and community linkages.

**Main Committee Recommendation:**
This programme may **continue, but only after substantial curriculum restructuring**. The revised curriculum should include a significantly higher proportion of indigenous medicinal resources content, with explicit strengthening of plant identification and other core indigenous subject areas. Academic staffing and infrastructure should be strengthened in line with the review recommendations. A title revision may be considered only if undertaken through the curriculum review process and supported by subject-expert advice, as suggested in the sub-group report.

## 6.6 Bachelor of Health Science Honours in Indigenous Pharmaceutical Technology

This sub-group review (Annex 6) finds the programme conceptually aligned with national priorities and fully aligned with GWUIM's vision and mission. It recognizes a sound SLQF-compliant structure and potential contribution to value addition, innovation, and the indigenous pharmaceutical sector. However, it also identifies serious weaknesses: overlap with BAMS, unclear professional identity and scope of practice, insufficient regulatory exposure, limited postgraduate pathways, gaps in medicinal chemistry, computational chemistry, and Rasa Shastra, inadequate specialist staffing in indigenous pharmaceutical disciplines, insufficient hands-on practical exposure, lack of structured industry and clinical linkages, weak governance integration, and ambiguity in the present degree title. The review explicitly concludes that the programme is structurally and operationally unsustainable in its current form and requires urgent restructuring.

**Main Committee Recommendation:**
This programme **should continue, but only after comprehensive restructuring**. Priority areas are curriculum redesign, stronger regulatory and industrial training, clearer professional differentiation from BAMS, recruitment of additional specialists in herbal medicine and Rasa Shastra, better external examining, enhanced infrastructure and instrumentation, establishment of a herbal garden, and formalized collaboration with industry, regulatory bodies, and clinical institutions. A revision of the programme title should also be considered, as recommended in the review, to improve professional clarity and employability. The sub-group review does **not** provide sufficient basis to recommend merger with another programme at this stage.

## 6.7 Bachelor of Science Honours in Service Management

The review (Annex 7) report presents this as the most problematic of the social science/management programmes under consideration. It notes that the original Health Service Management proposal was rejected, that the present Service Management programme emerged largely as a substitute without a properly grounded ecosystem fit, and that no separate stakeholder survey appears to have been carried out for the revised programme. The report also notes inadequate academic staffing, absence of subject-specific expertise in service management or indigenous knowledge management, weak physical facilities, uncertainty about programme identity, and the need to clearly communicate the programme's nature to the already registered students. However, it also records that 50 students have already been registered and that the programme could technically commence with support from other staff, though under constrained conditions.

**Main Committee Recommendation:**
The programme should **not continue in its present form without prior revision**. Before commencement, the University should undertake urgent curriculum refinement based on a clearly defined programme direction and stronger stakeholder validation, ensure that students already registered are fully informed about the nature and limits of the programme, and strengthen staffing and facilities. The review evidence does not justify simple continuation as presently structured. Nor does it provide a firm evidentiary basis for immediate transfer of registered students to other universities as a main committee recommendation. The more defensible recommendation, based on the uploaded report, is to **delay commencement until the curriculum, staffing, and positioning issues are satisfactorily addressed**.

## 6.8 Bachelor of Science (Honours) in Social Studies in Indigenous Knowledge

The review (Annex 8) report describes this as a distinctive multidisciplinary degree combining indigenous knowledge with sociology, anthropology, geography, social research, fieldwork, internships, and practical learning. It finds the degree appropriately placed at SLQF Level 6 and notes that the curriculum has strong research training and positive student satisfaction. Stakeholder feedback, as summarized in the report, is generally favorable, with recommendations focused on enhancement rather than fundamental redesign. The report explicitly states that the programme is a unique standalone degree and does not lend itself to merger with other existing programmes. It recommends continuation with further improvement and proposes several possible alternative titles to situate the programme more clearly within broader social and cultural studies frameworks.

**Main Committee Recommendation:**
This programme should **continue**. It is one of the more coherent and academically grounded programmes in the review set. The University should, however, strengthen graduate visibility and employability through enhanced internships, career guidance, industry and institutional partnerships, and stronger technical and digital skill development. A title revision may be considered in line with the options proposed in the review report, but the available evidence does not support changing the department name or the university name as part of this main committee recommendation.

## 7. Consolidated Final Recommendations of the Main Committee

The Main Committee recommends the following:

1. **Yoga and Parapsychology**: continue only after major restructuring and removal of "Parapsychology" from the title; revise and continue as a yoga-focused degree.
2. **Health Tourism & Hospitality Management**: continue only after major restructuring, clearer disciplinary focus, reduced intake, and improved academic and resource alignment.
3. **Biomedical Technology**: to continue at GWUIM with urgent reform, including stronger biomedical focus, infrastructure, staffing, and health-sector integration. Reassigning the programme to Faculty of Technology of another unviersity is an option.
4. **Health Information and Communication Technology**: continue at GWUIM only with major restructuring to restore genuine health informatics orientation and professional coherence. Reassigning the programme to a medical faculty of another university is an option.
5. **Indigenous Medicinal Resources**: continue after significant curriculum restructuring to increase indigenous medicinal resources content and improve staff and infrastructure.

6. **Indigenous Pharmaceutical Technology**: continue only after comprehensive restructuring, clearer professional positioning, stronger staffing, better infrastructure, and improved industry/regulatory integration.
7. **Service Management**: do not continue in the current form; revise before implementation, strengthen stakeholder basis, staffing, facilities, and student communication.
8. **Social Studies in Indigenous Knowledge**: continue, with strengthening of graduate visibility, employability support, and possible retitling in line with review recommendations.

## 8. Concluding Note

The evidence across the reports suggests that the core issue is not simply whether individual programmes should continue or discontinue, but whether they can be brought into credible alignment with institutional scope, staffing, infrastructure, and graduate outcomes. Some programmes are sufficiently strong to continue with enhancement; others should continue only after major restructuring; and at least one should not proceed without prior revision. The common requirement across almost all programmes is stronger academic coherence, clearer graduate identity, improved staffing and infrastructure, and tighter alignment with the mandate of GWUIM.

The Committee notes that the University Grants Commission (UGC) has already initiated certain measures, including the suspension of student intake to selected programmes, in response to concerns relating to academic quality, resource adequacy, and programme viability. In this context, the Committee emphasizes the importance of ensuring that the decisions arising from this review, together with the implementation of its recommendations, are communicated in a clear, timely, and transparent manner to all relevant stakeholders, including the university administration, academic and non-academic staff, and the student body. Such communication is essential to manage expectations, address concerns, and facilitate an orderly and coordinated transition in the best interests of students, staff, the institution, and the higher education system.

Prof. D. A. Premakumara De Silva
Chair and Senior Professor of Socialogy and the Former Dean of the Faculty of Arts, University of Colombo and Former Member of the University Grants Commission.

Prof. Susantha P Molligoda
Professor, Department of Basic Principals and Ayurveda Anatomy and Physiology and the Dean of the Faculty of Indigenous Medicine, University of Colombo.

Prof. Vajira H. W. Dissanayake
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## Annexes

1. Terms of Reference of the Main Committee

2. Review Report - BSc (Hons) in Yoga and Parapsychology

3. Review Report - BSc (Hons) in Health Tourism & Hospitality Management

4. Review Report - BHSc (Hons) in Biomedical Technology and BHSc (Hons) in Health Information and Communication Technolgy

5. Review Report - BHSc (Hons) in Indigenous Pharmaceutical Technology

6. Review Report - BSc (Hons) in Indigenous Medicinal Resources

7. Review Report - BSc (Hons) in Service Management

8. Review Report - BSc (Hons) in Social Studies in Indigenous Knowledge

# TERMS OF REFERENCE (TOR) FOR THE MAIN COMMITTEE

**Main Committees for Reviewing Degree Programs of the Gampaha Wickramarachchi University of Indigenous Medicine (GWUIM)**

## 1. Purpose

The appointed main committee is mandated to conduct a comprehensive evaluation of selected degree programs offered by the Gampaha Wickramarachchi University of Indigenous Medicine (GWUIM) based on the Sub-Group reports. The purpose of this review is to assess the quality, relevance, feasibility, and alignment of each program with national needs, institutional scope, and graduate employability, and to recommend whether each program should be continued, discontinued, or merged with other programs.

## 2. Objectives

The specific objectives of the review are to:

1. **Evaluate the academic, professional, and socio-economic relevance** of existing degree programs in relation to national development priorities, market demand, and graduate employability.
2. **Assess whether each program is aligned with the vision, mission, and academic scope** of GWUIM.
3. **Examine the curriculum structure, eligibility requirements, and graduate competencies** to ensure alignment with UGC guidelines, professional standards, and international benchmarks.
4. **Review the qualifications, adequacy, and disciplinary suitability of academic staff** assigned to deliver the programs, including their teaching, research, and professional development contributions.
5. **Evaluate the availability and adequacy of infrastructure, laboratory and clinical facilities, and learning resources** required to support high-quality teaching and learning.
6. **Explore opportunities to strengthen research integration, industry linkages, and community engagement** within the degree programs.
7. **Examine the feasibility of continuing, restructuring, or merging programs** to improve institutional efficiency and academic coherence.
8. **Identify any policy, administrative, or regulatory reforms** necessary to enhance program quality, efficiency, and sustainability.

## 3. Scope of Work

The Main Committee shall:

1. Conduct a **comprehensive desk review of Sub-Group reports** on programs, syllabi, and performance data.
2. Provide clear, evidence-based recommendations on whether each program should be **continued, discontinued, or merged**, with justification and implementation guidance.

**4. Composition of the Main Committee**

Chairperson and the members of each Sub-Group

1. **Professor Premakumara de Silva – Chair**
   Faculty of Arts
   University of Colombo
2. **Professor S. Molligoda – Member**
   Faculty of Indigenous Medicine
   University of Colombo
3. **Professor Vajira H.W. Dissanayake – Member**
   Faculty of Medicine
   University of Colombo

**5. Deliverables and Timeline**

**The Main Committee shall produce the following outputs**:

1. **Final Report** – based on the Sub-Group reports, a combined summary of findings and recommendations, including suggestions for continuation, discontinuation, or merging of programs **within one (1) month** after receiving sub-committee report.

**6. Coordination and Support**

- **The UGC Secretariat** will coordinate communication, provide relevant information, and make logistical arrangements.
- Committees may request additional documentation through the UGC as required.
- Local reviewers may hold **online meetings** with other experts for collaborative review.

**INTERIM REVIEW REPORT**

**On**

**Bachelor of Science Honours in Yoga and Parapsychology**

**Submitted by**

**Department of Indigenous Health Sciences**

**Faculty of Indigenous Health Sciences and Technology**

**Gampaha Wickramarachchi University of Indigenous Medicine**

**REVIEW SUB COMMITTEE**

1. **Dr Pavithra K.S. Godamunne,** Senior Lecturer and Head, Department of Medical Education, Faculty of Medicine, University of Kelaniya
2. **Ven. Dr. K. Rewatha,** Senior Lecturer and Head, Psychology Unit, Faculty of Social Sciences, University of Kelaniya

10th March 2026

## 1.0 INTRODUCTION

The University Grants Commission at its 1162nd meeting held on 7th January 2026 appointed a sub-committee to review the Bachelor of Science Honours in Yoga and Parapsychology (BSc Hons (YPpsy), a four-year undergraduate programme offered by the Department of Indigenous Health Sciences, Faculty of Indigenous Health Sciences and Technology, Gampaha Wickramarachchi University of Indigenous Medicine (GWUIM). The sub-committee was tasked with conducting a thorough evaluation of this programme, including assessing academic quality, relevance to national and institutional priorities, curriculum design, graduate competencies and resource adequacy.

This review is part of the Indigenous Medicine sub-group's ongoing evaluation and is conducted in parallel with the review of two other degree programmes. Based on this sub-committee's report, the sub-group will assess opportunities for programme continuation, discontinuation, or merger, and provide consolidated recommendations to the Main Committee.

The summary of the preliminary observations and recommendations of the subcommittee appointed to review the Bachelor of Science Honours in Yoga and Parapsychology are given below. Three versions of the curriculum submitted (old curriculum, new curriculum and UGC approved curriculum), as well as handbooks and records of human and physical resources submitted by the Department were evaluated. The review team also met with the Commissioner General of Ayurveda, Mrs A.M.G.N. Deepthi Sumanasena, on 9th March 2026 to discuss regarding employability of graduates of the proposed programme.

The review committee considered whether the programme meets academic, professional, and employability standards expected of a university degree. It was evaluated primarily considering the guidelines of Sri Lanka Qualification Framework (SLQF). In the absence of relevant subject benchmark statements from Sri Lanka, it was compared with international yoga training standards benchmarks provided by Yoga Alliance Standards and International Association of Yoga Therapists (IAYT), as well as undergraduate programmes offered by leading, recognized universities in India providing similar yoga degrees such as Banaras Hindu University (BHU), Patanjali University, Haridwar and S-VYASA, Bengaluru.

## 2.0 KEY OBSERVATIONS

2.1 There is a misalignment between the stated graduate profile and the course content. The graduate profile indicates that students will develop expertise in yoga, parapsychology, and related indigenous knowledge systems, with the intention of contributing to health promotion, personal development, and potentially professional practice in yoga-related fields. However, a significant part of the curriculum is devoted to subjects such as marketing, digital marketing, consumer behaviour, strategic management, graphic design, and tourism-related topics. Some exposure to entrepreneurship and management can be useful, but these subjects take up too much space in a programme meant to focus on yoga and related knowledge. As a result, the curriculum does not fully support the skills described in the graduate profile, and the professional role of graduates remains unclear.

2.2 When considering both the graduate profile and the stated objectives, the inclusion of parapsychology in the degree title appears to lack sufficient academic and professional justification. Parapsychology is widely regarded as a controversial and marginal field within psychology, and it is generally **not** recognized as a core discipline in mainstream educational, social, health, or industrial contexts. The current title includes Parapsychology, which may reduce the perceived academic credibility of the degree. In addition, psychology and yoga degree programmes offered by reputable universities internationally,including institutions in India where yoga studies are well established, do not typically include parapsychology in the degree title or as a central component of training. The inclusion of Parapsychology in the current title may therefore undermine the perceived academic credibility of the programme. Given that GWUIM intends to prepare graduates for employment in educational, healthcare, and business sectors, this inclusion suggests a misalignment with the positioning of contemporary psychology and yoga education.

2.3 The curriculum includes multiple psychology modules, but they are fragmented and lack the academic rigour and systematic coverage expected in recognized psychology programmes. Some topics are inappropriately placed—for example, mental disorders should appear under Abnormal Psychology or Psychology of Mental Health rather than Health Psychology, while foundational areas such as Developmental, Cognitive, and Social Psychology are grouped under Applied Psychology. The inclusion of several psychology modules may overstate the programme's psychology content and create ambiguity about graduate skills.

2.4 A stated aim of the programme is to produce professionals capable of yoga therapy practice. But the curriculum is not fully aligned with international yoga education and

therapy standards. While university degrees do not necessarily have to follow these professional frameworks, alignment can enhance graduate credibility and mobility. The programme includes yoga philosophy and practice but lacks structured practical training, supervised teaching, and sufficient anatomy, physiology, and clinical content. Inclusion of unrelated subjects further limits core training.

2.5 Although anatomy and physiology are included, the depth appears limited compared to modern yoga education programmes, particularly those designed for work within healthcare environments. Areas typically emphasised internationally include, musculoskeletal anatomy, biomechanics, pathophysiology, exercise science, injury prevention etc. These are not included in the current curricula.

2.6 Leading Indian university yoga programmes (e.g., S-VYASA, BHU) maintain a clear disciplinary focus on yoga philosophy, practice, anatomy, physiology, psychology, research methods, and therapeutic applications, supported by clinical exposure and evidence-based approaches. In contrast, the curriculum under review emphasizes parapsychology and metaphysical topics, with less focus on biomedical sciences, systematic yoga training, or therapeutic application, diverging from the scientific and health-oriented orientation of recognized programmes.

2.7 Research Methodology seems to be introduced only in Year 4. There is limited progression in statistics, research design, or application, which may restrict students' ability to develop strong, independent research skills. Typically, undergraduate degrees in Sri Lanka adhering to SLQF level 6, introduce research concepts early and provide progressive training, rather than introducing research only in the final year. This ensures students gradually develop research skills, including methodology, statistics, and project design, culminating in an independent research project.

2.8 Currently, approximately 65 students are enrolled in the BSc in Yoga and Parapsychology programme. The Department of Indigenous Health Sciences has adequate lecture rooms and space for yoga practice following its relocation to the Imbulgoda premises. However, only three permanent lecturers are attached to the department, while the department is responsible for two degree programmes, resulting in many sessions being delivered by visiting lecturers. Considering the UGC's recommended student–teacher ratios for undergraduate programmes, the current staffing is insufficient to maintain academic quality and sustainability.

2.9 Several practicum modules include theoretical or descriptive content that may be more appropriate for lecture-based courses. For example, YOGA PRACTICUM – V (BSYP 31052) and VI (BSYP 32042) cover philosophical explanations, historical traditions, or conceptual discussions rather than focusing on practical skills. Practicum courses in higher education are normally designed to develop hands-on competencies through supervised practice, demonstrations, and skill-based assessments. Including theory in

these modules can reduce time for skill development and create misalignment between objectives, teaching methods, and assessments. Competency-based practicum modules should prioritise practical learning and performance-based evaluation.

2.10 The programme includes elements of traditional yoga knowledge and practice and may be valuable in the context of Sri Lanka's expanding wellness and yoga tourism sector. However, the employability pathways for graduates are not clearly articulated. At present, there are no formally recognized career pathways for yoga therapists within the State Ayurvedic sector, which limits direct public sector employment opportunities. In addition, the curriculum does not clearly identify structured opportunities for supervised placements or internships that would allow students to obtain the requisite practical training hours. Potential training and employment opportunities within the private wellness sector and institutions linked to the tourism industry are also not clearly mapped.

## 2.0 KEY RECOMMENDATIONS

2.1 The graduate outcomes are unclear and need to be explicitly defined to match the curriculum. The programme, as currently designed, does not provide sufficient clinical training to qualify graduates as yoga therapists. If the intended outcome is to train graduates as yoga technicians, this should be clearly stated. Graduate competencies should be realistic, aligned with the curriculum, and linked to employability in health, wellness, or yoga-related roles.

2.2 It is strongly recommended to revise the degree title and focus. 'Parapsychology' should be removed from the degree title. Curriculum should be revised to re-focus on yoga practice, yoga philosophy, indigenous knowledge systems, and health-related applications to strengthen academic credibility and professional relevance
Some suggested names for the revised degree are:

- BSc Hons in Yoga Science
- BSc Hons in Yoga and Health Sciences
- BSc Hons in Yoga and Wellness
- BSc Hons in Yoga and Wellness Treatments

2.3. The constructive alignment between graduate profile, curriculum and module content needs to be improved. Non-core subjects such as marketing, tourism, and graphic design should be reduced or offered as optional/ elective modules. Modules that develop practical yoga skills, therapeutic applications, anatomy, physiology,

psychology of wellbeing, and research methods should be strengthened ensuring students gain depth rather than a broad but shallow exposure.

2.4 Currently research methodology is introduced only in Year 4, with limited progression in statistics or research design. Earlier and more progressive research training across the programme would strengthen student competencies.

2.5 The psychology content in the curriculum should be reduced and restructured. Only essential topics relevant to yoga practice, stress management, and behaviour change should be included. These can be offered as one or two dedicated modules or integrated into other modules, such as Yoga Philosophy or Therapeutic Applications of Yoga. If offered as separate modules, topics should be organized coherently with a clear focus on practical application, for example, covering stress and emotion regulation, mindfulness, and motivation in a way that directly informs yoga instruction and therapy.

2.6 While the curriculum includes essential components such as anatomy, physiology, research methodology, and practical yoga training, it places disproportionate emphasis on parapsychology and metaphysical content, which is not typical of university-level yoga programmes. It is recommended to expand the depth in anatomy, physiology, biomechanics, pathophysiology, exercise science, and injury prevention to prepare graduates for health-focused professional roles. These changes would enhance the professional credibility of graduates and support clear, realistic graduate outcomes.

2.7 It is recommended to introduce research methodology earlier in the programme and provide a progressive sequence of training in research design, statistics, and project work. This would strengthen students' research competencies and better prepare them for independent study and evidence-based practice.

2.8 The department should recruit additional permanent lecturers, particularly if the programmes continue under a revised structure.

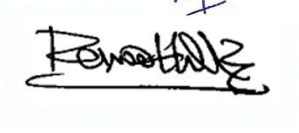
2.9 It is recommended that practice-oriented modules be reviewed to strengthen their practical focus, with greater emphasis on supervised practice, demonstration of techniques, and practical evaluation. Theoretical discussions and written assessments could be relocated to relevant theory modules, while practicum courses should primarily assess practical performance and applied skills. This approach will improve constructive alignment in the curriculum and better support the development of professional competencies in yoga practice and instruction.

2.10 The programme should clearly define potential graduate employment pathways and align the curriculum accordingly. In particular, opportunities within the private wellness sector and collaborations with the tourism industry should be explicitly explored and incorporated where relevant. The programme should also

identify and formalize partnerships with suitable institutions to provide supervised clinical placements or internships, ensuring that students can complete the required practical training hours and graduate with appropriate professional competencies.

In summary, while the proposed programme includes elements of traditional yoga knowledge and practice and can be a useful course, particularly given the expanding wellness and yoga tourism sector in Sri Lanka, significant revisions are needed to ensure academic quality, relevance, and professional credibility. The curriculum should clearly define the graduate role, whether as a yoga therapist or yoga technician, and align content accordingly. For a yoga technician pathway, emphasis should be on safe instruction, foundational biomedical knowledge, evidence-based yoga practice, and structured practical training; for a yoga therapist, substantially more clinical and therapeutic content would be required. Parapsychology should be removed as a core focus, and essential modules such as research methods, professional ethics, and counselling skills should be included. The programme should also demonstrate how graduates contribute to national health promotion and wellness priorities, and ensure sufficient resources, qualified staff, practice facilities, and supervised practicum, to achieve intended learning outcomes at a university standard.

**Signatures of Review Panel:**

1. Dr Pavithra K.S. Godamunne: 
2. Ven. Dr. K. Rewatha: 

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# Interim review report for the BSc in Yoga and Parapsychology, GWUIM

**Dr. H.K.B.M.S.Karunaratne - Gampaha Wickramarachchi University of Indigenous Medicine** <minrupa@gwu.ac.lk> Wed, Mar 11, 2026 at 12:34 PM
To: Vice Chairman UGC <vicechairman@ugc.ac.lk>
Cc: Chathurika Gunawardena <chathurika@ugc.ac.lk>, Kumbukandana Rewatha Thero - University of Kelaniya <krewatha@kln.ac.lk>

To:
Senior Professor K.L. Wasantha Kumara
Vice Chairman
University Grants Commission

Dear Sir,

I agree with all the **Key Observations** and some of the **Key Recommendations** (2.1, 2.3, 2.4, 2.7, 2.8, 2.9, and 2.10) in the Interim Review Report for the Bachelor of Science Honours in Yoga and Parapsychology, GWUIM, as stated by the other two members.

However, I disagree with to change the current name of this degree program. If a decision is strongly made to change the current name, I kindly request that it be changed at least to **BSc (Hons) in Yoga Science**.

Thank you,
Yours sincerely,
Dr.H.K.B.M.S Karunartne,
Head -Department of Cikitsa,
FIM, GWUIM.

# Sub-committee Report on
# BSc (Hons.) Health Tourism & Hospitality Management Degree Programme

Department of Indigenous Health Sciences
Faculty of Indigenous Health Science and Technology
Gampaha Wickramarachchi University of Indigenous Medicine
Kandy Road, Yakkala
Sri Lanka

February 12, 2026

**Sub-committee Report on**
**BSc (Hons.) Health Tourism & Hospitality Management Degree Programme**

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|---|---|
| Submitted to: | Vice Chairman<br>University Grants Commission |
| Compiled by: | Prof. Iraj Ratnayake and Prof. M.S.M. Aslam<br>Sub-Committee Members for Reviewing Degree Programmes of Social Science and Management - Gampaha Wickramarachchi University of Indigenous Medicine |
| Date: | February 12, 2026 |
| Note: | "In this report, 'University' refers to the Gampaha Wickramarachchi University of Indigenous Medicine; 'Faculty' refers to the Faculty of Indigenous Health Science and Technology; 'Department' refers to the Department of Indigenous Health Sciences; and 'Degree Programme' refers to the BSc (Hons.) in Health Tourism & Hospitality Management, unless otherwise stated." |

## 1. Introduction

1.1 The Gampaha Wickramarachchi University of Indigenous Medicine (GWUIM) was established in 2021 as a state university in Sri Lanka. The University holds significant potential in preserving and advancing indigenous knowledge within the national higher education landscape through culturally grounded academic innovation. However, it is observed that the transition from an institutional status to a fully-fledged university was undertaken within a relatively short timeframe. This accelerated transformation has resulted in several administrative, academic, and operational challenges, generating a considerable degree of unrest within the university community, particularly among students.

1.2 Following its elevation to university status, GWUIM was structured into four faculties, incorporating three newly established faculties—namely, the Faculty of Indigenous Health Sciences and Technology, the Faculty of Indigenous Social Sciences and Management Studies, and the Faculty of Graduate Studies—in addition to the pre-existing Faculty of Indigenous Medicine. The rapid expansion of the higher education sector in Sri Lanka, coupled with the national demand for increased access to university education, appears to have necessitated an expedited establishment process aimed at accommodating a higher student intake.

1.3 Although the University has continued to admit students annually since its inception, several constraints—particularly in curriculum development, as well as limitations in physical infrastructure and human resources—have impeded the smooth and effective delivery of academic programmes. Faculty administrators and academic staff are confronted with significant challenges in meeting student expectations, especially where programme structures, facilities, and academic provisions outlined in student handbooks are not fully aligned with the available resources and the existing curriculum framework. The transition of the University from a mono-disciplinary institution to a multi-disciplinary university can be identified as a primary underlying cause of many of the prevailing issues. This structural transformation appears to have been undertaken without a comprehensive assessment of the

institutional ecosystem required to support such expansion. In particular, insufficient stakeholder consultation and limited institutional preparedness may have contributed to the challenges currently faced.

1.4 Recognising the urgency of the matter, the University Grants Commission (UGC) appointed a subcommittee to examine the prevailing situation. Its mandate includes reviewing documentary evidence, assessing academic and physical resources, and evaluating institutional capacity, with a view to producing a comprehensive report. Accordingly, the Subcommittee for the BSc (Hons.) in Health Tourism & Hospitality Management commenced its work with a desk review of relevant documents and formulated a roadmap to assess curriculum design, assessment practices, teaching–learning processes, and learner support systems, the relevance, coherence, and market responsiveness of the Degree Programme. Particular attention was given to evaluating its alignment with national priorities and industry demand, as well as its capacity to capitalise on the resources of the University.

**2. Summary of Meetings Held**

2.1 Meeting with the Vice Chancellor: Meeting with the Vice Chancellor was very informative to understand the operational aspects and the present and future development of the University in terms of physical and human capital development. Further, she provided information about the strategic plan of the university. Her briefing and explanation of the degree programme, BSc (Hons.) Health Tourism and Hospitality Management elucidates the initial potential and need for its introduction, and challenges and issues faced by the University after admitting students. The Vice Chancellor holds very positive and progressive ideas and is optimistic about sustaining the future growth and development of the University. Under her visionary leadership, the University administration has managed to acquire a few properties and lands in approximate distances to their present location. Newly identified locations include a premises for BSc (Hons.) Health Tourism & Hospitality Management, for example. However, she emphasised the necessity of reviewing, restructuring and relocating its faculties, departments, and programmes to ensure the smooth functioning of the University. Despite student protests and strikes demanding a secure future, the intervention of the University Grants Commission (UGC) has led students to tone down their protests and have positive hope with the present administration.

2.2 Meeting with Registrar and Bursar: This was a very informative meeting. Both officers were able to magnify many facts brought forward by the Vice Chancellor, while elaborating the reasons and potential for the commencement of the University, Faculties and degree programmes, including the one under review. The financial performance of the University in 2025 was over 90 per cent, which is commendable, and it shows a clear indication of the growth potential of the University. The top administration of the University has shown a keen interest in its future development and is working collaboratively, which is commendable.

2.3 Meeting with the Dean: The meeting with the Dean of the Faculty was very insightful. The change of deanship four times within the last four years shows instability of its administration. Presently, the Faculty offers six degree programmes under three departments and accommodates 1190 students. The degree programme under review was started as BSc (Hons.) Medical Tourism & Hospitality Management with the UGC approved (earlier curriculum), which was changed to BSc (Hons.) Health Tourism & Hospitality Management after admitting the candidates in 2021. This curriculum content has also been further revised

in 2022 (present curriculum). The Dean also noted that the placement of the Degree in the Department, which has led to misrepresentation in the relevant UGC Standing Committee.

2.4 Meeting with the HOD and Academic Staff**:** The Department is served by relatively young staff. Due to a lack of adequate staff in the Department to serve in the Degree programme, the existing academic staff have been overburdened. Despite the delivery of lectures, they have to be either personally or collectively involved in setting and moderating examination papers, first and second marking of examination papers, completing formative assessments, finalising and releasing results, mentoring, supervising student research, counselling and facilitating extracurricular activities of students. This has been a critical issue since the Department has to obtain the services of a considerable number of external resource persons. It was noted that the release of examination results has been delayed and not consistent due to these reasons.

According to the Department sources, the student-teacher relationship has shown considerable improvement over time. However, a poor student-teacher ratio has created a considerable burden on the academic staff, which requires immediate attention. This has resulted in the deterioration of the research culture, academic progress and quality of life of the academic staff at present. The commitment and dedication of the academic staff of the department are commendable under these circumstances.

Table 1: Student Intake

| **Year** | **No of Students** |
|---|---|
| I | 54 |
| II | 68 |
| III | 36 |
| IV | 38 |
| Total | 196 |

2.5 Meeting with the Director, Quality Assurance Cell: The University has established a Centre for Quality Assurance (CQA), headed by a Director, to oversee and coordinate quality-related matters in accordance with its institutional mandate. It was observed that the CQA is actively engaged in fulfilling its responsibilities. The Director demonstrated a clear understanding of the current quality assurance status of the University and expressed confidence regarding its future developmental requirements at the levels of the University, Faculties, and Departments.

During the discussion, the Director of Quality Assurance highlighted a fundamental mismatch in assigning the Degree Programme to its current Department and Faculty, noting that the Faculty's principal academic orientation is in health sciences and technology. This misalignment appears to have stemmed from a misunderstanding of the scope and disciplinary positioning of the Degree Programme at the time of its inception. It is noteworthy that the programme was initially titled BSc (Hons.) in Medical Tourism & Hospitality Management*,* which may have contributed to ambiguity regarding its academic placement.

Furthermore, the objective of delivering a quality academic programme has been constrained by the initiation of the Degree Programme without the minimum required teaching and learning resources. Key deficiencies were observed in areas such as academic staffing,

lecture halls, computer laboratories, library facilities, and student welfare and recreational infrastructure. As a consequence, the prevailing academic environment and campus ambience are struggling to meet the expectations of undergraduate students, particularly those belonging to Generation Z, who typically anticipate technologically enabled, resource-rich, and student-centred learning environments.

2.6 Meeting with the Students: During the meeting, students expressed serious concerns regarding the change in the title of the Degree Programme, which occurred after the admission of the first batch. They also raised issues relating to subsequent alterations to course content. These changes have generated confusion and tension between students and the administration, particularly due to perceived inconsistencies between the programme initially presented at the time of admission and the revised structure currently in operation. Students reported that the change in programme title and curriculum modifications have created uncertainty regarding the academic identity of the Degree and its recognition in the employment market. This uncertainty has contributed to anxiety about their future career prospects. Furthermore, administrative instability and the perceived lack of consistent communication have adversely affected student confidence in institutional processes.

The unavailability of adequate physical infrastructure—including laboratories, library facilities, lecture halls, and other essential learning spaces—was identified as a major source of frustration. Delays in establishing appropriate learning environments and insufficient teaching–learning resources have negatively impacted students' academic experience and self-confidence. Many students indicated that the existing facilities do not align with the expectations created at the time of enrolment. At the same time, students expressed cautious optimism regarding the current administration and conveyed confidence in the intervention of the University Grants Commission (UGC) as a constructive step toward addressing the prevailing challenges and restoring academic stability.

2.7 Meeting with the Library Staff: In the absence of the Librarian, the library staff were able to demonstrate and show the available library facilities and resources. However, the present library does not have sufficient resources required for the Degree programme. This prevents students from integrating the library into their learning landscape and occupying themselves with library resources. This could be recognised as one of the primary issues that has been neglected even after the admission of four batches of students. The procurement of the books requested by the department staff has been delayed considerably. The library space requirement has also been a part of the issue.

2.8 Observation of the Faculty and the Department Premises: The Faculty is located in a single building with four lecture halls to accommodate six-degree programmes of its three departments, accommodating 1190 students. The provision of welfare and canteen facilities remains unsatisfactory. The present Faculty premises are not equipped with any student activity areas, lobbies or welfare facilities. The ongoing resistance from the students of the Faculty of Indigenous Medicine to share some of the available facilities has aggravated the issue.

**3. Documents Reviewed**

a. Gazette Notification: 28.10.2022. Announced the establishment of the GWUIM with four faculties, including the faculty of graduate studies and 13 departments, with effect from 01.03.2021.

b. Board of Management Decision: 23.09.2020 appointed the review panel to review the Degree programme on BSc (Hons) in Medical Tourism and Hospitality Management.
c. Senate and Council Decision: On 19.04.2021 UGC Council Meeting recommended a change of the name of the degree to BSc (Hons) in Health Tourism and Hospitality Management, and on 29.07.2021 Council approved the Degree Programme, and on 22.12.2022, approve for the curriculum revision. On 07.01.2023 approved the revised curriculum was approved, which is presently adopted.
d. Curriculum Review Report: After changing the name of the Degree programme, the curriculum has been revised with some changes introduced to the previously proposed curriculum.
e. QAAC & UGC - approved curriculum (2020): BSc (Hons) in Medical Tourism & Hospitality Management
f. Current curriculum (2021): BSc in Health Tourism & Hospitality Management: Lack of coherence and practical difficulties of continuing the 2020 curriculum led the department, faculty and the university to have another round of curriculum revision, which incorporated the subject experts and stakeholders in the relevant disciplines except students.
g. Strategic Plan of GWUIM: The university has prepared its strategic plan that include development of academic programmes along with physical development, which include acquisitions of new lands and premises for the expansion of the University from its present location. The strategic plan also includes developments of lecture halls, laboratories, administration blocks, student welfare and activity centres, playgrounds and library.
h. Student Handbooks 22/23: As per the students' handbooks, delivering the degree programme, providing an appropriate learning landscape, and conducting formative and summative assessments are challenging tasks for the administration and academic staff, with the dearth of resources and facilities. The degree programme needs more competent senior academic staff in addition to the presently available dedicated and hardworking junior academic staff to ensure the smooth delivery of the programme.

## 4. Preliminary Observations

4.1. Desk review of programs, syllabi, and performance data.

The documentary review began with documents received from the Vice-Chairman's Office of the UGC, along with the ToR. These documents include all the above-mentioned curricula and the strategic plan of GWUIM. Further, during the site visit, other documents related to students' admission, attendance and academic performance, learning environment, infrastructure and other facilities were also reviewed.

4.2 The national relevance of each program and its contribution to economic, scientific, and cultural development.

4.2.1 The healthcare and tourism industries have demonstrated significant growth in recent years, generating diverse employment opportunities both locally and internationally. Undergraduate degree programmes should be strategically aligned with major industry sectors, as graduates are required to compete with peers who possess comprehensive knowledge, practical competencies, and professional attitudes. Accordingly, the scope and orientation of a degree programme must be clearly defined at the design stage, with due consideration given to market relevance and

employability outcomes. Merely adopting an attractive or fashionable title for a degree does not ensure its academic rigour or market viability. In the absence of a clearly articulated disciplinary foundation and industry alignment, this Degree programme is lacking practical relevance and long-term sustainability.

4.2.2 The expansion of the tourism industry in Sri Lanka has created emerging opportunities, including in health tourism (encompassing medical tourism and wellness tourism). Capitalising on these prospects from a human resource development perspective requires a structured and tiered approach to academic preparation. Effective engagement in the health tourism sector demands, first, a strong foundational grounding in core disciplines such as Tourism Management and/or Hospitality Management, and second, specialised expertise in niche industry segments. These two levels of competence are more appropriately developed across different academic stages—namely, foundational training at the undergraduate level and specialised, sector-focused study at the master's level. Accordingly, a programme specifically titled Health Tourism or Cross-Border Healthcare would be more suitably positioned as a postgraduate qualification rather than as a standalone undergraduate degree.

4.2 A comprehensive review of the programme, learning outcomes, and curriculum design has been carried out to determine their alignment with current and emerging skill demands. A series of flaws has been recognised in the present curriculum development as outlined below.

4.2.1 It is noted that the current curriculum, implemented in 2021, differs from the (previous) curriculum approved by the QACC and the UGC, respectively, in 2020. The previous proposal was submitted for approval with the recommendations of two Reviewers justifying the suitability of the programme.

4.2.2 The current curriculum was introduced following a stakeholder consultation process conducted by the Department. However, according to departmental sources, academic staff members who were recruited to deliver the earlier curriculum identified significant deficiencies, including structural inconsistencies and a lack of academic coherence. In response, they initiated a series of revisions to address these shortcomings, including amendments to selected course components and a change in the title of the Degree Programme. Notably, these modifications were implemented approximately one (01) year after obtaining approval from the UGC for the previously approved curriculum. This sequence of events raises concerns regarding the adequacy of the initial curriculum design, the robustness of the prior approval process, and the procedural compliance associated with subsequent revisions.

4.2.3 The UGC approval for the name change (from BSc Hons. in Medical Tourism & Hospitality Management to BSc in Health Tourism & Hospitality Management) has been obtained, but no clear documentary evidence is available at the University justifying this move. Further, the University followed the proper quality assurance process of changing the name of the Degree, which is considered a major amendment.

4.2.4 The underrepresentation and the misinterpretation of the conceptual foundation that should fall within the scope of the Degree programme. The lack of this conceptual foundation could be recognised as a serious shortcoming of both earlier and present curricula.

4.2.5 Presentation of course modules in the overall structure of the Degree programme lacks continuity and progression, and there are serious shortcomings in the development of course modules. For example, the contents of such modules have not been properly developed in order to sufficiently cover the scope of the respective module.

