



**Peradeniya Medical School
Alumni Association - UK**

International Academic Conference

&

*Annual
Ball*



11th November 2023

***University of Oxford, Examination
Schools Oxford, OX1 4BG***

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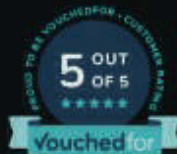


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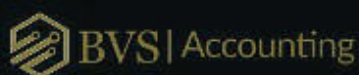
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Greetings and a warm welcome to the Annual Ball and International Academic Conference of PeMSAA-UK. PeMSAA-UK stands as a beacon of unity, purpose, and unwavering commitment. We are a charitable, non-political organisation, steadfast in our belief in the values of equality and diversity, free from any religious affiliations. Our shared mission is clear: to foster and promote the welfare of the Peradeniya Medical Faculty by sharing knowledge, nurturing skills, and sponsoring essential activities.



As the President of PeMSAA-UK, I stand here with a profound sense of pride and gratitude. Our organisation thrives because of the unwavering dedication and tireless efforts of our members and supporters. Each one of you contributes to our mission, and together, we create a positive and lasting impact.

We have gathered here today to unite all our esteemed alumni residing in the UK and well-wishers, who share a deep interest in the well-being of Sri Lanka, in particular the Peradeniya Medical School. Our collective objective is to assist our beloved Alma Mater in achieving the heights of excellence. Over the past four years, we have made significant progress in our efforts to support students in need through the establishment of a robust bursary and scholarship scheme. We also ensured access to essential resources by providing books and journals on a yearly basis. Our commitment to local initiatives is evident through our support in providing iPads to medical students. The annual undergraduate research award scheme has also achieved remarkable success. These accomplishments demonstrate the strides we have taken in improving educational opportunities and facilitating research engagement within our institution.

I am committed to initiating a Research Grant program that will enable medical students to apply for funding to conduct proof of concept studies next year. This initiative will support and nurture budding researchers, providing them with the necessary resources to explore innovative ideas and advance scientific knowledge. It will foster a research culture within our institution and empower students to pursue their passion for discovery. Through financial support and mentorship, we aim to encourage and inspire the next generation of medical researchers.

This year, we have the privilege of hosting an International Academic Conference, a platform for sharing knowledge and exploring new horizons in the field of medicine looking at looming diabetic epidemic amongst South Asians. It will be an enriching experience; do make the most of this opportunity. This and the Annual Ball serve as a testament to our commitment to academic excellence and the spirit of celebration. Let us celebrate our shared journey, the friendships forged, and milestones achieved and remember our roots and reflect on the path ahead.

I want to extend my heartfelt appreciation to our alumni, friends and family, whose presence here today is a testament to their enduring connection to our alma mater and to our motherland Sri Lanka. To our sponsors, I offer my sincere thanks. Your generosity and support have made this event possible. I also extend my gratitude to our dedicated committee members and volunteers. Your hard work and determination have been the driving force behind the success of this event.

In closing, I would like to say that PeMSAA-UK's journey is a collective one, and it is our shared dedication that propels us forward. As we enjoy the festivities and academic pursuits of this event, let us carry with us the spirit of unity, purpose, and the desire to assist our Alma Mater in any way we can. Once again, welcome to the Annual Ball and International Academic Conference of PeMSAA-UK. Together, we shall continue to make a meaningful difference in the world of medicine and beyond.

Ashan Gunarathne



Greetings from Sri Lanka! On behalf of the Faculty of Medicine, University of Peradeniya, I extend my heartiest greetings and congratulations to the PeMSAA UK International Academic Conference 2023. Your chapter has been of yeoman service helping the Faculty of Medicine, University of Peradeniya, in educational and student welfare activities. Your steady and numerous contributions have been of practical benefit to students and made a difference in their lives and our faculty. I like to especially highlight fundraising activities, granting of scholarships to needy students, organising research awards at undergraduate and postgraduate levels to recognise the achievements of students in helping them to attain recognition in the faculty community and beyond and instil the much-valued research culture in our faculty.

The enthusiasm the UK community has shown towards capacity building of our faculty and helping to harness student potential whilst ensuring adequate resources has been inspiring and exemplary. Due to your kind efforts, we, too, have benefited from being passionately committed to serving our faculty with renewed vigour.

I sincerely wish that this generous support will continue, particularly at this stage in our country wherein we face a challenging economic crisis, and state funding of universities is severely hampered. All your kind and generous gestures are warmly appreciated and duly acknowledged.

I wish you collectively and individually much success and all the best in camaraderie with our unique alumni spirit that pervades all our activities and binds us together as a family whilst motivating us to be of singular service to our faculty that sustained and nurtured us with the equipping of professional skills to be of service to humanity.

I wish you a productive conference with exciting discussions and an interactive knowledge exchange.

Prof. Vasanthi Pinto (MD, FRCA, FCARCSI)
Dean, Faculty of Medicine, University of Peradeniya

Message from PeMSAA Sri Lanka, President



It is indeed a pleasure and honour to pen this message for the souvenir of the PeMSAA-UK academic conference 2023. Let me firstly thank PeMSAA-UK for the immense support you have given to the faculty during the last few years, especially in promoting student welfare and promoting research among undergraduates. I am so happy that our organisations have been able to strengthen relationships and work together in the common interest of our faculty. The multitude of activities that PeMSAA-UK has undertaken and the efforts put in as individuals to raise funds are acknowledged with many thanks.

Glimpsing through the programme, I can only say that your theme is so timely and I am sure the eminent resource panel will discuss new advances that would help the attendees to provide better care to their patients. I have no doubt that the memorial lecture too will be well received.

Whilst congratulating the President PeMSAA-UK and his team for organising an event of this magnitude, I am sure the conference and the annual ball will allow alumni scattered across the UK to meet up, discuss and reminisce the past and renew ties with each other and remain united to work together for the betterment of our alma mater.

With my best wishes for a very successful academic congress.

