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For higher education, GST is a setback

By Nisha Nair and Nandita Koshal

At a time when the nation is gearing up towards becoming a knowledge economy, with its demographic dividend expected to be at its peak by 2020, higher education becomes an important catalyst for the country to realise its full potential. In this context, the Goods and Services Tax (GST) presents a dichotomy that puts a question mark on the vision of making India a knowledge economy.

As per the report published by Ernst & Young (2014), India would have a population of 142 million students in the age cohort of 18-23 years seeking higher education by 2030. While we have not yet attained the mark of 6% of GDP investment on education, we are seeing increasing taxes on higher education services, leading to an increase in the cost of education.

While GST, or a similar level of tax, is applied on higher education in many countries, their higher education landscapes are very different from the Indian scenario. At a certain level, GST reflects the bipolarity of the educational policy which, on the one hand, laments about

the lack of access and quality as major roadblocks to higher education but, on the other hand, imposes indirect taxes, which directly affects both access to and the quality of the higher educational experience.

Although higher education has been recognised as a public good, which should be equally accessible to all on the basis of capacity (merit), in practice, it has become a private good, based mostly on an individual's capacity to pay for it.

Can India, which is at the cusp of global advancement, afford to make higher education, an important component of that advancement, more expensive? This move certainly overlooks the fact that in our country, private institutions cater to approximately two-thirds of the total enrolment in colleges, as per the All-India Survey on Higher Education (AISHE 2015-16), a report published by the Ministry of Human Resource and Development.

Establishment of 10 private and 10 public institutions of eminence, a declaration by the prime minister, reinforced the government's commitment to taking India's higher education sector on the path of global excellence. The effort and enthusi-



asm of the current government in initiating and supporting the National Institutional Ranking Framework (NIRF) are indeed commendable. But a 3% hike, from 15% to 18%, on services like dining, laundry, health and medical facilities, transportation — basically all services utilised by higher educational institutions, both private and public, will put additional stress on the resources of these institutions as well as on students, especially in private institutions, as the costs are passed on.

The other, equally undesirable conse-

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quence could be that institutions may opt for cheaper substitutes, which would lead to a compromise in quality. Compromise of any nature in medical facility, food services, etc., can prove to be disastrous. In both the scenarios, it is the student who will suffer.

The framework of ranking established under NIRF considers diversity of national and international students as an essential criterion for grading, an important parameter also found in the world rankings framework.

Roadblock to global vision

The current tax hike can adversely affect India's aspiration of becoming an attractive education hub for students from across the globe, especially students from economically weaker countries in Africa and South-East Asia. This will be a step back from the larger vision of making India a hub of world-class education, and might affect our Indian and foreign student composition, at a time when China and Singapore are already ahead of us on this front.

Research, another component which is at the heart of any knowledge society and is emphasised upon in both national and

international rankings frameworks, will be affected by GST as foreign grants received by researchers will fall under the tax bracket, effectively reducing the amount at the researcher's disposal for her work. This is a major cause of concern as we are already on the back foot when it comes to institutionalising a research-oriented culture in our institutions. Perhaps an exception can be made for the grants for academic research in higher education.

The current tax system will be more detrimental for institutions providing professional degrees and courses like medical, engineering and law, which are four or five year programmes. These students also have to make use of additional services like expensive softwares, technical equipment and kits, reading material and books, all of which adds to the costs, and all of which come under the tax regime.

GST will also eat into the developmental surplus that institutions maintain to add more amenities, such as introducing programmes for the benefit of both faculty and students. Universities and colleges are largely non-profit and many private universities have been established as a philan-

thropic endeavours or under corporate social responsibility. These additional costs, if not passed on to students in the form of higher fees, might come through at the expense of these beneficial activities.

Imposing GST might be an effective economic policy but it must be noted that it has long-term social implications. There are several avenues through which the government can and is collecting revenue, therefore making an exception in the case of higher education is both possible and an imperative.

In a world in which knowledge economies are leading in all aspects, education, and especially higher education, must be affordable to the millions of Indians who join the workforce every year. An educated India would be better placed to overcome the socio-cultural and economic inequities than one where millions are denied the opportunity to obtain an education.

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Doctors seek re-exam, probe into anomalies

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Bengaluru: The NEET-Super Speciality (NEET-SS) exam, held nationwide on June 10 and 11, was meant to be a gateway for doctors aspiring to pursue super-specialization in various fields of medicine. But it appears to be mired in controversy now. Those who took the exam say they have been left in the lurch.

The National Board of Examination (NBE) which conducted the exam, announced the results on July 15, following which the first round of counselling was held from August 12 to 18. But, on Friday, the directorate general of health services (DGHS) declared the first seat allotment list null and void, following orders from Hyderabad high court. The MCC will put up the new allotment list soon.