4.2.6 It is also noted that subject-related technical errors are present in the contents of the modules.

4.2.7 Overlapping of the contents of some modules has been identified.

4.2.8 Due to the shortcomings in designing the degree, it was unable to deliver its scope in full; as a result, the current structure consists of two main areas such as, Health Tourism and Hospitality Management. No substantial coverage of either area, and this has also restricted the required depth of some modules due to the unrealistic allocation of notional hours.

4.2.9 Overall, the modules that are supposed to deliver and develop current and emerging skills required by the industry have not been taken into consideration.

4.3 Assessment of the academic staff profile

4.3.1 Table 2 shows the number of qualified staff relative to student intake with their academic and professional qualifications. Student-staff ration is considerably high at present. Due to this reason, the Department depends on a considerable number of visiting staff for curriculum delivery. No considerable involvement by the staff in postgraduate supervision at present.

4.4 A review of student admissions, progression, and completion rates to assess program efficiency.

4.4.1 The present student admission policy is satisfactory. The increase in student intake from 50 to 70 is rather irrational, and it has created too much stress on both the Department and the Faculty administration. No batch has been passed out yet to assess the completion rate.

6. Evaluate teaching-learning resources, including libraries, laboratories, clinical facilities, IT infrastructure, and e-learning tools.

6.1 The present collection of library books and other reading materials relevant to the Degree programme is not satisfactory at all. Even though the Department staff has taken an effort to process some reading materials, procurement and/or acquisition of those are still pending. It is noted that the main library has not been able to accommodate the current needs of the new degree programmes, which requires immediate attention.

6.2 The computer lab facility is not at a satisfactory level. The present lab is only providing basic training on computing and is not capable of accommodating programme-specific training requirements.

Table 2: Academic Staff Profile and Workload

| | |
|---|---|
| No of academic staff | 09 (cadre) / 01 Resigned, 02 on study leave, 01 on maternity leave/ 05 - on service |
| Student/staff ratio | 32.66 (Calculated based on staff on service: 6) |
| No. of staff with a PhD | 01 |
| No. of staff with Master's/MPhil | 03 (01 on study leave) |
| No. of Senior lecturers | 00 |
| No. of Lecturers | 03 (01 on study leave) |
| No. of Probationary Lecturers | 05 (01 on study leave) |
| No. of Temporary Lecturers | 00 |
| Temporary Demonstrators | 03 |
| No of academic staff members with qualifications in Tourism & Hospitality | 04 |
| Average no. of hours of teaching/week | 08 |
| Student supervision | 10 Students/Lecturer |
| Student counselling and mentoring | 40 Students/Lecturer |
| No of academic staff turnover | 01 |

7. Examine quality assurance mechanisms and internal evaluation practices currently in place

7.1 The current quality assurance mechanisms and internal evaluation practices are well in place.

8. Consultation with stakeholders

8.1 A comprehensive consultation was carried out during the site visit, including faculty members, administrators, employees, and students for evidence-based insights.

9. The possibilities of merging programs within sub-groups where overlaps exist and propose rationalised or interdisciplinary models (Please see recommendations).

10. Provide clear, evidence-based recommendations on whether each program should be continued, discontinued, or merged, with justification and implementation guidance (Please see recommendations).

**11. Recommendations:**

11.1 A degree programme of this nature would be more appropriately positioned under the Department of Management Studies of the Faculty of Indigenous Social Sciences rather than

under the Department of Indigenous Health Sciences of the Faculty of Indigenous Health Sciences and Technology. Such realignment would enable the Degree Programme to effectively utilise and share the academic expertise, infrastructure, and other resources available within the Department of Management Studies.

11.2 Under its current administrative placement within the Faculty of Indigenous Health Sciences and Technology, the Degree Programme lacks representation in the relevant UGC Standing Committee. Reassigning the programme to the Department of Management Studies would ensure appropriate academic representation and alignment within the established higher education governance framework.

11.3 It is recommended that the Degree Programme be restructured so that its academic scope shall be confined to a single core discipline, preferably either Tourism Management or Hospitality Management. Health Tourism may be incorporated as a module, offered on either a compulsory or elective basis. Where Health Tourism is included, the module shall be broadened to encompass all recognised systems of medicine rather than being limited exclusively to indigenous systems of medicine. Furthermore, the module should adequately address the planning, development, operational, and management dimensions specific to the health tourism sector.

11.4 Notwithstanding the aforementioned issues, the student intake of the Degree Programme has been increased from 50 to 70. This increase has further intensified existing challenges. It is therefore recommended that the annual intake be reduced to 50 students. The maximum accommodable student number is a critical determinant of programme quality, particularly given the significant practical components delivered both within and outside the University premises (e.g., at the Sri Lanka Institute of Tourism & Hospitality).

11.5 In conjunction with the proposed curriculum realignment, it is strongly recommended that adequate teaching and learning resources be made available to ensure the smooth and effective delivery of the Degree Programme.

11.6 It is imperative that Standard Operating Procedures (SOPs) governing future curriculum development and revision processes be strictly adhered to to ensure coherence, academic rigour, and regulatory compliance.

11.7 Urgent attention is required to upgrade the University's main library. The procurement of essential textbooks and supplementary reading materials should be expedited. The acquisition of an appropriate collection of e-books may serve as an immediate and space-efficient solution. Additionally, the establishment of an Inter-library Loan (ILL) system would provide a practical mechanism to address the current shortage of academic resources.

11.8 The allocation of adequate cadre positions is an urgent requirement. It is strongly recommended that efforts be made to recruit senior academics to the Department. The current student–staff ratio has created administrative and academic challenges. As most visiting lecturers conduct sessions during weekends, students are required to attend classes throughout the week. The shortage of permanent academic staff further complicates the conduct of student assessments, compelling the internal Faculty to assume additional responsibilities, including the coordination of external examiners, paper moderation, and second marking, compiling and processing examination results.

11.9 Immediate measures should be undertaken to cultivate a supportive academic environment that fosters constructive student–student engagement and interaction.

11.10 Curriculum development and review processes should be entrusted to subject-matter experts possessing a relevant first-degree qualification in the respective field, thereby ensuring academic integrity, disciplinary relevance, and quality assurance.

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# Evaluation Report

# BHSc (Hons) Biomedical Technology and Health Information Technology Programmes

# Department of Technology, Faculty of Indigenous Health Sciences and Technology

# Gampaha Wickramarachchi University of Indigenous Medicine (GWUIM)

**January 2026**

# Executive Summary

This report evaluates the Bachelor of Health Sciences (BHSc Hons) in Biomedical Technology (BT) and BHSc (Hons) in Health Information and Communication Technology (HICT) programmes offered by the Department of Technology at GWUIM. The review was conducted by a two-member panel through a desk study of curriculum documents and a site visit on 30 December 2025, which included discussions with the Vice-Chancellor, Dean, academic staff, and students, as well as an inspection of facilities. These programmes were conceived as part of GWUIM's mandate to integrate indigenous medical knowledge with modern science and technology. They are strategically important in Sri Lanka's higher education and healthcare landscape, addressing national needs and global trends. The planned curricula are academically rigorous and practice-oriented, covering contemporary domains such as medical instrumentation, biotechnology, artificial intelligence (AI), Internet of Things (IoT), cybersecurity, robotics, data analytics, and health informatics. These two programmes are the only programmes of their kind at the undergraduate level in the Sri Lankan university system. Student demand is high (total enrolment 437 students: 234 in BT and 203 in HICT), reflecting its national relevance. Students have demonstrated strong engagement and innovation through competitions, in-plant training, and 36 undergraduate research projects spanning areas such as wound-care technologies, biomedical sensors/materials, AI-based diagnostics, IoT health monitoring, healthcare software, and environmental/hospital management solutions. This demonstrates the potential for applying emerging technologies to local health problems despite resource constraints.

However, a critical threat has emerged: the delivered curriculum has drifted away from health sciences and indigenous medicine, effectively becoming a predominantly ICT/technology programme misaligned with GWUIM's core mission of promoting indigenous medical knowledge. Teaching, learning, and assessment practices are currently oriented more toward general ICT and computing skills than toward health information systems, biomedical applications, or integration of traditional medicine. Students report minimal exposure to actual healthcare settings and virtually no exposure to indigenous medicine in practice, undermining the interdisciplinary intent of the programmes. This drift in philosophical orientation is the most significant academic concern identified. It appears to stem from several factors: the academic staff profile is heavily ICT-focused (with few experts in biomedical or health sciences), leaving gaps in domain expertise; there is heavy reliance on external lecturers (some of whom have limited subject depth in health/biomedical areas); and inadequate facilities constrain the ability to deliver health-oriented and laboratory content. In sum, the programmes' current focus on pure technology is at odds with the university's indigenous knowledge mandate and the Faculty's goal of incorporating indigenous knowledge into modern health concepts.

Operationally, the Faculty is severely constrained by staffing and space shortages. Only 9 permanent academic staff serve 437 students (a student–staff ratio of ~49:1), with no cadre expansion in five years despite surging enrolments. This understaffing leads to overextension of lecturers and difficulties in covering the broad curriculum, especially the health and bioscience components. Physical infrastructure is grossly inadequate: lecture halls and laboratories are insufficient and often shared with the Faculty of Indigenous Medicine, causing scheduling conflicts and disturbances to both student

groups. Dedicated facilities for computing, biomedical engineering, electronics, mechanical work, chemistry, and libraries are lacking or under-resourced. A needs assessment by the Department has identified a requirement of approximately 40,000 sq. ft. of new space (on at least 2 acres) to properly house lecture rooms, specialized labs, staff offices, and student common areas. The resource limitations have led to disorganized scheduling (students reported not receiving timetables or sudden last-minute changes), delays in assessments and results release, and unintentional repetition of content across modules. Students also voiced concerns about insufficient support for arranging internships/industry placements and conducting research projects, and the absence of a formal Ethics Review Committee (ERC) to approve health-related research, which currently hampers certain project activities. Additionally, there is a misalignment between student intake and programme expectations: admissions have so far drawn largely from the Physical Science/ICT stream, yet the programmes require a blend of ICT and health sciences aptitude. This contributes to confusion in the graduate identity and variable student performance. Students further worry that because GWUIM is traditionally an indigenous medicine university, their technology-oriented degrees may not be recognized on par with those from established technology-focused institutions. Such anxieties call for better stakeholder engagement to clarify the unique profile of these graduates.

Given these findings, the panel deliberated the extreme option of discontinuing or relocating the programmes to a more technically oriented university. Indeed, some external observers have argued that standalone technology programmes *"fall outside the scope of indigenous medicine"* and recommended transferring them to institutions better equipped for engineering and IT disciplines. The panel, however, recommends continuing the programmes at GWUIM with a concerted reform plan. Over 400 students are currently enrolled in these unique degrees, and an abrupt transfer would be disruptive, potentially forcing students into mismatched curricula elsewhere and not necessarily solving the underlying competency gaps. More importantly, discontinuation at GWUIM would abandon the university's pioneering initiative to bridge indigenous healthcare with modern technology – a niche that aligns with GWUIM's founding purpose and one that no other university is positioned to fulfill. Instead of ending this experiment, the university should reclaim its original vision for these degrees. The panel proposes a phased improvement strategy focused on realigning the curriculum with the indigenous health sciences orientation, strengthening human resources and infrastructure, and forging partnerships to support areas beyond GWUIM's current capacity. Key recommendations include immediate curriculum adjustments to restore health and indigenous content, targeted attachments for students in clinical settings, recruitment of staff with biomedical and health informatics expertise, investment in laboratories and learning spaces, and formal collaboration with healthcare institutions (e.g. Ministry of Health and private hospitals) for internship/industry placements and joint projects. A Council-approved action plan should guide these reforms, and its implementation must be overseen by a UGC-appointed monitoring committee to ensure accountability and sustained progress. With strong governance and external support, the programmes can be transformed to produce graduates who embody GWUIM's unique mission—combining cutting-edge technology skills with a deep understanding of health systems and indigenous medical knowledge—thus meeting national needs while upholding the university's identity.

# Background and Context

GWUIM (upgraded to a national university in 2021) is Sri Lanka's first university dedicated to indigenous medicine, tracing its roots to 1929 in the Siddhayurveda tradition. Its establishment as a university was part of a policy to expand and modernize indigenous medical education. The university's vision is to be a *"Center of Excellence in Indigenous Medical Education"*, and its mission emphasizes innovative research in indigenous medical sciences and producing graduates to serve national and global needs. In line with its expanded mandate, the Faculty of Indigenous Health Sciences and Technology was established to integrate Indigenous knowledge and experiences into contemporary health concepts. Under this faculty, the Department of Technology was tasked with bridging the gap between medicine and modern technology. It launched two UGC-recognized BHSc (Hons) degree programmes – in Biomedical Technology and in Health Information & Communication Technology – explicitly designed to integrate indigenous healthcare knowledge and philosophy with modern technology and communication. The underlying goal was to modernize the national healthcare system by producing graduates conversant in both high-tech solutions and traditional medical wisdom, thereby addressing emerging workforce needs in healthcare technology and digital health without losing the cultural roots of Sri Lankan medicine.

## Process of Evaluation

The evaluation comprised two components:

**(1) Desk Review:** A detailed analysis of curriculum documents, syllabi, student handbooks, and records of curriculum revisions from 2021–2025. This review examined the programmes' intended learning outcomes, course structures, content sequencing, teaching methodologies, and assessment schemes, as well as how the curriculum had evolved since inception.

**(2) Site Visit:** On 30 December 2025, the panel conducted a visit to GWUIM. Interviews and discussions were held with university leadership (the Vice-Chancellor and Dean of the faculty), several academic staff members of the Department of Technology, and groups of students from different year cohorts. The panel also inspected lecture halls, laboratories, computer facilities, library resources, and other relevant infrastructure. The focus was on evaluating academic quality, relevance, and the effectiveness of programme delivery against the stated objectives. The panel gathered firsthand insights into the student experience, faculty capabilities, resource adequacy, and the extent to which the programmes were meeting their interdisciplinary mandate.

# Key Findings

## Programme Relevance, Scope, and Positioning

The Department of Technology plays a strategic role by delivering two interdisciplinary honours degrees that link health sciences, indigenous medicine, and modern technology. As conceived, the programmes address a critical niche in Sri Lanka's higher education landscape, aligning with national priorities for healthcare modernization as well as global trends in digital health and biotechnology. The planned curriculum documents reflect this broad scope, covering contemporary subject areas such as medical instrumentation, biomedical engineering, molecular biology and biotechnology, health informatics, artificial intelligence (AI) in healthcare, the Internet of Things (IoT) for medical applications, cybersecurity, robotics, and data analytics. This breadth positions graduates at the forefront of health technology innovation. Notably, these two programmes are unique offerings in Sri Lanka – no other local university provides an equivalent undergraduate programmes – which underscores GWUIM's pioneering role. The inclusion of indigenous medical knowledge and philosophy in the original design further differentiates these degrees internationally, potentially producing a graduate profile that blends modern tech expertise with traditional health wisdom. On paper, therefore, the relevance and scope of these programmes are well-justified and in line with both Sri Lanka's healthcare development needs and GWUIM's institutional mandate.

## Demand and Student Profile

Student demand for these programmes is high. As of the 2025/26 academic year, there are 437 students enrolled (234 in Biomedical Technology and 203 in HICT across four academic years). Annual intake numbers have grown, indicating sustained interest. The students predominantly enter from science (physical science/ICT) streams through national university admissions. The student profile is one of motivated youth keen on technology; many chose the programme because of its modern appeal and promises of high-impact careers. During the site discussions, students demonstrated strong engagement and applied competencies – for instance, several had participated in national-level competitions and hackathons, winning awards for health-tech innovations. The curriculum includes in-plant training and industry-linked projects, which students reported as valuable for gaining real-world experience. There are examples of student-led development of software and hardware solutions addressing community or institutional healthcare needs. These observations indicate that the student body is capable and eager to apply technology in practical contexts, which is a positive sign for the programme outcomes (e.g., producing graduates who can contribute to healthcare innovation).

## Research and Innovation

Undergraduate research is emerging as a strength of the Department. By the final year, students undertake a research project or thesis. The panel was impressed by the diversity and relevance of the 36 ongoing or completed research projects, despite the limited facilities. Topics include: low-cost wound care materials and dressings using indigenous herbal inputs, biomedical sensors for patient monitoring, AI algorithms for disease

diagnosis and medical image analysis, IoT-based systems for remote patient vital-sign monitoring, software applications for hospital information management and public health data, as well as environmental health solutions (e.g., smart waste management in clinical settings). Many projects address locally relevant health issues (for example, a device for monitoring chronic wounds prevalent in the community, or an app to digitize Ayurveda pharmacopeia records). This shows that when guided properly, students can blend technological innovation with health problem-solving. The creativity and enthusiasm for research also bode well for building a research culture in these new fields. However, it was noted that students often had to pursue these projects with minimal laboratory infrastructure and limited mentorship in specialized areas, which could hinder depth. Strengthening research support (equipment, funding, and expert supervision) will be important to fully realize this innovative potential.

## Curriculum Intent, Revision History, and Alignment on Paper

The stated intent of the curriculum (as per programme specifications and syllabus documents) is firmly interdisciplinary. The original curriculum design articulates an intention to extract and highlight aspects of indigenous healthcare technology and knowledge, using modern technology and communication tools to propagate and enhance indigenous medical philosophy. In simpler terms, the programmes were meant to teach students how to apply advanced tech in the service of both modern and traditional healthcare systems. This intent is reflected in some course titles and descriptions. For instance, modules on Ayurveda fundamentals, herbal medicine, or indigenous healthcare practices were initially included alongside modules on programming, electronics, and anatomy. The curriculum has undergone two revisions between 2021 and 2025, responding to feedback and evolving academic standards. On paper, the content remains broadly aligned with the programmes' objectives and the university's mission. The documentation indicates that the designers aimed to cover a broad scope – effectively combining a foundational core in biomedical sciences, an ICT core, and electives or components related to health and indigenous knowledge. The panel's desk review found that, at least in the documents, there are references to traditional medicine integration (e.g., a course on "Indigenous Medical Technology" and case studies drawn from Sri Lankan Ayurveda practices). Thus, the planned curriculum (in theory) supports a unique blend of outcomes: graduates who understand healthcare environments (including indigenous systems) and can develop or manage modern technological solutions suited for those contexts.

## Delivered Curriculum Drift and Loss of Health/Indigenous Orientation

Despite the sound plans, there is a significant divergence between the intended curriculum and what is actually delivered. The panel found that the delivered curriculum has a weak orientation towards health sciences and almost no meaningful integration of indigenous medicine. In practice, the programmes have morphed into largely general ICT degrees with a health label, rather than true health-technology or biomedical programmes. Teaching and assessment appear heavily weighted toward programming, general IT, and electronics, with little contextualization to healthcare or indigenous knowledge. Students reported that in most courses, examples and assignments are generic (e.g. standard business IT case studies or engineering projects) rather than

health-specific. Crucially, exposure to real healthcare environments is minimal – few students have visited hospitals, clinics, or laboratories as part of their coursework. Interaction with indigenous medical practice (such as Ayurveda hospitals, herbal gardens, traditional practitioners) is virtually non-existent in the training. As a result, students are uncertain about their identity – they do not feel proficient in health sciences or indigenous medicine, yet they are also not as deeply trained in technology as a typical engineering graduate, leading to confusion and anxiety about their future role.

This curriculum drift represents a serious risk to the programmes' purpose and to GWUIM's mission. The unique identity of these degrees was supposed to be the fusion of technology with health (especially Sri Lanka's rich indigenous health heritage), but that fusion is largely missing now. The panel attributes this drift to several factors:

**(1) Academic staffing profile:** The vast majority of faculty members teaching in these programmes come from ICT or engineering backgrounds, with few or no lecturers formally trained in biomedical science, healthcare, or traditional medicine. With instructors naturally focusing on their expertise, the teaching gravitates to what they know best (ICT), leaving health content underemphasized.

**(2) Gaps in expertise:** Key areas like anatomy & physiology, pathology, pharmacology (including herbal medicine), clinical workflows, public health, and Ayurveda are not adequately taught because the department does not have specialists in these fields. Attempts have been made to bring in guest lecturers or visiting faculty for some topics, but this has been inconsistent. In some instances, external experts hired to teach health-related modules lacked sufficient depth or practical experience, so the content delivered remained superficial or again deviated to general tech.

**(3) Lack of practical exposure:** The programmes have not established the necessary hospital rotations, lab practicals, or field visits that would ground students in real health system practice. There are no built-in internships/industry placements in an indigenous medical context to reinforce that aspect. Without these experiential learning components, classroom concepts remain abstract and easily slide back to familiar IT scenarios.

**(4) Curriculum management and oversight:** It appears that as the department struggled with staffing and resources, monitoring of whether the "health and indigenous" components were being taught as intended fell through the cracks. There was no effective academic oversight or curriculum review mechanism catching this drift early. Over a few intakes, a subtle shift occurred whereby both students and staff began treating the programmes as if they were conventional IT degrees.

The consequences of this drift are alarming: if uncorrected, it defeats the very purpose of hosting such programmes at an indigenous medicine university. It also lends weight to external critiques that GWUIM is running programmes outside its scope. Students graduate without the unique competencies that were promised (e.g. integrating Ayurveda principles with tech solutions), and the university's philosophical mandate is not fulfilled. The panel emphasizes that realigning the curriculum with its health and indigenous orientation is paramount – this is not just an academic issue but a matter of preserving the integrity of GWUIM's mission in these programmes.

## Staffing Constraints and Dependence on External Experts

The Department of Technology is operating with inadequate human resources for the scale and scope of its programmes. There are only 9 permanent academic staff (lecturers) in the department, against 437 enrolled students, yielding a student-to-staff ratio of roughly 49:1. This far exceeds acceptable norms for intensive science and technology programmes, where ratios are usually closer to 15:1 or 20:1. The strain on the few faculty members is evident – each person is handling multiple course units across different year levels, leaving limited time for curriculum development, student mentoring, or research. Compounding this, cadre expansion proposals have stagnated; the university has not approved new permanent positions in the last five years despite the introduction of these new programmes. The department also lacks a sufficient number of demonstrators, technical officers, and support staff who are essential for conducting laboratory classes or assisting with ICT practicals.

To plug the gaps, the department relies heavily on external resource persons and visiting lecturers. Specialists from other institutions or industry are invited to teach certain modules (for example, a medical doctor might be brought in to teach basic physiology, or an IT industry professional to cover a specialized tech topic). While this can enrich the programme, it has been ad hoc and inconsistent. Some external lecturers were engaged at short notice to fill scheduling needs, resulting in variability in teaching quality. Students noted that a few external teachers lacked teaching experience or did not fully understand the programme's interdisciplinary nature – for instance, focusing only on generic IT without linking to health as needed. Moreover, heavy reliance on visitors means the department has less control over scheduling (some classes get postponed or bunched up when external lecturers are only available at certain times) and over assessment (coordinating examinations and grading with external examiners has caused delays in releasing results). The frequent turnover of contract staff and visiting lecturers over the past few years has disrupted continuity; knowledge gained by one batch of external teachers is often lost by the next semester if they do not continue.

The limited range of expertise among the permanent staff is another issue. Most current lecturers have degrees in ICT, computer science or electronics. There are no permanent academics with backgrounds in biomedical engineering, health informatics, medical sciences, or Ayurveda. This means certain courses are perpetually out of the department's comfort zone. Without diversifying staff expertise, it will be difficult to deliver the health-oriented components of the curriculum effectively. The panel recognizes that recruiting and retaining such specialized staff is a challenge, but it is critical for the programmes' success. In summary, addressing the staffing shortfall – both in quantity and in multidisciplinary breadth – is an urgent priority. Until then, careful planning of external support and collaborative teaching (e.g., borrowing faculty from other universities through MoUs) will be necessary to maintain academic quality.

## Physical Space and Infrastructure Constraints

The Faculty of Indigenous Health Sciences and Technology currently lacks dedicated physical infrastructure appropriate for technology-intensive programmes. The Department of Technology shares buildings and classrooms with other programmes (particularly those of the Faculty of Indigenous Medicine), as the university's campus is small and still developing. Teaching spaces are a major bottleneck: lecture halls are often over capacity, with reports of some classes having students sitting in aisles or outside due to lack of space. Scheduling is complicated by having to coordinate room usage with larger Ayurveda classes. Students and staff reported frequent interruptions during lectures and practical sessions because adjacent rooms or shared halls were being used by another programme. These disturbances undermine the learning experience, especially for topics that require concentration (like programming labs or electronics workshops).

Crucially, the laboratory facilities are grossly inadequate for the needs of the Biomedical Technology and HICT curricula. There is no dedicated computer laboratory with sufficient workstations for an entire class to do programming or data analysis simultaneously – some students have to use their personal laptops (not all have high-end devices) or take turns due to limited machines. For biomedical and engineering components, the situation is even more stark: there is no fully equipped biomedical lab (for e.g., to conduct experiments with medical devices, sensors, biological samples, etc.), nor are there proper electronics or mechanical workshops under the faculty to support prototyping and hardware projects. Basic science labs (chemistry, physiology, etc.) are either absent or have to be borrowed from the Faculty of Indigenous Medicine, which has labs geared toward Ayurveda herbal preparations, not modern bioscience experiments. The library's holdings in IT and biomedical literature are limited, and students rely on online resources with varying access.

Supporting infrastructure such as student study areas, common facilities, hostels, and recreation space is also strained due to the rapid growth of student numbers. The technology students often have late evening sessions (to accommodate visiting lecturers), but there are security and lighting issues in the current facilities for evening use. Hostel accommodation is limited, and many students live off-campus with long commutes, which affects their ability to participate in group work or use labs after hours. The canteen and other amenities are overtaxed as well.

The Department and Faculty have recognized these deficits and formulated a long-term infrastructure development proposal. The identified requirement is approximately 40,000 square feet of new space on a separate site (minimum 2 acres). This would include purpose-built lecture rooms, at least two computer labs, specialized laboratories for biomedical engineering (with equipment like oscilloscopes, signal generators, biomedical sensor kits, etc.), a small wet lab for biological experiments, a design workshop for hardware projects, office space for new staff, and improved library/reading room facilities. Also envisioned are student common areas, a dedicated student computer center, and possibly a technology incubator space to encourage innovation. The estimated capital investment for infrastructure (as per a 2025–2033 development plan) is about LKR 978 million. Until such investments materialize, the panel notes that creative interim measures (e.g., space-sharing agreements, portable lab equipment, evening/weekend use of facilities in other nearby institutions) will be needed to alleviate the most acute space issues.

In summary, the current infrastructure constraints severely limit programme delivery. Without urgent attention to expanding physical capacity and resources, even the best curriculum will not translate into quality outcomes. Students cannot be expected to gain hands-on technical skills in the absence of proper labs and equipment, and they cannot be inculcated into health environments without physical exposure to clinical settings. Improving infrastructure is thus a linchpin in the overall improvement plan for the programmes.

## Student Concerns about Delivery, Scheduling, and Support

During the site visit, the panel met with student representatives from each batch (Year 1 through Year 4). Students voiced a range of concerns regarding programme delivery and their educational experience:

- **Repetition and Overlap:** Students reported that some content is repeated across different modules, indicating poor coordination among lecturers. For example, basic concepts of programming or networking might be taught in multiple subjects without added depth, while other areas are glossed over. This repetition wastes time and leaves gaps in knowledge where the curriculum is not delivered as documented.

- **Scheduling and Communication:** A consistent complaint was not having class timetables and exam schedules in advance. Many students stated they often receive their schedule only a week or even days before, making it hard to prepare or manage their time. Sudden changes or cancellations of classes were also mentioned – often due to the availability constraints of visiting lecturers or lack of venue availability. Such unpredictability causes stress and hampers learning, especially if assessments are rescheduled at short notice.

- **Assessment Delays and Feedback:** Some batches experienced significant delays in getting their exam results or assignment grades. In extreme cases, results from end-semester exams were released only just before the next semester's start, giving students little feedback to improve. There were also instances of postponed exams due to scheduling issues. Timely feedback is essential for student learning, and these delays are detrimental.

- **Inconsistency in Delivery:** The students sensed that the programme is not delivered to the level promised in the curriculum. Some courses were taught very superficially or not fully completed within the semester. There is variation in quality depending on who teaches (some visiting lecturers being excellent, others less so). This inconsistency means some cohorts or groups of students might miss out on key competencies depending on timing and staffing.

- **Research Project Support:** Final-year students undertake a research or capstone project, but many felt they did not receive adequate support in choosing appropriate **health-related topics** or guidance during execution. The absence of in-house expertise in certain fields meant students had difficulty finding supervisors who could advise on, say, a biomedical device project vs. a purely software project. Some ended up doing more generic ICT projects as a result, which again dilutes the health focus.

- **Internships/Industry Placements:** The programmes require an **internship/industry placement**, but students were concerned about the organization of this component. Unlike established engineering faculties that have robust industry linkages, GWUIM's new programmes had not yet secured a wide network of internship/industry placement providers. Students reported uncertainty about where and when they would be placed, and whether the internship/industry placements would be relevant to healthcare technology. The most senior cohort (Year 4) at the time of the review had completed coursework and were awaiting internship/industry placements, but several had no confirmed placement, causing anxiety as graduation neared.

- **"Gap Courses" for Skill Gaps:** The panel learned that the faculty had initiated a series of non-credit "gap courses" to address certain skill deficits (for example, crash courses in math, basic electronics, or even English language) especially for senior students who felt underprepared. Students appreciated this effort as a stop-gap measure. However, they noted it's a temporary fix – the core curriculum should have been structured to impart these skills in the first place.

Overall, these student concerns highlight issues in academic governance and student support. They indicate that the programmes, in their current form, lack the robust administrative processes typical of mature degrees (like academic calendars well in advance, internship/industry placement offices, project approval committees, etc.). Addressing these will be important not only for student satisfaction but also for ensuring the academic rigour of the degrees.

## Ethics Governance Gap

Another specific gap identified is the absence of a functional Ethics Review Committee (ERC) or equivalent process for the department. Given that the programmes are in health and biomedical technology, student projects and research often involve human health data, patient interactions, or biological samples. Any such work would typically require prior ethical clearance to ensure research is conducted responsibly and safely. Students informed the panel that presently there is no mechanism within GWUIM to review and approve health-related research proposals in a timely manner. The university's main ERC (if one exists under the Faculty of Indigenous Medicine) was not accessible or not geared for the types of projects tech students propose (for example, a project on patient data analytics or on designing a sensor for clinical use).

The lack of an ERC means students are either avoiding certain valuable research topics (to steer clear of ethical approval needs) or proceeding without proper oversight, which is risky. It also delays projects – for instance, a group that wanted to test a telemedicine app with real patients had to halt because they had no way to get ethical clearance, losing time and momentum. This is a significant limitation for a programme that aims to be at the intersection of health and technology; ethics approval is a standard requirement in health sciences research and even in industry (for clinical trials, etc.). Moreover, the credibility of student research suffers if it's not backed by formal ethics approval where needed.

The panel noted that establishing an ERC for a new faculty is a process (it requires trained reviewers, clear terms of reference, etc.), and that until it's in place, an interim solution is needed. Possibly, GWUIM could form a temporary ethics review panel with members drawn from allied institutions (e.g., nearby medical schools or the Ministry of Health's ethics boards) to vet student projects. In the medium term, a dedicated ERC for the Faculty of Indigenous Health Sciences and Technology should be instituted, including members with healthcare, biomedical, and even traditional medicine expertise to cover the full range of potential research. This governance mechanism will become increasingly important as the programmes mature and potentially look to start postgraduate offerings or larger scale research involving human subjects.

## Admissions and Exit Standards Mismatch

The review observed a disconnect between the student admission criteria and the competencies expected of graduates, which is contributing to the challenges in programme delivery. Currently, the majority of students enter the BT and HICT programmes through the Physical Sciences stream (which emphasizes mathematics, physics, ICT in secondary education). While these students have a solid foundation in math and computing, many have little or no background in biology or health sciences. Yet the programmes, by design, span biological and health-related content alongside technology. The result is that first-year courses which introduce anatomy, physiology, or basic molecular biology may be very challenging for some students who last studied biology at Grade 10 or not at all. Conversely, the curriculum expects graduates to be comfortable with both coding and clinical terminology, which is a high bar if the intake is narrow.

To illustrate, an incoming student might be excellent at programming but clueless about how a hospital ward operates or basic human biology, making it hard for them to contextualize health ICT problems. The ideal student profile for these interdisciplinary degrees would arguably include those from biological sciences streams as well (who might have a stronger grasp of health topics but need to catch up on advanced math/ICT). Currently, that diversity is missing. The panel suggests broadening admission streams to include Biology stream students, possibly with tailored bridging modules depending on their background (e.g., extra math for biology students, extra biology for physical science students).

Additionally, it appears the expected exit standard (the graduate profile) is quite ambitious: graduates should be quasi-engineers, competent software developers, knowledgeable in health systems, and conversant in indigenous medicine philosophies. This is a tall order for any undergraduate programme, let alone one that's resource-constrained. The panel questions whether the curriculum in its current state can realistically bring an average student (especially one without prior bio/health exposure) up to that standard in four years. If not, either the intake needs to be more selective or better prepared, or the programme expectations need to be adjusted (perhaps by offloading some advanced outcomes to postgraduate level; more on this in recommendations). The mismatch between incoming students and programme demands is manifesting as confusion and uneven performance—some students thrive (usually those who somehow had both ICT and bio interests), while others struggle with parts of the curriculum that are outside their comfort zone. Recognizing and addressing this

mismatch is key to improving student success and ensuring a consistent quality of graduates.

## External Recognition and Graduate Identity Concerns

Students expressed anxiety about how their degrees will be perceived by employers and the wider academic/professional community. Being the first cohorts of new programmes at a new university, they face a dual challenge: GWUIM is not yet widely recognized as a university for technology, and the interdisciplinary nature of their degree can be misunderstood as lacking focus. For example, some students recounted that potential internship/industry placement providers or interviewers were confused – asking "What is this degree? Is it an IT degree or a healthcare degree? If it's from an indigenous medicine university, is it about Ayurveda?" This lack of clear identity is worrying for students as they anticipate entering the job market or applying for further studies.

The panel notes that these concerns are natural for any pioneering programme, but they need to be proactively managed. Since GWUIM historically is known for Ayurveda and indigenous medicine, the introduction of tech degrees is not common knowledge even within Sri Lanka. Stakeholders (employers in IT or hospitals, other universities, professional bodies) may not immediately recognize the qualifications. External validation is something that builds over time – through the success of graduates, accreditation processes, and awareness efforts. Until then, current students need reassurance and support in bridging this perception gap. The university should not dismiss these fears; instead, it should engage in an image-building and clarification campaign. For instance, developing clear graduate profiles or competency statements and sharing these with employers (so they understand what skills a GWUIM Biomedical Technology graduate possesses) would be helpful. Involvement in national forums, IEEE chapters, health informatics societies, etc., can also slowly cement the programmes' reputation.

It's also worth noting that interdisciplinary programmes globally often face an identity challenge initially – graduates may not be seen as "engineers" by engineering boards or as "health professionals" by health boards. Over time, niche identities (like "biomedical technologist" or "health informatician") become recognized. The panel encourages the university to support its students and alumni by facilitating professional networking, perhaps establishing an advisory board with industry and healthcare leaders who can vouch for the programme's quality, and ensuring graduates have pathways to recognized certifications or postgraduate options that bolster their standing. Some students suggested that even a name change of the university or faculty could help (for example, if "Indigenous Medicine" in the name was expanded to "Indigenous Health Sciences" or similar, it might make external parties more comfortable that tech programs belong). The panel notes that such name changes are policy decisions beyond the scope of this review, but the sentiment behind it underscores the need for better communication about the university's broadened scope.

## Strategic Need and Financial Planning

The Department of Technology's leadership has developed an internal plan outlining what is needed to stabilize and grow the programmes. Key points from this plan include a staffing expansion to add 18 permanent lecturers and 12 temporary (visiting/contract) staff across academic, technical, and support roles. These numbers arise from the need to reduce the student–staff ratio to more pedagogically sound levels, and to cover all subject areas (for example, hiring specialists in biomedical engineering, health informatics, biomedical sciences, etc., and lab technicians). On infrastructure, as mentioned earlier, the projection is nearly LKR 1 billion over the next 8 years to develop new facilities. This plan likely has been submitted for government or UGC funding consideration as part of the university's capital development requests.

From a strategic perspective, continuing these programmes aligns with national goals (digital health, biotechnology advancement, etc.), but it must be backed by commensurate investment. The faculty cannot operate on a shoestring if it is to produce quality outcomes in such technical fields. The panel stresses that financial planning should include not only capital expenditure but also recurring costs: e.g., maintenance of labs, subscription to software and databases, continuous faculty development (ensuring staff are up-to-date with fast-changing tech fields), and potentially funds for student projects and prototypes. Without a serious commitment of funds, any short-term fixes will not be sustainable.

It was evident that university management is aware of these needs, but securing funding is a challenge. The panel recommends exploring multiple avenues: government budget allocations (through the UGC or Ministry of Education), public-private partnerships (e.g., tech companies sponsoring labs or equipment in return for research collaborations or hiring pipelines), and grants from international development partners interested in digital health capacity building. Articulating the unique value of these programmes—such as their potential to modernize indigenous healthcare systems—could attract targeted funding if positioned well. A clear, time-bound improvement plan with itemized resource needs can help advocacy at higher levels (including the University Grants Commission and relevant ministries) to prioritize GWUIM's case in the national higher education development agenda.

## Programme Continuation versus Discontinuation: Panel's Position

A fundamental question underlying this review was whether GWUIM should continue offering the Biomedical Technology and HICT programmes, or whether students and even the programmes themselves should be transferred to other institutions (such as a traditional engineering or technology university). Some stakeholders, referencing the severe issues identified, argued that these degrees might be better managed elsewhere until GWUIM develops the capacity. Indeed, as noted earlier, a prior expert committee even recommended relocating the programmes due to concerns that they lack alignment with indigenous medicine and due to inadequate facilities. The panel gave serious consideration to this perspective, since the foremost concern must be the quality of education and the welfare of the students.

After weighing the options, the panel recommends continuation of the programmes at GWUIM, under strict conditions of reform. Several reasons inform this decision:

- **Student Impact:** Over 400 students are currently in the pipeline. Transferring them to different universities (even if slots were available) would be highly disruptive. The curricula at other universities (for example, a Faculty of Engineering elsewhere) are not identical to what these students have already learned. Forcing them into different programmes could lead to loss of credits or mismatch in competencies, potentially delaying their graduation and harming morale. Discontinuation without a transfer would be even worse, effectively abandoning students mid-stream or asking them to accept a different course of study.

- **Unique Curriculum and Identity:** The BHSc in Biomedical Technology and HICT were conceived with a unique interdisciplinary identity that no other Sri Lankan university currently offers. Shifting the programme to another institution might result in it being merged into a conventional IT or engineering faculty, which could strip away any remaining health/indigenous components. The concept of blending indigenous healthcare systems with modern technology is novel and, we believe, valuable – it deserves a chance to flourish in the proper setting rather than being diluted or lost. If GWUIM discontinues these programmes, the opportunity to develop this niche – producing graduates who can digitize Ayurvedic practices or innovate affordable biomedical devices for rural health – could be lost nationally.