Prof. Heshan Jayaweera MBBS(SL), MD(Col), DCH(Col), FRCPCH(UK)
Head, Department Paediatrics, Faculty of Medicine, Peradeniya

Message from Academic Secretary Krish Thambiah Radakrishnan Page 7

It is my honour and privilege to give this message for the PeMSAA-UK 2023 International Academic Conference and Professor Varagunam Memorial Lecture event.



PeMSAA-UK is committed to inspire a lifelong love of learning by organising programs that are exciting, authentic, engaging, and relevant to the lives of our alumni, faculty staff and students. The organising committee has worked tirelessly to host this event at the University of Oxford, the Times Higher Education World's 2023 number one ranked institution. We have invited internationally and nationally renowned experts in the field of Diabetes & Cardiovascular diseases addressing the conference theme of "*Holistic Approach to Diabetes Management: Emerging Paradigms.*"

We are thankful to all our speakers in making this a successful event. We have also given opportunities for medical students in Sri Lanka to showcase their research achievements and this I hope will enthuse and inspire future undergraduates and postgraduates of the Peradeniya Medical School to participate in impactful research. We are hoping to engage with our alumni and the second-generation medics, resident in UK to participate in PeMSAA-UK academic activities, which would help

in building bridges between future medical leaders in UK with our alma mater.

The management committee and the members of our association are thrilled that the PeMSAA-UK's Professor Varagunam Memorial Lecture will be delivered by one of our eminent and distinguished alumni, Professor Shanthi Mendis, enlightening us on the "*Challenges in addressing the global burden of noncommunicable diseases.*" We are most grateful to her for accepting our invitation and travelling all the way from Australia to deliver this prestigious lecture.

We are grateful to Professor Ranjith Mendis, an alumnus of Peradeniya Dental School for his support and delighted by his presence at this event. I would also like to thank Professor Nadarajah Sreeharan, another outstanding academic and an esteemed speaker, who delivered the inaugural Professor Varagunam Memorial Lecture in 2018.

Despite all the interruptions and distractions of COVID-19 and in its aftermath, PeMSAA-UK has adapted to the challenges and functioned as normal with Royal College of Physicians CPD approved exciting high-quality Webinars on challenging and stimulating topics over the past couple of years. PeMSAA-UK is committed to working together to promote education, and research and it gives me immense pleasure to say it is our fifth year of continuing to sponsor the "PeMSAA-UK annual academic awards". These awards not only encourage undergraduates and postgraduates in Sri Lanka to participate in research/audit/quality improvement projects at a grass-root level but also enhance the investigative thinking and evidence-based healthcare practices. PeMSAA-UK has also funded the 2023 PeMSARC (Peradeniya Medical School Annual Research Congress) pre-congress workshop on 08 August 2023. We are continuing to fund the delivery of International Medicine and Surgery journals to the library and remain committed to supporting the faculty library, staff, and students.

I take this opportunity to thank the PeMSAA-UK President and the management committee for their continued unwavering support to the panel members of the academic award committee and I during my tenure as the Academic Secretary.

Intellectual growth should commence at birth and cease only at death. - Albert Einstein

Krish Thambiah Radhakrishnan

PeMSAA-UK biennial International Academic Conference Page 8
"Holistic Approach to Diabetes Management: Emerging Paradigms"

Academic Programme

08.30 - 09.30 Registration

09.30 - 09.35 Welcome and Introduction

Dr Kris Radakrishnan

09.35 - 09.45 President's Address

Dr Ashan Gunarathne

09.45 - 10.15 Keynote lecture

Professor Juliana CN Chan

10.15 - 10.45 Tea/Coffee

10.45 - 12.00 Diabetic Care: Panel 1 Moderator Prof Ram Swaminathan

Diabetes in Primary Care

Dr Amik Aneja

Early onset Type 2 Diabetes – Invisible risk

Dr Dulmini Kariyawasam

*Nutritional guidelines for the prevention and management
of type 2 diabetes - latest evidence and thinking*

Pav Kalsi RD

*Diabetic Kidney disease- clinical challenges and opportunities to
improve outcomes for people with diabetes*

Dr Janaka Karalliedde

12.00 - 12.30 Q&A

12.30 - 13.15 Lunch

13.15 - 14.15 Diabetic Care: Panel 2 Moderator Dr Krish T Radhakrishnan

*Diabetic ophthalmic disease - diagnosis, treatment
and digital ophthalmology - Scotland*

Prof Roshini Sanders

Diabetes & Heart.

Dr Ashan Gunarathne

Management Of Diabetic Foot Disease

-A Vascular Perspective

Mr Shanka Benaragama

14.15 - 14.45 Q&A

14.45 - 15.00 PeMSAA UK 2023, Academic Award Winners presentations

15.00 - 15.15 UK based Alumnus trainee doctor presentation

Dr Michelle A Goonasekera

15.15 - 15.30 The complexity of the human brain and its characteristics

Dr Uditha Jayatunga

15.30 - 16.00 Round up and vote of thanks

Dr Gayathri Wathuge

Using data to transform diabetes care and prevention with precision and quality

Professor Juliana CN Chan

MChB MD FHKAM FHKCP FRCP (Edin, Glasg, London)

Professor Juliana Chan is Professor of Medicine and Therapeutics and Director, Hong Kong Institute of Diabetes and Obesity at The Chinese University of Hong Kong, Prince of Wales Hospital



Hong Kong, . She is a physician researcher specialised in endocrinology and clinical pharmacology. Since 1995, she led a multidisciplinary team to change the setting and logistics and establish the Hong Kong Diabetes Register as a data-driven quality improvement program, accompanied by a biobank for multiomic analysis to improve precision of disease classification for personalized care. In 2007, she founded the Asia Diabetes Foundation to design the first web-based Joint Asia Diabetes Evaluation (JADE) Technology and use data to stratify risk, empower self-management and promote shared decision-making with enrolment of over 120,000 patients from 11 countries in Asia. Professor Chan has published 900 articles and 20 book chapters whilst the CUHK-PWH is recognized as an International Diabetes Federation Centre of Excellence in Diabetes Care. She is a committee member of international landmark studies and Hong Kong Government research and healthcare policies related to

diabetes and non-communicable diseases. She is a recipient of the American Diabetes Association Harold Rifkin Award for Distinguished International Service in the Cause of Diabetes and leads The Lancet Commission Report advocating the use of data to transform diabetes care and patient lives.

