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Made in India, GE Healthcare's CT machine goes to hinterland

Designed & Manufactured In B'luru, Device Has 35% Local Parts

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Bengaluru: GE Healthcare said its indigenously manufactured computer tomography (CT) scan machines, launched two years ago, have seen huge demand from first time users, especially in tier II towns and beyond, areas in India where access to proper medical facilities still remain elusive.

The product, which was designed, conceptualised and manufactured out of the company's facility in Bengaluru, has about 35% of its parts sourced locally, from 50 suppliers. GE has built the machine to better suit the needs of far flung health centres and clinics. It is about 30% cheaper than imported machines from Philips, Siemens, Toshiba and GE itself.

"60% are first time users. Typically most CTs were either upgrades or replacements, with the user being the same, while the older ones used to be pushed down the pyramid," Milan Rao, presi-

Making waves in India

- Device is **30% cheaper** than imported machines
- GE has **sold 500** of them over the past two years
- **75%** of orders for the device outside tier-1 locations
- **60** machines have already been exported

dent and chief executive of India & south Asia at GE Healthcare, said. CT scanners use X-rays to make detailed pictures of parts of a patient's body and the structures inside the body.

The company has sold 500 CT machines in these two years and about 75% of the orders are from markets outside of metro and tier-1 locations, such as Kumbakonam in Tamil Nadu, Purnea in Bihar, Daund in Maharashtra, and Midnapore in West Bengal. About 60 have either been exported or in the process of being exported to 56 countries including Philippines,

Myanmar, Vietnam, Algeria and South Africa.

GE claims it is a truly Made in India product, a glimmer in its affordable care portfolio. The company made an investment of \$20 million for this product. It says 75 engineers worked on the product for four years, received inputs from 500 healthcare providers from rural and urban India. "Our aim was to make it less expensive to own and operate, make it more of a push button machine, considering the paucity of trained staff in remote areas," Terry Bresenham, president and CEO, sustainable healthcare solutions, said.

To ensure that these machines work properly in the country, it has reduced the size of it by half, reduced power consumption by 47%, made an easy user interface and redesigned the electronics to make the machine withstand extreme Indian conditions of heat, dust and humidity.

A health centre in a non-

metro may be a small dingy house with squalid conditions and the people who operate the machine may not be trained personnel. Power is a big issue. But the availability of such machines helps a patient to avoid travel from the first line of treatment. "These are transforming the way trauma, stroke, and other conditions in India are managed," said Bresenham.

GE Healthcare has 28 products in its affordable care range designed and developed in India. These include baby warmers, ECGs, ultrasounds and X-ray systems. It has also entered into a partnership model with the governments of Karnataka, Assam, Rajasthan and Telangana to have the CT machine in every district.

"The aim is to have a CT in all the 631 districts of India, which is in sync with the Centre's policy. We are still some time away from the target but the run rate has been tremendous," said Rao.

INC not authorised to recognise nursing colleges: High Court

Council told not to webhost material indicating institutions require its recognition

SPECIAL CORRESPONDENT
BENGALURU

The High Court of Karnataka on Monday declared that the Indian Nursing Council (INC) has no authority to grant recognition to institutions imparting nursing courses. It restrained the INC from publishing on its website material indicating that the institutions have to obtain recognition from it.

The court held that the council is empowered to prescribe qualification and syllabus for nursing courses, and not to accord recognition to colleges.

Justice L. Narayana Swamy delivered the verdict while allowing petitions filed by the Karnataka State Association of the Managements of Nursing and Allied Health Sciences Institutions, and

some nursing colleges.

Also, the court said that all such stands withdrawn from the INC's website forthwith.

The action of the INC claiming that nursing colleges have to get recognition from it, publishing the list of recognised colleges, and releasing any such material on its website, would cause hardship to petitioners and nursing colleges as students, who visit the website would infer that colleges which are not in the list, are not recognised.