- **Institutional Commitment and Responsibility:** GWUIM, by virtue of starting these degrees, has a responsibility to see them through, especially to not disadvantage its first batches of students. While the problems are real, they are not insurmountable with support. Abandoning the programmes now could also affect the university's reputation adversely – it might be seen as a failure to execute its expanded mandate. Conversely, turning the programmes around could become a success story of how an indigenous medicine university innovated to meet modern needs.

- **Support Mechanisms:** The panel believes that many of the identified gaps can be addressed through collaborative support rather than transfer. For instance, other universities' faculties (of medicine, science, engineering) could be formally engaged to help GWUIM in the short term – through visiting appointments, shared use of labs, and joint curriculum development – thereby compensating for current weaknesses. This cooperative model would allow the programmes to continue at GWUIM while elevating their quality. Additionally, it keeps the pressure on GWUIM to develop internal capacity, whereas transferring out might diminish the incentive to ever build that capacity.

In making this recommendation, the panel does not underestimate the challenges. We stress that continuation is predicated on immediate and decisive action to remedy the issues. The status quo is not acceptable; without reforms, merely continuing the programmes would do a disservice to students and the university's mission. The next section outlines a comprehensive set of actions and recommendations to realign and strengthen the programmes so that they can achieve their intended interdisciplinary excellence.

# Actions and Recommendations

To restore the alignment with GWUIM's mission and ensure the sustainability of the Biomedical Technology and HICT programmes, a multi-phase action plan is recommended. The plan addresses urgent curriculum and student experience issues in the short term, structural changes in the medium term, and long-range infrastructure and identity consolidation. Each action is directed at bridging gaps identified in the findings, particularly re-integrating indigenous health sciences orientation into the programmes while improving overall academic quality.

## Immediate Actions (0–12 months)

Within the next year, the university and faculty should prioritize the following urgent interventions:

- **Implement a targeted health-oriented clinical attachment for final-year students (short rotation in health settings).**

  ***What this addresses:*** The outgoing cohort (Year 4) currently has only the internship/industry placement to complete, but they have had minimal direct exposure to healthcare environments or indigenous medical practice. This lack of real-world health experience is a critical gap as they prepare to graduate.

  ***What to do:*** Organize a structured, supervised clinical or health-system attachment of a few weeks for final-year students before they finish. The attachment should orient their tech skills toward healthcare contexts – for example, having them shadow hospital IT departments, biomedical engineering units, or even Ayurveda hospitals to see how technology interfaces with patient care and traditional practices. Include observational tasks or simple projects (like assisting with a hospital information system upgrade, or documenting a process in an indigenous medicine clinic) to make it hands-on.

  ***How to implement****:* Immediately liaise with the Ministry of Health and major health institutions (both modern hospitals and Ayurvedic hospitals/centers) to secure permission for student placements. Ideally, sign a Memorandum of Understanding (MoU) that outlines the objectives of the attachment, the number of students, duration (e.g., 2–4 weeks), and supervision arrangements. Assign faculty coordinators to each site (even if they are external mentors) to monitor student attendance and learning outcomes. If the academic calendar is nearly over, consider a short extension or conducting this attachment in parallel with the internship/industry placement (ensuring it does not conflict). This exposure will help students contextualize their knowledge and also reinforce the message that their training is indeed tied to healthcare delivery, not just abstract IT.

- **Fast-track internships/industry placements and ensure health-focused projects for third-year students.**

  ***What this addresses:*** Third-year students will soon enter their final year; many have faced uncertainty regarding internships/industry placements and research projects. Internships/industry placements have been inconsistently arranged, and some

projects have drifted to non-health topics due to ease. This undermines the programmes' objectives and leaves students underprepared.

***What to do:*** Proactively secure internship/industry placement slots for all current third-year students in relevant industries or institutions *before* they reach fourth year. Emphasize placements in settings where they can apply IT/tech in health contexts – e.g., healthcare IT companies, hospitals (for those in BT, placements in biomedical engineering departments of hospitals; for HICT, placements in health information units or digital health startups). Simultaneously, require that each student's final-year research project (thesis) has clear relevance to health or indigenous medicine. Projects that are purely theoretical IT or unrelated to health should be discouraged.

***How to implement:*** Establish an Internship/industry placement Coordination Unit within the department or faculty. This unit (perhaps one staff member or a small committee) should immediately reach out to potential host organizations – such as government hospitals, private hospitals, medical device companies, health-focused NGOs, research institutes, and tech firms with healthcare projects – to arrange internship/industry placements starting in the coming academic cycle. Prepare an internship/industry placement handbook outlining learning objectives and expectations. For research projects, establish a faculty review process: no project proposal is approved unless it demonstrates relevance to healthcare (it could be modern or traditional health, e.g., a project on improving an herbal drug production process with IoT monitoring would qualify, as would a telemedicine app). Pair each student with a suitable supervisor or co-supervisor; if internal expertise is lacking, engage co-supervisors from partner healthcare institutions or other universities. This will enrich the guidance students receive on their health-oriented projects.

- **Re-orient first- and second-year curriculum delivery toward health and indigenous contexts.**

***What this addresses:*** In the early years of the programmes, students currently get a mostly ICT-centric education, which sets the tone away from health/indigenous content. By the time they reach later years, it is harder to instill the intended interdisciplinary perspective. Early intervention is needed to correct the course.

***What to do:*** Immediately infuse health context and indigenous knowledge examples into Year 1 and 2 courses. For every IT or theory concept taught, instructors should incorporate an application or case study related to healthcare (preferably local or traditional healthcare). For instance, when teaching database design, use an example of a patient record system for an Ayurveda hospital; when teaching electronics, demonstrate with a simple biomedical sensor circuit; when covering statistics, use epidemiological data, etc. Also introduce at least a couple of guest lectures or seminars for juniors on indigenous medicine principles (so they gain familiarity with the terminology and significance). Essentially, make the health focus explicit from day one so students start seeing themselves as distinct from general IT students.

***How to implement:*** The Dean and Head of Department (HoD) should issue a directive to all lecturers about this refocusing, making it an immediate priority. Course

instructors should review their lesson plans and insert relevant context wherever possible. Some quick curriculum tweaking might be needed – e.g., adding a field visit in Year 2 to a herbal garden or a clinic, or updating an assignment prompt to involve a health scenario. Assign senior faculty or programme coordinators to monitor this implementation: for example, require that each module leader submits a short report on how they integrated health/indigenous context into their module this semester. This can be overseen by the Faculty's curriculum committee. By doing this, even without changing module titles or content wholesale, the *delivery* becomes more aligned with the programme philosophy.

- **Stabilize scheduling and communication of academic plans.**

  ***What this addresses:*** Students have suffered from unpredictable schedules and last-minute changes, a symptom of resource constraints and ad hoc arrangements. This affects their learning and morale.

  ***What to do:*** Enforce a more disciplined academic scheduling process. Publish the semester timetable (for lectures, labs) and the assessment calendar (assignment due dates, exam dates) well in advance – ideally before the semester starts. Commit to those dates, and limit changes to only truly unavoidable circumstances. Introduce a policy that any change to scheduled classes or exams must be communicated at least a certain number of days in advance (e.g., one week), except in extreme emergencies.

  ***How to implement:*** Assign a dedicated academic scheduler or operations coordinator (this could be an administrative staff or a faculty member in charge of timetabling). This person will coordinate room bookings, lecturer availability (especially for external lecturers), and create a coherent timetable. Use scheduling software if available. Once the draft timetable is ready, have it approved by the Dean so that it's treated as final. If a lecturer (especially a visiting one) cancels or requests a change, require approval from the HoD or Dean to ensure it's truly necessary, and then formally notify students through an official channel (university email or noticeboard) rather than informal messages. Consistency in communication is key – students should know *where to look* for the latest schedule (e.g., a particular online portal or a posted schedule updated weekly). These steps will reduce chaos and build student confidence in the programme's management.

- **Remove unnecessary content overlap through rapid curriculum mapping.**

  ***What this addresses:*** Students noted repetitive content across modules, indicating redundancy that can be trimmed. This also contributes to inefficiency in teaching and wasted time that could be used for more relevant material.
  ***What to do:*** Conduct a quick curriculum mapping exercise to identify overlaps in topics between modules, and streamline accordingly. For example, if programming basics are taught in two different modules, decide where it fits best and eliminate it from the other, or teach it once thoroughly rather than twice superficially. The mapping should also check for any gaps – topics that should be covered but aren't clearly in any module (less likely, but equally important to identify).

***How to implement:*** Organize a short workshop or meeting series with all teaching staff (permanent and key visiting lecturers) to lay out the curriculum grid. This could be done over a couple of days. Use visual tools (like a matrix of modules vs. topics or learning outcomes) to spot duplication. Once overlaps are identified, reach consensus on adjustments – e.g., Module A will cover Topic X in depth, so Module B can skip it or only quickly recap if needed. These changes can often be implemented *without* requiring formal curriculum re-approval (if they don't alter credit values or major outcomes, they are delivery-level tweaks). The HoD can oversee that each lecturer updates their course outline for the next offering to reflect these decisions. By the next academic cycle, students should experience a more coherent progression of topics instead of re-learning the same basics.

- **Establish an interim** Ethics Review **mechanism for student research.**

  ***What this addresses:*** The current absence of an Ethics Review Committee delays or prevents legitimate health-related research projects, hindering academic progress and quality.

  ***What to do:*** Create an interim Ethics Review arrangement so that students (and staff) have a way to get ethical clearance for their research proposals. This could be an ad-hoc committee within GWUIM or a formal agreement with an existing ERC at another institution. The interim solution should be able to review proposals quickly (within a few weeks) and provide approvals or required modifications.

  ***How to implement:*** Option 1 – Internal interim ERC: Assemble a small committee of faculty members who have the relevant background (perhaps include one from Indigenous Medicine faculty, one from a partner medical college, and one legal/ethical expert). They can operate under the mandate of the Vice-Chancellor temporarily. Develop a simple application form for students to submit describing their project and ethical considerations. Ensure the committee has clear Standard Operating Procedures (SOPs) – e.g., meeting once a month to review any submissions. Option 2 – External linkage: Alternatively, sign an MoU with an established ERC, such as the one at a teaching hospital or another university, to act as the reviewing body for GWUIM's student projects. This might be faster since they already exist; students' proposals would be forwarded there (possibly with a fee or just under a collaboration agreement). In either case, inform all students and supervisors that no health-related project should proceed without approval and provide guidance on how to apply to the ERC. This interim fix should later transition into a permanent ERC for the faculty (as addressed in intermediate actions).

- **Deploy targeted external expertise in a structured manner.**

  ***What this addresses:*** The department currently fills expertise gaps with visiting lecturers, but this is done informally and with mixed results. A more structured approach can improve quality and consistency of external contributions.

***What to do:*** Identify critical subject areas where internal capacity is lacking (e.g., medical physiology, health informatics, biomedical instrumentation) and recruit a panel of qualified external experts for the short term. Instead of last-minute hires, create a vetted list of go-to resource persons who understand the programme's philosophy. Clearly define their roles, deliverables, and how their teaching will be integrated with the rest of the curriculum. Essentially, turn the ad-hoc guest lecturers into a formal adjunct faculty pool that is part of the team for the year.

***How to implement:*** Right away, the HoD (with Dean's support) should reach out to relevant professionals – e.g., academics from established universities (perhaps who are sympathetic to GWUIM's mission), researchers from institutes like the ICT Agency or health IT units, experienced Ayurvedic doctors with tech interest for indigenous knowledge integration, etc. Offer them short-term visiting appointments or honorarium-based teaching slots for specific modules/topics. Provide each external lecturer with the curriculum and expected learning outcomes, and pair them with an internal faculty "anchor" who coordinates their contributions (making sure, for example, their exam fits the programme's standards). Also, enforce quality assurance: require that external-taught modules go through a moderation process (another expert reviews the exam questions or materials to ensure depth). By planning this out at the start of the semester, you avoid the scramble mid-semester. This structured external support will act as a bridge until permanent hires can be made, ensuring students don't miss out on key knowledge areas.

- **Formalize partnerships with health sector for internships/industry placements and projects.**

***What this addresses:*** The lack of institutional links has made internship/industry placements and field projects difficult to arrange, affecting student exposure and practical learning.

***What to do:*** Move from informal contacts to formal partnerships with key organizations in the healthcare sector. This includes government bodies (Ministry of Health, Department of Ayurveda), major hospitals, private healthcare companies, and tech firms in health. By signing MOUs or agreements, secure commitments for a certain number of student internship/industry placement placements each year, opportunities for student projects (like access to hospital data or problem statements), and involvement of external experts in curriculum advisory roles. Such partnerships also enhance external recognition once these stakeholders are on board.

***How to implement:*** The university leadership (Vice-Chancellor, Dean) should take the lead to initiate high-level talks for collaboration. For example, sign an MOU with the Ministry of Health to become a "placement training partner" so that GWUIM students can be placed in public hospitals or labs for internship/industry placements. Similarly, approach leading private hospital chains or medical device companies for internship/industry placement slots – perhaps offering them early access to recruit the graduates in return. Identify a liaison officer or committee within the faculty to maintain these relationships year-round (ensuring MOUs translate into actual student placements and projects). Also involve these partners in curriculum updates: a joint advisory board meeting annually can keep the programme relevant and build

confidence externally. Formal partnerships will provide a stable pipeline of practical training opportunities that embed students in real health-tech environments.

[*The panel noted that the use of the word 'Internship' – a word that has a specific definition in the field of medicine - has resulted in many health care institutions being reluctant to accommodate these students for their training. It is recommended, therefore, that the term 'internship' be replaced with 'industry placement'.]

- **Conduct a stakeholder awareness and engagement program.**

  ***What this addresses:*** Students' fears about external recognition can be mitigated if industry and institutional stakeholders are properly informed and engaged with the programme. Right now, there's a knowledge gap in the outside world about what these degrees entail.

  ***What to do:*** Organize a one-day stakeholder forum or open day specifically for the Biomedical Technology and HICT programmes. Invite potential employers, internship/industry placement supervisors, officials from health ministries, ICT industry leaders, and academic peers from other universities. Use this forum to showcase the curriculum's intent, the kind of training students receive, and examples of student projects or achievements. Essentially, it's a PR and feedback event – to proudly present the unique nature of these degrees and to get buy-in from the community.

  ***How to implement:*** Plan for an event within the next 6 months. Students and faculty can together prepare presentations and demonstrations (for example, final-year students can demo their projects, a couple of alumni or senior students can speak about their experience, faculty can present on curriculum vision). The Vice-Chancellor or Dean can inaugurate and emphasize how GWUIM is contributing to modern health innovation. Provide an information packet or brochure to attendees that clearly outlines programme details, graduate profiles, and the support needed from industry. Have a Q&A or breakout discussion where stakeholders can voice concerns or suggestions – this also helps the university understand external expectations. This engagement will serve multiple purposes: it reassures students that efforts are being made to improve recognition, it educates outsiders thereby improving their perception, and it could spark new collaborations (some attendees might volunteer to support internship/industry placements, etc., once they see the potential).

- **Continue "gap-filling" courses as an interim academic support, within a structured framework.**

  ***What this addresses:*** The ad-hoc gap courses (remedial classes) currently offered are beneficial to cover certain skill deficits, but they should be systematized to ensure they truly add value and address specific competency gaps identified.

  ***What to do:*** Rather than offering random extra classes, design a remediation or skill enhancement plan for each cohort. For example, if second-year students lack sufficient background in biology, organize a short intensive course on human biology for tech students; if final-year students need more exposure to a programming

language or a medical devices overview, do that. Tie these courses to a competency checklist that students should achieve by year's end. Consider making completion of certain gap modules a *requirement* for those identified as needing it (though not for credit, it could be required for progression if they were weak in that area).

***How to implement:*** The faculty should identify what the common competency gaps are – use exam results, student feedback, and teacher observations. Likely areas might include English/scientific communication, basic biology for tech students, advanced math for modeling, etc. Create a schedule of short courses (maybe during semester breaks or weekends). Assign capable instructors (perhaps even collaborate with the Faculty of Indigenous Medicine for a short Ayurveda basics course for HICT students, and with an IT center for advanced coding). Monitor attendance and perhaps have a simple assessment to gauge improvement. Document these efforts so that they can be evaluated – for example, if a gap course on "Medical Terminology" is given, check later if those students perform better in a related module. By formalizing gap-filling, it becomes a recognized part of the programme improvement rather than an ad hoc add-on.

- **Optimize existing space usage through a campus-wide audit.**

  ***What this addresses:*** While waiting for new infrastructure, better coordination of current space can reduce disruptions, especially the clashes between Technology and Indigenous Medicine classes.

  ***What to do:*** Conduct a space and timetable audit of all teaching venues in the university. The goal is to identify underutilized slots or venues and reallocate to relieve the Technology programmes from having to share in problematic ways. Possibly designate certain rooms or times exclusively for the Department of Technology to use laboratories or classrooms without interruption. Reschedule some classes to afternoons or weekends if that frees up dedicated use of a lab. Essentially, make the best use of what is available by careful scheduling and perhaps minor modifications.

  ***How to implement:*** Set up a small task force including the university's timetable coordinator, representatives from each faculty (since space is shared), and maybe student reps. Over a few weeks, have them map who uses what space when. Look for possibilities like: a) Are there large lecture halls used by Ayurveda that sit empty in afternoons that Tech could use instead of the small shared room in mornings? b) Could some Tech practical sessions be held at off-peak times to get sole access to labs? c) Is there any storage area or office that can be temporarily converted into a small computing lab or project room for student use? Once identified, implement changes from the next semester. For example, adjust the schedule to ensure no two faculties use adjacent spaces for loud practicals at the same time, or allocate one computer lab to Tech exclusively on certain days. Communicate these changes to all parties to avoid conflict. While this won't create new space, it can mitigate the immediate friction and make life a bit easier for both students and staff in daily operations.

By executing these immediate actions, GWUIM can address the most pressing academic and student welfare issues and set the stage for deeper reforms. These steps will start to

visibly re-align the programmes with their intended purpose (e.g., students will get more health exposure within months, not years) and build confidence among stakeholders that improvements are happening.

## Intermediate-Term Actions (1–3 years)

Over the next one to three years, GWUIM should implement more systemic changes and capacity-building measures to solidify the programmes' quality and identity. These intermediate actions require planning and resource mobilization, but are feasible within a few years and will greatly strengthen alignment with the university's mission:

- **Introduce a common foundation year/semester for both programmes focused on health sciences and indigenous knowledge.**

  ***What this addresses:*** Currently, students specialize into BT or HICT from the start, which can lead to early divergence and less cohesion. A shared foundation emphasizing the core values (health systems, indigenous medicine context, basic science) would give all students a baseline and reinforce the interdisciplinary ethos. It also ensures everyone gains an appreciation of the indigenous aspect, regardless of whether they end up more on the tech or communication side.

  ***What to do:*** Redesign the first year (or first semester) curriculum so that BT and HICT students take a common set of modules before branching off. These modules should include: Human Biology/Anatomy & Physiology (tailored for tech students), Fundamentals of Indigenous Medical Systems (an introduction to Ayurveda and other indigenous healing principles, possibly with practical demos), Health Systems 101 (covering how hospitals and public health systems operate, including technology currently used), Basics of Programming/ICT (for those who need it), and Academic Skills/Scientific Communication. This common curriculum will build a strong cohort spirit and a multidisciplinary mindset. After this foundation, based on interest and aptitude, students can either continue in Biomedical Tech or HICT specialization from the second year onwards.

  ***How to implement:*** Set up a curriculum revision committee in early 2026 to develop this common foundation plan. Include input from the Faculty of Indigenous Medicine for the indigenous knowledge module. Identify if any new module approval is needed (e.g., "Introduction to Indigenous Healthcare Systems" might be a new course to create). The goal should be to roll out the common first year for the 2027 intake (allow about a year for approvals and prep). Faculty will need to be trained or hired to teach these new integrated modules. Additionally, develop criteria for stream allocation after the common period – possibly let students choose BT vs HICT based on interest and performance, ensuring balanced numbers. This model will strengthen the health focus early and only then delve deeper into tech specializations, thus reducing the drift risk.

- **Revise admission criteria to attract a broader mix of students (ICT and Biology streams).**

***What this addresses:*** The current intake is skewed towards ICT stream students, some of whom lack background in biology, while excluding potentially passionate biology-stream students who might excel in a health-tech field. A more multidisciplinary intake will produce graduates more attuned to the programme's dual nature.

***What to do:*** Work with the UGC (University Grants Commission) to expand the eligibility criteria for the BHSc programmes. Specifically, allow students from the Biological Science stream (and possibly those from the Mathematical Science stream with a focus on Biology) to be admitted, not just those from the Physical Science/ICT stream. Set appropriate prerequisites or bridging requirements: for example, biology students might need a certain competency in math which could be assessed or provided via a pre-university course; ICT students might need to attend a short biology primer. The aim is to diversify the skillsets of incoming cohorts.

***How to implement:*** Draft a proposal for UGC by mid-2026 to modify the admission handbook entry for GWUIM's BT and HICT programmes. Include justification based on this evaluation – noting that a mixed cohort will better achieve programme outcomes. Simultaneously, plan bridging modules: perhaps a pre-semester boot camp each year where incoming students from different streams can catch up (the biology students take an intro to programming/math, the physical science students take an intro to biology). Seek approval in time for the 2027 intake cycle. Additionally, market the programmes to schools: since biology students may not traditionally apply to a tech-sounding degree, do outreach (brochures, info sessions) in schools to explain the unique nature of these degrees and encourage biology students with an interest in healthcare innovation to apply. Over a few intakes, this will create a richer classroom environment and ultimately graduates who collectively cover both domains of expertise.

- **Streamline the curriculum depth at undergraduate level and introduce postgraduate pathways for advanced topics.**

***What this addresses:*** Currently the curriculum tries to cover a very broad array of advanced topics within four years, which can overwhelm both students and the limited faculty. Some of these might be better saved for a master's level, allowing the bachelor's to focus on core competencies. This will reduce overload and ensure undergrads master the fundamentals (health + tech integration) first.

***What to do:*** Identify particularly advanced or niche topics in the current curriculum that could be trimmed down or removed from the undergraduate syllabus and later offered as part of a postgraduate diploma or MSc. For instance, high-level topics like artificial intelligence in-depth, advanced biotechnology techniques, or specialized areas like nanotechnology in medicine – these could be touched upon in the bachelor's (so students are aware) but not explored in full depth. Instead, plan to develop an MSc in Biomedical Technology or Health Informatics that continues from the BHSc, where these advanced topics can be taught properly when students have the foundation. Essentially, refocus the BHSc on fundamental knowledge and skills, and move some cutting-edge electives to a PG level.

***How to implement:*** During the curriculum review (which we recommended for the common foundation), also conduct a content audit to assess complexity. Engage external experts to advise on what is realistically teachable at the undergraduate vs the postgraduate level. By 2026, prepare a proposal to the UGC for a new Master's programme (or postgraduate diploma) in a related field, justifying it as a way to absorb the advanced content and provide a progression route for graduates. Simultaneously, adjust the BHSc curricula by reducing the credit weight or hours allocated to those advanced topics, or by converting them into optional seminars rather than core exams. This might also simplify some labs or equipment needs (e.g., if gene sequencing is in the undergraduate plan but no facility exists, it's better to postpone it to a future MSc when resources might be available). The result will be a more coherent and achievable undergraduate curriculum, and motivated students can pursue higher specialization later. This also signals to stakeholders that GWUIM is building a full pipeline of human resource development in health technology (undergrad to postgrad).

- **Undertake a comprehensive cadre review and recruit faculty with health-oriented expertise.**

  ***What this addresses:*** The staffing shortage and imbalance cannot continue if the programmes are to succeed. A formal cadre review will pave the way for hiring more staff, especially those who bring in the missing health sciences perspective.

  ***What to do:*** Work with university and government authorities to approve new faculty positions as identified (18 permanent and additional temporary positions as per the internal plan). Prioritize recruitment in key areas: health informatics, biomedical engineering, medical science (anatomy/physiology) lecturers, a specialist in Ayurvedic medicine who is tech-savvy, etc. Also create non-academic posts such as lab technicians for biomedical labs, a technical officer for the computer labs, and an administrative coordinator for internship/industry placements and scheduling. These roles are as important as lecturer positions to keep the department functioning smoothly.

  ***How to implement:*** Prepare a formal cadre revision request documenting the current versus needed staff, with justification grounded in student numbers and curriculum needs. Submit this through the University Council to the UGC and Ministry as needed. Because government hiring can be slow, start the process as early as possible in 2026. In parallel, if possible, hire some temporary/contract staff on project funds or self-funding basis to fill urgent teaching roles. When recruiting, explicitly state the interdisciplinary nature of the job – e.g., when advertising for a lecturer in biomedical engineering, mention that experience in healthcare settings or indigenous knowledge integration is a plus. Look for candidates who are excited by blending tech and health (perhaps returning Sri Lankan postgraduates from overseas in biomedical fields, etc.). Also consider schemes like split appointments or secondments – maybe a medical faculty academic can be seconded part-time to GWUIM to teach physiology, etc., until a full-time hire is made. Establishing a technical support team (lab assistants, etc.) will immediately help current faculty to deliver practicals and manage equipment once labs are set up. By the end of the 3-year period, aim to have significantly lowered the

student-staff ratio (e.g., closer to 20:1) and diversified the academic team's expertise profile.

- **Establish a permanent Ethics Review Committee (ERC) for the faculty.**

  ***What this addresses:*** While an interim solution was to be set up immediately, a long-term institutional ERC is essential for research governance, especially as the faculty grows and potentially starts post-graduate programmes.

  ***What to do:*** Formally create an Ethics Review Committee under the Faculty of Indigenous Health Sciences and Technology (or a joint one with Indigenous Medicine if that's more viable). It should have statutes/bylaws, approved by the University Council, outlining its composition (multidisciplinary – including medical doctors, researchers, a legal expert, a community representative, etc.), its scope (to review all health-related research proposals from faculty or students), and its procedures. Ensure this ERC is registered or recognized by national bodies (in Sri Lanka, typically ERCs are registered with the Ministry of Health or a national ethics registry).

  ***How to implement:*** The Dean can initiate this by mid-2026 by identifying potential members. Likely members could be drawn from GWUIM (one or two senior faculty), other universities' medical faculties, and maybe an external ethicist. Provide training if needed (there are Sri Lankan forums for ethics committees). Draft SOPs – many templates exist from other ERCs – covering application forms, review meeting frequency, decision-making, etc. Present this to the Senate/Council for approval. Once constituted, widely announce that all research (including undergraduate projects) involving human subjects, patient data, or any indigenous knowledge research (some of which might have cultural sensitivities) must go through the ERC. Over time, this committee will uphold the ethical standards of research and add credibility to any outputs (publications or innovations by students/faculty). It also educates students on the importance of ethics in health research, an integral part of their professional development.

- **Embed internships/industry placements and research projects formally into the curriculum governance.**

  ***What this addresses:*** Previously, internships/industry placements and research were handled a bit informally, leading to inconsistency. Formalizing them ensures every student gets a structured experience that is assessed and accounted for.

  ***What to do:*** Treat the internships/industry placement and final-year project as critical components by giving them proper weight (credit or at least required completion) and by managing them like courses. Develop an Internship/industry placement Handbook that outlines how internship/industry placements are secured, what students are expected to do, how they'll be supervised and evaluated (e.g., a report, an employer feedback form, a presentation). Similarly, refine the research project guidelines: ensure each project is approved by a committee, each student has a supervisor assigned, and clear assessment rubrics are in place (with some weight given to how innovatively they address a health problem). Possibly introduce a mid-project review milestone to catch any deviations.

***How to implement:*** Form an "Internship/Industry Placement & Research Committee" within the department by 2026. This committee will design the processes and documents needed. For internships/industry placements, coordinate with the partnerships established earlier to guarantee positions each year, and maintain a database of where each student goes and their performance. Make internships/industry placements credit-bearing if not already (for example, it could be a 6-credit module in final year). For research, make sure by start of Year 4, topics are finalized and vetted for relevance and feasibility (with ethics clearance if needed). Having these experiences well-structured not only improves learning outcomes but also signals to external entities (like accreditation bodies or employers) that the programme is robust in practical training.

By the end of this 1–3 year period, the goal is that the programmes will have a stronger foundation curriculum, a more suitable intake of students, a leaner and more focused set of learning outcomes at the undergraduate level, significantly better staffing levels, and stable processes for critical components like ethics, internships/industry placements, and research. These changes will greatly enhance the philosophical alignment of the programmes – students will from the start be immersed in health and indigenous knowledge contexts, and faculty expertise will mirror the interdisciplinary nature needed.

## Long-Term Actions (3–8 years)

Looking further ahead (three to eight years), GWUIM should pursue long-term initiatives that will secure the future of the Biomedical Technology and HICT programmes and fully realize their intended mission. By this stage, the expectation is that short-term fixes have stabilized the programmes, and intermediate steps are well underway. The long-term actions focus on infrastructure and institutional identity, ensuring the programmes become sustainably excellent and distinctly aligned with GWUIM's ethos:

- **Establish dedicated premises and purpose-built facilities for the technology programmes.**

  ***What this addresses:*** The current space limitations cannot support the programmes' growth and quality in the long run. Dedicated infrastructure is needed to provide an appropriate learning environment and to reduce friction with other faculties.

  ***What to do:*** Follow through on the infrastructure development master plan (2025–2033), which calls for ~40,000 sq ft of new academic space for the Faculty of Indigenous Health Sciences and Technology (or specifically for the Department of Technology). This should materialize as a new building or complex that houses lecture halls, classrooms, computer labs, and specialized labs (biomedical engineering lab, electronics/mechatronics lab, chemistry/biochemistry lab, simulation center for health IT, etc.), faculty offices, conference/seminar rooms, and student common areas (study spaces, lounges). Additionally, ensure supporting facilities like expanded library sections for tech and health, better internet connectivity, and power/backups for labs are included. If on a separate site (2 acres as identified), it should be easily accessible or have transport provided from the main campus.

***How to implement:*** The university should actively secure funding – from the government, perhaps phased annually – to start construction within the next 2-3 years. Start with the most critical components (e.g., a building wing that includes the labs and a couple of lecture halls) and gradually expand. Consult with architects and lab planners who have experience in educational facilities; incorporate future-oriented design (like flexible lab spaces that can be reconfigured, smart classroom technology, etc.). If immediate full funding is an issue, consider a modular approach: for instance, first build the computing labs and a block of classrooms, later add the biomedical labs. Engage donors or corporate sponsors for specific lab equipment (naming labs after sponsors can be an incentive). Aim that by year 8, the Faculty of Technology has a self-contained space adequate for its then student population plus room for growth. This will dramatically improve the student experience (no more jostling for space) and allow the curriculum to be delivered as intended (with proper practicals). It also symbolically cements the presence of these programmes at GWUIM – giving them a physical identity on campus.

- **Consolidate a sustainable academic identity that links indigenous healthcare and modern technology.**

  ***What this addresses:*** There is a risk that even after improvements, over time the programmes could again drift toward a generic tech focus if not consciously anchored. The university must continually reinforce the unique interdisciplinary identity so that it becomes ingrained in teaching, research, and culture.

  ***What to do:*** Institutionalize the integration of indigenous health knowledge in these programmes through formal mechanisms. For example, incorporate indigenous healthcare elements in core courses (and periodically update these to stay relevant), maintain joint activities or courses with the Faculty of Indigenous Medicine (so cross-pollination occurs), and develop signature projects or research themes that exemplify the fusion (such as a research cluster on digitizing Ayurvedic pharmacopeia, or on developing affordable diagnostics inspired by traditional medicine needs). Encourage interdisciplinary research involving faculty from both technology and indigenous medicine faculties. Over time, aim to develop a cadre of faculty and students who identify as experts in this hybrid field. The university might even consider branding this niche – e.g., establishing a "Center for Indigenous Healthcare Technology" that would host projects, seminars, and publications on the subject.

  ***How to implement:*** As the programmes mature, set up a Curriculum and Research Advisory Board with members from both the tech side and traditional medicine side, as well as external experts. This board's role is to review the curriculum every few years to ensure the indigenous integration remains (preventing drift) and to suggest new areas where technology could support traditional medicine (keeping curriculum content innovative). Additionally, integrate this theme into recruitment and promotions by hiring faculty (or training existing ones) with interdisciplinary skills, and rewarding research that bridges the gap. Perhaps institute an annual Indigenous Tech Innovation Award for students who create solutions addressing challenges in Indigenous medicine. By making the intersection of tech and indigenous health a

celebrated and ongoing part of the academic agenda, GWUIM safeguards the programs' philosophical alignment in the long term.

- **Expand research and innovation capacity beyond undergraduate projects.**

  ***What this addresses:*** Currently, innovation is happening at the undergraduate level, but to truly strengthen the academic standing of these fields, the university should cultivate research that goes further – including postgraduate research, faculty-led projects, and collaborations. This will also enhance the learning environment for undergrads (through exposure to cutting-edge work) and improve external credibility.

  ***What to do:*** Invest in building research clusters or labs in thematic areas such as: Digital Health and Health Informatics, Biomedical Devices and Sensors, Indigenous Knowledge Digitization and Phytochemistry, Health Data Analytics and AI, etc. Encourage faculty (especially new hires with PhDs) to initiate research projects, apply for grants (from national science foundations or international sources like WHO, etc.), and involve students as research assistants. Over 3-8 years, aim to produce tangible outputs: publications in journals, prototypes that can be patented or field-tested, perhaps startups or patents arising from student/faculty work. Additionally, consider creating collaborative links, such as a partnership with a teaching hospital on a telemedicine pilot or with an IT firm to develop a health app that incorporates herbal medicine knowledge. Showcasing a few high-profile interdisciplinary projects will put GWUIM's tech programmes on the map.

  ***How to implement:*** Leverage the improved staffing and facilities (once labs come online) to start research initiatives. The Research Council of GWUIM should earmark some seed funding annually for small faculty projects in these areas. Use the partnerships formed (with health ministry, etc.) to get access to real-world data or sites for research. Encourage student participation by allowing top undergraduates to continue into postgraduate research (once an MSc or MPhil is available) – possibly offer scholarships for them to stay on. Host an annual research symposium where students and staff present health-tech research, inviting other universities – this fosters an academic community around the programmes. Over time, the goal is that GWUIM not only teaches existing knowledge but is *creating new knowledge* at the intersection of tech and indigenous health. This will greatly reinforce the value of keeping these programmes at GWUIM (demonstrating that unique innovations can emerge from this setting).

By implementing these long-term actions, GWUIM will have effectively transformed its initial experiment into a robust, mission-aligned pillar of the university. The Biomedical Technology and HICT programmes will operate from a position of strength – with modern facilities, adequate human resources, a refined curriculum, and a proven track record of producing graduates who carry forward the university's legacy in a contemporary arena. The key outcome is that the programmes will no longer be seen as an outlier or misfit at an indigenous medicine university, but rather as a natural evolution of that tradition into the 21st century – a successful model of integrating ancient wisdom with modern science.

## Institutional Identity and External Recognition

Maintaining and communicating GWUIM's institutional identity in light of these programmes is both a challenge and an opportunity. Students' concerns about recognition, as noted earlier, are a predictable issue for a young university and especially for interdisciplinary degrees. As improvements take root, the university should simultaneously work on reshaping perceptions and reinforcing its identity:
Internally, all stakeholders (students, faculty, administration) should develop a unified narrative about what it means to have a Biomedical Technology or HICT degree from an *Indigenous Medicine* university. Rather than viewing it as a contradiction, it can be framed as a unique value proposition: these graduates are tech experts with a holistic understanding of health that others lack. Regular dialogues or forums with students can help inculcate pride in this identity. For instance, the university can host talks by successful professionals who bridged traditional knowledge and technology (perhaps alumni from similar programmes abroad or innovators in digital health) to inspire students and validate the path they are on.

Externally, beyond the one-day engagement programme mentioned in the immediate actions, there should be ongoing efforts to raise the profile of these programmes. Developing brochures, websites, and press releases that highlight student achievements and the unique curriculum will help. Whenever students win competitions or do notable projects, amplify these in media – this gradually builds recognition that "GWUIM is producing cutting-edge health technologists." The faculty should actively participate in relevant professional associations (e.g., the Health Informatics Society of Sri Lanka, Biomedical Engineering forums, etc.), presenting the work done at GWUIM.

The panel also notes the consideration of a university name adjustment that surfaced during discussions. Some have suggested that the name "Gampaha Wickramarachchi University of Indigenous Medicine" does not reflect the broader scope of disciplines now offered, and a name like "... University of Indigenous Health Sciences" might be more encompassing. While such a change is a major policy decision requiring government approval, the rationale is to ensure the university's title itself conveys the inclusion of science and technology. If pursued, this could alleviate some confusion for outsiders (for example, an employer seeing "Indigenous Medicine" in the name might currently not realize a tech degree is relevant; "Indigenous Health Sciences and Technology" might be clearer). The panel leaves this to the appropriate authorities, simply noting that branding and nomenclature do play a role in recognition and may be worth examining as the university evolves.

In summary, to strengthen institutional identity: - Embrace the uniqueness: Continuously integrate the traditional and modern elements in academic activities, so it becomes GWUIM's brand. - Support the students: Acknowledge their pioneering status, address their concerns through transparent communication and involve them in solutions (like the engagement events). - Engage stakeholders: Keep employers, regulatory bodies, and academic peers informed and involved in the progress of the programmes, turning them into advocates. - Monitor perception: Perhaps conduct surveys or collect feedback from

internship/industry placement providers and first employers to see how graduates are viewed, and use that feedback to further refine messaging or training.

Through these efforts, GWUIM can turn a potential identity crisis into an identity innovation – crafting an image as a university that honorably marries indigenous knowledge with modern expertise, producing graduates that are highly valued in niche yet growing sectors of healthcare and technology.

## Governance, Accountability, and Monitoring

To successfully execute the recommendations and manage the turnaround of these programmes, strong governance and accountability mechanisms are essential. The panel recommends that GWUIM develop a detailed action plan based on this evaluation report, and that this plan be formally endorsed and monitored at the highest levels.

**Action Plan:** The university should compile a time-bound implementation plan listing each recommendation (immediate, intermediate, long-term) with clear deliverables, responsible persons, required resources, and deadlines. For example, if "establish common foundation year" is a recommendation, the plan should state by when the curriculum proposal will be ready, who is responsible (e.g., Director of Undergraduate Studies), what resources are needed (maybe a curriculum consultant or workshop), and what the milestone dates are (draft by X date, approval by Y date, rollout by year Z). This plan should ideally cover at least the next 3 years in detail, with a vision for longer-term items. It should be presented to the University Council and receive official approval so that it carries institutional weight.