Abstract

Despite a wealth of evidence amassed over the last three decades confirming the highly preventable and treatable nature of diabetes, notably type 2 diabetes, the prevalence of diabetes continues to rise relentlessly. While randomised controlled trials have confirmed the life-saving nature of old and new medications in people with diabetes and prediabetes, in real-world practice, there remain considerable treatment gaps. This is in part due to changing ecosystem and demographics, widespread health illiteracy, low level of awareness, poor access, suboptimal self-management and delayed intervention. The silent, progressive and multisystem nature of diabetes due to complex aetiologies including but are not limited to genetic, perinatal, environmental and lifestyle factors call for both public and personalized solutions.

By changing clinic setting, redesigning workflow and training non-medical personnel to perform regular structured assessment to systematically gather data and use the data to stratify risk, empower self-management and inform shared decision-making, it is possible to practise evidence-based medicine to improve outcomes. In areas where population and hospital data are available, these patient registers, set up as a quality improvement program, can be linked to upstream factors and clinical outcome to identify societal factors, health behaviors, treatment gaps, track secular trends and evaluate interventions. From a research perspective, these cohorts and databases can be supplemented by biobanks to provide new insights regarding the molecular mechanisms of these complex disease in pursuit of precision prevention and treatment for diabetes and chronic diseases.

(1) Diabetes in Primary Care

Dr Amik Aneja

Amik qualified from Guys and St Thomas's in July 2003 and joined Old Harlow Health Centre as a GP Partner in 2009. Old Harlow Health Centre is a CQC Outstanding, teaching and training practice in Essex.



His roles include being the Diabetes lead for the practice, one of the four GP trainers in the practice and the Clinical Director of Harlow North Primary Care Network. He is also the Harlow Locality Lead for Herts and West Essex Integrated Care Board and a Director for Stellar Healthcare which is the local GP Federation. More recently he has been appointed as the Director of Harley Fitzrovia Health which is a medical private practice company.

Abstract

General Practice has a crucial role in the prevention and management of Diabetes. Primary care is changing with the introduction of Primary Care Networks and the variety of staff that are now employable in additional roles (ARRS staff). Integrated Neighbourhood Teams are being formed following on from the Fuller Stocktake report last year. There is a larger emphasis on population health management and the social determinants of health. The Robert Wood Johnson model illustrates the non-medical factors that influence health outcomes and how these can be better managed in an integrated way between health and social care. During the Covid pandemic, the chronic disease management as well as screening and opportunistic diagnosis were at a minimum. This has resulted in more patients developing pre-diabetes and an increase in new diagnosis of Diabetes as well as worsening control of known diabetic patients Hba1c. Primary care carries out the nine care processes for diabetes which includes yearly Diabetic checks as well as Retinopathy screening. Eight of the care processes are carried out in General Practice. Primary Care Physicians identify and manage Pre-diabetics with yearly health checks as well as referral to the National Diabetes Prevention Programme. We are identifying an increasing number of younger patients with Diabetes that can present a diagnostic challenge as to whether they are Type 1 or 2 diabetic. It is imperative that Primary and Secondary care work together to manage the ever-increasing complex cases that are presenting in the community. General Practitioners holistically manage their diabetic patients from their diagnosis to their ongoing medical management that includes initiating and adjusting insulin.

Dr.Dulmini Kariyawasam

Dulmini graduated from the University of Colombo, Sri Lanka and did her post- graduate training in the UK. She was appointed a consultant at Guy's and St. Thomas' NHS foundation trust in 2010 and is currently the clinical lead for Diabetes at GSTT. She leads one of the largest young adult diabetes services in the country.



She has led on many changes in the way care is provided for young adults. Young adult clinic has won many national awards including the Quality in Care(QiC) award (2016) for the YES project and "National positive practice in mental health awards" (2014) in recognition of innovative multidisciplinary working.

She was awarded 'an awards lecture' at Association of British Clinical Diabetologists at their national meeting in 2014 in recognition of leadership and considerable originality in thinking on the development of above services.

Her team won the Health Service Journal (HSJ) best diabetes care initiative in 2020 for the YES Programme and the best transition model of the care at the National Diabetes Transition work.

Abstract

The IDF estimates that the prevalence of diabetes will rise from 425 million people worldwide in 2017 to 629 million people by 2045. Type 2 Diabetes, conventionally considered a disease of middle age is increasingly diagnosed at a younger age. It is estimated that early onset diabetes represents up to 20% of the adult Type 2 Diabetes population worldwide. Young onset type 2 diabetes is commoner in the South Asian communities in the UK and poses significant health challenges in Sri Lanka. Genetic predisposition, sedentary lifestyles, obesity, unhealthy diets and socio-economic factors contribute to the increase prevalence of young onset type 2 diabetes. This is a high-risk phenotype, with early exposure to chronic hyperglycaemia and suboptimal self- care practices with severe health impacts leading to devastating micro and macrovascular complications at a young age. Psychosocial complications including anxiety, depression and diabetes related distress and disordered eating behaviours are common in this group. Whilst the mortality of Type 2 diabetes is generally on the decline, young onset type 2 diabetes patients continue to have a high morbidity from cardiovascular disease and high mortality. Management of young people with type 2 diabetes needs to be aggressive and needs to focus on cardiometabolic risk factor control as well as lifestyle interventions.