As it is, during the first round of counselling, 40% of the seat matrix hadn't been declared by colleges, leaving

Deserving students not getting seats



The first three ranks for NEET-SS have gone to

students from politically influential families.

Deserving students are not getting seats. I have filed a petition with the Delhi High Court and hope stringent actions will be taken as the hearing proceeds.

Dr Anand Rai |

VYAPAM SCAM WHISTLEBLOWER

"Till last year, every state would conduct its own super-speciality exam within a month, which would make the process taxing. So, this examination was much welcome. But it seems to have made a mockery of the entire process. This system, handled by NBE and MCC, should be scrapped and re-exam should be held to get rid of corrupt practices. Also, the question papers need to be

NEET-SS EXAM

students with limited options. The aggrieved candidates are now demanding a re-exam and a detailed probe into the issue.

"First, counselling started without the complete seat matrix, because of which we were forced to fill up the choices within limited options. Even colleges like CMC Vellore, SGPGI Lucknow, St. John's Medical College, Bengaluru, hadn't announced their seat matrix. On July 15, our percentages were declared. However, just before counselling began we got to know our ranks," said Dr Tejaswi Shashikanth, a Bengaluru-based doctor who wrote NEET-SS.

According to estimates, over 500 doctors from Bengaluru took the exam; nationally 15,000 wrote it. There are over 2,000 seats across India for super-speciality courses, say candidates. In the first round, only 76 colleges across India declared their seat matrix. This despite the Medical Counselling Committee (MCC), DGHS and ministry of health and family welfare seeking the matrix from all colleges.

fairly set, considering now it's one single exam for all super-specializations," said Dr Ashwin S P from Bengaluru, who wants to do super-specialization in nephrology.

Meanwhile, a notification from MCC suggested that "even if the candidate has been allotted a seat in the first round of counselling, he/she can refresh the choices in the second round when seats of remaining colleges will be made available". "What's the point of the first round of counselling if students can make a choice in the second round as well? The worst part was that all announcements were first made through the Twitter account of Bipin Batra, the sacked executive director of NBE," said Dr Abheesh Hegde from Bengaluru.

Earlier this week, Batra, was sacked over allegations of producing fake documents during his appointment. "When the director is facing allegations of malpractice, I'm not sure if our future is in the right hands. Also, the top three ranks have gone to students with political background. This is a cause of concern," said Dr Sudhindra P K, a doctor who wrote the exam.

80% of IVF clinics are not registered

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New Delhi: Less than 20% IVF clinics and a miniscule 2% ART centres operating in India are registered with the Indian Council of Medical Research, prompting the government to consider making enrolment of such facilities with the council mandatory.

In a move to regulate mushrooming infertility clinics and make them more accountable for services and costs, the government is planning to issue a notification. Though the provision is part of the pending Assistant Reproductive Technology Bill, the health ministry is looking at a separate notification to roll out the regulation.

While there are over 20,000 ART clinics across the country providing IVF (In Vitro Fertilisation) and IUI (Intrauterine insemination) services, merely 1,500 clinics have applied for registration with ICMR so far. "A comprehensive ART registry will be the



BABY STEPS: Centre plans to make enrolment of fertility clinics with ICMR mandatory

first step to transparency in costs and quality," R S Sharma, senior deputy director general, division of reproductive biology maternal health and child Health said. Of this number, only around 390 have actually completed the enrolment process, according to the ART registry set up by ICMR in 2013. A single IVF cycle can cost anywhere between ₹1.5 to ₹2.5 lakh.

The demand for IVF and ART services is rising and

could be linked to emerging demographics. There is a rise in the proportion of women in reproductive age of 20-44 years (a 14% increase estimated between 2010 to 2020). The rise is skewed towards women in the age bracket of 30-44 years (20% estimated increase in same period). The latter display lower fertility rates.

Enrolment means compliance with ICMR guidelines like submitting documents related to infrastructure, trained manpower and procedures as per a prescribed format. "ART registry is the first step to ensuring quality treatment. We identify ART clinics ourselves too and ask them for documents but they are not meeting requirements. It is a major challenge in bringing in any kind of transparency," R S Sharma, said.

The large numbers of clinics and their misuse for sex determination is a major concern for the government. In the absence of a detailed regulation, a "grey market"

of unprofessional ART clinics are operating taking advantage of couples looking to have children.

There is also no benchmark for pricing. Some clinics charge exorbitant fees while others indulge in unethical practices that adversely affect the recipient of the treatment, medically and socially, experts say.

According to a 2015 Ernst & Young report, an estimated 55% of treatments take place in eight metros. Most of the insurance schemes do not cover such procedures or treatments, leaving such couples with huge out of pocket expenditures. The report also concludes that the absence of a regulatory framework leads to poor treatment outcomes and patient care.

It is estimated that while female factor accounts for 40-50% of infertility among couples, infertility attributable to male factors is on the rise and constitutes 30-40% of infertility.