**UGC and External Monitoring:** Given that the UGC initiated this review, it is appropriate for the UGC to have an ongoing monitoring role. The panel suggests that a UGC-appointed oversight committee be established to periodically review progress on the action plan. This committee may include representatives from the UGC, possibly one or two external experts from relevant fields (such as those who served on this review panel or others), and should operate in a supportive (rather than punitive) manner. They could visit GWUIM once every six months or annually to check on key indicators, such as whether new staff have been recruited. Are the labs set up? Is the curriculum revision done? How do students feel now compared to before? etc. They would then report back to the UGC and the University Council, ensuring transparency and momentum. The presence of such oversight can also help GWUIM in securing necessary support (since if progress is lagging due to lack of funds or approvals, the committee can flag this to authorities).

**Internal Monitoring and QA:** Within GWUIM, strengthen the role of the Quality Assurance (QA) cells or curriculum committees. Now that these programmes are identified as needing improvement, maybe have a quarterly review meeting at the faculty level solely to track the improvements. Include student representatives in these meetings to receive direct feedback on whether the changes are effective. Use measurable indicators wherever possible, such as targeting improvements in student satisfaction scores, reducing timetable changes, and increasing the % of curriculum delivered as intended, and track this progress.

**Reporting and Transparency:** Keep the communication channels open. It might be good for the faculty to produce a brief annual progress report on the programmes to share with the University Council and UGC. This report can highlight achievements (such as new hires, curriculum changes, and students' successes) and also flag any hurdles. By documenting the journey, GWUIM also creates a case study for itself which can be useful in future (for example, when justifying funding or even applying for accreditation of the programme, you can show the evolution and improvements made).

In essence, robust governance ensures that the recommendations in this report are not merely on paper but are actively pursued. It also ensures accountability – that the university's leadership remains fully committed and that any slippages are caught early and corrected. Given the scale of the envisioned reform, it will require diligent oversight and a culture of continuous improvement to properly embed the changes. The panel is confident that with these structures in place, GWUIM can manage the transformation in an organized, transparent, and ultimately successful manner.

# Conclusion

The BHSc (Hons) in Biomedical Technology and the BHSc (Hons) in Health Information and Communication Technology at GWUIM represent a bold and conceptually innovative initiative in Sri Lanka's higher education landscape. They align with a forward-thinking vision: leveraging modern technology to advance healthcare, while rooting this advancement in the rich soil of indigenous knowledge and traditional medical science. The programmes have achieved notable successes – high student interest, unique positioning (the only such undergraduate degrees nationally), and sparks of ingenuity in student projects that address real health challenges. The academic staff, though stretched thin, have shown commendable dedication to keeping the programmes running and helping students gain skills and graduate. Students, for their part, have exhibited passion and adaptability; as pioneers, they have understandably voiced concerns, yet their engagement with this review was constructive and hopeful for positive change.

The evaluation, however, has brought to light critical weaknesses that threaten the quality and sustainability of these programmes. Chief among them is the misalignment of the delivered curriculum with the programmes' intended interdisciplinary nature – a drift that, if left unchecked, would strip the degrees of their distinctive value and undermine GWUIM's core mission as an institution. Additionally, severe shortfalls in staffing, infrastructure, academic governance, integration with the health sector, and research ethics oversight present serious challenges. In their current form, the programmes risk producing graduates who may not meet the lofty standards set forth or who may struggle to find their place in industry or academia, thereby failing the students and the university's objectives.

Despite these challenges, the panel firmly believes that these programmes *should not be abandoned*. Discontinuing them or transferring them away would not only disadvantage the existing student cohorts (over 400 individuals) with uncertainty and upheaval, but it would also mean relinquishing a nationally unique programme concept – one that holds great promise if properly realized, namely the linkage of indigenous healthcare and modern technology into a new academic and professional domain. Such a concept is very

much in tune with global trends that value holistic health solutions and culturally adapted technology, and Sri Lanka could become a leader in this niche through GWUIM.

The panel's recommendations outline a clear pathway to reform and strengthen the programmes. They call for immediate measures to realign the curriculum and improve student experience, intermediate steps to build capacity and rigor (common foundation, broadened admissions, more faculty, better labs, etc.), and long-term investments to cement the programmes' place in the university's fabric (infrastructure and a cultivated identity). It is imperative that GWUIM's leadership, in collaboration with the UGC and other stakeholders, acts decisively on these recommendations. The risk of not acting is high – continued deterioration could force a crisis where shutting down becomes unavoidable. Conversely, the opportunity from success is also immense – GWUIM can carve out a reputation as an innovative institution that modernized indigenous knowledge and created a generation of professionals who bridge two worlds.

In concluding, we stress that ensuring philosophical alignment is not a mere sentimental or cultural concern, but a practical one. A programme aligned with its institution's mission has clarity of purpose, attracts the right talent, gets stakeholder buy-in, and can rally support easier than one that sits uneasily. By re-embracing the indigenous health science roots of these programmes, GWUIM will give them a solid anchor even as they ride the waves of technological change. We are optimistic that with earnest implementation of the recommended reforms, the Biomedical Technology and HICT degrees will flourish – producing graduates who are technologically skilled, healthcare-savvy, and steeped in the understanding of Sri Lanka's indigenous heritage, uniquely equipped to serve both the nation's healthcare system and the broader global community.

**Review Panel:**

**Prof. Madawa Chandratilake**
Chair and Senior Professor of Medical Education

Dean, Faculty of Medicine
University of Kelaniya

**Prof. Vajira H. W. Dissanayake**
Chair and Senior Professor of Anatomy, Genetics and Biomedical Informatics
Dean, Faculty of Medicine
University of Colombo

Date of submission: **12 January 2026**

Annex 1 - Report Submitted by the Members of the Department to the Review Pannel
Annex 11 - ReportSubmitted by Students to the Review Pannel

Annex 1 - Report Submitted by the Members of the Department to the Review Pannel

# SUMMARY REPORT - 2025

Department of Technology
Faculty of Indigenous Health Sciences and Technology
Gampaha Wickramarachchi University of Indigenous Medicine

## Executive Summary

The Department of Technology stands as a pivotal organization bridging modern and indigenous healthcare with modern technological innovation. Operating two internationally accredited degree programs, the department serves 437 students with only 9 permanent academic staff, creating an unsustainable student-to-staff ratio of 49:1. This report combines current operational status, infrastructure requirements, strategic challenges, and strategic opportunities for sustainable growth aligned with national and international healthcare demands.

## 1) Institutional Overview

### 1.1 Mission and Vision

The Department of Technology at Gampaha Wickramarachchi University of Indigenous Medicine produces high-caliber graduates equipped to excel in technology-driven healthcare sectors. Operating at the intersection of medicine and modern technology, the department remains committed to excellence despite significant operational challenges.

### 1.2 Academic Programs

The department offers two technologically advanced degree programs recognized by the Standing Committee of Technology, University Grants Commission (UGC).

**Bachelor of Health Science Honors in Biomedical Technology (BHSc Hons in BT)**

- Focus: Medical instrumentation, electronics, robotics, AI applications, healthcare applications, biotechnology, biomechanics
- Career Pathways: Biomedical technologists, medical device specialists, healthcare technologists, programmers, mobile application developers, Radiologists, Researchers, biotechnologists

**Bachelor of Health Science Honors in Health Information and Communication Technology (BHSc Hons in HICT)**

- Focus: AI, IoT, cybersecurity, virtual reality, health informatics, data management
- Career Pathways: Health IT specialists, healthcare software developers, cybersecurity experts, health data analysts, programmers

### 1.3 Curriculum Specifications

- **Biomedical Technology Program:** 29 theory courses, 23 practical sessions, 18 combined courses
- **HICT Program:** 24 theory courses, 22 practical sessions, 18 combined courses

These programs directly address critical gaps in national healthcare infrastructure and support Sri Lanka's transition towards modern medical technology and digital health systems.

## 2) National And International Demand Analysis

### 2.1 Healthcare Professional Shortage in Sri Lanka

Sri Lanka faces a critical shortage of healthcare technology professionals across multiple sectors:

**Current Gaps:**

- Limited biomedical technological specialists capable of maintaining advanced medical equipment
- Acute deficit in health IT professionals for digital health transformation
- Insufficient cybersecurity experts in healthcare sector
- Shortage of professionals bridging traditional medicine with modern technology
- Limited Radio specialist

**Projected Growth:** With healthcare modernization initiatives across government and private sectors, demand for technology-skilled healthcare professionals is projected to increase by 35-40% over the next five years.

### 2.2 International Demand Context

Global healthcare systems are experiencing exponential demand for:

- Biomedical technology specialists (projected 16% growth through 2032 - US Bureau of Labor Statistics)
- Health informatics professionals supporting digital health transformation
- Cybersecurity experts protecting healthcare data infrastructure
- IoT and AI specialists developing next-generation healthcare solutions

Sri Lankan graduates equipped with novel modern technological expertise represent a unique value proposition in both regional and global employment markets.

## 3) Student Enrollment and Academic Performance

### 3.1 Enrollment Trends

| Academic Year | BMT Students | HICT Students | Total Enrollment |
|---|---|---|---|
| 2020/2021 | 55 | 44 | 104 |
| 2021/2022 | 50 | 47 | 99 |
| 2022/2023 | 60 | 55 | 131 |
| 2023/2024 | 69 | 57 | 132 |
| **Cumulative Total** | **234** | **203** | **437** |

Enrollment growth validates national demand for technology-skilled healthcare professionals and demonstrates consistent program relevance.

### 3.2 Student Achievements (2025)

- Showcased innovative projects at Science and Technology Exhibition 2025 (January)
- Successfully completed in-plant training projects with external organizations
- Secured 2nd Runner-Up position with "AidMate" project at DHack Design-a-thon (November)
- Participated competitively in IEEE Sri Lanka Section FYP Arena 2025 (December)
- The Technology Advancement Society conducted an IoT workshop for the students to develop their ICT skills.
- Students from HICT batch successfully developed and completed an in-plant training project – the Professional and Official School Website for B.D. Passara Tamil National School

These achievements reflect high educational quality and practical curriculum relevance.

## 4) Undergraduate Research Projects Summary

**I. Wound Care & Healing (7 projects)**

- 07 groups focus on developing advanced wound dressings and healing materials using natural ingredients like chitosan, plant extracts, and biodegradable composites for antimicrobial and anti-inflammatory applications.

**II. Biomedical Materials & Sensors (5 projects)**

- 05 groups develop specialized materials and detection devices including pH-sensitive hydrogels, heavy metal detectors, and radiation-shielding composites for clinical applications.

**III. Medical Imaging & Diagnostics (6 projects)**

- 06 groups employ deep learning and AI technologies for early detection and classification of diseases including diabetic retinopathy, dementia, kidney tumors, and brain tumors.

**IV. Health Monitoring & IoT Systems (5 projects)**

- 05 Groups design smart devices for real-time health monitoring, including multi-parameter health systems, audiometric testing, stress detection, and acupuncture training systems.

**V. Healthcare Software & Digital Solutions (8 projects)**

- 08 groups develop web platforms and mobile applications for staff scheduling, emergency response, mood tracking, maternal health support, drug authentication, and heart attack risk prediction.

**VI. Tissue Preservation & Oral Health (2 projects)**

- 02 groups develop alternatives to traditional preservation methods and tele-dentistry equipment for examination and preservation of cadaveric tissues and oral health applications.

**VII. Environmental & Hospital Management (2 projects)**

- ❖ 02 groups address environmental concerns through wastewater bioremediation and blockchain-based inventory control systems for healthcare equipment management.

# 5) Current Infrastructure Assessment

## 5.1 Existing Physical Facilities

The department currently operates with shared facilities that severely constrain operational efficiency:

**Lecture Halls (Limited Availability)**

- Shared scheduling with other departments
- Frequent lecturer relocations due to conflicts
- Inadequate capacity for current student population

**Laboratory Facilities (Insufficient Space)**

- Biology laboratory (recently located in the small space to conduct the research)
- Biomedical and Electronic equipment laboratories requiring split practical sessions
- IT laboratories with recently installed 40 new laptops
- Microscope storage facilities

**Supporting Spaces**

- Limited administrative office space
- Insufficient study and discussion areas
- Constrained staff facilities

**Academic and Non-Academic Support**

- 4 temporary demonstrators
- Permanent Management assistance support
- 2 temporary technical officers
- Limited work aid support

# 6) Minimum Space Requirements for Current Operations

## 6.1 Recommended Facility Requirements (Operating Current Two-Degree Programs)

**Academic and Administrative Spaces**

| Facility | Area (Sq. ft) | Capacity | Purpose |
|---|---|---|---|
| Head of Department Office | 500 | 1 | HoD + MA coordination |

| Facility | Area (Sq. ft) | Capacity | Purpose |
|---|---|---|---|
| Academic Staff Offices | 4,000 | 9 permanent + temporaries and new permanent carders | Individual offices with facilities |
| Visiting Lecturer Office | 250 | 4-10 visiting lecturers | Guest instructor accommodation |
| Non-Academic Staff Common Room | 250 | 4-6 | Support staff facilities |
| **Subtotal Academic Spaces** | **5,000** | | |

**Laboratory Facilities for Current Enrollment (437 Students)**

| Laboratory | Area (Sq. ft) | Student Capacity |
|---|---|---|
| Undergraduate Biomedical Laboratory | 1,500 | 70 |
| Advanced Stimulation Biomedical Laboratory | 600 | 20 |
| Signal & Systems Laboratory | 1,500 | 70 |
| Biology Laboratory (Anatomy Models) | 1,500 | 70 |
| Biotechnology & Tissue Culture Lab | 1,500 | 70 |
| Computer Laboratory -2 | 3,000 | 70 |
| Smart Laboratory (IoT Technology) | 900 | 30 |
| Electronics Laboratory | 1,500 | 70 |
| Mechanical Workshop | 300 | 20 |
| **Subtotal Laboratory Spaces** | **12,300** | — |

**Lecture Halls (Eliminating Scheduling Conflicts)**

| Hall Type | Area (Sq. ft) | Seating | Quantity |
|---|---|---|---|
| Lecture Hall | 3,000 | 150 | 3 halls = 9,000 sq. ft |
| Standard Lecture Hall A | 1,600 | 80 | 2 halls = 3,200 sq. ft |
| Standard Lecture Hall B | 1,000 | 50 | 2 halls = 2,000 sq. ft |
| **Subtotal Lecture Spaces** | **5,600** | — | 14,200 sq. ft |

**Support and Facility Spaces**

| Facility | Area (Sq. ft) | Capacity | Purpose |
|---|---|---|---|
| Mini Library | 600 | 50 | Subject-specific resource hub |
| Study & Discussion Rooms | 500 | 50 | Group work areas |
| Staff Toilets (Male/Female) | 300 | — | Segregated facilities |
| Student Toilets (Male/Female) | 600 | — | Segregated facilities |
| Canteen | 2000 | 140 | Required for student ratio |

| Facility | Area (Sq. ft) | Capacity | Purpose |
|---|---|---|---|
| **Subtotal Support Spaces** | **4,000** | — | — |

**Land Requirement:** Minimum 2 acres (40,000 sq. ft built-up space with 30% green space allocation)

## 7) Current Staffing Analysis

### 7.1 Existing Staff Structure

| Position | Permanent | Temporary | Total |
|---|---|---|---|
| **Academic Staff** | | | |
| Senior Lecturer (Grade I) | 1 | — | 1 |
| Senior Lecturer (Grade II) | 1 | — | 1 |
| Lecturer | 1 | — | 1 |
| Lecturer (Probationary) | 3 | — | 3 |
| Lecturers (Probationary) on Study Leave | 3 | — | 3 |
| Demonstrators | - | 4 | 4 |
| **Academic Subtotal** | **09** | **04** | **13** |
| **Non-Academic Staff** | | | |
| Management Assistant | 1 | — | 1 |
| Technical Officers | — | 2 | 2 |
| Work Aid | — | 1 | 1 |
| **Non-Academic Subtotal** | **1** | **3** | **4** |
| **TOTAL STAFF** | **10** | **7** | **17** |

### 7.2 Critical Staffing Crisis

**Current Situation:**

- Student-to-Staff Ratio: 49:1 (437 students ÷ 9 available permanent staff)
- Ideal Ratio: 10:1

- Shortage: 20 lecturers required for quality education

**Staff Workload Implications:**

- Permanent academic staff undertake double to triple recommended workload
- Extensive teaching hours, practical supervision, and administrative duties
- Limited research engagement capability
- High burnout risk and staff retention threats

## 8) Swot Analysis - Integrated Perspective

| **STRENGTHS** | **WEAKNESSES** |
|---|---|
| ❖ **Academic Excellence:** Two accredited degree programs (BT: 29 theories + 23 practical + 18 combined courses; HICT: 24 theories + 22 practical + 18 combined courses); innovative student projects<br><br>❖ **Student Demand:** Enrollment growth from 104 to 437 students; critical national healthcare modernization need<br><br>❖ **Research & Innovation:** 36 undergraduate research projects; 15+ international publications; biomedical innovations (wound healing hydrogels, diagnostic devices)<br><br>❖ **Stakeholder Engagement:** 50+ participants in productive stakeholder meeting; Ministry of Health partnerships; industry collaborations | ❖ **Staff Shortage:** Only 9 permanent staff for 437 students (49:1 ratio vs. ideal 10:1); 20 lecturers' shortage<br><br>❖ **Physical Infrastructure:** Limited lecture halls and lab space; shared facilities creating inefficiencies; lack of specialized labs for AI and advanced IoT<br><br>❖ **Curriculum Gaps:** Students lacking foundational science/programming knowledge; extensive remedial burden on staff<br><br>❖ **Research Limitations:** Minimal research capacity due to teaching overload; limited laboratory infrastructure<br><br>❖ **Operational Disruptions:** Three-month student boycott (2025); unannounced absences; university closures |
| **OPPORTUNITIES** | **THREATS** |
| ❖ **Healthcare Demand:** 35-40% projected increase in technology-skilled healthcare professionals (5-year); national digital health initiatives; rural telemedicine development<br><br>❖ **International Market:** 16% global growth in biomedical technology demand (2032); high demand for health IT, cybersecurity, and AI specialists<br><br>❖ **Curriculum Enhancement:** Science A-Level stream integration; emerging technology adoption; specialized tracks development | ❖ **Demographic Challenges:** Inadequate recruitment pace; high staff burnout risk; potential loss of experienced faculty; uncertain funding for expansion<br><br>❖ **Technological Evolution:** Rapid technology changes requiring continuous curriculum updates<br><br>❖ **Operational Risks:** Quality degradation risk; continued academic calendar disruptions; infrastructure limitations preventing research advancement |

| | |
|---|---|
| ❖ **Infrastructure Development:** Planned 40,000 sq. ft complex; three dedicated buildings; sustainable features (solar 40%, rainwater harvesting)<br><br>❖ **Strategic Partnerships:** Ministry of Health pathways; international institutional collaborations; industry mentorship programs | ❖ **Market Risks:** Changing skill requirements; international graduate competition for employment positions |

# 9) Strategic Staffing Requirements

## 9.1 Immediate Recruitment Needs (Critical Priority)

| Position | Permanent | Temporary | Purpose |
|---|---|---|---|
| Associate Professor/Professor | 2 | — | Program leadership and advanced research guidance |
| Senior Lecturer | 6 | — | Specialization in key technology areas (Biomedical engineering, Health IT, AI/IoT, Cybersecurity, Robotics, Data analytics) |
| Lecturer | — | 4 | Subject-specific instruction and theory courses |
| Demonstrator | — | 6 | Practical session support and laboratory supervision |
| Management Assistant | 1 | — | Coordinate two programs and administrative functions |
| Technical Officer | 3 | 1 | Laboratory operations and equipment management |
| Work Aid | 2 | 1 | Academic and administrative support |
| Laboratory Attendant | 4 | — | Laboratory maintenance and preparation |
| **TOTAL** | **18** | **12** | **Sustainable Quality Education** |

## 9.2 Impact of Proposed Staffing

**Student-to-Staff Ratio Improvement:**

- Current: 49:1
- Projected (with expansion): 15:1
- Enhanced Quality: Personalized attention, expanded practical training, meaningful research engagement

# 10. Strategic Initiatives

## 10.1 Curriculum and Academic Enhancement

### Science Stream Integration

- Expand recruitment to A-Level Science stream students (currently limited to Technology stream)
- Significantly broaden talent pool and improve foundational knowledge levels
- Enhanced student readiness for technology-intensive coursework

### Curriculum Revision Framework

- Implement comprehensive reviews every five years
- Ensure alignment with evolving healthcare technology sectors
- Incorporate emerging global standards
- Address industry feedback on graduate competencies

### Career Development Programs

- Establish annual career fairs with healthcare and technology organizations
- Mock interview sessions preparing students for professional engagement
- Professional competency development workshops
- Quality internship placement support in leading healthcare organizations

### Enhanced Practical Training

- Expand workshops in emerging technologies
- Medical device development training
- Health informatics and data science modules
- Cybersecurity applications in healthcare
- Advanced diagnostic technology training
- AI and machine learning in clinical applications

## 10.2 Research and National Development

The department commits to advancing research directly supporting Sri Lanka's healthcare modernization:

- Investigate locally-relevant biomedical solutions addressing endemic health conditions
- Develop health IT systems supporting rural healthcare delivery and telemedicine
- Create technology transfer mechanisms bridging indigenous medical knowledge with modern applications
- Establish collaborative research partnerships with international institutions
- Publish findings in high-impact journals advancing global recognition of Sri Lankan healthcare innovation

## 10.3 Skill Development and Technology Training

Addressing knowledge gaps among students from non-science backgrounds:

- Strengthen foundational science and programming modules through structured curricula
- Provide intensive bridge programs for students lacking required knowledge
- Develop industry-relevant practical skills through advanced laboratory work
- Foster problem-solving and computational thinking competencies
- Mentor students in emerging technologies (AI, IoT, advanced diagnostics)

### 10.4 Community Engagement and Corporate Social Responsibility

- Technology awareness programs in secondary schools promoting STEM education
- Healthcare technology support for underserved communities
- Collaborative projects with rural health facilities for technology implementation
- Student volunteer initiatives advancing health technology literacy in local communities
- Partnerships with schools sharing knowledge and practical experience

## 11. CHALLENGES AND CONSTRAINTS

### 11.1 Staff Shortage Crisis

With a projected student population of 437+ and only 9 permanent academic staff, the department faces an acute capacity crisis. An ideal 10:1 student-to-teacher ratio requires 15 permanent lecturers; current shortage of 10 fundamentally compromises educational quality.

### 11.2 Physical Infrastructure Limitations

- Limited lecture hall availability forcing scheduling conflicts
- Inadequate laboratory space necessitating split practical sessions
- Shared facilities with other departments creating operational inefficiencies
- Insufficient support spaces for growing student population

### 11.3 Academic Calendar Disruptions

2025 experienced significant disruptions:

- Three-month student boycott resulting in missed semester activities
- Unannounced mass student absence (October 22nd)
- One-week university closure (December 1-7)
- Constraints on semester extensions limiting recovery measures

### 11.4 Curriculum Development Challenges

Students entering from Technology A-Level streams often lack foundational science and programming knowledge required for technology-intensive programs. Extensive remedial support places additional burden on existing staff resources.

# 12. FINANCIAL OVERVIEW

## 12.1 Infrastructure Development (2025-2033)

| Category | Budget (LKR Million) |
|---|---|
| Academic & Administrative Spaces | 65 |
| Laboratory Facilities | 503 |
| Lecture Halls | 360 |
| Support Spaces | 50 |
| **Total (2-Acre Plot, 25,760 Sq. Ft)** | **978** |

# 13. CONCLUSION

The Department of Technology stands at a critical juncture, demonstrating exceptional commitment to academic excellence while producing graduates with relevant healthcare technology skills. However, the department faces significant constraints limiting its potential impact on national healthcare development.

The urgent recruitment of 18 permanent and 12 temporary staff members, coupled with planned infrastructure expansion and curriculum enhancement, represents an essential investment in Sri Lanka's healthcare technology capacity. These measures will enable the department to effectively serve projected enrollment growth of 437+ students, advance groundbreaking research, and graduate professionals capable of leading healthcare technology innovation across the nation. With proper support and resource allocation, the Department of Technology will fulfill its mission of producing high-caliber professionals who bridge indigenous healthcare knowledge with modern technology, substantially advancing healthcare delivery, educational standards, and technological innovation throughout Sri Lanka while meeting critical national and international demand for healthcare technology specialists.

# සෞඛ්‍ය තොරතුරු සහ සන්නිවේදන තාක්ෂණය

**<u>සෞඛ්‍ය තොරතුරු සහ සන්නිවේදන තාක්ෂණය පිළිබඳ හැඳින්වීම :-</u>**

ගම්පහ වික්‍රමාරච්චි දේශීය වෛද්‍ය විශ්ව විද්‍යාලයේ දේශීය සෞඛ්‍ය විද්‍යා හා තාක්ෂණ පීඨයේ තාක්ෂණ දෙපාර්තමේන්තුව විසින් පවත්වනු ලබන සෞඛ්‍ය තොරතුරු හා සන්නිවේදන තාක්ෂණ උපාධි (HICT හි BHSc Hons) පිළිබඳ සිව් අවුරුදු ගෞරව උපාධියකි. මෙම උපාධි පාඨමාලාව යනු පූර්ණ කාලීන අධ්‍යයන වැඩසටහනක් වන අතර එය ශ්‍රී ලංකා සෞඛ්‍ය සේවා පද්ධතියට, විශේෂයෙන් දේශීය වෛද්‍ය ක්ෂේත්‍රයට සැලකිය යුතු දායකත්වයක් ලබා දිය හැකි දක්ෂ උපාධිධාරීන් බිහි කිරීම සඳහා ප්‍රායෝගික පුහුණුවක් ලබා දෙන පුළුල් පරාසයක පාඨමාලා වලින් සමන්විත වේ. ඔවුන්ගේ 3 වන වසරෙන් පසු, සියලුම උපාධි අපේක්ෂකයින්ට අවම වශයෙන් මාස 6 ක කාලයක් සඳහා අදාළ ක්ෂේත්‍රයේ සීමාවාසික පුහුණුවක් ලැබෙනු ඇතැයි අපේක්ෂා කෙරේ. මෙම සීමාවාසික පුහුණුව සැලසුම් කර ඇත්තේ සිසුන්ට සැබෑ ලෝක සේවා පරිසරයක වෘත්තීය අත්දැකීම් ලබා ගැනීමට අවස්ථාව ලැබෙන පුහුණු කාල පරිච්ඡේදයක් ලෙස ය. සියලුම හතර වන වසරේ උපාධි අපේක්ෂකයින්ට ඔවුන්ගේ සීමාවාසික කාලය තුළ පවා අදාළ පර්යේෂණයක් ආරම්භ කිරීමට ඉඩ සලසයි.

මෙම පාඨමාලාව සම්පූර්ණ සම්මාන 135 ක් අඩංගු වේ. දේශීය වෛද්‍ය විද්‍යාවේ මූලික කරුණු ඉංග්‍රීසි, ගණිතය සහ ක්‍රමලේඛනයේ මූලික කරුණු සමඟ පළමු වසර තුළ උගන්වනු ලැබේ. දෙවන වසරේ සිට හොඳින් සමතුලිත ICT නැඹුරු පාඨමාලා මොඩියුල පිරිනමනු ලැබේ. රැකියා වෙළෙඳපොළේ අභියෝගවලට මුහුණ දීම සඳහා උපාධිධාරීන්ට අමතර වාසියක් වන තොරතුරු හා සන්නිවේදන තාක්ෂණය, ව්‍යාපාර කළමනාකරණය පිළිබඳ අවශ්‍ය භාෂා කුසලතා සහ කුසලතා උත්පාදනය කිරීම කෙරෙහි විශේෂ අවධානය යොමු කෙරේ.

උපාධි අපේක්ෂකයින් අ.පො.ස (උසස් පෙළ) විභාගයේදී ඉංජිනේරු තාක්ෂණවේදය විෂය ධාරාවෙන් හෝ ජෛවපද්ධති තාක්ෂණවේදය විෂය ධාරාවෙන් පෙනී සිට ඉන් ඕනෑම විෂයන් තුනකට අවම වශයෙන් සාමාන්‍ය (S) සාමාර්ථ ලබා තිබිය යුතුය. උපාධි මාධ්‍යය ඉංග්‍රීසි වේ.

**<u>ගැටළු ප්‍රකාශය:</u>**

1. **පාඨමාලාව තුලින් ලැබෙන රැකියා අවස්ථා සහ එහි බලපෑම**

මෙම පාඨමාලව තුලින්,

Possible careers with BHSc (Hons) HICT degree include:

| | |
|---|---|
| Health Information systems manager | Database Administrator |
| Medical Data scientist | Technical Officer |
| Patient Information Analyst | Other IT related careers |
| Medical Application Developer (Mobile / Web) | QA Engineer |
| Software Engineer | Network Engineer |
| UX Designer | Information Systems Analyst |

ඉහත සඳහන් වන්නේ සෞඛ්‍ය තොරතුරු සන්නිවේදනය තාක්ෂණය උපාධි පාඨමාලාවට අදාල අනාගත මූලික රැකියා

අවස්තාවේ. නමුත් අපට විද්‍යාර්ථයින් ලෙස ඉහත සඳහන් රැකියා අවස්තාවන් වලට අදාලා දැනුම ප්‍රමාණවත් පරිදි මෙම පාඨමාලවේ ඇති විෂය කොටස් මගින් ආවරණය නොවන බව විද්‍යාර්ථයින් ලෙස පෙනීයයි. මෙම ගැටලුව උද්ගතව ඇත්තේ විද්‍යාර්ථයින් ලෙස අපට ලැබෙන ප්‍රයෝගික දැනුම සහ ඊට අදාල මූලික විෂය දැනුම ප්‍රමාණවත් පරිදි පාඨමාලව තුලින් විද්‍යාර්යින් හට නොලැබීම හේතුවෙනි. තවද මෙම සෞඛ්‍ය තොරතුරු සන්නිවේදනය තාක්ෂණය පාඨමාලාව වසර හතර තුලදී කිසිදු විශයපථයකට විශේෂීකරණය නොවීම තුලින්, දැනට පවතින දැඩි තරගකාරී රැකියා වෙළඳපොළ තුල රැකියා ඉල්ලුම අවශ්‍යයවන සැපයීම අප විද්‍යාර්ථයින් තුලින් කල නොහැකි මට්ටමක පවති. උපාධි පාඨමාලවක් විශයපථයකට විශේෂීකරණයට ලක් වීම තුලින් විද්‍යාර්තයින් හට තම උපාධි පාඨමාලව තුලින් ලැබෙන දැනුම ඉහල මට්ටමකට රැගෙන යා හැක.

එය තුලින් දැඩි තරගකාරී රැකියා වෙළඳපොලතුල නව විශ්වවිද්‍යාලයක් තුලින් බිහිවන විද්‍යාර්තයෙක් හට තම රැකියා සහ උසස් අධ්‍යාපන සිහිනය පහසුවෙන් ලගා කර ගත හැකි වේ යැයි අප විද්‍යාර්තයින් සිතමි.

## 2. පාඨමාලාවේ ඉලක්කය සහ විෂයමාලා පසුබිම තුල ඇති ගැටලුව

මෙම පාඨමාලව තෙවන වසර (21/22), සිවුවන වසර (20/21) යන කණ්ඩායම් සඳහා නිර්මාණය කර ඇත්තේ ‘‘දේශීය වෛද්‍ය විද්‍යාව සහ ඒ සම්බන්ධ පර්යන්ත සෞඛ්‍ය සේවා පද්ධතිවල අවශ්‍යතා සඳහා තොරතුරු සන්නිවේදනය තාක්ෂණය භාවිතයෙන් විසදුම් යෝජනා කිරීම වේ’’. වර්තමානය වන විට එය දෙවන අධ්‍යයන වසර (22/23) කණ්ඩායමේ ශිෂ්‍ය අත්පොත තුලින් වෙනස්වීමකට භායනය වී ඇත. එහිදි ‘‘ දේශීය වෛද්‍ය විද්‍යාවේ සහ පර්යන්ත සෞඛ්‍ය සේවා පද්ධතිවල අවිශ්‍යතා’’ යන ‘‘දේශීය වෛද්‍ය’’ යන නාමය ඉවත්කොට ඒ වෙනුවට ‘‘වෛද්‍ය විද්‍යාව සහ පර්යන්ත පෛව වෛද්‍ය තාක්ෂණ පද්ධති අවශ්‍යය වන තාක්ෂණය මත පදනම් වූ ඒකාබද්ධ විසදුම් සංවර්ධනය’’ ලෙස ‘‘වෛද්‍ය තාක්ෂණය සහ පෛව වෛද්‍ය තාක්ෂණ’’ යන විෂය කොටස් ඇතුලත් කරමින් තාක්ෂණික දෙපාර්තුමේන්තුවේ කණ්ඩායම් දෙකක් සඳහා වෙනස් වූ ඉලක්ක දෙකක් යටතේ අධ්‍යන කටයුතු කිරීමට මෙම පීඨයේ තාක්ෂණික දෙපාර්තුමේන්තුව කටයුතු කර ඇති බව 20/21, 21/22, 22/23 , 23/24 ශිෂ්‍යය අත්පොත් පරිශීලනය කිරීමෙන් දැකගත හැක.

ඉහත සඳහන් පරිදි ඉලක්ක දෙකක් යටතේ අධ්‍යයන කටයුතු සිදුවුවද, මෙය සෞඛ්‍යය තොරතුරු සන්නිවේදන සහ තාක්ෂණය පාඨමාලාවේ විෂයමාලා පසුබිම තුල සඳහන්ව ඇත්තේ,

**“HICT විෂය මාලාවේ BHSc (ගෞරව) හි පලමු වසර ආරම්භ වන්නේ දේශීය වෛද්‍ය විද්‍යාවේ මූලික කරුණු සහ ගණිතය සහ ක්‍රමලේඛන විෂයයන් පිළිබඳ අධ්‍යයනයකින් ය”.**

මෙහිදි තෙවන වසර, දෙවන වසර සහ පලමු වසර ශිෂ්‍යය අත්පොත් හි සඳහන්ව ඇත්තේ ඉහත සඳහන් උපුටා ගැනීම වේ. මෙහෙදි පලමු වසර සඳහා ‘‘වෛද්‍ය තාක්ෂණය සහ පෛව වෛද්‍ය තාක්ෂණය’’ ඉලක්ක වූ පාඨමාලාවක් ඉගැන්වීම් කටයුතු සිදුකරන බවට සඳහන් උවද, ගැටලුව වනුයේ විෂයමාලා පසුබිම තුල ‘‘දේශීය වෛද්‍ය විද්‍යාවේ මූලික කරුණු’’ ඉගැන්වීම් කටයුතු සිදුකරන බව සඳහන්ව තිබීමයි.

පලමු විද්‍යාර්තයින් කණ්ඩායම (2020/21) සඳහා පලමු අධ්‍යනයන වසර තුලදී දේශීය වෛද්‍ය විද්‍යාවේ මූලික කරුණු ඉගැන්වීමක් සිදුකල අතර, දෙවන විද්‍යාර්තයින් කණ්ඩායම (2021/22) සහ තෙවන (2022/23) විද්‍යාර්තයින් කණ්ඩායම හට එම විෂය ඉවත්කොට ඒ සඳහා Computational Thinking and Problem Solving නම් විෂය ඇතුලත් කොට ඉගැන්වීම සිදු කිරීමයි.

## 3. පාඨමාලාවේ සම්පූරණ සම්මාණ සහ ඊට අදාල ගැටලුව

උපාධි පාඨමාලව ආරම්භ කරන අවස්ථාවේදී උපාධි අපේක්ෂකයින් හට මෙම පාඨමාලාව තුලින් මුලු සම්මාන ගනන සම්මාන 135 ක් ලෙස විශ්වවිද්‍යාල ප්‍රවේශ අත්පොතෙහි සඳහන් කර ඇති නමුත් විශ්වවිද්‍යාල ශිෂ්‍යය අත්පොතේ පාඨමාලාවේ සම්පූර්ණ සම්මාන ඇත්තේ 120 ක් පමණි. එලෙස සම්මාන 15 ක ප්‍රමාණයක් අඩුවීම සිසුන්ට ඇත්තේ කුමන පදනමක් යටතේද?

**4. පාඨමාලාවේ සම්පූරණ විෂය අන්තර්ගතය ලබා නොදීමේ ගැටලුව**

සෞඛ්‍ය තොරතුරු සන්නිවේදනය තාක්ෂණය උපාධි පාඨමාලාව අධ්‍යනය කරන විද්‍යාර්ථයින් ලෙස අපට අදාල පාඨමාලා අන්තර්ගතය ලබා දීම මේවන තෙක් සිදුකර නොමැත. එය විශාල අඩුපාඩුවක් ලෙස මෙම පාඨමාලාව අධ්‍යයනය කරනු ලබ විද්‍යාර්ථයින් ලෙස දැකිය හැක. එය අප පාඨමාලව තුල ඉගැන්වීම සිදුකරන විෂය කොටස් සහ අන්තර්ගතය පිලිබඳ විද්‍යාර්ථයින් ලෙස ප්‍රශ්නාර්තයකට පැණනැගී ඇත. තව එය පාඨමාලාවේ ගුණාත්මක බාවය සහ පාඨමාලවට අදාල ඉලක්ක නිසි පරිදි සපුරනවාද යන්න ගැටලුවකි?

හේතුව ලෙස, විද්‍යාර්ථයෙක් ලෙස එම පාඨමාලා අන්තර්ගතය දැනගැනීම තුලින් තම අනාගත රැකියා අවස්ථා කුමක්ද යන්න සහ අප හට ඇති අනාගත අධ්‍යාපන අවස්ථා පිලිබඳව මනාව දැන ඉගනුම් කටයුතු කිරීමට හැකිවනු ඇතැයි විද්‍යාර්ථයින් ලෙස අප සිතමු. මෙය තුලින් සිදුව ඇත්තේ අප පාඨමාලාවේ අනාගත දිශානතිය කුමක්ද යන්න ගැටලුකාරී තත්වයකට පත්ව ඇත.

**5.** අනෙකුත් විශ්ව විද්‍යාල පළාමු වසර ශිෂ්‍යයින් සඳහා විධිමත් ලෙස විෂය නිර්දේශයක් ලබා දුන්නද, මෙම විශ්වවිද්‍යාලය තුළ ශිෂ්‍යයන් හට මෙතෙක් ලබා නොදී ඇත.

**6.** විශ්වවිද්‍යාලය තුල ප්‍රමාණවත් තරම් පරිගණක විද්‍යාගාර පහසුකම් නොමැති වීමත් දැනට පවතින පරිගණක බොහොමයක් ක්‍රියාකාරී මට්ටමේ නොමැති වීමත් නිසා ඒ හා සම්බන්ද ඉගැන්වීම් කටයුතු වලදී සිසුන් දැඩි අපහසුතාවයකට පත් වී ඇත.