(3) Nutrition guidelines for the prevention and management of type 2 diabetes – latest evidence and thinking

Page 12

Pav Kalsi RD (MSc)



Pav Kalsi is an award-winning Specialist Diabetes Dietitian, with two decades of experience working in the NHS, private practice, the charity sector and in public health. Pav's key achievements include leading on Type 2 diabetes prevention policy and developing digital interventions to improve diabetes management. Pav is passionate about raising awareness about diabetes and improving health within ethnic communities, specifically strategies that involve behaviour change. She takes a holistic approach to healthcare and is a firm believer that with the right education and support, people can be empowered to lead full, happy and healthy lives. She has made several media appearances, including BBC, ITV and Sky news, acted as an advisor to several TV shows, spoken at All-Party Parliamentary Group for Diabetes and spoken at national healthcare professional conferences.

Abstract

An appropriate diet represents the cornerstone for diabetes therapy and there is unequivocal evidence that type 2 diabetes can be delayed or prevented through intensive multicompetent, lifestyle interventions incorporating diet and physical activity with sustained weight loss in individuals from different ethnic backgrounds.

For overweight adults with type 2 diabetes reducing energy intake to achieve weight loss should be the primary nutritional management strategy to improve glycaemic control and CVD risk. For some individual's remission of type 2 diabetes may also be possible.

There is no-one-size-fits-all approach to making food choices and its equally important that food choice are acceptable and enjoyable while also helping to achieve treatment goals and improve health and quality of life. Therefore, it is recommended to support an individualised approach to promoting healthful food choices, that consider personal and cultural preferences.

(4) Diabetic Kidney disease- clinical challenges and opportunities to improve outcomes for people with diabetes

Dr Janaka Karalliedde FRCP PhD



Dr Janaka Karalliedde is a Clinical Reader in Diabetes and Cardiovascular Disease in the School of Cardiovascular Medicine & Sciences, King's College London, and a consultant physician at Guy's and St Thomas' Hospital in London, UK.

He graduated with a distinction in medicine from the University of London and was awarded a MRC training fellowship and PhD for his research on cardiovascular and renal disease in diabetes under the supervision of Prof Giancarlo Viberti at Guy's Hospital.

He has published widely on the subject of diabetic kidney disease and cardiovascular disease and frequently lectures on this topic at national and international meetings.

Dr Karalliedde is an active clinician, with expertise in managing patients with renal and cardio-vascular complications related to diabetes and he runs specialist clinics for patients with diabetic renal and vascular complications at Guy's and St Thomas Hospital and has established community diabetes clinics for patients with diabetes and cardio-renal disease in South London.

Abstract

Diabetic kidney disease is one of the leading causes of kidney failure in UK and globally and is also associated with premature cardiovascular morbidity and mortality. This talk will focus on the importance of early identification and interventions to prevent the progression of diabetic kidney disease and reduce cardiovascular risk as well the role of new medications (SGLT-2 Inhibitors) which are now recommended to improve clinical outcomes in people with diabetes.

(5) Diabetic ophthalmic disease - diagnosis, treatment and digital ophthalmology - Scotland

Professor Roshini Sanders FRCS, FRCSOph, DO

Consultant Ophthalmologist, Queen Margaret Hospital University Of Edinburgh

Roshini Sanders graduated from Glasgow University and undertook her ophthalmology training in Glasgow, Dundee and London. She has one of the largest cohorts of glaucoma and co morbidity patients in south east Scotland and co manages diabetic patients. She was Chair and



founder member of the Scottish Glaucoma Club in 2004 and ran the Scottish Glaucoma Symposium from 1999 to 2020. She chaired the SIGN referral guidelines for Scotland in 2015. Besides glaucoma, her main interests and research are in training and digital ophthalmology.

In 2010 she chaired the Eyecare Integration Programme (Scottish government) that electronically connected all community optometry to health boards to enable rapid referral with image information. This pioneering work won the Royal College of Ophthalmologists award for best innovation. The images from this programme enabled the global MSc and ChM ophthalmology programmes through the University of

Edinburgh. She is the co-programme director for these courses. She is also Ophthalmology Advisor to NHS Education, Ophthalmology Research Lead at the Chief Scientist Office, Edinburgh and Trustee for Glaucoma UK, London.

Abstract

Scottish ophthalmology services are unique. Scottish people are entitled to a free eye test and imaging. All optometry practices are electronically connected to secondary care with rapid electronic referral and image attachment for acute diabetic retinopathy and all other disease. The diabetic screening service in Scotland has high uptake. This together with the use of artificial intelligence automated grading, use of ocular coherence tomography and new intraocular treatments; decrease in blind registration has been achieved. There is considerable ocular comorbidity in diabetic patients to include vasculopathies, glaucoma and macular degeneration.

The images from the Scottish referral systems were used to create the global MSc and ChM programmes in Clinical Ophthalmology through the University of Edinburgh. Over 100 global students participate in these courses and this year, 2023, the medal was won by a doctor who qualified from Peradeniya University, Sri Lanka.

Dr Ashan Gunarathne MBBS, MRCP, MD

Honorary Assistant Professor and Consultant Cardiologist at Nottingham University Hospitals NHS Trust(NUH) specialising in coronary and structural interventions.



He first completed his Cardiology training in the East Midlands then went on to obtain further training in performing complex coronary and structural interventions (CTOs, TAVI, LAAO, PFO) during his fellowship.

Subsequently, he completed a higher academic research degree leading to many peer reviewed publications in high impact factor journals as well as a Doctor of Medicine degree (MD) from the University of Birmingham. Qualifications notwithstanding, he also pioneered a myriad of state-of-the-art, novel structural interventional services to the NUH, acting as the clinical lead for left atrial appendage occlusion (LAAO) service. He affiliated to the University of Nottingham as an assistant professor and is currently working as Clinical Lead for the undergraduate teaching program.

Dr Gunarathne is a keen researcher and has contributed many clinical national and international cardiology clinical trials as a local Principal Investigator. He is an author of more than fifty publications and book chapters and has delivered academic lectures in both national and international conferences and eager to continue and expand research in Nottingham,

On a similar scale, he is passionate about contributing towards national and International educational programs. He is the course director of the Introduction to Cardiac Structural Intervention (ICSI -UK) International cardiology course. He has served as a committee member of the Royal College of Physicians National Trainees committee (RCP-UK), as well as being deputy chair for the MRCP management committee board and a representative of British Junior Cardiologist Association-UK for the Euro-PCR Young Cardiologists of Tomorrows committee.