'Against the law'

The action of the INC in publishing the list of recognised nursing institutions is against the law declared by the High Court in a earlier case of 2005 as well as an or-

der of the Supreme Court, Justice Narayana Swamy observed in the order.

The petitioner-association had claimed that the INC has no authority to grant recognition to institutions imparting nursing courses, such as auxiliary nurse and midwife, general nursing, B.Sc. Nursing and M.Sc. Nursing, after the INC removed Karnataka's nursing colleges from the list of recognised institutions of nursing.

The association had supported the State government's notification of December 14, 2016, which was issued citing 2005 order of the High Court, clarifying that the power to grant recognition, impart training in nursing and fixation of intake vests with the State government, the Karnataka

State Nursing Council and the Rajiv Gandhi University of Health Sciences and not the INC.

Prior to the December 2016 notification, the State had insisted recognition from the INC.

Petitions rejected

Meanwhile, the court rejected the petitions filed by Student Nurses' Association of the Trained Nurses' Association of India and several other nursing colleges seeking a direction to the INC to renew or grant recognition to the nursing institution, while claiming that it is the INC that has to grant recognition to their qualification if their nursing certificate or degree is required to have recognition across India and abroad.

Centre examining NEET question papers: Nadda

MPs protest against issue of different question papers

SPECIAL CORRESPONDENT
NEW DELHI

Union Health Minister J.P. Nadda said in the Rajya Sabha on Monday that the Centre was examining if the Tamil question paper of the National Eligibility-cum-Entrance Test (NEET) was different from the English paper.

AIADMK MPs trooped into the well of the House to register their protest over the issue of different question papers being given to students attempting the common medical entrance examination in regional languages.

Bengali paper

Trinamool Congress MPs from West Bengal raised the



J.P. Nadda

issue of the Bengali question paper.

Raising the issue during Zero Hour, Derek O'Brien from the Trinamool said that till 2013, the English question paper used to be translated into regional languages.

But this year, those attempting NEET in Bengali or Tamil got question papers that were entirely different, he said adding that 40,000 of the 56,000 students who wrote the exam in either of the languages had "disastrous" results.

'A federal issue'

"NEET is not a West Bengal issue. It is a federal issue," he said.

He was joined by AIADMK members who demanded scrapping the applicability of NEET to Tamil Nadu. A. Navaneethakrishnan, MP, said a uniform NEET syllabus should be introduced. Mr. Nadda said the issue was under examination of the government.

Pharma firms may bend rules for docs

Loopholes galore in proposed code of ethics

NEW DELHI: The Centre's proposed code of ethics for pharmaceutical companies has several loopholes, which could be exploited by drug companies to continue their indirect influence on a large section of doctors.

Framed under the provisions of the Essential Commodities Act, 1955, the yet-to-be-notified code seeks to break the existing nexus between doctors and drug firms, which push for their products in violation of medical ethics.

The Essential Commodities (Control of Unethical Practices in Marketing of Drugs) order 2017 has provisions prohibiting sponsorship by pharmaceutical companies and the common practice of doctors receiving expensive gifts from medical representatives.

It also seeks to bar companies from sponsoring the travel, accommodation and food expenses for doctors and their family members in India and abroad in the garb of attending seminars and continuing medical education and scientific meetings.

There is a strict no on com-

panies handing out cash cards and gift hampers to doctors and their family members.

The companies can fund seminars organised by medical associations, provided these associations maintain a register of the sponsorships for government scrutiny.

The register is to be maintained for three years, sources said.

The proposed code envisages appointment of an ethics compliance officer of the rank of a joint secretary to oversee such malpractices.

"It is one of the loopholes. There is no monitoring system to check malpractices," said Dr G S Grewal, who is based in Ludhiana. Grewal is also former president of the Punjab Medical Council.

While the Medical Council of India has an existing code for doctors, known as the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002, the new code is meant for pharmaceutical companies.

However, even the MCI's ethics code for doctors is poorly implemented.

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