**7.** .තවද මෙම උපාදි පාඨමාලාව සෞඛ්‍ය දෙපාර්තමේන්තුවේ ලියාපදිංචි වී නොමැත. ඒ හෙයින් පෙර පැවති අපගේ වසර අවසාන මසක පුහුණු කාලය අපහට රාජ්‍ය හා පෞද්ගලික රෝහල් තුළ ස්වේච්ඡා සේවකයෙක් ලෙස සේවයේ නියුක්ත වීම සඳහා අවසර ලබාගැනීමට ගිය පසු එහිදී පැනනැගුනු ගැටලුවක් ලෙස ඔවුන් විසින් සෞඛ්‍ය දෙපාර්තමේන්තුවෙන් ලිපියක් නොමැතිව එවැනි කටයුතු කිරීමට නොහැකි බවත් එමගින් අපි අපහසුතාවයට ලක් වූනි. තවද ඉදිරි මාස හයක පුහුණු කාලසීමාව තුළද මෙම ගැටලුව කුමන දිශානතියකට යොමු වේ දැයි සිසුන් තුල ගැටලු සහගත තත්වයක් පවතී.

**අරමුණු :-**

සෞඛ්‍ය තොරතුරු හා සන්නිවේදන තාක්ෂණ උපාධි පාඨමාලාව

- ඉලක්ක(Goal)

දේශීය වෛද්‍ය විද්‍යාවේ සහ පර්යන්ත සෞඛ්‍ය සේවා පද්දති වල අවශ්‍යතා සඳහා ICT පදනම් කරගත් ඒකාබද්ද විසඳුම් සංවර්ධනය කිරීමට හැකියාව ඇති වෘතිකයන් සහ ව්‍යවසායකයින් බිහිකිරීම. (2020/21)

වෛද්‍ය විද්‍යාව සහ පයීන්ත ජෙව වෛද්‍ය තාක්ශන පද්දති අවශ්‍ය වන තාක්ශනය මත පදනම්ව ඒකාබද්ධ විසඳුමක් සංවර්ධනය කිරීමට හැකියාව ඇති වෘතිකයින් සහ ව්‍යවසායකයින් බිහි කිරීම. (2022/23)

- අරමුණු(objective)

රෝහල් වල සහ අදාල කර්මාන්තවල විප්ලවය සමග දේශීය වෛද්‍ය විද්‍යාවේ දියුනුවට අවශ්‍ය සේවාවන් සහ සම්පත් දායක කරගනිමින් තීරණාත්මක ක්ශේත්‍ර වල අධ්‍යාපනයේ නවෝත්පාදන වල සහ පර්යේශන වල ගුණාත්මක බාවයේ ඉහලම ප්‍රමිතීන් ඉදිරියට ගෙනයාම සඳහා විශය ක්ශේත්‍ර වල සමාජ සංස්කෘතික සහ ආර්ථික වටිනාකම් අගය කිරීම්

**ක්‍රමවේදය හෝ ප්‍රවේශය:-**

සෞඛ්‍ය තොරතුරු සහ සන්නිවේදන තාක්ෂණය උපාධි පාඨමාලා කණ්ඩායම් සඳහා මේ වන විට තිබෙන ප්‍රධානතම ගැටලු සඳහා රජයේ අවදානය ලබා දී ඒ සඳහා වූ කඩිනම් විසඳුම් විද්‍යාර්තයින් ලෙස බලාපොරොත්තුවෙමි.

තවද විශ්වවිද්‍යාල නාමය සහ දේශීය සෞඛ්‍ය විද්‍යා හා තාක්ෂණික පීඨයේ ''දේශීය සෞඛ්‍ය'' යන නාමය සෞඛ්‍ය තොරතුරු සහ සන්නිවේදන තාක්ෂණය උපාධි පාඨමාලාවේ විද්‍යාර්තයින් හට ඉදිරි අනාගත තරගකාරී රැකියා වෙළඳපොල ඉලක්ක කරන විටදී සහ අනාගත අධ්‍යාපන අවස්තා ලගා කර ගැනීමේදී විශාල ගැටලුවකට මුහුණ දීමට සිදුව ඇති බව පෙන්වා දී ඇත. මේ සඳහා පලමු අධ්‍යයන කණ්ඩායම විශ්වවිද්‍යාලයෙන් විද්‍යාර්තයින් වීමට පෙර රජයේ අවධානය යොමු කර කඩිනමින් විසඳන ලෙස ඉල්ලා සිටිමි.

තවද මෙම පාඨමාලාවට අයත් ගැටලු සඳහන් කර ඇති ප්‍රකාශයේ සඳහන් පරිදි මෙම පාඨමාලාවේ අරමුණ සහ ඉලක්කය ඉටු නොවන බව මෙහි සිසුන් වෙත ලබාදී ඇති විෂයමාලා පසුබිම තුල සඳහන් කර ඇති යම් විෂය කොටස් තුලින් ඉටු නොවන බව මනාව වැටහෙයි. එබැවින් ඉල්ලීමක් ලෙස සෞඛ්‍ය තොරතුරු සහ සන්නිවේදන තාක්ෂණය උපාධි පාඨමාලාවේ විෂය නිර්දේශය සංශෝධනය ඉතා ඉක්කමනින් සිදු කරන ලෙස ඉල්ලා සිටිමි.

රජයේ අවදානය යොමු වියයුත්තේ මෙම පාඨමාලාවේ විෂය අන්තර්ගතයට දේශීය වෛද්‍ය විද්‍යාව විෂය විෂයමාලා පසුබිම තුල ඇතුලත්ව ඇත්තේ ඇයි? සහ මෙහි යටි අරමුණක් ඇතිව දේශීය වෛද්‍ය විද්‍යාව ඉස්මතු වන උපාධියක් අප විද්‍යාර්තයින්ට හිමි වෙයද යන්නයි?

තාක්ෂණික අංශයේ උපාධි අපේක්ෂක විද්‍යාර්තයින් ලෙස තම උපාධියේ සුවේශේෂි අංගයක් වන සය මාසික පුහුනුව රජයේ පිලිගත් ආයතනයකින් එම පුහුනුව ඇගයීමට ලක් කිරීම ඉතාම වැදගත් වේ. නමුත් විද්‍යාර්තයින් ලෙස පෙනීයන්නේ මෙම පීඨය මගින් ඒ සඳහා කිසිදු වැඩ පිලිවෙලක් සහ පියවරක් නොගෙන ඇති බවයි. ඒ සඳහාද රජයේ අවදානය යොමු කර අප උපාධි පාඨමාලාවට අදාල එම ඇගයීමේ ක්‍රියාවලිය කඩිනම් කර අප උපාධියේ අනාගතය සුරක්ෂිත කරදෙන ලෙසයි (NAITA). මෙම උපාධි පාඨමාලාව සෞඛ්‍ය තොරතුරු තාක්ෂණයට නැඹුරුව ඇති බැවින් මෙය සෞඛ්‍ය දෙපාර්තුමේතුව තුල මෙම උපාධි පාඨමාලාව අනුමත කර දෙනලෙස ඉල්ලා සිටිමි.

මෙම සෞඛ්‍ය තොරතුරු සහ සන්නිවේදන තාක්ෂණය උපාධි පාඨමාලාවේ තොරතුරු ලබා ගැනීම සිදුවූයේ 2020/21 ශිෂ්‍යය අත්පොත, 2021/22 ශිෂ්‍යය අත්පොත, 2022/22 ශිෂ්‍යය අත්පොත සහ විශ්වවිද්‍යාල ප්‍රතිපාදන කොමිසන් සභාව විසින් අධ්‍යයන කණ්ඩායම් තුන සඳහා නිකුත් කර ඇති ශිෂ්‍යය අත්පොත් වලින් වේ. තවද අප විශ්වවිද්‍යාලයේ වෙබ් අඩවියද තොරතුරු දැන ගැනීම සඳහා යොදා ගන්නා ලදි.

**අපේක්ෂිත ප්‍රතිඵල:-**

සෞඛ්‍ය තොරතුරු හා සන්නිවේදන තාක්ෂණය පාඨමාලාව පිලිබඳ මෙම සෞඛ්‍ය විද්‍යාවේදී ගෞරව උපාධි වැඩසටහනේ වර්ෂ 4ක් සාර්ථකව නිම කිරීමෙන් පසු උපාධි දාරියාට හැකිවන්නේ,

1. සෞඛ්‍ය සේවා පද්ධති හා ජෙව වෛද්‍ය තාක්ෂණ පද්ධති වල සැබෑලෝක ගැටලු සඳහා ICT පදනම් වූ ප්‍රවේශයන් සකස් කිරීම.
2. විවිධ සෞඛ්‍ය සේවාවන් වල අවසාන පරිශීලකයාගෙ අවශ්‍යතා සපුරාලීම.
3. පරිගණකගත පරිපාලන පද්ධති ඇගයීම, සැලසුම් කිරීම, ක්‍රියාත්මක කිරීම සහ කළමනාකරනය කිරීම මගින් සෞඛ්‍ය සේවා සන්දර්භය තුල පරිගණකගත පරිපාලන පද්ධති වලට අදාල එදිනෙදා ක්‍රියාකාරකම් ඇගයීම් සහ නිසි ලෙස වැඩිදියුනු කිරීම.
4. සෞඛ්‍ය සේවයේ සුහුරු උපාංග පදනම් කරගත් තොරතුරු සහ සන්නිවේදන සේවා වැඩිදියුනු කිරීම සඳහා බහුමාධ්‍ය සහ අධි මාධ්‍ය යෙදවුම් සැලසුම් කිරීම සහ සංවර්ධනය කිරීම.
5. ආරක්ෂිත වචන සමුදායන් භාවිතයෙන් සබැඳි/නොබැඳි සුහුරු තාක්ෂන යෙදෙවුම් ක්‍රියාත්මක කිරීම.

6. සෞඛ්‍ය සම්බන්ද තොරතුරු සහ සන්නිවේදන පද්ධති/ නාලිකා වලට බලපාන මනෝ සමාජ, සංස්කෘතික, ආර්ථික යටිතල පහසුකම් සහ සදාචාරාත්මක සාධක වල මූලධර්ම වලට අනුගත වීම.
7. අදාල මෘදු කුසලතා (soft skills) ඇති ඵලදායී තාක්ෂණික සහ කණ්ඩායම් නායකයින් වීම.
8. සෞඛ්‍ය තොරතුරු තාක්ෂණ ශිල්පියෙකු ලෙස නව ශිල්පයින් ඉගනීම සහ ඒවා තම රැකියා සදහා යොදා ගැනීම . (2022/23)

ශිෂ්‍ය අත්පොත් තුනට පොදුවේ පවතින careers.

- 2020/ 2021
    - Health Information System Manager
    - Patient Information Analysis
- 2021/ 2022
    - Medical Application Developer (Mobile/ Web)
- 2022/ 2023 Software Engineer
    - Network Engineer
    - QA Engineer
    - Technical Officer
    - Information System Analyst
    - Other IT Relater Careers

2022/23 ශිෂ්‍ය අත්පොත තුළ පමණක් පවතින රැකියා අවස්තා,

- 2022/ 2023
    - UI/ UX Engineer

| | |
|---|---|
| **Medical application analyst and creator** | **Medical instrument specialist** |
| **Medical data analysist** | **Health IT consulter** |
| **Patient information coordinator** | **Medical record specialist** |
| **HICT researcher** | **Medical data scientist** |
| **HICT technical support officer** | **Medical cording specialist** |

ඉහත වගුව තුල සඳහන්ව ඇත්තේ විශ්වවිද්‍යාල වෙබ් අඩවිය තුල අප පාඨමාලව සඳහා වන මූලික ගනයේ රැකියා අවස්තා කිහිපයකි.

## වැදගත්කම:-

සෞඛ්‍ය තොරතුරු හා සන්නිවේදන තාක්ෂණ උපාධි පඨමාලව මුලු සම්මාන 135 ක උපාධියක් ලෙස විශ්වවිද්‍යාල ප්‍රතිපාදන කොමිසම මගින් ගැසට් කර තිබෙන අතර එම සම්මාන නිසා වෙන් සහ තොරතුරු තාක්ෂණය භාවිතයෙන් ශ්‍රී ලංකාව තුල සෞඛ්‍ය පද්ධතිය ශක්තිමත් කිරීම සඳහා වූ පාඨමාලවකි.

මෙම උපාධි පාඨමාලාව තුලින්, සෞඛ්‍ය තොරතුරු පද්ධති, ජංගම යෙදුම්, දුරස්ථ සන්නිවේදනය, වෙබ් නිර්මාණය, වළාකුළු පරිගණනය සහ මහා දත්ත කළමනාකරණයට අදාල ප්‍රධාන සංකල්ප, මූලධර් ම සහ තක්ශනයන් පිළිබඳ පුළුල් දැනුමක් ඔවුන්ට ඇත. තවද පරිශීලක අවශ්‍යතා සපුරාලීමට සහ දේශීය වෛද්‍ය සෞඛ්‍ය සේවාවන් සැබෑ ලෝක ගැටළු විසඳීමට තොරතුරු සහ සන්නිවේදන තාක්ෂන පාදක ක්‍රම භාවිතා කිරීමට ඔවුන්ට හැකිවේ. සෞඛ්‍ය තොරතුරු සහ සන්නිවේදන පද්දති කෙරෙහි බලපාන සමාජ, සංස්කෘතික, ආර්ථික, යටිතල පහසුකම් සහ සදාචාරත්මක සාධකද ඔවුන් අවබෝධ කරගනු ඇත.

සෞඛ්‍ය තොරතුරු හා සන්නිවේදන තාක්ෂණ උපාධි පාඨමාලාවේ ප්‍රධානතම අවශ්‍යතාවය වනුයේ සෞඛ්‍ය ක්ෂ්ත්‍රය සඳහා වන තොරතුරු තාක්ෂණික විසදුම් ලබා දෙමින් ශ්‍රී ලංකාව තුල දැනට සෞඛ්‍ය ක්ෂ්ත්‍රයට අඩුපාඩුවක්ව පැවති දත්ත කළමණාකරණය සහ රෝගීන් හට ගුණාත්මක සහ වේගවත් සේවාවක් ශ්‍රී ලංකාව තුල ස්තාපනය කිරීම සඳහා වේ. තවද පෙව පද්ධති තාක්ෂණවේදයේ නව සොයා ගැනීම් සහ වෛද්‍ය ක්ෂ්ත්‍රයේ නව නැඹුරුතා ශ්‍රී ලංකාව තුලදී සහ ඉන් පිටතදී එය භාවිතා කිරීම සඳහා වූ තොරතුරු තාක්ෂණික විසදුම් වශයෙන් ඉදිරිපත් කිරීම වේ.

මෙම පාඨමාලාව තුලින් විද්‍යාර්තයෙක් ලෙස තොරතුරු තාක්ෂණ ක්ෂ්ත්‍රය තුල තම ඉදිරි අනාගත රැකියා හෝ උසස් අධ්‍යාපන අවස්තා ලගා කරගත හැකි වීම මෙය තුලින් ඇති තවත් වැදගත්කමක් ලෙස දැක ගත හැක.

**යෝජනා :-**

උපාධි අපේක්ෂක විද්‍යාර්තයින් සඳහා උපාධි පාඨමාලව තුල ඉගැන්වීම සිදු කරනු ලබන පාඨමාලා විෂය අන්තර්ගතය විද්‍යාර්තයින් වෙත ලබා දීම සිදු කල යුතුය.

පාඨමාලාවේ ඉලක්කය සහ අරමුණ පාඨමාලාව තුලින් ඉටු වන ආකාරයට පාඨමාලාවේ විෂයමාලා පසුබිම සැකසීම සහ එය පාඨමාලාවේ සම්මතය සඳහා හානි නොවන ලෙස පවත්වා ගෙන යාම.

පාඨමාලව තුල පවතින විෂය කොටස් සඳහා මූලික දැනුමට අමතරව රැකියා වෙළඳපොල ඉලක්ක කරගනිමින් එයම විෂය කොටස් සංකීර්ණබාව ඉහල දැමීම සුදුසු වේ. Web Development වැනි විෂය සඳහා ASP .NET විෂය රාමුව වෙනුවට දැනට රැකියා වෙළඳපොල තුල උසස් තාක්ෂණික රාමු භාවිතා කරනු ලබයි. එ වැනි විෂය කොටස් මෙම පාඨමාලවට ඇතුලත් කිරීම සුදුසු වේ. (MREN Stack).

තවද තරගකාරී රැකියා වෙළඳපොල ඉලක්ක කරන විට Backend Technologies ලෙස Express JS, Springboot, Laraval වැනි ඉහල මට්ටමේ තාක්ෂණික රාමු ඇතුලත් කිරීම සුදුසු වේ.

Medical Terminology, Anatomy and Physiology, Health Data Analytics වැනි මොඩියුල ඇතුළත් කර ඇත. එබැවින් අපගේ මෙම HICT උපාධි පාඨමාලාව තුළද මෙවැනි විෂය මාලාවන් ඇතුළත් කර සෞඛ්‍ය හා තාක්ෂණිය ක්ෂේත්‍ර තුලනය කිරීමෙන්,අවසන් ඵලය ලෙස ක්ෂේත්‍රය තුළ ප්‍රවීණත්වයෙකු බිහි කිරීමට හැකිවීම නොඅනුමානය.

තවද උපාධි පාඨමාලාවේ ගුණාත්මක බාවය සඳහා කතිකාවාර්ය යන සාදකය බලපානු ඇතැයි විද්‍යාර්තයෙක් ලෙස සිතමි. එම හේතුවෙන් සෞඛ්‍ය තොරතුරු හා සන්නිවේදන තාක්ෂණ උපාධි පාඨමාලාව ගුණාත්මක බාවය රදා පැවතීම සඳහා ඒ සඳහා සුදුසු කතිකාවාර්යවරු මෙම පාඨමාලවට ලබා දීම.

සය මාසික රැකියා පුහුණුව සඳහා අනෙකුත් රාජ්‍යය විශ්වවිද්‍යාල වල පවතින ගුණාත්මකබාවය පරීක්ෂණ ආයතනයක් (NAITA) සඳහා සෞඛ්‍ය තොරතුරු හා සන්නිවේදන තාක්ෂණ උපාධි පාඨමාලාව ද යොමු කර මෙම පාඨමාලාවේ ගුණාතමකබාවය තහවුරු කරන ලෙස යෝජනා කරති.

**නිගමනය :-**

වර්තමානය වන විට සෞඛ්‍ය තොරතුරු සහ සන්නිවේදන තාක්ෂණ උපාධි පාඨමාලාවට විශ්වවිද්‍යාලයේ නාමය සහ පීඨයේ නාමය අනාගත රැකියා වෙළඳපොල ඉලක්ක කරන විට ප්‍රධානතම ගැටලුවක් බවට පත්ව ඇත. තවද රැකියා අවස්තා ඉලක්ක කරන විට විද්‍යාර්තයින් ලෙස අප පාඨමාලාවේ විෂය අන්තර්ගතය පිලිබඳව ඇත්තේ ද ගැටලුවකි.

ඉහත සඳහන් පරිදි මෙම විශ්වවිද්‍යාලයේ සෞඛ්‍ය තොරතුරු සහ සන්නිවේදන තාක්ෂණය උපාධි පාඨමාලාව තුල අධ්‍යයන කණ්ඩායම් හතරක් යටතේ අධ්‍යයනකටයුතු සිදු කරන අතර, පලමු අධ්‍යයන කණ්ඩායම සහ දෙවන අධ්‍යයන කණ්ඩායම සඳහා ඉලක්කය වනුයේ දේශීය වෛද්‍ය විද්‍යාව සහ තොරතුරු තාක්ෂණය මත පදනම් වූ විසඳුම් ලබාදීම වේ. නමුත් තෙවන අධ්‍යයන කණ්ඩායම සඳහා ඉලක්කය වනුයේ වෛද්‍ය විද්‍යාව සහ ජෛව වෛද්‍ය තාක්ෂණය සඳහා තොරතුරු තාක්ෂණය මත පදනම් වූ විසඳුම් ලබාදීම වේ. කණ්ඩායම් හතරක් සඳහා ඉලක්ක දෙකක් යටතේ අධ්‍යයන කටයුතු සිදු වීම ගැටලුවක් වූවද , කණ්ඩායම් තුනක් සඳහා එකම විෂයමාලා පසුබිම ඉගැන්වීම සිදු වන්නේ ඉලක්ක වලට බාහිරව වේ.

අප පාඨමාලව තුලින් මේවන තෙක් විද්‍යාර්තයෙක් සෞඛ්‍ය විද්‍යාවේදී උපාධිය සම්පූරකර නොමැති හෙයින්, පලමු අධ්‍යයන කණ්ඩායම ලෙස අප සිව්වන වසර සය මාසික පුහුණුව අධීක්ෂණය කිරීම සඳහා රජයේ පිලිගත් ආයතනයක සම්බන්ධ වේ දැයි විද්‍යාර්තයින් ලෙස අපට ගැටලුවක් පවතී. නමුත් අනෙකුත් රාජ්‍යය විශ්වවිද්‍යාලවල තාක්ෂණික පීඨවල සය මාසික පුහුණුව අධීක්ෂණය සඳහා රජයේ පිලිගත් ආයතනයත් සම්බන්ධ කිරීමටත් අපට විශ්වවිද්‍යාලයට එය ලබා නොදීමට හේතුව කුමක්දැයි ගැටලුවකි.

Vice Chairman,

University Grants Commission,

Sri Lanka.

Dear Sir,

**Submission of Degree Programme Review Report – Bachelor of Health Science Honors in Indigenous Pharmaceutical Technology, Gampaha Wickramarachchi University of Indigenous Medicine**

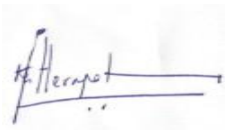
We hereby submit the review report from sub group of Indigenous Medicine for the Bachelor of Health Science Honors in Indigenous Pharmaceutical Technology offered by the Gampaha Wickramarachchi University of Indigenous Medicine.

Kindly consider the report for your review and necessary action.

Thank you.

Yours faithfully,

1. Prof. S.K.M.K. Herapathdeniya, Faculty of Indigenous Medicine, University of Colombo.



2. Prof. Sudipta Kumar Rath, National Institute of Ayurveda. Jaipur, India

**10.02.2026**

# DEGREE PROGRAMME REVIEW REPORT

**Programme:** Bachelor of Health Science Honours in Indigenous Pharmaceutical Technology
**University:** Gampaha Wickramarachchi University of Indigenous Medicine
**Faculty:** Faculty of Indigenous Health Sciences and Technology
**Department:** Department of Indigenous Medical Resources
**Degree Type:** Bachelor's Honours Degree
**SLQF Level:** 6
**Programme Duration:** Four (04) Years
**Total Credits:** 120

## 1. Introduction

This report presents a comprehensive review of the Bachelor of Health Science Honours in Indigenous Pharmaceutical Technology, in accordance with UGC guidelines, Sri Lanka Qualifications Framework (SLQF), and national quality assurance requirements.

The review evaluates the programme against eight objectives: academic relevance, alignment with institutional vision and mission, curriculum coherence, staff adequacy, infrastructure and resources, research and industry integration, programme sustainability, and policy/administrative effectiveness.

## 2. Objectives of the Review

The review aims to:

1. Evaluate the academic, professional, and socio-economic relevance of the programme relative to national priorities, market needs, and graduate employability.
2. Assess alignment with the vision, mission, and academic scope of GWUIM.
3. Examine curriculum structure, entry requirements, graduate competencies, and employability against UGC guidelines, professional standards, and international benchmarks.
4. Review academic staff qualifications, adequacy, and disciplinary suitability.
5. Evaluate the adequacy of infrastructure, laboratory, clinical, and learning resources.
6. Explore opportunities to strengthen research integration, industry linkages, and community engagement.

7. Assess feasibility for continuation, restructuring, or merging of the programme to improve efficiency.
8. Identify policy, administrative, and regulatory reforms to enhance quality, efficiency, and sustainability.

**3. Academic, Professional, and Socio-Economic Relevance (Objective 1)**

**Strengths:**

- Provides a scientific foundation in indigenous medicine, pharmaceutical sciences, formulation, standardization, and quality assurance, supporting evidence-based development of traditional medicinal products.
- Contributes to national priorities such as value addition to medicinal plant resources, strengthening the indigenous pharmaceutical industry, and promoting export-oriented herbal products.
- Supports employment opportunities beyond the clinical sector, fostering entrepreneurship, innovation, and industrial growth.

**Gaps / Issues:**

- Academic overlap with BAMS programmes, creating potential confusion and reducing perceived uniqueness of the degree.
- Limited exposure to advanced regulatory frameworks, affecting industry readiness.
- Unclear professional identity, with insufficient differentiation between technologist, researcher, and entrepreneur roles.
- Absence of defined career pathways, limiting integration into the Indigenous Medical System and Ministry of Health.
- Potential professional conflict with Ayurveda doctors if roles are not clearly differentiated.
- Undefined scope-of-practice: technical vs. clinical responsibilities not formally articulated.
- Limited opportunities for higher studies: graduates have few recognized pathways for postgraduate education in pharmaceutical technology or related fields.
- University lacks ranking and international visibility, which affects graduate recognition, employability, and opportunities for global collaborations.

**Evaluation:**

The programme is academically and socio-economically relevant and aligned with national priorities and industry needs. However, significant academic overlap with BAMS programmes weakens the programme's distinct identity and creates ambiguity in professional positioning. Along with unclear role definition, an undefined scope of practice, limited regulatory exposure, weak career and postgraduate pathways, and low international visibility, these issues constrain graduate employability and progression. Clear differentiation from BAMS, strengthened regulatory and industry alignment, and defined professional pathways are essential to enhance the programme's relevance and sustainability.

**4. Alignment with Vision, Mission, and Academic Scope (Objective 2)**

**Strengths:**

- Fully aligned with the university's mandate to advance indigenous medicine via education, research, and innovation.
- Integrates traditional knowledge with modern scientific approaches.

**Issues:** None structural.

**Evaluation:** Fully aligned with institutional vision, mission, and academic scope.

**5. Curriculum Structure, Entry Requirements, Graduate Competencies and Graduate Employability (Objective 3)**

**Strengths:**

- SLQF Level 6-compliant, 120-credit curriculum ensuring alignment with national standards.
- Progressive learning structure from foundational sciences to applied technology and research.
- Inclusion of industrial training and an honours-level research project enhances practical skills and experiential learning.
- Graduates gain interdisciplinary knowledge combining science-based pharmaceutical technology with indigenous medicine.

**Gaps / Issues:**

- Limited basic science preparedness: Students entering through the A/L Technology stream often lack adequate foundational chemistry, constraining effective delivery of applied pharmaceutical, medicinal chemistry, and formulation modules.
- Unclear competitiveness with BAMS graduates: Graduates are not clearly positioned to compete with BAMS Ayurveda doctors who traditionally dominate indigenous drug manufacturing, formulation leadership, and regulatory-facing roles.
- Lack of international benchmarking: Absence of documented alignment with comparable international pharmaceutical technology or traditional medicine programmes limits global recognition and academic comparability.
- Insufficient structured regulatory and professional training: Training beyond basic pharmaceutical law is limited, reducing graduate readiness in GMP, NMRA processes, pharmacovigilance, and export-oriented compliance.
- Inadequate depth in herbo-mineral (Rasa Shastra) content: Key areas such as Parada samskara, bhasma preparation, and classical rasaushadhi techniques are not explicitly or sufficiently covered despite the herbo-mineral processing module.
- Limited subject-matter expertise in academic staffing: Insufficient representation of both Rasa Shastra specialists and herbal medicine/pharmacognosy experts restricts curriculum depth, advanced practical exposure, and scholarly development in indigenous pharmaceutical disciplines.
- Missing syllabus components in medicinal chemistry and computational chemistry: The absence of structured content in these areas limits graduates' understanding of drug design principles, molecular interactions, in-silico analysis, and modern pharmaceutical research methodologies.
- Weakly structured industrial training and entrepreneurship exposure: Although present, these components are not sufficiently competency-driven or outcome-based to ensure consistent practical readiness and innovation capacity.
- Degree name ambiguity: The current programme title, Bachelor of Health Science Honours in Indigenous Pharmaceutical Technology, may create confusion by implying a broader health science discipline. It does not clearly distinguish the degree as focused on indigenous pharmaceutical technology, potentially affecting professional

recognition, graduate employability, and differentiation from BAMS or other health science graduates.

**Evaluation**

The programme is structurally sound and SLQF Level 6–compliant, featuring a progressive curriculum, interdisciplinary integration, and inclusion of industrial training and an honours-level research project that support foundational employability in the indigenous pharmaceutical sector. However, graduate competence and employability are constrained by several factors, including limited entrant preparedness in basic sciences, as students entering through the A/L Technology stream often lack adequate foundational chemistry, unclear positioning relative to BAMS graduates who traditionally dominate indigenous drug manufacturing and regulatory-facing roles, lack of international benchmarking with comparable global pharmaceutical technology or traditional medicine programmes, and insufficiently structured regulatory and professional training beyond basic pharmaceutical law, reducing readiness in GMP, NMRA processes, pharmacovigilance, and export-oriented compliance. Additional gaps include inadequate depth in herbo-mineral (Rasa Shastra) content, missing syllabus components in medicinal and computational chemistry, limited availability of specialist academic staff in both herbo-mineral and herbal pharmaceutical disciplines, and weakly competency-driven industrial training and entrepreneurship exposure. Furthermore, the current degree title, Bachelor of Health Science Honours in Indigenous Pharmaceutical Technology, creates ambiguity by implying a broader health science discipline, which does not clearly distinguish the programme's focus on indigenous pharmaceutical technology, potentially affecting professional recognition, graduate employability, and differentiation from BAMS or other health science graduates. Addressing these deficiencies through curriculum enhancement, clearer graduate role differentiation, strengthened basic science foundations, specialist capacity development, competency-based industry and regulatory exposure, and revision of the degree name is essential to improve graduate employability, professional recognition, and long-term programme credibility.

## 6. Academic Staff Qualifications and Adequacy (Objective 4)

**Strengths:**

- Academic staff possess a strong scientific foundation in chemistry, biomedical science, biology, and pharmacy, providing adequate capacity to deliver the core science-based curriculum, including phytochemistry, biochemistry, pharmacognosy-related subjects, and applied pharmaceutical sciences relevant to natural product analysis, formulation, quality control, and standardization of medicinal products.
- A high proportion of PhD-qualified academics contributes positively to undergraduate research supervision, curriculum development, and academic quality assurance.
- Several staff members have international academic exposure through postgraduate training at recognized overseas universities, supporting the adoption of global best practices in teaching and research.

**Gaps / Issues:**

- Limited doctoral-level specialization in Indigenous Pharmaceutical Technology and Ayurveda pharmaceutics: While academic staff demonstrate strong general scientific expertise, there is a relative lack of PhD- or MD-level specialization directly aligned with Ayurveda pharmaceutics, Rasa Shastra, and traditional drug manufacturing systems, limiting subject depth and disciplinary leadership.
- Inadequate indigenous medicine human resources relative to student intake: The department currently has only one academic staff member with a BAMS qualification, who is probationary and has not completed or enrolled in PhD or MD-level training in Ayurveda or indigenous pharmaceutical disciplines. This staffing level is insufficient to support the current undergraduate intake, particularly for indigenous medicine–specific teaching, supervision, and curriculum continuity.
- Restricted undergraduate research and honours project supervision capacity: Despite the presence of PhD-qualified staff in general scientific disciplines, supervision capacity for undergraduate research and honours projects specifically focused on indigenous medicine, traditional formulations, and herbo-mineral pharmaceuticals is limited, affecting research quality and thematic relevance.
- Insufficient regulatory and industrial exposure among academic staff, with limited documented engagement in:

    - National drug regulatory and registration processes
    - Good Manufacturing Practice (GMP) implementation specific to indigenous medicinal products
    - Industry-based quality assurance and validation systems
- Need for higher external examiners with domain expertise: There is a lack of qualified external examiners with expertise in herbal medicine, Ayurveda pharmaceutics, and indigenous pharmaceutical technology, which limits effective quality assurance, fair evaluation, and academic validation of undergraduate research projects, dissertations, and honours theses.
- Limited industry and clinical linkages, particularly with:
    - Ayurveda teaching hospitals
    - Indigenous pharmaceutical manufacturing industries
    - Drug regulatory and quality assurance institutions

**Evaluation**

The department's academic staff possess strong scientific expertise, a high proportion of doctoral qualifications, and international exposure, providing adequate capacity to deliver the core science-based curriculum. However, limited indigenous medicine specialization—currently restricted to a single probationary BAMS-qualified lecturer without advanced postgraduate training—reduces capacity for indigenous medicine–focused teaching and research. Additional gaps in regulatory and industrial experience, undergraduate research supervision in indigenous disciplines, and industry–clinical linkages indicate the need for targeted recruitment, staff development, and strategic collaborations to strengthen curriculum delivery, research quality, and professional alignment with the expectations of an indigenous pharmaceutical technology programme.

**7. Infrastructure, Laboratory, Clinical Facilities, and Learning Resources (Objective 5)**

**Strengths:**

- Availability of basic chemical and tissue culture laboratories supports essential undergraduate practical instruction.
- Temporary arrangements, including rented premises, ensure continuity of teaching and learning despite current infrastructural limitations.

- The University has initiated legal and administrative processes to acquire permanent premises for the Faculty, including plans for a herbal garden, which will enhance teaching, research, practical training, and raw-material identification in indigenous pharmaceutical studies.

**Gaps/Issues:**

- Limited physical space and laboratory capacity: Current facilities are insufficient to accommodate the full student batch simultaneously, affecting practical session scheduling, student–equipment ratios, and hands-on training intensity.
- Dependence on temporary rented premises constrains:
    - Expansion of laboratory facilities
    - Installation of advanced pharmaceutical instrumentation including High-Performance Liquid Chromatography (HPLC), Gas Chromatography–Mass Spectrometry (GC-MS), Fourier Transform Infrared Spectroscopy (FTIR), UV–Vis spectrophotometry, Atomic Absorption Spectroscopy (AAS), X-Ray Diffraction (XRD), and Inductively Coupled Plasma Mass Spectrometry (ICP-MS)
    - Long-term planning and infrastructure upgrading
- Insufficient laboratory and pharmacy workspace, affecting: Practical session scheduling, Student–equipment ratios and Hands-on training intensity.
- Limited hands-on training: Some practical sessions are restricted to demonstrations or video-based learning due to lack of instruments, reducing experiential learning and competency development.
- Lack of structured clinical–pharmaceutical integration, limiting linkage between pharmaceutical processing, clinical application, and validation of indigenous medicines.
- Minimal exposure to regulated industrial environments, including GMP, regulatory inspections, audits, and documentation procedures beyond general pharmaceutical law.
- Limited access to industry-grade laboratories and real-world manufacturing settings, constraining readiness for industrial employment.
- Inadequate raw materials and consumables, restricting individual student experimentation, repetition of practical exercises, and competency-based skill development.

- Insufficient facilities for plant identification in natural environments, critical for training herbal drug developers.
- Herbal garden not yet established, limiting practical exposure to medicinal plant collection, authentication, and cultivation.

**Evaluation**

The programme benefits from basic laboratory facilities and temporary arrangements that maintain continuity of teaching, and planned permanent premises with a herbal garden are promising developments. However, serious limitations in physical space, access to advanced analytical instruments (HPLC, GC-MS, FTIR, UV–Vis, AAS, XRD, ICP-MS), hands-on practical sessions, raw materials, herbal plant identification, clinical–pharmaceutical integration, and industry exposure currently constrain practical training, research capacity, and industry readiness. Some practical sessions are limited to videos due to equipment shortages, further reducing experiential learning. Targeted infrastructural investment, establishment of the herbal garden, acquisition of modern analytical instrumentation, and strengthened clinical and industry linkages are essential to meet programme objectives effectively and ensure graduates are well-prepared for professional roles in indigenous pharmaceutical development.

**8. Research Integration, Industry Linkages, and Community Engagement**

**Strengths:**

- Mandatory honours-level research project provides students with foundational research experience.
- Industrial training component offers practical exposure to pharmaceutical processes.
- Community engagement exposes students to indigenous medicine practices and social applications.

**Gaps / Issues:**

- Limited industry-embedded research projects; collaboration with accredited pharmaceutical companies is largely absent.
- Minimal undergraduate research output, including publications, patents, or prototype development.

- Informal industry collaboration, lacking structured agreements such as MOUs or advisory boards.
- Research activities are not standardized to meet the requirements of a pharmaceutical technology programme.
- Insufficient research supervision in herbal medicine, due to the lack of BAMS-qualified academic staff and limited subject-matter expertise in advanced herbal pharmaceutical studies.
- External resource persons relevant to herbal medicine are not systematically allocated, limiting expertise and mentorship for specialized research.

**Evaluation**

The programme demonstrates strong potential in research, industry exposure, and community engagement. However, gaps in structured industry collaboration, research standardization, mentorship, and measurable research outputs—particularly in herbal medicine due to insufficient BAMS-qualified staff—constrain its effectiveness. Addressing these gaps is essential to enhance research quality, align with pharmaceutical technology standards, and improve graduate employability.

**9. Programme Continuation, Restructuring, or Merging (Objective 7)**

**Evaluation**

The Bachelor of Health Science Honours in Indigenous Pharmaceutical Technology demonstrates strong academic relevance, structured curriculum, and alignment with national priorities. However, critical gaps in curriculum design, staff capacity (particularly in indigenous medicine and herbal pharmaceutics), infrastructure, research integration, and industry linkages indicate that the programme requires immediate reconstruction to ensure it meets professional standards, graduate employability, and SLQF expectations. Continuation of the programme in its current form is not advisable until these structural, academic, and resource deficiencies are addressed.

Furthermore, there is a need to evaluate the feasibility of merging this programme with other bachelor degrees offered within the Faculty, to optimize staff utilization, infrastructure, and learning outcomes while maintaining the distinct identity and professional relevance of graduates in indigenous pharmaceutical technology. Strategic restructuring, coupled with

potential integration or collaboration with related programmes, will strengthen curriculum coherence, operational efficiency, and alignment with industry and national priorities.

## 10. Policy, Administrative, and Regulatory Issues (Objective 8)

**Strengths:**

- Not explicitly identified; current structures provide basic programme governance through the faculty and university frameworks.