Abstract

Diabetes mellitus is known to confer a substantial risk of various cardiovascular complications. The well-established connection between diabetes and conditions such as atherosclerosis, hypertension, and coronary artery disease has been extensively documented. Moreover, there exists a distinct clinical entity recognized as "diabetic cardiomyopathy," which refers to cardiac structural and functional impairments that occur independently of the macrovascular complications associated with diabetes mellitus. This condition is also interchangeably referred to as diabetic heart disease or diabetes mellitus–associated heart failure.

Diabetic cardiomyopathy is characterized by a triad of key factors: cardiac fibrosis, cardiac hypertrophy, and microvascular dysfunction. This trio of pathological features plays a pivotal role in the development and progression of this cardiac disorder.

It is important to note that our understanding of the underlying mechanisms of diabetic heart disease has steadily advanced over time, expanding our knowledge base in this important area, thus facilitating novel therapeutic approaches

Mr Shanka Benaragama MBBS MS MRCS (Glasg) FRCS (Vasc)

Consultant Vascular and Endovascular Surgeon, Hon Associate Professor, UCL
Works at the Royal Free London NHS Foundation Trust and University College London Hospitals (UCLH) NHS Trust. He completed his higher General and vascular surgical training in Oxford,



London and Cambridge with placements at the Royal Free, UCLH, Wexham Park Hospital and Addenbrookes Hospital. He holds the prestigious National lower limb salvage fellowship (VaLSA) in the UK. He has completed the Judge Business School, University of Cambridge-Management and Leadership Resident programme (equivalent to MBA). He is a course director for numerous management, leadership and quality improvement framework programmes in the NHS.

His surgical practice embraces all open and endovascular interventions in arteries and veins. He has subspecialty interest in the management of complex wounds due to diabetic foot disease and venous diseases (ranging from varicose veins to deep venous diseases), and Hyperhidrosis (excessive sweating). Other clinical expertise includes the management of peripheral arterial disease, carotid stenosis, aortic aneurysms, lymphoedema and thoracic outlet syndrome. He is also one of the few vascular surgeons in the country with interest in complex hyperhidrosis management and leads the largest hyperhidrosis service in North London. He is a fully Accredited GMC Clinical and Educational Supervisor and Royal College of Surgeons of England Course instructor and an invited faculty member for the national vascular trainee teaching programmes conducted by the Joint Committee of Higher Surgical Trainees (JCST). He's a founder and Director of numerous international/national teaching conferences and has presented and written over 50 academic papers nationally and internationally. He has been a member of the Vascular Society of Great Britain and Ireland, Royal College of Physicians and Surgeons of Glasgow (RCPSG), Royal College of Surgeons of England and British Society of Endovascular Therapy.

Abstract

Foot lesions carry high morbidity and mortality and represent the most common cause of hospitalisation in patients with diabetes. The lifetime risk of foot ulceration in patients with diabetes lies between 15% and 25%. The risk of a person with diabetes undergoing a lower extremity amputation is estimated to be 23 times that of a person without diabetes.

PAD is present in 50% of patients with diabetic foot ulceration (DFU). Those with DFU and PAD are less likely to heal and more likely to require amputation compared to patients without PAD. It is therefore essential that PAD is identified in all patients with diabetes.

Identification of PAD in patients with diabetes may be difficult because symptoms and signs are frequently masked by co-existing distal symmetrical polyneuropathy. Furthermore, most patients with DFU present to primary care, podiatry or internal medicine clinicians who are not experts in the diagnosis of PAD.

Foot examination focusing on the presence of peripheral neuropathy, PAD and abnormal foot anatomy can predict risk of developing a diabetic foot ulcer. The patients with an established diabetic foot ulcer benefit from prompt recognition and early referral to a limb salvage team.

The decision to revascularise the ulcerated foot is complex. Revascularisation in patients with diabetes can be technically difficult by virtue of the distal distribution of disease, impaired collateral formation and vessel calcification. The Hybrid approach, endovascular and open bypasses are the widely used revascularisation techniques.

Interventions should aim not to preserve limb, as well as attenuate the excess mortality observed in patients with diabetic foot disease. Holistic management approach with the active involvement of multidisciplinary diabetic foot team would significantly reduce the risk of major limb loss.

Undergraduate category for Research/ Audits & Quality Improvement Projects**Winners are awarded**

PeMSAA-UK Embossed personalised Plaques, PeMSAA-UK Academic Award Winners Certificates and cash prizes -1st Prize £250.00, 2nd Prize £150.00

1st Prize winners: COVID-19 Related Stress Among Medical Students in Sri Lanka: Two Years After the Beginning Of The Pandemic. By R.M.U.S.Ranathunga, D.A.T Randika, T.P.Rathnatunga, T.D. Ratnayake, J. Raveendra, R.Thisani, M.F.F.Rina, M.F.Ritha, R.A.P.S. Rupasingha, W.A.T.Ruwanthi, T.G.N.Nilmini
The research supervisor is Dr Samidi Navaratna

2nd Prize winners: Normative Values for F Waves Adjusted For Height, Age, Sex And Limb Length in Sri Lankan Adults. By Jayathilaka G.K.A, Jayawardhane S.P.R, Karunarathna E.U.I.J, Karunarathne H.M.S.S, Karunathilaka K.D.W.W, Karunathilake T.D, Kavindini L.D, Kekulawala K.R.N.U, Keragala K.A.S.U.
The research supervisor is Prof. Tharaka Dassanayake

First prize winner's abstract

Background: The Covid-19 pandemic has led to significant changes in universities worldwide, including the adoption of online teaching to ensure continuous operation. It was crucial to explore its psychological impact on medical students during the post-pandemic period.