**Gaps/Issues:**

- Limited institutional incentives for undergraduate research, reducing motivation for students and staff to engage in scholarly projects.
- Weak coordination of internships, limiting students' practical exposure and alignment with industry requirements.
- Absence of formal industry advisory structures, restricting feedback from the sector to inform curriculum and training improvements.
- Lack of representation in standing committees, meaning lecturers have no formal platform to discuss programme weaknesses, propose improvements, or influence policy and administrative decisions.
- No MOUs with accredited pharmaceutical manufacturing companies (GMP, HACCP, ISO), limiting structured industrial exposure and quality-focused training.
- Lecturers lack formal affiliation with the NMRA or Ayurveda Department, restricting access to regulatory expertise relevant to indigenous drug manufacturing, product registration, and compliance.
- Limited clinical exposure, as the faculty has weak linkage with national Ayurveda hospitals, reducing students' understanding of practical therapeutic applications and integration of pharmaceutical knowledge with patient care.

**Evaluation**

Current policy, administrative, and regulatory structures limit the programme's responsiveness to institutional, academic, clinical, and industry needs. Gaps in regulatory affiliation, industry and hospital linkages, clinical exposure, and representation in governance structures constrain

feedback-driven improvements. Addressing these gaps through standing committee inclusion, MOUs with accredited manufacturers, regulatory affiliations, and clinical hospital partnerships is essential to enhance governance, quality assurance, practical readiness, graduate employability, and alignment with national and international standards.

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## 13. Conclusions and Recommendations

### Overall Conclusion:

The Bachelor of Health Science Honours in Indigenous Pharmaceutical Technology programme demonstrates conceptual alignment with national priorities, interdisciplinary integration, and academic potential. It provides foundational knowledge in indigenous medicine, pharmaceutical sciences, and applied technology. However, the review identifies serious systemic weaknesses across multiple dimensions, which jeopardize the programme's effectiveness, graduate employability, and long-term sustainability.

### Key Concerns

1. Professional and Market Relevance

Significant overlap with the BAMS degree creates ambiguity in professional identity and risks being perceived as a threat to BAMS graduates.

Graduates currently lack employable skills, regulatory exposure, and structured industrial or clinical experience, limiting competitiveness in the job market.

Degree name ambiguity: The current title, Bachelor of Health Science Honours in Indigenous Pharmaceutical Technology, implies a broader health science focus rather than a specific emphasis on indigenous pharmaceutical technology. This reduces clarity of the programme's professional identity, potentially affecting graduate recognition, employability, and differentiation from BAMS and other health science graduates.

2. Curriculum and Academic Structure

Foundational gaps in medicinal chemistry, computational chemistry, and Rasa Shastra content compromise scientific rigor.

Limited industry-linked research, absence of MOUs with accredited pharmaceutical manufacturers, and minimal clinical exposure restrict practical competence.

Weak basic science preparation among students undermines learning outcomes, particularly in applied laboratory and technology modules.

3. Staffing and Supervision

Insufficient indigenous medicine and herbal pharmaceutics expertise among academic staff limits research supervision and quality assurance.

Lack of external examiners in herbal medicine reduces validation of undergraduate research and honours projects.

Regulatory and industrial experience among staff is inadequate, constraining guidance on GMP, HACCP, ISO standards, and drug registration.

4. Infrastructure and Resources

Laboratory space, advanced instrumentation, raw materials, and clinical linkages are insufficient to support hands-on, competency-based teaching.

Reliance on temporary facilities restricts effective implementation of practical and research activities, producing graduates who are underprepared for professional roles.

5. Research, Industry, and Governance Integration

Industry collaboration is largely informal, lacking structured MOUs, advisory boards, or standardized research protocols.

Limited representation in standing committees and weak affiliation with NMRA or the Department of Ayurveda reduce governance oversight, policy influence, and regulatory guidance.

**Final Assessment**

In its current form, the programme is structurally and operationally unsustainable. Graduates risk being underprepared, unemployable, and inefficient, lacking key industrial, regulatory, and

clinical competencies. Without urgent restructuring, the programme may also inadvertently create tension with the BAMS programme due to overlapping content and unclear graduate roles, further compounded by the ambiguity of the current degree name.

**Recommendations**

- The programme requires comprehensive restructuring across multiple dimensions:

1. Curriculum Redesign

Strengthen scientific rigor through enhanced medicinal chemistry, computational chemistry, and Rasa Shastra content.

Incorporate structured industrial experience, regulatory training, and applied research components.

2. Academic Staffing

Recruit additional specialists in herbal medicine and Rasa Shastra.

Appoint qualified external examiners to ensure academic validation and quality assurance.

3. Infrastructure and Resources

Expand permanent laboratory, clinical, and analytical facilities.

Establish a herbal garden and improve access to advanced instrumentation and raw materials.

4. Industry, Regulatory, and Clinical Linkages

Formalize collaborations with pharmaceutical manufacturers, regulatory bodies (NMRA), and Ayurveda hospitals through MOUs and advisory boards.

Strengthen structured internships, practical training, and applied clinical exposure.

5. Graduate Role Definition

Clearly define graduate roles, scope-of-practice, and career pathways to differentiate from BAMS and enhance employability.

## Conclusion

Without urgent and thorough restructuring, the programme risks failing its academic, professional, and socio-economic objectives. Comprehensive reform is essential to produce graduates who are competent, employable, and capable of contributing effectively to the indigenous pharmaceutical sector.

The Chairman,

University Grants Commission,

Sri Lanka.

09.02.2026.

Dear Sir,

**Submission of Review Report on the B.Sc. (Hons.) in Indigenous Medicinal Resources - GWUIM**

Herewith, we are submitting the review report on the B.Sc. (Hons.) in Indigenous Medicinal Resources, Department of Indigenous Medical Resources, Faculty of Indigenous Health Sciences and Technology, Gampaha Wickramarachchi University of Indigenous Medicine (GWUIM).

Thank you.

Yours faithfully.

.....

Prof. S.P. Molligoda

09.02.2026.

.....

Dr. M.W.S.J. Kumari

09.02.2026.

# CONFIDENTIAL

## REVIEW REPORT

## B.Sc. (Hons.) in Indigenous Medicinal Resources,
## Department of Indigenous Medical Resources,
## Faculty of Indigenous Health Sciences and Technology,
## Gampaha Wickramarachchi University of Indigenous Medicine (GWUIM)

## Introduction

As per the appointment letter dated UGC/VC/GWUIM/SC, 25.11.2025, of the Chairman of the University Grants Commission, this report was prepared by Professor (Mrs.) S.P. Molligoda and Dr. (Miss.) M.W.S.J. Kumari as members of the two-person review committee for B.Sc. (Hons) in Indigenous Medicinal Resources, Gampaha Wickramarachchi University of Indigenous Medicine (GWUIM). The report was prepared in accordance with the given Terms of Reference (TOR). This course is conducted by the Department of Indigenous Medical Resources, Faculty of Indigenous Health Sciences and Technology, Gampaha Wickramarachchi University of Indigenous Medicine (GWUIM), and it was initiated in 2021.

## Faculty Visit

On 21.01.2026, the reviewers visited the Faculty of Indigenous Health Sciences and Technology, Gampaha Wickramarachchi University of Indigenous Medicine (GWUIM), Yakkala, Sri Lanka, and discussed with the relevant stakeholders (Administrators [Vice Chancellor, Dean, HOD], Academic Staff Members, and Students).

The agenda of the visit and other related documents are attached as annexures.

Firstly, a discussion was held with the Vice Chancellor, and she informed that they are in the process of further developing the Faculty of Indigenous Health Sciences and Technology and the University in general. The Vice Chancellor further stated that the process of acquisition of lands and allocation of funds had been completed at a preliminary stage. Further, she stated that the staff recruitment procedures are to be initiated soon.

The following parameters were primarily considered for the review report.

## Review Parameters

**1. Quality of the B.Sc. Degree Programme.**

***(Specially the higher education standards should be compatible with the Sri Lanka Quality Framework - SLQF)***

According to the SLQF-2015 September, updated version, page No. 10, Table 1, 6$^{th}$ row, the Minimum Level of Learning Requirements has been fulfilled by the degree.

## 2. Relevance

As per the Vision of GWUIM - "Have to be a center of excellence in indigenous medical education", not only that but also according to the Mission of GWUIM - "Have to promote innovative research culture in indigenous medical science." Therefore, students should be properly educated on indigenous medicinal resources. But in the degree programme the number of credits allocated for indigenous medicinal resources are not sufficient. Indigenous medicinal knowledge should be increased in a substantial amount to gain sufficient knowledge on indigenous medicinal resources. By this action this degree programme will be benefited in relevance to national and institutional priorities.

### 2.1 Analysis of the Curriculum Design

#### 2.1.1 Knowledge of the Indigenous Medicinal Resources

Development of the indigenous medicinal sector is one of the premier national needs of Sri Lanka. These types of courses are essential to achieve this national need, but the standard of this course should be further enhanced. Firstly, should have to identify plants and other raw materials. But only 02 credits are allocated for plant identification in this degree programme. According to the Central Council of Indian Medicine - CCIM (National Commission for Indian Systems of Medicine - NCISM), for the 1$^{st}$ year syllabus a degree programme is allocated 200 hours (approximately 13 credits) to cover the subject area. By observation the allocated time is not enough for plant identification.

#### 2.1.2 Agronomy

Not mentioned any Indigenous Medicine / Ayurveda Textbooks (Texts) related to agronomy as Recommended readings and not included related indigenous section of the subject in the syllabus content. Those facts should be added.

#### 2.1.3 Plant and Animal Nutrition

Not mentioned any Indigenous Medicine / Ayurveda Texts related to Plant and Animal Nutrition subject as Recommended readings and not included related indigenous section of the subject in the syllabus content.

#### 2.1.4 Plant Pathology and their Management

Indigenous knowledge related to the above topic is not included in the syllabus. Apart from that any Indigenous Medicine / Ayurveda texts related to plant pathology and their management are not mentioned as recommended readings and not included related indigenous section of the subject in the syllabus content.

### 2.1.5 Nursery Management, Livestock Management, Medicinal Plant Cultivation, Manures, Plant Breeding Technology

Any Indigenous Medicine / Ayurveda texts related to above mentioned subject are not mentioned as recommended readings and not included related indigenous section of the subject in the syllabus content.

## 3. Feasibility

As per the Vision of GWUIM - "Have to be a center of excellence in indigenous medical education", not only that but also according to the Mission of GWUIM - "Have to promote innovative research culture in indigenous medical science."

## 4. Graduate Employability

Job opportunities are very limited in Sri Lanka; they should be expanded.

## 5. Alignment with the National Need

Do not completely fulfill the national needs, but there is an opportunity to amend the syllabus.

## 6. Institutional Scope

Partially fulfill the Institutional Scope.

## 7. Student Admission, Progression, and Completion Rate

The admission Z-score is gradually decreasing each year. Still the first batch was not graduated.

**<u>Feedback of Academic Staff Members</u>**

- Request to enhance the available resources (need for Faculty-specific Infrastructure - space, lecture halls, library, canteen, etc.) and increase the academic staff cadre.
- To change the course name as **B.Sc. (Hons.) in Agriculture and Indigenous Medicinal Resources.**

## RECOMMENDATIONS

1. Since the name of the degree programme is BSc. (Hons.) in Indigenous Medicinal Resources, the curriculum should contain at-least 30-40% of subject content on indigenous medicinal resources.
2. An expert committee of internal and external subject experts should be appointed for curriculum amendment in order to significantly incorporate suitable content on indigenous medicinal resources.
3. There is only one lecturer specific to the field of indigenous medicinal resources in the academic staff panel of the programme; therefore, more lecturers (at-least 40%) who are specialized in indigenous medicinal resources should be recruited. In addition, according to the standard students: lecturers ratio, the number of lecturers and demonstrators should be increased.
4. The curriculum should be appropriately amended to contain at-least 30-40% of subject content on indigenous medicinal resources.
5. If the name of the degree programme is to be changed, it can be amended, for example, to **B.Sc. (Hons.) in Indigenous Medicinal Resources and Agri-technology. If needed, an expert opinion should be taken.**
6. Increase quantity & quality of all relevant Faculty-specific infrastructure, resources & facilities with respect to the total number of students.
7. Enhance the opportunities to strengthen research integration, industry linkages, and community engagement.
8. The degree programme should go in parallel to WHO, NCISM (CCIM), and National Traditional Medicinal Policy Standards.
9. Postgraduate opportunities for these graduands should be further expanded.
10. Mineralogy is included as an optional subject in the curriculum, but it should be included as a core component of the curriculum. Due to a shortage of resources, some of the proposed optional subjects had not been opened; the relevant resources should be swiftly incorporated.
11. The course curriculum should be appropriately amended with a fine balance of in-depth knowledge of Indigenous Medicinal Resources and Agri-technology, in order to produce competent graduands equipped with unique knowledge & skills and to create a unique job avenue, in contrast to B.Sc. Agriculture or BAMS graduands.

## Annexures

Annexure I - Agenda of the Faculty Visit
Annexure II - Attendance of the Discussion with the Academic Staff
Annexure III - Attendance of the Discussion with the Students
Annexure IV - Details of Students' Enrollments
Annexure V - Summary Report of Student Questionnaires
Annexure VI - Suggestions from the Academic Staff of the Degree Programme

**Prof. S.P. Molligoda**
**09.02.2026.**

**Dr. M.W.S.J. Kumari**
**09.02.2026.**

**Annexure - I**

The Vice Chancellor,

Gampaha Wickramarachchi University of Indigenous Medicine,

Yakkala,

16.01.2026.

Dear Madam,

## Request to Facilitate the Review of B.Sc. (Hons) in Indigenous Medicinal Recourses Degree Programme - GWUIM

As per the appointment made by the University Grant Commission (UGC), we are in the process of preparing the review report for the above mentioned degree programme offered by your university.

In this regard, we propose to visit the Gampaha Wickramarachchi University of Indigenous Medicine on 19th January 2026 to fulfill the review process.

**Agenda of the Day**
**Date: 19.01.2026**
**Time: 09.30 am - 02.00 pm**

09.30 am - 10.00 am: Discussion with the Vice Chancellor
10.00 am - 10.30 am: Discussion with the Dean of the Faculty
10.30 am - 11.30 am: Discussion with the HOD, Academic Coordinator and relevant Members of the Academic Staff
11.30 am - 12.00 pm: Field and Resource Analysis
12.00 am - 12.30 pm: Break
12.30 pm - 02.00 pm: Discussion with the Students

We would greatly appreciate if you could direct the necessary arrangements to fulfill the above request.

Thank you,

Yours sincerely.

UGC Appointed Reviewers: Prof. S.P. Molligoda and Dr. M.W.S.J. Kumari

Prof. S.P. Molligoda

**Annexure - II**

Gampaha Wickramarachchi University of Indigenous Medicine
Faculty of Indigenous Health Sciences and Technology
Department of Indigenous Medical resources
IMR
Year 4 - Semester I
**Attendance Sheet**

Course Unit-.....
Venue: Faculty of Indigenous Health Science & Technology
Date: 21.01.2026 Time: 2.30 pm - 4.00 p.m.

| No | Student Registration Number | Name | Signature |
|---|---|---|---|
| 01 | GWU/BIMR/2020/09 | L.N. GOONETILLEKA | |
| 02 | GWU/BIMR/2020/13 | D.N.T. JAYATHISSA | |
| 03 | GWU/BIMR/2020/15 | G.S. SANTHUSHKI | sithumi. |
| 04 | GWU/BIMR/2020/21 | L.S. NIRMAL | Nirmal. |
| 05 | GWU/BIMR/2020/25 | E.S.T.J.N. EKANAYAKA | |
| 06 | GWU/BIMR/2020/27 | P.K.A.S.K. PERERA | — |
| 07 | GWU/BIMR/2020/28 | D.M.G.A.S. RAJAPAKSHA | Achala. |
| 08 | GWU/BIMR/2020/29 | U.F. RIHAZA | — |
| 09 | GWU/BIMR/2020/31 | K.M. BASNAYAKE | |
| 10 | GWU/BIMR/2020/33 | R.R.F. RIHAMA | — |
| 11 | GWU/BIMR/2020/35 | S.M.WICKRAMASINGHE | — |
| 12 | GWU/BIMR/2020/38 | K.G.M. PARINDYA | |
| 13 | GWU/BIMR/2020/40 | H.D. PEIRIS | |
| 14 | GWU/BIMR/2020/42 | J.A.S.N.D. BANDARA | |
| 15 | GWU/BIMR/2020/43 | K.S.A.S. DHARMADASA | Amaya. |
| 16 | GWU/BIMR/2020/45 | A.H.P. DE SILVA | — |
| 17 | GWU/BIMR/2020/46 | G.K.M.L.A. KUMARI | Hemini |
| 18 | GWU/BIMR/2020/47 | K.A.D.K. NANDASIRI | Dilakshi |
| 19 | GWU/BIMR/2020/51 | R.M.S.C. RAMANAYAKA | |

| | | | |
|---|---|---|---|
| 20 | GWU/BIMR/2020/52 | M.M.F. AZNA | |
| **Number of students attending the lecture** | | | |

Lecturer Name :.....

Signature of the Lecturer :.....

Temporary Lecturer

Signature

Demonstrators

Signature

Gampaha Wickramarachchi University of Indigenous Medicine
Faculty of Indigenous Health Sciences and Technology
Department of Indigenous Medical resources
2021 IMR
Year 3 - Semester I
**Attendance Sheet**

Course Unit-.....

Venue: Faculty of Indigenous Health Sciences & technology.

Date: 21. 01. 2022 Time: 2.30 p.m – 4.00 pm.

| | Student Registration Number | Name | Signature |
|---|---|---|---|
| 01 | GWU/BIMR/2021/07 | MADHUSHIKA W.H.M. | |
| 02 | GWU/BIMR/2021/09 | ARUNODI V.B. | — |
| 03 | GWU/BIMR/2021/11 | SUHAIL M.M. | — |
| 04 | GWU/BIMR/2021/14 | WICKRAMASINGHE R.T.S. | |
| 05 | GWU/BIMR/2021/19 | SANA M.F. | — |
| 06 | GWU/BIMR/2021/24 | SHIFQA N. | Shifqa |
| 07 | GWU/BIMR/2021/27 | PIERIS H.T.N.H. | |
| 08 | GWU/BIMR/2021/28 | LAKSARANI S.L.D.U. | |
| 09 | GWU/BIMR/2021/31 | NITHIYANANTHAN T. | — |
| 10 | GWU/BIMR/2021/32 | LOURENCE T.P. | — |
| 11 | GWU/BIMR/2021/36 | HANITH M.A.S. | — |
| 12 | GWU/BIMR/2021/38 | AMANEE M.N.F. | — |
| 13 | GWU/BIMR/2021/39 | RANASINGHE V.I. | — |
| 14 | GWU/BIMR/2021/40 | WEERAKOON N.N. | Nethali |
| 15 | GWU/BIMR/2021/41 | KESALI M.A.C.K. | — |
| 16 | GWU/BIMR/2021/44 | AMARAWARDHANA V.I.O. | — |
| 17 | GWU/BIMR/2021/45 | DULANKA G.M.N. | — |
| **Number of students attending the lecture** | | | — |

Lecturer Name :..... Signature of the Lecturer :.....

Temporary Lecturer Signature

Demonstrators Signature

Gampaha Wickramarachchi University of Indigenous Medicine
Faculty of Indigenous Health Sciences and Technology
Department of Indigenous Medical resources
2023 BSMR
Year 1 - Semester I
Attendance Sheet

Course Unit-.....

Venue:..Faculty of Indigenous Health sciences & technology.

Date: 21.01.2026 Time:..2.30 pm - 4.00 pm.

| | Student Registration Number | Name | Signature |
|---|---|---|---|
| 1 | GWU/BIMR/2022/57 | SAJEEHA M.N.F. | |
| 2 | GWU/BIMR/2023/02 | HAJARA A.N. | |
| 3 | GWU/BIMR/2023/03 | GUNAWARDHANA W.D.Y.B. | |
| 4 | GWU/BIMR/2023/04 | PRIYADARSHANI A.D.L. | |
| 5 | GWU/BIMR/2023/09 | PREMATHILAKA U.G.D.S. | |
| 6 | GWU/BIMR/2023/10 | KARUNATHILAKA M.P.A. | |
| 7 | GWU/BIMR/2023/12 | HASNY A.K.F. | Hasny Khan. |
| 8 | GWU/BIMR/2023/13 | IFFETH A.H. | |
| 9 | GWU/BIMR/2023/15 | WEERARATHNA A.M.G.R.P. | |
| 10 | GWU/BIMR/2023/17 | KUMARASINGHE P.W.I.M. | * |
| 11 | GWU/BIMR/2023/18 | NISKA N.F. | |
| 12 | GWU/BIMR/2023/20 | MAHLA M.N.F. | |
| 13 | GWU/BIMR/2023/23 | R.N NETHMI | |
| 14 | GWU/BIMR/2023/24 | JAYASINGHE D.A.B.Y. | * |
| 15 | GWU/BIMR/2023/26 | MADHUSHANKA G.W.H.M. | |
| 16 | GWU/BIMR/2023/28 | RAJAPAKSHA N.M. | |
| 17 | GWU/BIMR/2023/31 | JAYASINGHE R.M.P.L.D. | |
| 18 | GWU/BIMR/2023/32 | SUJATH K.M. | |
| 19 | GWU/BIMR/2023/33 | BEKAM R.M. | R.Meeng |

| | | | |
|---|---|---|---|
| 20 | GWU/BIMR/2023/34 | ANILBANDARA S.M. | A. Sathsara . |
| 21 | GWU/BIMR/2023/36 | DISSANAYAKA H.P.S. | Thushara |
| 22 | GWU/BIMR/2023/37 | DISSANAYAKE K.M.N.S. | Nadeesi |
| 23 | GWU/BIMR/2023/39 | ASNA F.F. | ——— |
| 24 | GWU/BIMR/2023/40 | PEIRIS W.P.T. | * ——— |
| 25 | GWU/BIMR/2023/41 | WIJESIRI P.F.K.S. | Banka . |
| 26 | GWU/BIMR/2023/42 | DANDENIYA D.M.D.K. | . |
| 27 | GWU/BIMR/2023/43 | JAYALATH R.W.M.N.P. | Othmi |
| 28 | GWU/BIMR/2023/44 | GUNARATNE M.R.N.H. | Nadeni |
| 29 | GWU/BIMR/2023/46 | JASINGHA J.D.S.D. | ——— |
| 30 | GWU/BIMR/2023/47 | ARCHCHANA S. | ——— |
| **Number of students attending the lecture** | | | ——— |

Lecturer Name :.....

Temporary Lecturer

Signature of the Lecturer :.....

Signature

Demonstrators

Signature

Senarath

Gampaha Wickramarachchi University of Indigenous Medicine
Faculty of Indigenous Health Sciences and Technology
Department of Indigenous Medical resources

2022 BSMR
Year 2 - Semester I
Attendance Sheet

Course Unit-.....

Venue: Faculty of Indigenous Health

Date: 21. 01. 2026. Time: 2.30 pm - 4.00 p.m.

| | Student Registration Number | Name | Signature |
|---|---|---|---|
| 1 | GWU/BIMR/2022/04 | SAYEERANGAN T. | T. Sayeerangan. |
| 2 | GWU/BIMR/2022/23 | NETHMINI J.P.D. | — |
| 3 | GWU/BIMR/2022/24 | IFRA M.J.F. | — |
| 4 | GWU/BIMR/2022/26 | ASHINSHANI N.L.A. | Amashi |
| 5 | GWU/BIMR/2022/31 | JEEWANDARA J.D.K. | — |
| 6 | GWU/BIMR/2022/32 | COSTA D.M. | DCosta |
| 7 | GWU/BIMR/2022/35 | DILSHANI V.G.S. | — |
| 8 | GWU/BIMR/2022/37 | THARUSHIKA A.N. | — |
| 9 | GWU/BIMR/2022/40 | HEMANTHI R.G.N.K. | — |
| 10 | GWU/BIMR/2022/41 | DHEEPA M.N. | — |
| 11 | GWU/BIMR/2022/47 | JAYAWARDHANA B.A.K.N. | |
| 12 | GWU/BIMR/2022/49 | NAWARATHNA N.R.W.N. | |
| 13 | GWU/BIMR/2022/50 | EKANAYAKE P.M.N.N. | NIBuddhi |
| 14 | GWU/BIMR/2022/51 | AAYISHA M.F.F. | — |
| 15 | GWU/BIMR/2022/52 | GUNARATHNA M.N.A.S. | Tmaya |
| 16 | GWU/BIMR/2022/53 | RUPANUKA T. | T. Rupanuka. |
| 17 | GWU/BIMR/2022/55 | THILRAS M.A.A. | — |
| 18 | GWU/BIMR/2022/56 | FARVIN T.H. | T. Hasfa Farvin |
| Number of students attending the lecture | | | — |

Lecturer Name :..... Signature of the Lecturer :.....

Temporary Lecturer Signature

Demonstrators Signature

Annexure - III

Review of BSc. (Hons) IMR Degree

Department of Indigenous Medical Resources

Faculty of Indigenous Health Sciences & Technology - GWUIM.

[21. 01 2026]

| | Name | Designation | Signature |
|---|---|---|---|
| ① | Dr. Jithya Wijesinghe | Dean, FIHST | |
| ② | Dr. Ruwan Perera 077 2521452 wprtp@sjp.ac.lk | HoD / DIMR | |
| ③ | Dr. Ishani D. Goonatilaka | Senior Lecturer, DIMR | |
| ④ | Ms. Dilsha Rodrigo | Lecturer (Prob.) DIMR | |
| ⑤ | Dr. W. Shermilee Botheju | Lecturer / DIMR | |
| ⑥ | Dr. Nalika Dayananda | Lecturer / DIMR | |
| ⑦ | Niwandha Kannangara | Lecturer / DIMR | |

21/01/2026

| Batch Year | Date of Registration | Completion Year and Date | BSYP | HTHM | BIMR | BIPT | BHBM | HICT |
|---|---|---|---|---|---|---|---|---|
| 2020/2021 (4 Year) | 2022/03/21 | 2026/03/19 | 59 | 37 | 20 | 42 | 55 | 44 |
| 2021/2022 (3 Year) | 2023/04/24 | 2027/04/23 | 47 | 43 | 19 | 37 | 50 | 47 |
| 2022/2023 (2 Year) | 2024/06/03 | 2028/06/02 | 53 | 61 | 18 | 49 | 60 | 55 |
| 2023/2024 (1 Year) | 2025/09/22 | 2029/09/21 | 57 | 54 | 28 | 48 | 69 | 57 |
| Total – 1,109 | | | 216 | 195 | 85 | 176 | 234 | 203 |

DIMR - 261

DIHS - 411

DT - 437

1,109

Annexure - IV

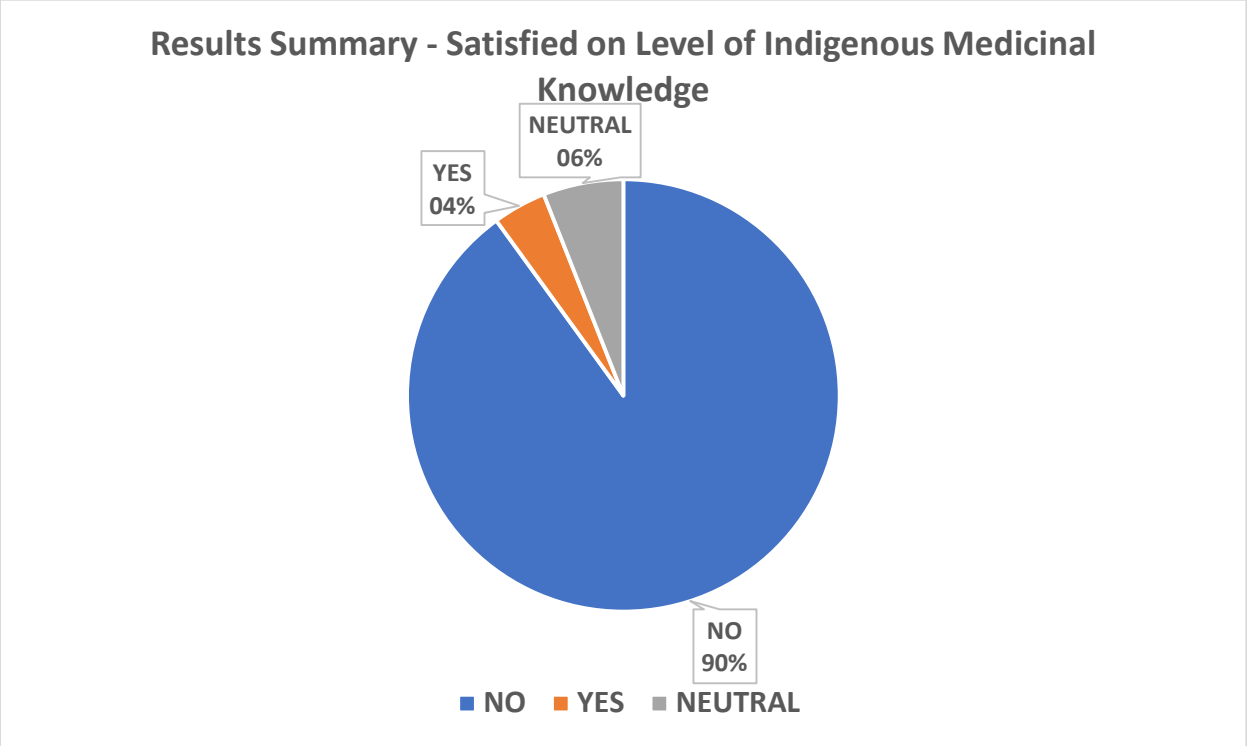
# Summary Report of Student Questionnaire
# - BSc. (Hons.) in Indigenous Medicinal Resources - GWUIM

**1. Are you satisfied about the Level of Indigenous Medicinal Knowledge offered by your Degree Curriculum?**

| No. | Yes / No | If not give Reasons and your Suggestions |
|---|---|---|
| 1. | No | Not deep, only basics |
| 2. | No | Not deep, only basics |
| 3. | No | Nil |
| 4. | No | Nil, only basic agriculture knowledge |
| 5. | No | Knowledge gaps are there, feel confused |
| 6. | No | Inadequate, only basic agriculture knowledge |
| 7. | No | Nil, only basic agriculture knowledge |
| 8. | No | Only topics are there |
| 9. | No | Nil |
| 10. | No | No proper knowledge and integration of agriculture and medicinal plants |
| 11. | No | No proper integration of agriculture and medicinal plants |
| 12. | No | No idea about indigenous medicine |
| 13. | No | Only basic agriculture knowledge and no integration |
| 14. | No | No knowledge on how to connect agriculture with indigenous medicine |
| 15. | No | No knowledge on how to connect agriculture with indigenous medicine |
| 16. | No | Nil, only basic knowledge |
| 17. | No | Need more knowledge |
| 18. | No | No linkage of fields of knowledge |
| 19. | No | No, highly inadequate |
| 20. | - | Still analyzing |
| 21. | No | Need more knowledge |
| 22. | Yes | Sufficient level |
| 23. | Yes | - |
| 24. | No | Only fundamentals in first year - 01 credit |
| 25. | - | - |
| 26. | No | - |
| 27. | No | Only lots of agriculture knowledge |
| 28. | No | Only lots of agriculture knowledge |
| 29. | No | Limited only to the name (only fundamentals in first year first Sem. - 01 credit) |
| 30. | No | Should include advanced knowledge |
| 31. | No | Course content does not match with degree name |
| 32. | No | low |

| | | |
|---|---|---|
| 33. | No | Only basic knowledge |
| 34. | No | Only O/L and A/L knowledge |
| 35. | No | Only basic agriculture knowledge |
| 36. | No | Only basic knowledge |
| 37. | No | Need more medicinal knowledge than agriculture knowledge |
| 38. | No | Only basic knowledge |
| 39. | No | - |
| 40. | No | Need more medicinal knowledge and applications |
| 41. | No | Only basic knowledge |
| 42. | - | - |
| 43. | No | - |
| 44. | No | Only basic knowledge |
| 45. | No | Only basic knowledge |
| 46. | No | Course content does not match with degree name |
| 47. | No | Only basic knowledge |
| 48. | No | Need more knowledge on medicinal resources (plants, animals, & minerals) |
| 49. | No | Only basic knowledge |
| 50. | No | Only basic knowledge |

| RESULTS SUMMARY - SATISFIED ON LEVEL OF INDIGENOUS MEDICINAL KNOWLEDGE | | | |
|---|---|---|---|
| **Verdict** | **No** | **Yes** | **Neutral** |
| **No. of Students** | **45** | **02** | **03** |

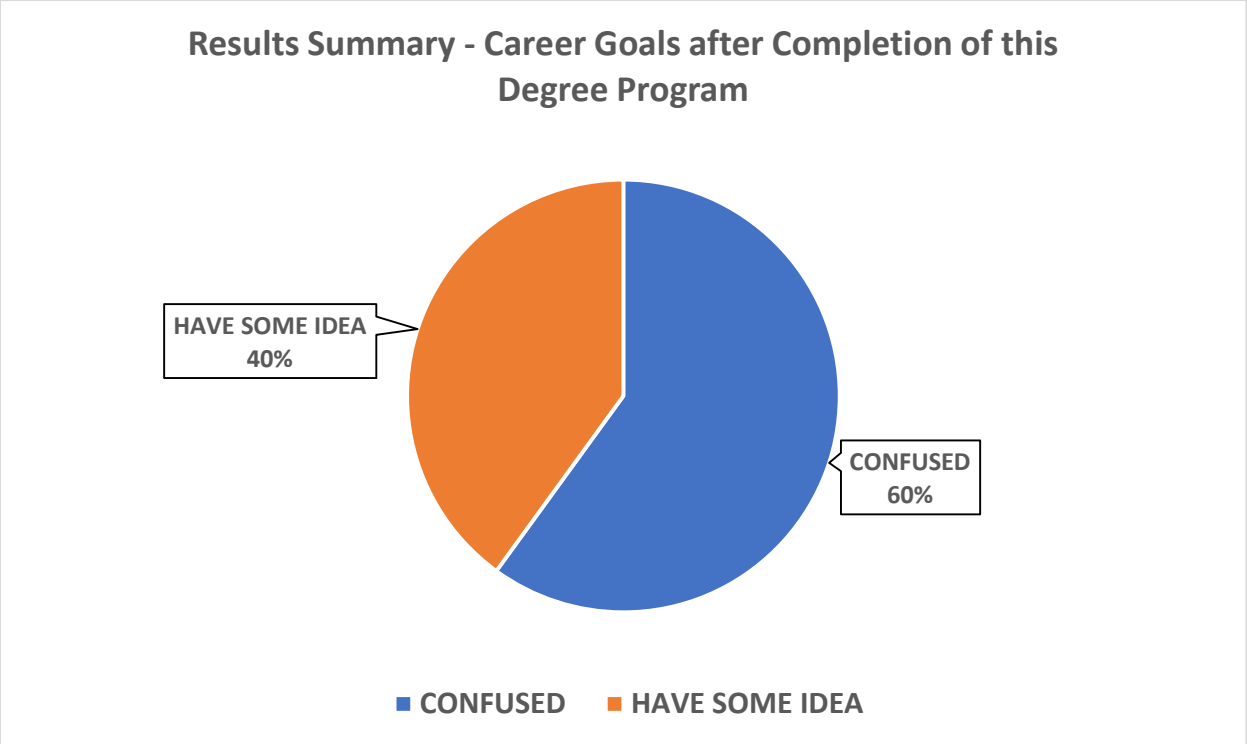


2. **After the completion of this Degree Program what are your Career Goals?**

| No. | Career Goals |
|---|---|
| 1. | No clear idea |
| 2. | No clear idea, like to do a MSc. And become an academic |
| 3. | No specialization pathway, confused |
| 4. | Confused, also Confused about postgraduate programs |
| 5. | Work in a plant-based laboratory or teacher, confused |
| 6. | Confused |
| 7. | Confused, Hope to do higher studies and good paying jobs |
| 8. | Design healing gardens and join related company - herbal tea industry |
| 9. | Develop natural products (medicinal, aromatic, and spices) |
| 10. | Confused, can't compete with agriculture students, no uniqueness |
| 11. | Can't understand, but I am 4$^{th}$ year student |
| 12. | Confused |
| 13. | Confused, no specialization pathway |
| 14. | Agriculture researcher |
| 15. | Agriculture researcher |
| 16. | Agriculture related production industry |
| 17. | Medicinal plant researcher |
| 18. | Confused |
| 19. | Own company related to value-added ayurvedic raw materials and products |
| 20. | Entrepreneur |
| 21. | Researcher, confused |
| 22. | Confused, microbiologist |
| 23. | Plant pathologist, agriculture sector |
| 24. | - |
| 25. | Medicinal plant cultivator with modern knowledge |
| 26. | Laboratory research sector |
| 27. | Medicinal plant researcher |
| 28. | R. & D. pharmaceutical company |
| 29. | - |
| 30. | Confused, higher studies and become an academic |
| 31. | Agriculture related company |
| 32. | Agriculture field or ayurvedic products |
| 33. | Medicinal plant identification and medicine production |
| 34. | Indigenous medicine-based career |
| 35. | Confused, need good, valid, & important jobs (internationally) |
| 36. | Confused |
| 37. | No goals fully confused |
| 38. | Confused, government job |
| 39. | Confused |
| 40. | Laboratory technician or analytical chemist |

| | |
|---|---|
| 41. | Confused, cultivate and apply basic treatments |
| 42. | - |
| 43. | - |
| 44. | Confused |
| 45. | Confused, no specialization pathway |
| 46. | Medicinal plant and medicine manufacturing |
| 47. | Research scientist in government sector |
| 48. | Confused, tissue culture sector |
| 49. | Confused |
| 50. | Confused |

| RESULTS SUMMARY - CAREER GOALS AFTER COMPLETION OF THIS DEGREE PROGRAM | | |
|---|---|---|
| **Verdict** | **Have Some Idea** | **Confused** |
| **No. of Students** | **20** | **30** |