Objectives: To determine the prevalence of perceived Covid-19 related psychological stress, its causes, associated risk factors, and related coping mechanisms among medical students in Sri Lanka.

Methods: The study was conducted as a descriptive cross-sectional study. A sample of 662 medical students from five medical faculties of Sri Lanka were chosen randomly to participate in the study. They were evaluated using a four-part Google form-based questionnaire which included the PSS-10-C and Brief-COPE scales alongside other self-administered questions. One-way between-subjects ANOVA, Mann-Whitney U test, and Spearman's rank correlation test was used to find the association between various participant characteristics and stress as per the relevancy.

Results: Among the sample of medical students, 16.5% experienced high levels of pandemic-related perceived stress, 79.5% reported moderate stress and 3.9% reported low stress. The perceived stress score showed a strong correlation ($r_s > 0.4$) with academic, psychological, and social factors contributing to pandemic-related stress. There were no significant differences in perceived stress based on sex, place of residence, family type, or relationship status. However, final-year students experienced significantly higher pandemic-related perceived stress compared to students in lower years ($F = 6.953$, $p < 0.001$), and Atheist students had higher stress levels compared to Buddhists ($F = 4.302$, $p = 0.02$). Additionally, students from the university of Peradeniya reported lower stress levels compared to students from the universities of Colombo, Kelaniya, and Ruhuna ($F = 6.368$, $p < 0.001$). The most commonly used coping mechanism was active coping (80.21%), while substance use was the least used (24.16%). Male students reported higher use of problem-focused coping ($z = -2.85$, $p = 0.004$), while female students reported higher levels of avoidant coping ($z = -2.15$, $p = 0.032$). Final and fourth-year students exhibited higher levels of emotion-based coping compared to first and second-year students ($F = 7.423$, $p < 0.001$). Students attending university from boarding places showed higher levels of avoidant coping compared to those in hostels or living at home ($F = 5.996$, $p = 0.003$).

Conclusions: The prevalence of Covid-19 related perceived stress in medical students of Sri Lanka was high even two years after the pandemic. Academic, social and psychological factors contributed to the Covid-19 related perceived stress in Sri Lankan Medical Students. Being of a higher study year, being an Atheist and being from the universities of Colombo, Kelaniya and Ruhuna were relative risk factors of high pandemic-related perceived stress among medical students of Sri Lanka. Male students used relatively more problem-focused coping for pandemic-related stress, while female students and students from boarding places used relatively more avoidant based coping mechanisms. Students of higher study years used relatively more emotion-based coping.

Dr Michelle A Goonasekera

Abstract

Background: Individuals with diabetes are at increased risk of heart failure (HF), possibly due to an increased risk of coronary artery disease. Treatment with aspirin could reduce the risk of myocardial infarction (clinical and silent), thus reducing long-term HF risk, but few studies have assessed these effects.

Methods: 15,480 participants with diabetes but without atherosclerotic cardiovascular disease were randomised to aspirin (100 mg) or placebo, and separately, to omega-3 FA (1g capsules) or placebo (olive oil) using a 2x2 factorial design. The primary HF outcome was a composite of death or hospitalisation due to HF. Time-to-event analyses were conducted based on the first relevant study-reported or RCD-adjudicated definite event, unrefuted by clinical adjudication.

Results: During a mean follow-up of 7.4 years, use of RCD and trial follow-up identified 336 extra participants with a primary HF outcome, compared to study reporting alone. Of 7740 participants randomised to aspirin, 267 (3.4%) had a primary HF outcome compared to 271 of 7740 (3.5%) participants randomised to placebo (rate ratio [RR] 0.98 [95% CI 0.83-1.17; p=0.85]). Of 7740 participants randomised to omega-3 FA, 251 (3.2%) had a primary HF outcome compared to 287 of 7740 participants (3.7%) randomised to placebo (RR 0.87 [95% CI 0.74-1.03; p=0.11]). There was no significant effect of allocation to aspirin or omega-3 FA on the secondary outcomes of death due to HF and HHF.

Conclusions: Neither aspirin nor omega-3 FA had a beneficial effect on HF outcomes and there was no evidence of harm. These results are consistent with current randomised evidence of the effects of aspirin. Linkage with RCD followed by clinical and RCD adjudication was a cost-effective method which allowed the ASCEND trial to identify additional events to assess these effects.

The complexity of the human brain and its characteristics

Dr Uditha Jayatunga FRCP

He is a senior consultant in Rehabilitation Medicine at Royal Derby Hospital. He was the ex secretary of PeMSAA UK and currently a committee member. He was the ex Associate Director of Rehabilitation Medicine at Royal Derby hospital and also has served NHS England- Rehabilitation Clinical reference group.



He has written 10 medical booklets on common chronic medical conditions for the benefit of patients in Sri Lanka. He has got a particular interest in Brain Injury.

He has just published a book – Intelligent Design as Proof of Creation- A Scientific Analysis via Austin Macauley Publishers in UK. He has used his medical, biological and scientific knowledge in producing this exciting book challenging evolution.

Abstract

He will be doing a short presentation on the complexity of human brain and its characteristics. He will argue that our brain which is the most complex structure in the universe and much more complicated than the most powerful computer made by man, can not come in to existence as a random product based on 2 Darwinian mechanisms. He will describe many structural and functional complexities of the brain, which we the humans even do not understand. He strongly argues that our brain as well as other complex biological structures can come into existence only via intelligent design.

Gallery of PeMSAA-UK Past Events

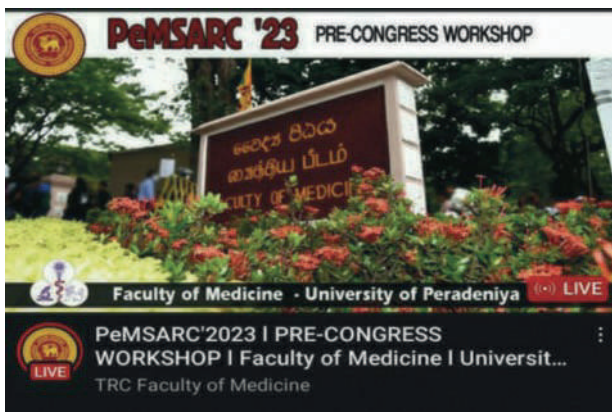
Charity Hike to Kilimanjaro - September 2023



It was challenging and a gruelling experience! 5895m, highest free standing mountain in the world, but glad I did it 😊. Many thanks for all who supported me to raise funds to improve medical education and & research in Sri Lanka.

https://www.justgiving.com/crowdfunding/ashan-gunarathne?Utm_term-mPddDvnPx

Epping Forest Charity Walk - August 2023



Peradeniya Medical School Annual Research Conference (PeMSARC '23) pre-congress workshop was sponsored by PeMSAA-UK



Dr Krish T Radhakrishnan the founding President of PeMSAA-UK was invited as the Guest of Honour and to deliver the Plenary Lecture at the PeMSAA 16th International Medical Congress April 2023

Spring Delight April 2023 - Birmingham



The Autumn Dinner Dance and AGM November 2022 - Birmingham





Evening Agenda

5:30	Arrival of guests and Drinks Reception
7:00	Welcome and Traditional Dance
7:15	President's Speech : Dr Ashan Gunaratne
7:30	Introduction of Prof Shanthi Mendis: Krish T Radhakrishnan
7:40	Prof Varugunum Lecture: Prof Shanthi Mendis
8:15	Dinner
9:00	Quiz: Dr Udithe Jayatunge
9:15	Dancing: Music by the Roots
10:30	Raffle
10:45	Vote of Thanks: Dr Lalith Jayasekera
11:00	Dancing continues
12:00	National Anthems



1st - Evening tea for two at The Ritz London

2nd - Meal for two at Hutong at the top of The Shard



3rd - £100 John Lewis Voucher

4th - Luxury Cheese and Wine Hamper



5th - Meal for two at Grounded Kitchen

Professor Thambapillai Varagunam (1930 – 2018) An Appreciation

Thambipillai Varagunam was born in Kallady Upodai in the Eastern Region of Sri Lanka, on 08/11/1930. The young Varagunam received his early education at Govt Central College, Batticaloa moving to Royal college, Colombo where he excelled in academics and sports, Rugby being his forte.



Entering the University of Ceylon to read medicine in 1950, he qualified in 1955 taking up training posts in Colombo North after which he left for UK to further his training. On completing the training with a membership of the Royal College of Physicians, Varagunam returned to Colombo to join the department of medicine as a lecturer.

He was a pioneer in all his endeavours. He challenged the status quo, exhibited “out of the box” thinking and was a visionary whose thought process was years ahead of many of his contemporaries. This approach led him to lead a group of exceptional individuals leaving the portals of Colombo to establish the Medical Faculty in Peradeniya. The rest is history.

Prof Varagunam’s visionary outlook led him to establish the Medical Education Unit in Peradeniya at a time when many questioned the need for an evidence-based approach to education and teaching.

Always a pioneer, he together with a physician friend Dr. Kolitha Karunaratne and the surgeon Mr Rudra Rasaretnam were responsible for the organisation of the Kandy Society of Medicine, one of the foremost medical organisations in the country. With its scientific programmes it remains a vibrant source of continued medical education to the medical community, doctors and students, in the central regions of this country.

As we remember and celebrate Prof Varagunam’s life, one cannot fail to see exemplary leadership qualities in all his endeavours. Never a person to mince words, but always careful as to their choice, not to hurt a soul, he was a free spirit, though heavy with sense of responsibility. He always led from behind, never hesitant to take the blame when things go wrong but handing over the accolades of success to others. His leadership qualities allowed him to excel beyond the portals of Sri Lanka. His contributions to the World Health Organisation have been well documented.

Once in a lifetime, humanity is adorned by exceptional individuals. Prof Varagunam belonged to this rare breed who through their selfless service and goodness of their heart touch the lives of so many. He was an astute clinician and a talented teacher but what defined him above all was his exceptional personality; humble, humane and kind. He treated prince and pauper alike. A patient, a Departmental attendant, a Dean or Professor of Medicine, a medical student, a Vice Chancellor or a nurse; they were all received with the same level of acceptance, humour and straight talk. Prof Varagunam’s love for the Peradeniya Medical Faculty and its graduates led him to play an active part in supporting Alumni organisations and he encouraged them to contribute positively to the development of their alma mater.

The members of PeMSAA-UK were delighted that he was able to be their Chief Guest at its inauguration on the 17th June 2017. It is also somewhat consoling that this occasion allowed many of us to express our thanks to him in person.

“A good head and a good heart are rare but formidable combinations”- Nelson Mandela

Challenges in addressing the global burden of noncommunicable diseases

Professor Shanthi Mendis MBBS, MD, FRCP, FACC

Professor Shanthi Mendis is a leader in global health with more than 40 years of experience across the world in health policy and strategy development and health diplomacy. She was the former



Senior Adviser World Health Organization (WHO), Geneva, Switzerland and led and coordinated the global program on non communicable diseases (NCDs) for two decades. Before being recruited to the WHO on a Rockefeller Global Health Leadership Fellowship in 1998, she served as Professor of Medicine at the Faculty of Medicine, University of Peradeniya, Sri Lanka, for ten years. Since then, working across the six regions of WHO, she has provided technical and policy advice and led numerous Global Health Initiatives and Multi-country Research Initiatives. She is a specialist in Clinical Medicine and Cardiology and is a Fellow of the Royal

College of Physicians of London and Edinburgh and a Fellow of the American College of Cardiology. In 2005, she was awarded Vidya Jothi national honours for her contribution to medical research in Sri Lanka. She is in the 2020 Stanford University List of the World's Top two per cent of researchers and is the author/editor of 8 books and more than 150 publications. She continues to serve as a consultant to the WHO NCD program and the WHO Consortium on Healthy Ageing. She is a founder member and a trustee of the Geneva Learning Foundation, Geneva, Switzerland.