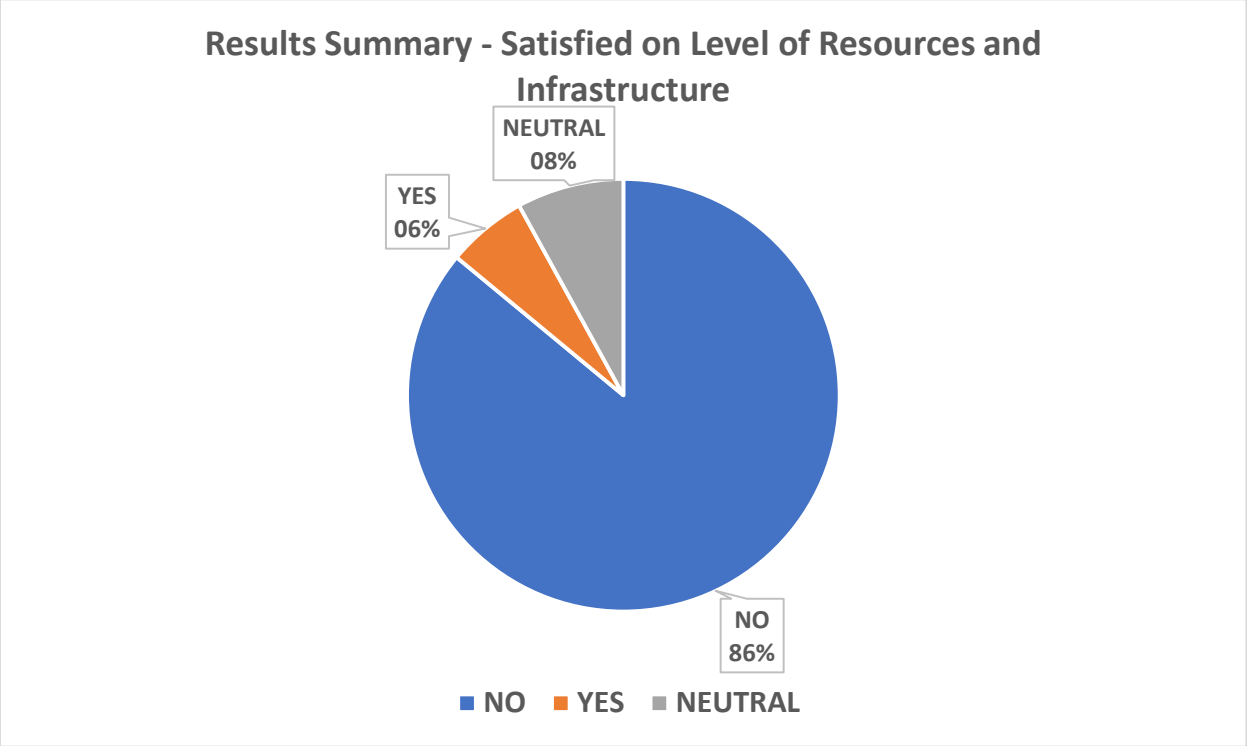


3. **Are you satisfied by the Level of Resources and Infrastructure offered by the University?**

| No. | Yes / No | If not give Reasons and your Suggestions |
|---|---|---|
| 1. | No | Less space |
| 2. | No | Scarcity of lecture halls, space, and agronomy tools |
| 3. | No | - |
| 4. | No | Better to add more resources |
| 5. | No | Need separate buildings for laboratory researches and canteen |
| 6. | No | Need more resources |
| 7. | No | Need more resources with university standards (library) |
| 8. | - | Good laboratories, need more canteen facilities |
| 9. | - | - |
| 10. | No | Scarcity of lecture halls, space, and agronomy resources |
| 11. | No | Scarcity of lecture halls, space, and agronomy resources |
| 12. | No | Lack of resources when compared with other universities |
| 13. | No | - |
| 14. | No | Scarcity of lecture halls, space, and quality meals |
| 15. | No | Need more resources and facilities |
| 16. | - | - |
| 17. | No | Need more resources and facilities at Indigolla |
| 18. | No | Scarcity of lecture halls and space for all batches |
| 19. | No | Scarcity of lecture halls, space, and canteen facilities |
| 20. | No | Scarcity of cultivation lands and library facilities |
| 21. | No | Substandard facilities and lack of centralization |
| 22. | No | Scarcity of cultivation lands and infrastructure (learning areas) |
| 23. | No | Want field space |
| 24. | No | Want field space, machines, equipment, and medicinal plants |
| 25. | No | Scarcity of lecture halls, space, canteen facilities, lab, and library |
| 26. | No | Scarcity of lecture halls, space, ground, and canteen facilities |
| 27. | No | Scarcity of lecture halls, space, research instruments, and chemicals |
| 28. | No | Need more infrastructure |
| 29. | No | No land or field to do practicals |
| 30. | No | Suffering due to lack of proper canteen facilities (gastritis) |
| 31. | No | No land or field to do practicals and lack of modern instruments |
| 32. | No | No land or field to do practicals and lack of canteen facilities |
| 33. | No | No land and need more infrastructure |
| 34. | No | No land or field to do practicals |
| 35. | No | Need more infrastructure and facilities |
| 36. | No | Scarcity of lecture halls, space, canteen facilities, study area, and washrooms |
| 37. | No | Scarcity of lecture halls, space, canteen facilities, study area, and washrooms |

| | | |
|---|---|---|
| 38. | No | Scarcity of lecture halls, space, canteen facilities, lab, and others |
| 39. | - | - |
| 40. | No | - |
| 41. | No | Scarcity of lecture halls and space to occupy all the students |
| 42. | No | Scarcity of library facilities |
| 43. | No | Need more infrastructure, resources, instruments, and facilities |
| 44. | Yes | . |
| 45. | Yes | - |
| 46. | No | Scarcity of lecture halls, space, canteen facilities, and study area |
| 47. | No | Scarcity of lecture halls (only three lecture halls for both 4 yr. degree programs) |
| 48. | Yes | Since, first years still can't decide |
| 49. | No | Need lab facilities and modern equipment |
| 50. | No | Need lab facilities & modern equipment (Chemical analysis of medicinal plants) |

| RESULTS SUMMARY - SATISFIED ON LEVEL OF RESOURCES AND INFRASTRUCTURE | | | |
|---|---|---|---|
| **Verdict** | **No** | **Yes** | **Neutral** |
| **No. of Students** | **43** | **03** | **04** |

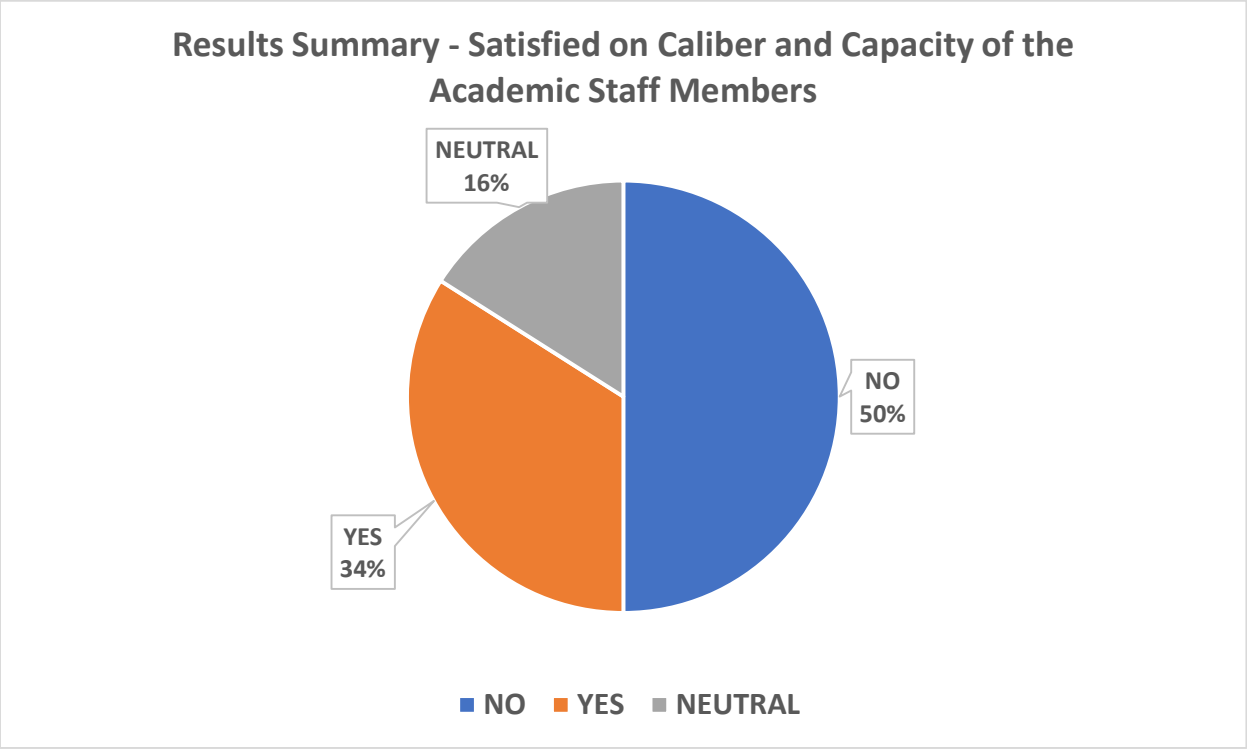


**4. Are, you satisfied about the Caliber and Capacity of the Academic Staff Members of your Faculty (Indigenous Sector)?**

| No. | Yes / No | If not give Reasons and your Suggestions |
|---|---|---|
| 1. | No | - |
| 2. | No | Not enough regarding indigenous sector |
| 3. | No | Not the relevant lecturer for some subjects |
| 4. | Yes | - |
| 5. | Yes | - |
| 6. | No | Need more indigenous medicine subject lecturers |
| 7. | No | Need more lecturers |
| 8. | No | Need more lecturers |
| 9. | - | |
| 10. | - | |
| 11. | No | Need more lecturers |
| 12. | - | |
| 13. | No | - |
| 14. | Yes | |
| 15. | Yes | |
| 16. | - | - |
| 17. | - | - |
| 18. | Yes | |
| 19. | No | Need more lecturers and demonstrators |
| 20. | No | Need lectures to be conducted strictly in English |
| 21. | No | Need more indigenous medicine subject lecturers |
| 22. | Yes | - |
| 23. | Yes | - |
| 24. | No | Not the relevant lecturer for some subjects |
| 25. | No | Limited academic staff so cannot choose all optional subjects |
| 26. | No | - |
| 27. | No | Two-three subjects conducted by same lecturer |
| 28. | Yes | |
| 29. | No | Cannot choose all optional subjects in third year |
| 30. | No | Some lecturers teaching unrelated subjects |
| 31. | No | Need more indigenous medicine subject lecturers |
| 32. | No | Some lecturers teaching unrelated subjects and not clear |
| 33. | No | Have to improve |
| 34. | Yes | - |
| 35. | Yes | - |
| 36. | Yes | |
| 37. | - | |
| 38. | Yes | |

| | | |
|---|---|---|
| 39. | No | Need more indigenous medicine subject lecturers |
| 40. | Yes | |
| 41. | No | Need more subject experts |
| 42. | No | Need more subject experts (E.g. - animal subjects) |
| 43. | Yes | |
| 44. | Yes | |
| 45. | - | |
| 46. | Yes | |
| 47. | Yes | |
| 48. | - | |
| 49. | No | - |
| 50. | No | - |

| RESULTS SUMMARY - SATISFIED ON CALIBER & CAPACITY OF ACADEMIC STAFF MEMBERS | | | |
|---|---|---|---|
| **Verdict** | **No** | **Yes** | **Neutral** |
| **No. of Students** | **25** | **17** | **08** |

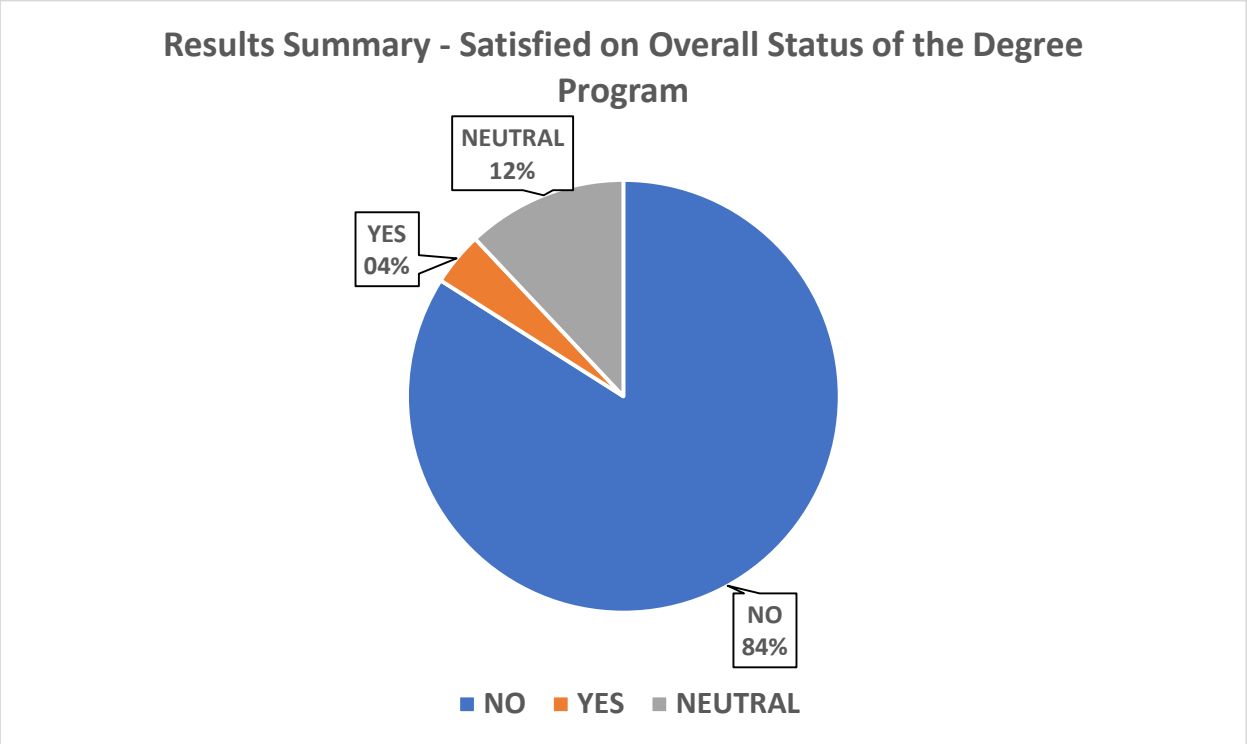


5. **Are you satisfied about the Overall Status of the Degree Program?**

| No. | Yes / No | If not give Reasons and your Suggestions |
|---|---|---|
| 1. | No | - |
| 2. | No | Mismatch between degree title and content, excess of agriculture topics |
| 3. | No | - |
| 4. | No | Ayurvedic content very less |
| 5. | No | Need more content on indigenous medicinal resources and practicals |
| 6. | No | Need more advanced content |
| 7. | No | Students at Indigolla and Yakkala should be combined since same faculty |
| 8. | No | Either course title or content should be change appropriately |
| 9. | No | Only agriculture content |
| 10. | No | - |
| 11. | No | - |
| 12. | No | - |
| 13. | No | - |
| 14. | No | Need more content on indigenous medicinal resources and cultivation |
| 15. | No | - |
| 16. | - | - |
| 17. | No | - |
| 18. | No | Course should be under indigenous medical faculty or agriculture faculty |
| 19. | - | - |
| 20. | No | Need more content on indigenous medicinal resources |
| 21. | No | Need animal and plant based medicinal knowledge |
| 22. | No | Not enough facilities |
| 23. | No | Content should be rich and more related |
| 24. | No | Mismatch between degree title and content |
| 25. | No | Mismatch between degree title and content, excess of agriculture topics |
| 26. | No | - |
| 27. | No | - |
| 28. | No | Mismatch between degree title and content |
| 29. | No | Mismatch between degree title and content |
| 30. | No | Mismatch between degree title and content, need more indigenous knowledge |
| 31. | No | Some contents are A/L Knowledge, job market expecting university level |
| 32. | No | Mismatch between degree title and content, only name is unique |
| 33. | No | - |
| 34. | No | Only basic Knowledge |
| 35. | No | Mismatch between degree title and content |
| 36. | No | - |
| 37. | No | Need more indigenous knowledge and no proper job market |
| 38. | - | - |
| 39. | No | - |

| | | |
|---|---|---|
| 40. | No | Course content and space issues |
| 41. | No | Not enough knowledge to reach career goals even as a final year student |
| 42. | No | Should be improved |
| 43. | No | - |
| 44. | No | Need more indigenous knowledge and no proper job market |
| 45. | Yes | - |
| 46. | Yes | - |
| 47. | No | Need more indigenous knowledge |
| 48. | - | - |
| 49. | - | - |
| 50. | - | - |

| RESULTS SUMMARY - SATISFIED ON OVERALL STATUS OF THE DEGREE PROGRAM | | | |
|---|---|---|---|
| **Verdict** | **No** | **Yes** | **Neutral** |
| **No. of Students** | **42** | **02** | **06** |



**Proposed Changes to the BSc (Hons) in Indigenous Medicinal Resources Degree Programme**

Following detailed discussions among the academic staff of the Department of Indigenous Medical Resources, the following changes are proposed to strengthen the relevance, visibility, and academic quality of the degree programme.

**1. Change of Degree Title**

**Proposed title:** *BSc (Hons) in Agriculture and Medicinal Resource Management*

**Justification:**
Although the programme continues to prioritize Indigenous Medicinal Resources, the revised degree title is proposed to enhance its academic reputation and broader recognition. The new title clearly reflects the interdisciplinary nature of the programme and will allow graduates to access a wider range of opportunities in the agriculture sector, medicinal resources, and resource management fields.
Furthermore, a clearer and more inclusive title will help prospective applicants better understand the scope of the programme, attract high-quality candidates, and encourage applications from students with competitive G.C.E. A/L Z-scores.

**2. Expansion of Medicinal Plant Studies and Technology Components**

**Justification:**
It is proposed to incorporate more advanced aspects of medicinal plant studies along with modern technological components. Students should be provided with greater exposure to emerging technologies, recent software applications, and artificial intelligence (AI)-based tools in line with current global trends.
In addition, increased practical training is recommended to strengthen hands-on knowledge related to medicinal resources, particularly medicinal plants, cultivation, processing, and evaluation techniques.

**3. Recruitment of Expertise in Indigenous Medicinal Resources and Emerging Technologies**

**Justification:**
To enhance both teaching and practical training, it is proposed to recruit additional academic and technical staff with expertise in Indigenous Medicinal Resources and modern technological applications. This will ensure effective delivery of lectures and practical sessions, improve student engagement, and support the integration of contemporary knowledge and skills into the curriculum.

**4. Expansion of Infrastructure and Learning Spaces**

**Justification:**
Additional space is required to establish a **Model Medicinal Plant Garden**, as proposed in the University Action Plan 2026. This facility will serve as a living laboratory to enhance experiential learning.
Moreover, the development of additional laboratory spaces is essential to create an

inclusive and supportive learning environment, facilitate practical-based teaching, and accommodate the expanding academic and research activities of the programme.

Dr. Ruwan Perera (wprtp@gwu.ac.lk)

Head of the Department

Department of Indigenous Medical Resources

FIHST, GWUIM

# Sub-committee Report on
# Bachelor of Science Honours in Service Management Degree Programme

| | |
|---|---|
| Submitted to: | Vice Chairman<br>University Grants Commission |
| Compiled by: | Prof. M.S.M. Aslam and Prof. Chaminda Dassanayake<br>Sub-Committee Members for Reviewing Degree Programmes of Social Science and Management - Gampaha Wickramarachchi University of Indigenous Medicine |
| Date: | March 13, 2026 |
| Note: | In this report, the Faculty means the Faculty of Indigenous Social Sciences and Management Studies, the Department means the Department of Management Studies, and the Degree Programme means the Bachelor of Science Honours in Service Management, unless mentioned otherwise. |

**Introduction**

Gampaha Wichramarachchi University of Indigenous Medicine (GWUIM) was established in 2021 as a state university in Sri Lanka, and it has the potential to sustain indigenous knowledge within the country's educational landscape. It is really admirable in bridging contemporary developmental gaps through the evolution of the ecosystem of indigenous knowledge and health science. However, it can be observed that the expansion and upgrade from institutional status to a fully-fledged university took place within a very short timeframe, in an inorganic manner. This has led to a dubious authorisation process of some degree programmes through hierarchies of higher education or standing committees.

Subsequently, GWUIM has been established with four faculties, adding three new faculties, namely, Indigenous Health Science and Technology, Indigenous Social Sciences and Management Studies, and Graduate Studies, in addition to the existing Faculty of Indigenous Medicine. Although the titles of the new faculties and degree programmes were aligned with the ecosystem, the functions of the faculties and departments, as well as the curricula of the degree programmes, led to contradictions and confusion during the approval and implementation processes. However, the Rapid expansion of higher education landscapes in Sri Lanka has led the GWUIM to expedite the establishment process to increase student intake, a pressing need for the country.

Although the University has admitted students each year since its inception and moved forward, setbacks in curriculum development and insufficient physical and human resources have crippled the smooth functioning. Although the B.Sc. in Service Management was introduced as Health Service Management to create a bond between the degree programme and the existing ecosystem, it was rejected by both the Management and Social Science and the Medical and Dental Standing Committees due to a mismatch in the programme. As the faculty and department were already established, it was recommended that the faculty introduce a degree programme titled Service Management, without considering its alignment with the ecosystem. Although the faculty has been admitting candidates to B.Sc. (Hons) Social Studies and Indigenous Knowledge since 2021, candidates for the B.Sc. (Hons) Service Management have not yet been admitted due to a delay in the redevelopment and approval process. Candidates have been registered for 2026 to commence the academic programme. At present, the faculty functions smoothly with the existing degree programme, even though the recently acquired primary school premises at Indigolla, Yakkala. The faculty

administration and academic staff are managing the prevailing degree programme with limited resources as per the student handbook. As far as the programme on service management is concerned, the faculty has to move away from the existing ecosystem and scope. Meanwhile, there are other state universities in the vicinity that offer different degrees within the faculty. It is inevitable to revisit the title and curriculum of the degree programme to align with the existing ecosystem while avoiding unnecessary comparison and competition with other state universities. Under these circumstances and considering its urgency, UGC has appointed a review committee and a subcommittee to investigate the prevailing situation, review the documentary evidence, and assess the academic and physical resources and infrastructure to provide a comprehensive report. Hence, the sub-committee for Bachelor of Science Honours in Service Management began with desk/document review and prepared the road map to review and investigate the relevance and compatibility of the degree programme to anticipate market and country demand through capitalisation of potential embracing with tangible and intangible resources of the University while anticipating challenges with the existing ecosystem.

**Meetings Held and Observations:**
The sub-committee held meetings with all relevant administrative officers, academic staff, and non-academic staff while conducting direct observations of the learning environment and infrastructure facilities at the university and faculty in general and for the relevant Degree programme in particular.

**Meeting with the Vice Chancellor:** The meeting was very informative in understanding the operational aspects and the present and future development of the University in terms of physical and human capital development for the progress of academic programmes, and she was able to brief on the University's strategic plan. Her briefing and explanation of the Bachelor of Science Honours in Service Management degree programme elucidate the initial potential, the approval and commencement processes, and the challenges that hinder the admission of candidates to the degree. She was able to explain the adopted procedures and launching process of the degree programme with clear documents and facts. However, she holds very positive and progressive ideas and is optimistic about sustaining the future growth and development. Under her visionary leadership, the University administration has managed to progress. According to her, they have explored and found a few properties and land in areas near their present location. Newly identified locations include premises for the Bachelor of Science Honours in Service Management. Ultimately, meeting with the VC confirmed her visionary leadership and positive outlook on the degree programme, while also suggesting some revisions to the degree programme's title and curriculum. However, she emphasised the inevitability of hiring and recruiting necessary staff and building physical facilities for the faculties and departments to ensure the university's smooth functioning. She also understands and emphasises the importance of offering a degree with a Unique Selling Point (USP) aligning with the existing ecosystem while capitalising on the surrounding tangible and intangible resources.

**Meeting with Registrar and Bursar:** The meeting was very informative and insightful. They were able to magnify many facts brought forward by the Vice Chancellor, while elaborating the reasons and potential for the commencement of the University, Faculties and the relevant Degree programme, which is under review. The financial performance of the University in 2025 was over 90 per cent, which is commendable, and it shows a clear indication of the growth potential of the University. The top administration of the University

has shown a keen interest in the future development of the University and working hand-in-hand.

They were also worried about the sudden existence of the programme in contradiction to the existing ecosystem. They face numerous dilemmas and challenges, shifting from traditional to scientific structures and approaches related to programme design and delivery. They could also explain the numerous challenges being undergone, such as resistance to digitalisation, absence of a common administrative structure, irregular and inconsistent examination, evaluation and result releasing, deviation from the academic calendar and delays in the delivery of academic programmes, poor infrastructure allocation among the degree programmes and departments, while idling of resources to be observed. Irregular and spot-based problem-solving process has crippled academic and administrative protocols and led to the collapse of structural administration. They could also highlight the lack of cross-disciplinary and cross-cultural interaction and communication among indigenous medicine students, who still remain in the traditional domain and show poor liberalisation and integration with common students, even though ragging culture has declined. The inorganic inception and growth led to a mismatch between traditional and contemporary perceptions. Insufficient resources have been allocated for labs and other infrastructure development to continue the programme, along with an increasing number of students. The absence of an appropriate feasibility study and market assessment led to a failure to forecast future resource needs. No rolling plans can overcome the issues and challenges as the institution evolves and the academic disciplines grow. This drawback has led to ignoring the basic needs of the students' activity centre, the sports centre, and the welfare centre. The reduction in per-head capital allocation from Rs. 800000 to Rs. 40000 has worsened the situation.

**Meeting with the Dean:** The meeting was with the faculty's second dean. The present dean was appointed in 2021 following the resignation of the faculty's first and founding dean. The faculty comprises 9 academic staff members and 2-degree programmes: Bachelor of Science Honours in Social Studies has already started and accommodates 230 students across three academic years. Yet the proposed degree, Bachelor of Science Honours in Service Management, has registered students and is scheduled to commence this year with 4 academic staff members. As stated above, the faculty is located in an abandoned primary school with limited facilities, comprising two lecture halls, a temporary student canteen, a newly established faculty library, container office rooms for academic staff, and an administrative office. Yet the faculty lacks a properly established IT lab, student activity room, or recreation centre. Initially, the proposed title and curriculum were revised and developed into the present degree, Bachelor of Science Honours in Service Management, in collaboration with two academic experts and faculty staff. However, curriculum development and programme restructuring have been carried out without any stakeholder participation, as per the faculty's urgent requirement. At present, the faculty runs smoothly and peacefully despite limited facilities, and the majority of female students from the art stream A/L align with the indigenous ecosystem. Commencing the degree in service management will enable more male students to join the faculty, deviating from the existing ecosystem. This led staff and students to demand that the ecosystem be replaced and that the university's name be changed. However, this proposal has been rejected by the existing ecosystem of GWUIM. The faculty seeks a multi-stream collaborative programme aligning the existing ecosystem. The present programme on service management has been published in the UGC handbook, and the first batch of students has been registered; therefore, restructuring and revising the programme will be challenging tasks. She emphasized the importance of having MOUs with NGOs and GOs to commence and run the proposed programme smoothly. Although first and

final year students are provided with hostel facilities, new student intake for the service management degree will be demanding more and cause a number of challenges.

**Meeting with the HOD and Academic Staff:**
The Department is supposed to admit the candidates within the next 5 to 6 months. Initially, the proposed Health Service Management programme was not considered in the management standing committee and forwarded to the medicine and dental standing committee. As per the recommendation of the medicine and dental standing committee, the faculty had to revise the programme title and degree. The faculty found two academic experts in the management discipline, revised the title and programme by removing the term 'health', and recommended introducing the new degree programme from a common basket of management degrees. Since 2021, the department has been holding 4 academics in the proposed field of study, and the faculty has been served by relatively young staff. Their offices are given in containers and are looking for new construction of faculty premises. As the dean stated, there are still no properly established lecture halls, a canteen, a library, or a place for extracurricular activities. As of now, the department has 4 academic staff members to commence and continue the new degree programme, but no student-related matters have been observed, as there are currently no students.

**Meeting with the Director, Quality Assurance Cell:**
The University has its own centre for quality assurance (CQA) headed by a Director. It was noted that the CQA is actively involved in matters related to its scope of operations. The Director is well aware of and confident about the present and future requirements of the University, Faculties, and the Departments. The Director, Quality Assurance, stated that there was a mismatch in the assignment of the proposed degree programme within the Faculty. This may have occurred due to the misunderstanding of the scope and ecosystem of the faculty to introduce new degree programme at the time of proposal and approval process. Because the initial name of the Degree was Bachelor of Science Honours in Health Service Management.The shift from mono-disciplinary status to multi-disciplinary status could be recognised as the major root cause of most of the issues. This has occurred without a proper understanding of the ecosystem needed to accommodate the University's recent structural changes. This seems to have happened due to a lack of stakeholder consultation and awareness, which was inevitable in situations like this.

The objective of quality programme delivery will face various challenges and dilemmas due to the inception of the Degree programme, at least in the minimum required teaching and learning resources, such as academic staff, lecture halls, computer labs, library, student welfare and recreation facilities, etc. Due to this reason, the present academic atmosphere and ambience of the university is struggling to meet the expectations of the undergraduate students representing Gen-Z.

**Meeting with the library staff and observation of library facilities:** Since the faculty runs a separate library at the present premises in a simple form and is not much connected with the main library, we did not require a separate meeting with the librarian or library staff. As one of the reviewers has visited the main library under another review process, the main library does not have sufficient collections beyond the indigenous knowledge and health science. So

the prevailing degree with the existing undergraduate population manages the available library facilities.

**Observation of the faculty and the department premises and student welfare facilities:** The faculty is located on the school premises, with two lecture halls that accommodate two degree programmes of its two departments, currently accommodating 230 students. The provision of welfare facilities, including canteen facilities, remains unsatisfactory. The present faculty premises do not include any student activity areas, rest areas, welfare facilities or attractive learning landscapes.

**Documents Reviewed**

The following documents have been reviewed:

1. Application for approval of new degree program. Bachelor of Science Honours in Health Service Management. The initial application was submitted to establish a new degree program titled Bachelor of Science Honours in Health Service Management. The application consisted of supporting documents, including Senate and Council approvals. It also included a stakeholder needs analysis related to the proposed Health Service Management degree. Furthermore, the application contained relevant recommendations made at the university level by the University of Kelaniya prior to the establishment of GWUIM, as well as those made after the establishment of GWUIM under that university.
2. Summary report on Proposed Undergraduate Study Program by the Quality Assurance Council of the UGC. 21.12.2022. The report has recommended proceeding to the next stage without proposing any amendments.
3. Email Notification from IUA Division was to the Head, Department of Management Studies on 21st June 2023. This email communicated the Standing Committee on Medical and Dental Sciences' position regarding the proposed Bachelor of Science Honours in Health Service Management degree and mainly recommends not proceeding with anything related to the Health Service Management qualifier.
4. Sub Committee (UGC Standing Committee Sub-Committee) Report on Proposal for Bachelor of Science Honours in Health Service Management: 10th August 2023. The report confirms that the qualifier “Health Service Management” was not accepted by the Standing Committee on Medical and Dental Sciences, as the proposed program relates to Indigenous Medicine, which cannot be categorized under Western medical sciences.

   However, the subcommittee appointed to review the concerns raised by the Standing Committee on Medical and Dental Sciences has proposed removing the term “Health” from the degree qualifier and continuing with the degree title Bachelor of Science Honours in Service Management, which differs from the initially proposed program. Further, the subcommittee report has recommended improving the curriculum by incorporating sufficient credits for the qualifier, introducing new course units to cover the technological aspects of the discipline, and broadening the admission criteria to include disciplines beyond the commerce stream. However, it is observed that the newly proposed Bachelor of Science Honours in Service Management is not a degree program developed within the faculty’s ecosystem and academic framework; rather, it has emerged as a result of rejecting the initially proposed Health Service Management degree and the urgent need of the faculty to introduce a new degree programme.

5. Minutes of the 154th Standing Committee on Management Studies held on 21.11.2023: Under Section 153.2.7 of the minutes, it has been confirmed, based on the subcommittee report, that the degree should be named Bachelor of Science Honours in Service Management instead of Health Service Management, as approximately 95% of the subjects fall under the management discipline. Further, a concern was raised as to whether GWUIM can deviate from its linkage with indigenous knowledge landscapes. Accordingly, the committee requested the relevant Gazette Notification related to the establishment of GWUIM.
6. Application for Approval of New Undergraduate Degree program- Bachelor of Science Honours in Service Management. After the UGC recommended changing the degree title to Bachelor of Science Honours in Service Management, a new application was submitted. This application contains the basic information required for the proposal. However, according to discussions with the Department of Management Studies staff, no separate stakeholder survey has been conducted for the newly proposed Service Management degree. Nevertheless, the application has attached a survey form as evidence of stakeholder consultation, which appears to be the same survey instrument previously used for the Health Service Management degree.
7. External Reviewer reports. Two external reviewers' reports on the Bachelor of Science Honours in Service Management were examined. Both reviewers generally supported the curriculum and recommended proceeding with the degree program. However, it was noted that both reviewers are from the same university faculty, and their areas of expertise are not directly related to service management or indigenous knowledge.
8. Summary report on the proposed Undergraduate Study Program by the Quality Assurance Council of the UGC. 18.03.2024. This report has recommended proceeding with the Bachelor of Science Honours in Service Management, subject to several amendments.
9. Email notification to GWUIM from IUA Division. 18.04.2024. This email invited the Vice Chancellor of GWUIM and the Deans of the Faculty of Indigenous Social Sciences and the Faculty of Management Studies to present the rationale for offering the Bachelor of Science Honours in Service Management degree.

10. The letter from the University Grant Commission; Bachelor of Science Honours in Service Management, Faculty of Indigenous Social Sciences and Management Studies, Gampaha Wickramarachchi University of Indigenous Medicine (GWUIM). 30.08.2024. This letter recommends using Service Management as the degree qualifier and redesigning the curriculum to incorporate indigenous themes to meet the requirements of the Gazette Notification related to the establishment of GWUIM.

11. Revised curriculum for the Bachelor of Science Honours in Service Management degree program with university-level approvals. 18.09.2024. This document includes the application for the new program, incorporating the suggestions, primarily reflected in the updated curriculum, in accordance with the previous comments provided by the UGC.
12. UGC Letter, Bachelor of Science Honours in Service Management, Faculty of Indigenous Social Sciences and Management Studies. 11.10.2024. This letter grants consent to commence the Bachelor of Science Honours in Service Management degree program, with a recommendation to include courses related to the indigenous management context.

13. The Finalised Curriculum for Bachelor of Science Honours in Service Management: Overall, the curriculum requires several revisions and clarifications to ensure consistency, alignment with the revised degree title, compliance with SLQF requirements, and adequate integration of practical, industry-oriented, and research components aligning with the ecosystem of the faculty and the university.
14. UGC Students' Handbook providing evidence for the new degree program, Bachelor of Science Honours in Service Management, which is listed under GWUIM.

15. Justification for Bachelor of Science in Service Management Degree: The department has presented certain facts and figures to justify the need for such a degree in the Sri Lankan context by referring to the Gazette Notification establishing GWUIM, highlighting the importance of employment in the service sector in the country, and identifying similar degree programs offered by international universities in different regions of the world. However, this justification has not provided sufficient evidence to demonstrate how the proposed Bachelor of Science Honours in Service Management degree program can strategically fit within the ecosystem of the Faculty of Indigenous Social Sciences and Management Studies and GWUIM.

**Preliminary Observations:**

1 Relevance of the proposed degree to the university and the faculty: The Gampaha Wickramarachchi University of Indigenous Medicine is primarily dedicated to indigenous studies, particularly indigenous medicine. However, the proposed Bachelor of Science Honours in Service Management is more closely aligned with general management than with indigenous knowledge. Therefore, the proposed degree appears to be only partially aligned with the university's current academic ecosystem.
2 The degree initially proposed was the Bachelor of Science Honours in Health Service Management. However, following concerns raised by several parties, the proposal was later revised to introduce the Bachelor of Science Honours in Service Management. As a result, the new program appears to have been developed through a series of subsequent modifications rather than through a fully planned program development process. The curriculum has been revised mainly in response to recommendations made by the UGC and related bodies. Consequently, it appears that a dedicated stakeholder needs analysis for the Service Management degree has not been carried out, since the GWUIM is located in close proximity to another faculty of a state university within the district and to three faculties of three universities within the province that offer many degrees related to the management discipline.
3 It was noted that neither of the external reviewers appears to have expertise directly related to service management or indigenous knowledge.
4 The existing infrastructure does not appear to meet the expected standards of a higher education institution. Facilities such as lecture halls, the canteen, study areas, hostels, libraries, and spaces for academic staff were observed to be below the expected norms. This situation may negatively affect students' academic development as well as their perception and understanding of the quality and nature of higher education when compared with other universities.
5 Several observations were made regarding the curriculum. Course codes and certain course titles need to be revised to align with the updated degree title. Inconsistencies are also observed between the syllabus and the program structure with respect to

notional hours allocated for research and the corresponding credit values, which require harmonization. The program structure indicates minimal practical hours, suggesting the need to strengthen practical and experiential learning components. It is also necessary to assess whether the available physical and learning facilities are adequate to support the programme. The number of intended learning outcomes appears excessive and may need to be streamlined, and the terminology should be revised to use Program Learning Outcomes instead of Intended Learning Outcomes. Several sections of the curriculum document require revision to ensure consistency with the revised degree title. In addition, a clear breakdown of courses and credits under major pillars such as service management, general management, and other supporting areas is recommended to verify compliance with SLQF requirements, particularly the requirement that at least 50 percent of the credits relate to the degree qualifier. The program could also be strengthened by introducing industry-specific elective courses and by developing clear Industrial Training Guidelines. Furthermore, clarification is required regarding the research project course (42018), particularly the apparent inconsistency between the allocated independent learning hours and the listed teaching methods, as well as the absence of clearly defined evaluation criteria. Finally, the feasibility of completing both independent research and industrial training, which together account for a substantial number of notional hours, within a single semester requires further clarification, including the expected duration of the industrial training.

6 Service management is generally recognized as a field within the broader discipline of management. However, the proposed degree program intends to integrate indigenous perspectives into this area. As this integration may not be readily understood by prospective students, it is important to clearly communicate the program's nature and scope to the students prior to commencement to avoid any misunderstanding or misinterpretation.

7 The teaching staff in the Department of Management Studies appears to be inadequate. It was observed that the department currently has only three academic staff members. Although they are young and energetic and have completed their master's degrees, their backgrounds are mainly in general management rather than indigenous knowledge management. It was also noted that one staff member has recently resigned, and no replacement has been made so far.

8 It was also noted that the current students in the faculty are well-disciplined and enthusiastic. It is important to maintain this positive environment by ensuring that academic and administrative practices continue to guide students constructively and responsibly.

9 It was also noted that the first batch of students has already been registered for the program, with a total of 50 students enrolled.