Abstract

Noncommunicable diseases (NCD) are leading causes of disease and death worldwide. Continuing exposure to behavioural and environmental risk factors, ageing of populations, globalisation of trade and population growth are driving the NCD burden. Annually, an estimated 41 million people die of NCDs, accounting for 71% of global deaths. Four NCDs cause most of these deaths: cardiovascular diseases (17.9 million), cancer (9.0 million), chronic respiratory diseases (3.8 million), and diabetes (1.6 million). Fifteen million NCD deaths are in the 30-70-year productive age group. Most premature deaths (85%) are in Low-and Middle-Income Countries (LMICs). Premature deaths in productive age groups substantially negatively impact economic growth and development. Reducing the global NCD burden is, an overriding global health priority and a necessary condition for sustainable development in the 21st century.

There are many challenges in addressing the NCD burden. Current capacities for NCD surveillance are inadequate and require strengthening. NCD prevention, although essential is arduous because the conventional health sector has little sway over NCD risk factors -tobacco and alcohol use, physical inactivity, unhealthy diet and air pollution. Their control requires coherent multisectoral action of various Ministries, including Health. In addition, powerful commercial entities continue to undermine NCD prevention policies, even taking advantage of the fact that tobacco and alcohol use are addictive. Further, financial, health system and health workforce constraints in LMICs are major impediments to the treatment of NCDs. Although affordable and scalable NCD interventions are available, policymakers do not prioritise them. Limited resources available are often invested in tertiary care while primary health care remains underfunded. However, reliance on tertiary care interventions is not a sustainable strategy for addressing NCDs. The global NCD action plan 2013-2030, underpinned by nine global targets, presents a sustainable public health strategy for addressing NCDs for all countries, including LMICs. It supports the country-led Implementation of cost-effective prevention and treatment interventions with primary health care and Universal Health Coverage as foundations. The sustainable development agenda target is to reduce premature NCD deaths by one-third by 2030. Currently, only 14 countries are on track to reach this target. If governments fail to accelerate national NCD responses, an estimated 150 million people between 30 and 70 years will die from NCDs in the next ten years. Most of these deaths can be prevented or delayed.

Delivered by Prof Nadarajah Sreeharan MD FRCP PhD FACP



Visiting Professor at King's College, London, University of Jaffna, Sri Lanka and in Malaysia and acts as a Consultant to the Biotechnology Industry.

Healthcare in 2025 and Beyond

The delivery of healthcare has seen some extraordinary changes in the past 50 years. Many of these have developed insidiously over the years and have resulted in significant improvements in most health-related outcomes. The pace of change has however increased dramatically in recent years, is expected to accelerate even further in the future and many healthcare systems across the globe will struggle to adapt to these challenges. Predicting the nature of the healthcare environment over the next several decades could be seen more as a role for a clairvoyant rather than as a scientific and evidence-based endeavour. However,

evidence from previous developments and current indicators of change could be used to predict the possible healthcare environment of the future.

The main drivers for a paradigm shift in the future delivery of healthcare will be the impact of dramatic technological advances in biology and medicine and the development of artificial intelligence including the processing of "big data" and machine learning. The consequent challenges to the traditional role of doctors and other healthcare providers will need to be managed. The wider society will also need to respond to these changes by modifying its choices and preferences on health and end of life decisions. It is essential that a modern curriculum for the training of tomorrow's doctors should reflect these dramatic changes to ensure that healthcare practitioners and providers are ready to respond optimally to the challenges. *(full text is available at www.pemsaa.uk under past events)*



Our endeavors to the Faculty



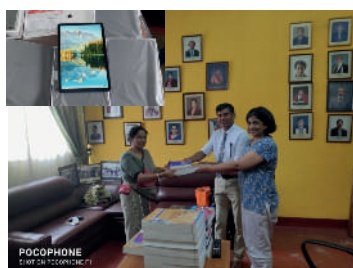
Sponsorships & Welfare

- PeMSAA-UK Studentships
- 2nd MBBS book donations for needy students
- Mentoring and Career guidance to those visiting UK for post MD Fellowships.
- Bursary Scheme for students/support for meals



Academic & Research

- Fully subscribing for International Journal of Medicine & Surgery
- Book donations to the Library
- i-Pads for students
- CME lectures to students and postgraduate trainees



Awards

- PeMSAA-UK & Professor Panabokke Stethoscope award
- PeMSAA-UK Academic awards to encourage Research Projects at grass root level





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2. Frykberg R, Franks P, et al. A multinational, multicenter, randomized, double-blinded, placebo-controlled trial to evaluate the efficacy of cyclical Topical Wound Oxygen (TWO2) therapy in the treatment of chronic diabetic foot ulcers: the TWO2 study. *Diabetes Care*, 2020.

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- To provide financial support to the faculty and the students
- To support the academic and research activities of the faculty
- To support and enhance the welfare of the students
- To exchange of information, professional expertise, and collaboration on mutually beneficial programs

PeMSAA-UK is the UK branch of The Peradeniya Medical Students Alumni Association. PeMSAA-UK was inaugurated in 2017 to re ignite the passion and share in the memories of our time at Peradeniya Medical School. In accordance of our vision and mission we endeavour to bring together all the Alumni in the UK who are interested in the welfare of the Peradeniya Medical School to assist our Alma Mater.

We are eternally grateful to our School and the University of Peradeniya for laying strong foundations and nurturing us, to reach the positions we hold in the medical profession and in the society today. Now it is our turn to payback. The great Nelson Mandela famously said: "There is no greater gift than that of giving one's time and energy to helping others without expecting anything in return." There are many ways to give back, from career and academic mentoring to volunteering time at alumni events, to simply attending academic and social events. We want to reach out and connect with you. Thank you for your support for PeMSAA-UK.

"Our career success in the UK has been built on a solid free medical education from Sri Lanka, it is time to give something back to our alma mater"

- Use our social events to reconnect with your batch mates***
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