4. Assessment on the academic staff profile, including:

Table 1: Data on Students and Staff

| | |
|---|---|
| No of students in the Degree programme | Year I (registered but not yet commenced) - 50 (This will be increased yearly from this year) |
| Student/staff ratio | 32.66 (Calculated based on staff on service -6) |

| | |
|---|---|
| No of academic staff | 09 (cadre) / 01 Resigned, 02 On study leave, 01 On maternity leave/ 05 – On service |
| No of staff with a PhD | 00 |
| No of staff with Master's/MPhil | 03 (01 On Study leave) |
| No of Senior lecturers | 00 |
| No of Lecturers | 03 (01 On Study leave) |
| No of Probationary Lecturers | 05 (01 On Study leave) |
| No. of Temporary Lecturers | 00 |
| Temporary Demonstrators | 03 |
| No of academic staff members with qualifications in Service Management/Indigenous Knowledge Management | (04 – General Management) |
| Average no of hours of teaching/week | No assigned and calculated |
| Student supervision | Not assigned and calculated |
| Student counselling and mentoring | Not appointed and allocated the students |
| No of academic staff turnover | 01 |
| No. of non-academic staff | 01 (M. A.) |

4.1 As the department embraces 3 academic staff in active and one remaining to recruit degree programme can be commenced with the support of non-academic and academics from other departments and faculties of the university.

4.2 Capacity for postgraduate supervision or curriculum delivery: No considerable involvement by the academic staff at present.

5. A review of student admissions, progression, and completion rates to assess program efficiency.

5.1 The present student admission policy is satisfactory, but we should provide clear awareness about the degree programme and the inevitable bond of the programme with the existing ecosystem of the university. The first student intake of 50 would be fine, and increasing the number of intakes should be organically accepted.

5.2 No batch or students are available under the Bachelor of Science Honours in Service Management degree.

6. Evaluate teaching-learning resources, including libraries, laboratories, clinical facilities, IT infrastructure, libraries, and e-learning tools.

6.1 The present collection of library facilities and available books and other reading materials relevant to the Degree programme is insufficient to commence the programme. Even though the Department staff has taken efforts to process some reading materials, procurement and/or acquisition of those are still pending. It is noted that the main library has not been able to accommodate the current needs of the new degree programmes which requires immediate attention.

6.2 The computer lab facility is not at a satisfactory level. The present lab is only providing basic training on computing and is not capable of accommodating programme-specific training requirements.

7. Examine quality assurance mechanisms and internal evaluation practices currently in place (Please see sections under the meeting with the Director of Quality Assurance Cell). The standard and relevance of the curriculum, learning landscapes, and physical capacity are not in compliance with university standards.

9. The faculty and the department should consider the merging of the proposed degree with the existing ecosystem to ensure the organic growth of the degree programme and the faculty.

**10. Recommendations:**

1 As noted above, the proposed degree program appears largely management-oriented, although it also includes certain indigenous components. This distinction should be clearly communicated to the students who have already registered for the program, as they may perceive it as a general management degree similar to those offered by other management faculties in the national university system. Therefore, it is recommended to hold a pre-commencement meeting with the registered students to clearly explain the degree program's content and context, and, if necessary, delay the program's commencement until this matter is properly clarified.

2 At the same time, the faculty may reconsider whether it is appropriate to proceed with the program in its current form. Alternatively, arrangements could be made to attach the already-registered students to management faculties at other universities, as the proposed degree does not appear to fully align with the prevailing academic ecosystem of the faculty.

3 The curriculum should be refined after clearly deciding the core direction of the degree program, supported by the outcomes of a comprehensive needs analysis and stakeholder surveys related to the Service Management degree. In addition, the technical issues highlighted above should also be addressed. It is important to engage relevant experts in the field when redeveloping the program structure and course content.

4 It is advisable to ensure that reviewers with expertise in service management and indigenous knowledge management are identified and engaged when conducting the external review of the improved curriculum.

5 The GWUIM is located close to Colombo and several industrial zones, including the Free Trade Zone. The university should leverage this strategic location by designing

the Service Management curriculum to engage with nearby industries as extensively as possible. In addition to internships, industrial mentorships, guest lectures, and industry-based projects, the program could introduce a study-while-working model in which students work a few hours per week in relevant industries while continuing their academic studies. This approach would allow students to gain practical exposure, develop professional skills, and better integrate theoretical learning with real industry experience.

6 Strengthening the academic staff is essential by providing training in the areas they teach and by making necessary arrangements to fill the vacancy created by the recent resignation. Note that when all four batches are enrolled, the total number of students will be approximately 200. Therefore, the current number of three lecturers will not be sufficient. Moreover, the required student–teacher ratio of 18:1 should also be maintained when determining the appropriate number of academic staff needed for the program.

7 Special attention should be given to improving physical facilities such as lecture halls, resource centres, and computer laboratories, as well as student welfare facilities, including canteens, and most importantly, library facilities, while improving the faculty's landscape and learning environment.

8 The faculty should ideally offer programs that fall within the purview of a single UGC Standing Committee, as offering diverse types of degrees under different committees can make faculty administration more complex.

9 It is important to establish an academic counselling system within the faculty, as currently only student counselling services are available.

10 Proper physical facilities and academic learning environment should be improved to enhance the research and academic performance of the staff.

11 If the faculty and the department are going to commence the degree programme, the faculty's present physical landscapes and ambience should be uplifted from the school environment to the university landscape.

Committee

1. Professor MSM Aslam

2. Professor Chaminda Dassanayake

Annex 8

**Gampaha Wickramarachchi University of Indigenous Medicine (GWUIM)**

**Faculty of Indigenous Social Sciences and Management Studies**

**Department of Indigenous Social Sciences**

**REVIEW REPORT**

**On**

# BACHELOR OF SCIENCE (HONOURS) IN SOCIAL STUDIES IN INDIGENOUS KNOWLEDGE

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## 1.1 Introduction

The degree program offered by the Department of Indigenous Social Sciences at the Faculty of Indigenous Social Sciences and Management Studies (FISSMS), Gampaha Wickramarachchi University of Indigenous Medicine (GWUIM), is provided to enhance the multidisciplinary expertise in their undergraduates' program by combining skills in Indigenous Knowledge with modern social sciences. This four-year multidisciplinary honors degree program has been designed along the Humanities and Social Science subject pillars: Sociology, Geography, Anthropology, Indigenous Knowledge, Social Research, Soft Skills and Management. This is a unique multidisciplinary degree program that is solidified by strong research and practical elements towards the preservation and promotion of Indigenous Knowledge (here, the word 'indigenous' is conceptualized as the study of people, culture, and society of Sri Lanka as a colonized nation and therefore encompasses the idea of 'culture'). Quite different from degrees offered at conventional state universities with a focus on a single specialization or a field such as Sociology or Anthropology, this new degree program offers insights, theoretical foundations, and tools for students to scrutinize society and culture from an interdisciplinary focus; it encourages the integration of concepts, methods, and theories from sociology, anthropology, and geography to create synthesized approaches to understanding social phenomena in Sri Lanka. In addition, this degree is also embedded in promoting indigenous values such as compassion, empathy, kindness, and respect for diversity, which enhances a positive culture, facilitating the creation of a responsible graduate and thereby a citizen. The medium of instruction which is English enables both majority Sinhala-speaking students and students of minority groups from all over Sri Lanka to engage in learning and reach global standards. The program also includes internships, fieldwork,

and practical activities to bridge theoretical knowledge with real-world application. It focuses on developing the students' technical and analytical skills while encouraging critical and creative thinking, data analysis, and problem-solving abilities. In addition to that, students are gaining additional skills through IT certificates/diplomas for the humanities and social sciences and management studies programs in the faculty. The curriculum specifically aims to prepare students for the future job market by fostering professional leadership, team spirit, and the ability to work independently in various sectors. Generally, the curriculum aims to provide solutions to contemporary socio-cultural and economic issues. The Department of Indigenous Social Sciences at the Faculty of Indigenous Social Sciences and Management Studies has been conducting its academic programs smoothly, with students expressing satisfaction regarding the content and delivery of the curriculum. Despite these positive aspects, the department faces a number of operational and logistical challenges, primarily due to resource limitations and isolation from the other faculties of the university. It is difficult and early to predict the graduate employability at present because the first batch of students will be passed out on 20th February 2026. The students are quite optimistic of finding employment after the graduation.

**1.2 Methodology:** This report is based on the comprehensive desk review of the curriculum and documents of the degree program offered by the Department of Indigenous Social Sciences at the Faculty of Indigenous Social Sciences and Management Studies (FISSMS), Gampaha Wickramarachchi University of Indigenous Medicine (GWUIM). Apart from that, field visits and meetings were conducted with the academic staff, students, and top administrative officers in the faculty to get their opinion of the degree program and challenges that they have been facing in conducting the degree program. Apart from that, the Vice Chancellor of GWUIM was interviewed via an online meeting to find the overall plan for the future of the faculty and the university. Field observation was also conducted to measure the resources and infrastructure availability.

## 2. Degree Programme Aims and Objectives

The degree aims to:

Produce capable, culturally, socially, and self-aware graduates with the multidisciplinary understanding to contribute to sustainable development of the society.

**Objectives:**

Disseminate knowledge and methodology on established Western knowledge together with indigenous social knowledge towards sustainable development.

Preserve, document, and transfer the cultural heritage of Sri Lanka.

Create a society with peaceful, environmentally sensitive, and healthy human beings.

Eligibility for SLQF Level 6 (Honors): Level placement is appropriate. The qualification is clearly identified as an Honours Bachelor's degree, indicating SLQF Level 6 (120 credits, a research project of 8 credits (800 hours), and advanced learning outcomes). The SLQF Level 6 placement is appropriate and acceptable.

## 3. Curriculum Structure and Content

### 3.1. Core Discipline Pillars

The curriculum draws from multiple disciplines, including:

- **Sociology**—understanding social structures, community dynamics, and social theorizing.
- **Anthropology**—human cultures and indigenous lifeways.
- **Geography**—spatial and environmental aspects of society.
- **Indigenous Knowledge Systems (IKS)**—identification, documentation, and preservation of traditional knowledge and indigenous practices.
- **Social Research**—both qualitative and quantitative skills.
- **Soft skills and management**—through strong independent

The courses of this degree program combine *theoretical knowledge with experiential learning* (e.g., field visits to organic farms and traditional irrigation systems to contextualize indigenous environmental practices).

## 3.2 Research Training

The degree program comprises six (06) modules incorporated and streamlined in order to create strong social researchers. The flow and details of the research modules are as follows:

| Module | Year | Semester | No. of Credits |
|---|---|---|---|
| Research Methods for Social Sciences | 2 | II | 03 |
| Quantitative Research | 3 | I | 03 |
| Qualitative Research | 3 | II | 03 |
| Action Research Participatory Research and Evaluation | 4 | I | 03 |
| Research Project I | 4 | I | 03 |
| Research Project II | 4 | II | 05 |

The above research-focused modules offered throughout the degree program at various stages are built on strong practical and experiential learning and assessments that offer a comprehensive understanding of the vital elements of research, including ethics. As part of this, students are taken to the field to conduct mini research projects and obtain training under expert supervision on data collection, analysis, and presentation. Towards the latter part of the degree, a compulsory research component (8 credits) is included, which requires students to apply scholarly tools, theories, and methodologies to undertake a research project of their choice exploring and encompassing Sri Lankan society, culture, and environment. Most other social science-related programs in the country do not offer such a strong research foundation as part of their undergraduate degrees. Currently, the 59 students of the final-year cohort are engaged in their research projects. They are being expertly supervised by both internal and external supervisors (volunteer-based), a list of which is as follows:

## List of Supervisors of the Research Project I & II

| Name of the Supervisor | Designation | Supervisor | Co- supervisor |
|---|---|---|---|
| Dr. J. K. Jayathilaka | Senior Lecturer/Dean | 06 | 06 |
| Dr. D. D. Dulshan | Lecturer | 06 | 04 |
| Ms. P. D. V. K. Wickramasinghe | Lecturer Probationary | 06 | 05 |
| Ms. H. A. C. D. Senavirathna | Lecturer/Head of the Department | 05 | 05 |
| Ms. W. A. C. J. Gunathilaka | Lecturer on Contract Basis | 06 | 04 |
| Ms. Yashodhara Hennayake | Lecturer | 02 | |
| Mr. R. M. S. P. Rajapaksha | Lecturer | 02 | |
| Mr. R. W. M. K. Malith Randika | Lecturer Probationary | 02 | |
| **External Supervisors** | | **24** | |
| Dr. Ajith Gunawardena | Director, Environmental Education, Central Environmental Authority | 01 | |
| Dr. Kumudu Sumedha | Senior Lecturer, Department of Sociology, University of Kelaniya | 02 | |
| Prof. Yasanjali Devika | Emirates Professor, Department of Anthropology, University of Sri Jayawardenapura | 02 | |
| Ms. Lakmini Dissanayake | Monitoring and Evaluation Officer, Sri Lanka Support Unit, Australian Aid | 02 | |
| Dr. Priyan Senevirathna | United Nation Development Program, Technical Specialist | 01 | |
| Prof. Anton Priyarathne | Dean, Faculty of Humanities and Social Sciences, Open University of Sri Lanka | 02 | |
| Mr. Nalaka Jayasena | Independent Researcher | 05 | |
| Ms. Purnima Perera | Senior Lecturer, Department of Social Studies, Open | 03 | |

| | | | |
|---|---|---|---|
| | University of Sri Lanka | | |
| Mr. Dilshan Madushanka | Lecturer Probationary, Department of Sociology, University of Colombo | 02 | |
| Ms. Vineeshiya | Senior Lecturer, Department of Social Studies, Open University of Sri Lanka | 03 | |
| Dr. Asitha de Silva | Senior Lecturer, Department of Geography, University of Colombo | 01 | |

**Source**: Department of Indigenous Social Sciences

## 3.3 Practical/Experiential Learning

The students following this degree experience practical-based learning. By the end of the degree program, a student would experience field trips. These ensure that each student has the opportunity to personally experience community life and culture through guided field visits. Aside from this, each undergraduate following the BSc (Hons) in Social Studies in Indigenous Knowledge degree program is expected to initiate and lead community initiatives from the second ($02^{nd}$) year onwards as part of their Integrated Learning Portfolio modules, where they are expected to maintain a journal recording their growth as individuals. As a result, in addition to the formal degree program, each student organizes and leads various community projects to give back to the communities they come from. The students of the faculty have records of having conducted over 100 community service projects. Apart from this, a 700+-hour internship is embedded in the final year to connect students with government, NGO, and private sector environments. The inclusion of fieldwork, an internship component, and frequent practical activities suggests that the degree program emphasizes *real-world application* of learning.

### 3.3.1 Strengths of the Degree Programme

- **Interdisciplinary Integration**

The blend of social science disciplines with Indigenous Knowledge Systems situates this degree as *broadly interdisciplinary*, fostering perspectives that are often absent in traditional social science programs.

- **Applied Fieldwork**

Frequent field visits and placed internships build *practical analytical capacity*, essential for research and professional work involving communities and cultural contexts.

- **Relevance to Sustainable Development and SDGs**

The degree explicitly aligns with engagement in *socio-cultural, economic, and environmental challenges*—key themes in current global development frameworks.

- **Strengthening Local Knowledge**

Graduates are positioned to become advocates for **indigenous perspectives** in policy, education, and community development—an area increasingly valued in socially responsible and culturally sensitive practice.

- **Indigenous values**

The faculty and degree programs promote the enhancement and preservation of indigenous values, fostering a culture of peace, inclusivity, and positivity, essential for the wider society.

### 3.3.2 Potential Challenges

- **Emerging Programme Maturity**

As a relatively new degree, there is a lack of long-term data on graduate employability or academic progression compared to more established programs.

- **Recognition and Transferability**

Recognition of degree programs can vary internationally. Graduates aiming for further study abroad or in traditional social sciences may need to articulate the program's equivalence in broader academic terms.

## 3.4 Career and Academic Pathways

The first batch enrolled in this degree program is yet to complete the program and graduate; therefore, it is too early to assess employability. However, it can be stated that graduates may pursue careers or further training in:

- **Community development and policy planning**
- **Social research and program evaluation**
- **Cultural heritage management**
- **NGOs and governmental agencies**
- **Education and advocacy**
- **Graduate study in anthropology, sociology, development studies, Indigenous Studies, etc.**

According to the faculty website, the possible careers with a BSc (Hons) in Social Studies in Indigenous Knowledge degree program include (but are not limited to):

| | |
|---|---|
| Rural Development officer | Community Development officer |
| Agricultural officer | Social services officer/social worker |
| Women development officer | Project Manager (social) |
| Economic development officer | Public relationship manager |
| Rehabilitation officer | Health educator |
| Public health officer | Environmental officer |
| Irrigation officer | Entrepreneur |
| Urban and Regional Planner | Museum Archivist |
| Rural social wellbeing manager | Industrial Relations Consultant |
| Cultural Advisor | Researcher |
| GIS Specialist/Coordinator | Administrative Officer |
| National Drug Prevention, Education and Training Coordinator | Academic |
| Development Policy Planner | Social Officer |
| Volunteer manager | UN Representative |
| International Aid Coordinator | Project Manager/Consultant |

| | |
|---|---|
| Project and Programme Officers | Divisional and District Child Protection Officer and Psychosocial officer |

Currently, the final year batch (59) of the degree program are placed as interns within the following locally relevant, nationally significant organizations that require graduates with a multidisciplinary understanding of Sri Lankan communities:

| S/N | **Organization** | **No. of Students** |
|---|---|---|
| 1 | National Child Protection Authority | 2 |
| 2 | National Youth Corps | 14 |
| 3 | National Dangerous Drugs Control Board | 8 |
| 4 | Sarvodaya | 1 |
| 5 | Support to Colombo Urban Regeneration Project - UDA | 3 |
| 6 | Urban Settlement Development Authority | 7 |
| 7 | Road Development Authority | 3 |
| 8 | Bureau of Rehabilitation | 2 |
| 9 | Ministry of Environment | 6 |
| 10 | Chrysalis | 2 |
| 11 | Human Rights Commission of SL | 6 |
| 12 | The International Institute of Knowledge Management (TIIKM) | 1 |
| 13 | Divisional Secretariat – Madampe | 1 |
| 14 | Rural Women Forum | 1 |
| 15 | Tilli Kids Inc | 1 |
| 16 | Central Environmental Authority | 1 |
| | | **59** |

## 3.5 Evaluate the national relevance of each program and its contribution to economic, scientific, and cultural development.

The BSc (Hons) in Social Studies in Indigenous Knowledge is relevant at the national level because it attempts to produce graduates who understand both traditional knowledge systems and modern social science approaches and supports national goals such as cultural preservation,

sustainable development, social cohesion, and innovation rooted in local contexts. In its efforts to preserve, document, and apply traditional knowledge systems in national development through interdisciplinary approaches. This program broadly has the potential to integrate indigenous perspectives into mainstream development strategies, ensuring inclusive, sustainable, and culturally grounded national progress. The BSc (Hons) in Social Studies in Indigenous Knowledge is also nationally relevant because it aligns education with local realities and national development priorities. Its contributions to economic growth, scientific advancement, and cultural preservation make it a strategic program for sustainable and inclusive development. By bridging indigenous knowledge and modern scholarship, the program empowers communities and strengthens the nation's social, cultural, and economic foundations.

## 3.6 Review learning outcomes and curriculum design to determine their alignment with current and emerging skill demands.

A comprehensive review of the curriculum of the BSc in Social Studies in Indigenous Knowledge confirms that the program is appropriately aligned with current and emerging skill demands, particularly in the areas of indigenous knowledge systems, sustainable development, community engagement, research, and applied social sciences. The curriculum is structured in accordance with outcome-based education principles, ensuring a coherent progression from foundational knowledge to advanced application, research competence, and industry engagement across the four years of study.

At the introductory and foundational levels (Years 1 and 2), the program emphasizes the development of disciplinary grounding and contextual understanding in sociology, anthropology, geography, and indigenous knowledge systems. Courses such as Culture, Identity, and Indigenous Knowledge; Understanding Sri Lankan Society and Culture; Cultural Ecology; and Indigenous and Rural Community Development directly support program learning outcomes related to cultural sensitivity, indigenous epistemologies, socio-environmental awareness, and community-based understanding. These competencies are increasingly demanded in development practice, heritage management, policy planning, and grassroots governance contexts. In parallel, the structured inclusion of English language skills, life and professional skills development, and business communication facilitates the systematic development of communication, teamwork, professionalism, and employability skills, in line with UGC quality assurance expectations.

The curriculum demonstrates responsiveness to emerging analytical, digital, and evidence-based skill requirements through the inclusion of Applied Statistics, Quantitative Research, Qualitative Research, and Geographic Information Systems (GIS), followed by applied GIS modules. These courses enhance learning outcomes related to data literacy, spatial analysis, research competence, and informed decision-making, which are essential for careers in planning, disaster risk management, environmental assessment, and community development, particularly within indigenous and rural settings.

At the advanced stage (years 3 and 4), the program places robust emphasis on application, integration, and relevance to contemporary societal challenges. Modules such as Disaster Risk Management, Geographies of the Anthropocene, Development and Sustainability, and Social Policy Development and Evaluation address critical global and national priorities, including climate change, sustainability, resilience, and social equity. These courses ensure that graduates achieve learning outcomes related to policy analysis, ethical engagement, problem-solving, and culturally informed interventions, which are central to the effective application of indigenous knowledge in modern development contexts.

Research capacity building is a core strength of the program and is progressively developed through Research Methods for Social Sciences, Quantitative Research, Qualitative Research, Action Research, Participatory Research, and Evaluation, along with Research Project I and II. These components enable students to attain higher-order learning outcomes, including independent inquiry, methodological rigor, reflexivity, and community-engaged research practice, consistent with UGC expectations for honors degree programs and SLQF level descriptors.

The program further demonstrates alignment with employability, entrepreneurship, and industry-relevant skill demands through Business Anthropology, Business Planning and Venture Creation, and the Bachelor's Work Integrated Institutional Training and Learning component. These elements provide structured opportunities for experiential learning, workplace exposure, and entrepreneurial skill development, ensuring that graduates are equipped to apply indigenous and social science knowledge in diverse professional settings, including development organizations, public institutions, NGOs, and cultural enterprises.

The Integrated Learning Portfolio in the form of three modules, which run throughout the 3rd and 4th years, is a unique way to engage students in self-reflective learning. The modules require students to journal their growth over the four-year period, recording their strengths, weaknesses, and feelings, encouraging them to enhance positive attitudes and inclusivity along with service to the country through giving back to the community. As part of this, each student is required to initiate and implement at least one community initiative, which not only strengthens their leadership and transferable soft skills but also broadly instills positive, indigenous values such as compassion, empathy, kindness, and integrity, which are essential in today's social context.

In conclusion, the BSc in Social Studies in Indigenous Knowledge exhibits strong alignment between its learning outcomes and current and emerging skill demands, particularly in relation to sustainability, community engagement, applied research, and culturally grounded professional practice. The curriculum reflects good practice in outcome-based and socially responsive curriculum design and effectively prepares graduates for employment, postgraduate study, and meaningful societal contribution grounded in sensitivities towards indigenous heritages and values.

## 4. Assess the academic staff profile, including:

### 4.1 Number of qualified staff relative to student intake;

The Department of Indigenous Social Sciences is supported by a core academic staff comprising five (05) internal lecturers, including two PhD-qualified academics (one senior lecturer), alongside a structured pool of visiting lecturers drawn from reputed national universities and professional institutions. It was reported that recently 04 cadre positions were approved, and they are in the process of filling such positions.

The presence of confirmed, probationary, and assignment-based academic staff, supplemented by four visiting lecturers allocated per semester, ensures adequate teaching capacity to deliver the curriculum. But the permanent staff to maintain acceptable staff-student ratios, in line with UGC and QA expectations for undergraduate honors programs, is **not adequate** here.

### 4.2 Academic and professional qualifications;

The academic staff profile demonstrates strong disciplinary breadth and depth, covering sociology, anthropology, geography, disaster risk reduction, development studies, environmental planning, gender studies, and psychology.

- The department includes PhD-qualified staff in Sociology and Anthropology from recognized local and international universities (University of Leeds, University of Sri Jayewardenepura)
- Other permanent staff hold relevant master's degrees in Disaster Risk Reduction, Sociology, Development Studies, and Public Policy, supported by postgraduate diplomas in Archaeology, Social Work, Environmental Planning, Gender Studies, and Counselling.
- Visiting lecturers possess PhD, MPhil, and MSc qualifications in geography, demography, neotectonics, economics, environmental studies, and social sciences, with affiliations to the University of Moratuwa, University of Colombo, University of Sri Jayewardenepura, and relevant government ministries.

Overall, the staff qualifications are well aligned with the multidisciplinary and applied nature of the BSc in Social Studies in Indigenous Knowledge. It is recommended to have a senior-level (professor) academic to guide the overall degree program and to advise on the future direction of the department.

### 4.3 Teaching and research experience; and

Although the academic staff members have been appointed as lecturers including Head and Dean for the first time to this degree program. The academic staff collectively demonstrate substantial teaching and research experience relevant to the program by obtaining postgraduate qualifications and teaching experiences by now:

- Senior academics and confirmed lecturers contribute to core theoretical, methodological, and applied courses, including sociology, anthropology, disaster risk management, and development studies.
- Research expertise spans social research methods, qualitative and quantitative analysis, geographic information systems, community development, disaster studies, cultural ecology, and indigenous knowledge systems.

- Visiting lecturers enhance curriculum delivery by contributing specialized expertise in GIS, environmental studies, demography, and applied research, thereby strengthening academic depth and exposure to contemporary disciplinary practices.

This combination ensures both academic rigor and applied relevance, possible through exposure to diverse teaching and research perspectives. It is important to note here that the number of permanent staff of the department must be increased to maintain the staff/student ratio of the program.

**4.4 Capacity for postgraduate supervision or curriculum delivery.**

Staff with postgraduate qualifications and applied research backgrounds support student research projects, field-based learning, and applied assignments. While the program is currently undergraduate-focused, the staff profile indicates potential capacity for postgraduate supervision, subject to future program expansion and staff development. The two members of staff with doctorate-level qualifications are already engaged in postgraduate-level supervision. Currently the department is not in a position to carry out postgraduate programs due to the staff shortage. However, with the support of visiting staff, the postgraduate diploma and MSc programs might be started in the future to bring the postgraduate outlook to the department.

## 5. Review student admissions, progression, and completion rates to assess program efficiency.

It was observed through discussions with staff and students, especially final-year students following this degree program, that they have made steady progress and appear to have grown with confidence and positive personality traits. One of the final-year students had been one of two Sri Lankan students to have been selected as a Global UGRAD Exchange student by the US State Department and had studied a semester at a US university early last year. Two other final-year students are currently serving as the Country Leader and Deputy Country Leader of the Special Volunteer force at the National Child Protection Authority. The English language capacity of students was observed to be good in general. The development and confidence of each student have also been led by the enthusiasm for community service and volunteering enabled by the Integrated Learning Portfolio embedded into the degree program.

The following is a summary of student admissions over the past few years.

| **Batch** | **Number of students sent by UGC** | **Number of students in the current department** | **Reason to drop out** | **Progress** |
|---|---|---|---|---|
| 2020/2021 | 66 | 59 | Some students got into other universities based on their preference through UGC. | All 59 students are in their final year and in an internship. Further, all of them do their final year research. |
| 2021/2022 | 43 | 38 | Some students got into other universities based on their preference through UGC. | Currently in third year |
| 2022/2023 | 64 | 52 | Some students got into other universities based on their preference through UGC. | Second year |
| 2023/2024 | 69 | 65 | Some students got into other universities based on their preference through UGC. | First year |

The first batch of students following this degree program is yet to graduate, with completion expected in a few months. The 2024/25 batch is in the process of registering, and the class will be commencing in May 2026.

## 6. Evaluate teaching-learning resources, including laboratories, clinical facilities, IT infrastructure, libraries, and e-learning tools.

The Faculty of Indigenous Social Sciences and Management Studies has functioned at three different locations, including the current location at Indigolla, over the past four years. Currently, the faculty has shifted to a primary school that has been closed down. Renovations are ongoing to improve resources and facilities. Currently, the following physical resources are available:

- Main lecture hall
- Smart Classroom—which is in the process of development
- IT Lab – currently the smart classroom is used as the IT lab
- Library—The faculty library is under renovation but the students have access to the main library at the Yakkala main premises
- Department offices and academic staff offices—under renovation

The inadequacy of human resources, physical infrastructure, and learning resources requires urgent improvement to support program objectives.

## 7. Examine quality assurance mechanisms and internal evaluation practices currently in place.

The faculty has an independent Quality Assurance Cell, which ensures the quality of this degree program through the following methods:

- **Degree Program Progress Report**s—obtained once in every two months to monitor the progress of the degree program and identify achievements, challenges, and areas needing improvement.

- **Student Feedback**—obtained at the end of each semester to evaluate teaching effectiveness, course content, and learning resources, helping to enhance overall academic quality.
- **End Semester Examination** - Moderator Forms and Question Paper Templates are set in place to ensure examination quality and fairness through proper review and approval processes.
- **Peer Reviews**—conducted at the end of each semester to evaluate teaching and assessment practices to promote professional development and quality enhancement.
- **Workload Calculation**—is regularly obtained to ensure the distribution of teaching, assessment, and administrative responsibilities among staff.
- **IQAC meeting**—the quality cell meetings are conducted once every two months to review quality assurance activities and make decisions to improve performance.
- **Maintenance of documentation and circulation of formats and guidelines**—this ensures that formats and guidelines are maintained and circulated to guarantee consistency and transparency in academic and quality processes.

Even though the QAC mechanism is satisfactorily implemented at the faculty, none of the degree programs under the faculty have undergone reviews by the UGC/QAC so far.

## 8. Consult with stakeholders, potential employees, and industry, including faculty members, administrators, students, alumni, employers, and UGC officials for evidence-based insights.

It was reported that the Department of Indigenous Social Sciences successfully convened a strategic stakeholder engagement meeting on July 16, 2025. The event had been held from 9:00 AM to 1:00 PM at the Sri Lanka Foundation Institute, Colombo 07. This stakeholder meeting had represented a critical strategic initiative designed to bridge the theoretical foundations of the academic programs with the practical requirements of the contemporary professional environment and to seek feedback about the current degree program. The meeting had also focused on presenting and garnering support for BSSI 42037 (Bachelor's Work Integrated Institutional Training and Learning), a mandatory 7-credit supervised practical training component of the BSc in Social Studies in Indigenous Knowledge degree.

The following stakeholders had participated in the event:

| S/N | Name | Designation | Affiliation |
|---|---|---|---|
| 1 | Ms. Adiesha Harischandra | Business Development Manager | Tilli Kids Inc |
| 2 | Ms. Hayali Rassoool | Senior Programme Coordinator | Chrysalis (Sri Lanka) |
| 3 | Dr. Ravindra Kariyawasam | Consultant | Ministry of Environment |
| 4 | Ms. N.G.A. Fernando | Representative | Ministry of Environment |
| 5 | Ms. T.M.N.D.L. Senavirathna, | Representative | Ministry of Environment |
| 6 | Mr. A.T. Darshana | Assistant Director Research | National Dangerous Drugs Control Board |
| 7 | Mr. G.P.H.D Priyanka Wijenayake | Human Rights Officer | Human Rights Commission Sri Lanka |
| 8 | Ms. P.N Miskitha | Engineer | Road Development Authority |
| 9 | Ms. Priya Kumarasinghe | Assistant Sociologist | Support to Colombo Urban Regeneration Project - UDA |
| 10 | Ms. R.A Susauth | Deputy Senior Manager | Urban Settlement Development Authority |
| 11 | Mr. Saman Kulasuriya | Additional Director | National Youth Corps |
| 12 | Ms. S.K Kamala Ranasinghe | Senior Project Manager | Consulting Engineers and Architects Associated (Pvt) Ltd |
| 13 | Ms. Hasara Kalubowila | Project Manager | Consulting Engineers and Architects Associated (Pvt) Ltd |
| 14 | Dr. Indika Bulankulame | Senior Research Professional | Centre for Poverty Analysis (CEPA) |

| | | | |
|---|---|---|---|
| 15 | Ms. Anushka Shyamali | Assistant Director | Sarvodaya Shramadana Movement |
| 16 | Mr. Supun Siriwardhana | General Manager | GIS-Solution (Pvt) Ltd |
| 17 | Ms. Chamodani Wijesinghe | Technical Manager | GIS-Solution (Pvt) Ltd |
| 18 | Ms. Anoma Batagalla | Additional Project Director | Support to Colombo Urban Regeneration Project - UDA |
| 19 | Brigadier M. S. Amith | Additional Commissioner General | Bureau of Rehabilitation |
| 20 | Ms. Pavithra Dissanayake | Assistant Manager | Dilmah Conservation |
| 21 | Ms. Chathurika Jayalath | Team Lead C—Program Manager | Foundation for Innovative Social Development |
| 22 | Ms. M H M Nusry | Chairman | Nusry Innovative Group |

**Summary of Stakeholder Feedback**

*(BSc (Hons) in Social Studies in Indigenous Knowledge*)

Overall, the stakeholders had expressed a high level of satisfaction with the degree program, strongly endorsing its unique positioning, particularly the integration of indigenous knowledge with social sciences, field-based learning, and community engagement.

**Key Strengths Identified**

- The program's multidisciplinary nature and strong emphasis on indigenous and local knowledge had been consistently highlighted as distinctive strengths.
- Stakeholders had valued the balance between theory and practice, especially field visits, community projects, research activities, and work-integrated learning.
- Graduates had been recognized for their social and cultural sensitivity, teamwork, adaptability, critical thinking, and commitment to community development.
- Subjects such as Sociology, Anthropology, Geography, Research Methods, Statistics, GIS, SPSS, Disaster Management, and Indigenous Knowledge modules were identified as highly relevant to employer needs.

- The stakeholders had been particularly impressed with the zero-ragging policy and culture that existed faculty-wide, praising the inclusivity and willingness to embrace diversity amongst students of all ethnic and religious groups in Sri Lanka.

**Key Weaknesses and Concerns Identified**

- Limited public and employer awareness of the degree program and the university was the most frequently cited concern.
- Some stakeholders noted language proficiency issues (particularly English) and uneven depth of subject mastery among students.
- A need for stronger technical, digital, and professional skills (e.g., MS Office, reporting, proposal writing) was highlighted.
- A few respondents raised concerns about narrow specialization, assessment balance, and challenges in competing with more "technically branded" degrees.

**Employability, Opportunities, and Threats Identified**

- Graduates have been seen as well suited for employment in government institutions, NGOs/INGOs, research organizations, community development projects, and policy-related roles.
- It had been noted that there is growing demand for expertise linking indigenous knowledge with sustainable development, governance, and social interventions.
- Key threats identified had included high competition in the job market, limited employer recognition of the degree, and adjustment challenges in donor-driven or highly technical work environments.

**Suggestions for Improvement**

- Strengthen career guidance, internships, industry partnerships, and professional exposure.
- Introduce or enhance subjects related to Project Management, Monitoring & Evaluation (M&E), Policy Analysis, Governance, Counselling, Criminology, and Digital Literacy.
- Continue regular curriculum updates and skills-based training to enhance graduate employability.

**Overall Assessment**

Stakeholders had favored the revised degree program, noting that it is more structured, skill-oriented, and aligned with contemporary academic and employment needs. The feedback reflects

confidence in the program's relevance, with recommendations focused on enhancement and visibility rather than fundamental change.

## 9. Explore the possibilities of merging programs within subgroups where overlaps exist, and propose rationalized or interdisciplinary models.

This stands alone as a unique degree program without the possibility of merging it with other existing degree programs within the faculty or the university. A standing multidisciplinary degree program like this allows students to combine multiple subject areas without forcing the merger of academic departments. The faculty and the department of Indigenous Social Sciences can offer certain subjects for the students of the Indigenous Medicine faculty, thereby encouraging the inter-faculty teaching and learning.

## 10. Provide clear, evidence-based recommendations on whether each program should be continued, discontinued, or merged, with justification and implementation guidance.

The BSc (Hons) in Social Studies in Indigenous Knowledge degree as a unique multidisciplinary degree program has the potential to continue through further improvement. As such, the following recommendations are made to continue this degree program:

### 10.1 Renaming the Degree Program with One of the Following Options:

- Bachelor's in Cultural Studies and Human Societies (B.Sc)
- Bachelor's in Social and Cultural Studies (B.Sc)
- Bachelor's in Culture and Community Development (B.Sc)
- Bachelor's in Applied Social and Cultural Studies (B.Sc)

The proposed change in degree titles from Indigenous Knowledge to the above-mentioned programs is intended to align the undergraduate offerings with broader and more widely recognized academic frameworks. The revised titles reflect an interdisciplinary approach that situates indigenous knowledge perspectives within mainstream social and cultural studies, rather

than presenting them as a separate or isolated field. This shift is expected to enhance student integration into mainstream academic and professional pathways, improve the visibility and acceptance of the programs, and ensure alignment with contemporary academic practices, while continuing to engage critically with indigenous knowledge systems within the curriculum.

### 10.2 Renaming of the Department from Indigenous Social Sciences to Social Sciences and Cultural Studies:

The proposed change of the department's name from Indigenous Social Sciences to Social Sciences and Cultural Studies aims to better reflect the wider academic focus of the department. The revised title allows for a broader and more inclusive approach to teaching and research in the social sciences, while continuing to recognize the importance of indigenous perspectives. By adopting a more widely recognized academic designation, the department will enable students to engage more fully with mainstream academic disciplines, enhancing their academic mobility and integration, rather than positioning their studies as separate or outside conventional frameworks. This change will support interdisciplinary study, improve academic collaboration, and align the department with current academic practices.

### 10.3 Proposal for the Revision of the University Name

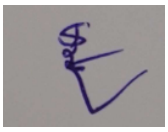
In line with this, it has also been observed that the current name of the university has a disadvantage to the students and staff within the social sciences stream. It is therefore recommended, in line with the above recommendations, that the name of the university be revised from Gampaha Wickramarachchi University of Indigenous Knowledge to University of Gampaha. This proposed change aims to reflect a broader institutional identity that aligns with national and international university naming conventions. A simplified and geographically anchored name will enhance the university's visibility, accessibility, and recognition within mainstream higher education and global academic networks, along with future development and expansion. While indigenous knowledge will continue to remain an important academic strength of the university, the revised name is expected to support greater interdisciplinary engagement, attract a more diverse student body, and strengthen the university's positioning within the wider higher education landscape.

## (11). CONCLUSION

The degree is an excellent choice for students passionate about social justice, heritage, and sustainable living. It is less of a "generalist" degree and more of a vocation-based program. To maximize its value, students should pair it with strong data collection or project management skills to ensure they are versatile in the job market. The degree meets the formal structural requirements of the UGC SLQF standard. A major strength of this degree is the mandatory field practicum. This program is rare because it treats Indigenous Knowledge (IK) not just as a historical artifact but as a living, scientific system, and on top of that, it's interdisciplinary in nature: it blends sociology, anthropology, environmental science, traditional medicine, and cultural preservation. It serves a critical role in documenting oral traditions and local practices that are at risk of being lost to globalization.

**Senior (Chair) Professor Premakumara De Silva**
11.02.2026

**Professor S.M.S. Samarakoon**



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