



SRI DEVARAJ URS ACADEMY OF HIGHER EDUCATION & RESEARCH  
SRI DEVARAJ URS MEDICAL COLLEGE  
Tamaka, Kolar



UNIVERSITY LIBRARY & LEARNING RESOURCE CENTRE

Online Newspaper Clipping Service

Dated, Thursday, 14<sup>th</sup>, September- 2017

Pg.No.01



# Medical college up for sale

Some managements are facing a severe cash crunch

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THIRUVANANTHAPURAM

In what could well be a symptom of a widespread rot, a medical college in Kerala has advertised that it is up for sale.

The advertisement appeared in a leading Malayalam daily on September 13 and reads that a "reputed well-run medical college in Kerala for sale/takeover." The advertisement asks "financially sound parties" to respond via email.

The advertisement flies in the face of the accepted logic in Kerala that it is only the engineering colleges that are in a corner and that the medical colleges are doing far better.

But is it the paucity of students that plagues medical colleges in the State? Are there other reasons for medical colleges to throw in the

## MEDICAL COLLEGE FOR SALE IN KERALA

REPUTED WELL RUNNING MEDICAL COLLEGE IN KERALA FOR SALE/TAKE OVER. THE COLLEGE IS APPROVED BY MEDICAL COUNCIL OF INDIA, GOVERNMENT OF INDIA AND AFFILIATED TO KERALA UNIVERSITY OF HEALTH SCIENCES

Interested financially sound parties may send their details including proof of financial status to the email given below within 10 days. Brokers excluded

The advertisement that appeared in Malayalam daily seeking prospective buyers.

towel and call it a day?

According to those associated with the running of medical colleges, the prime problem is cash crunch. Back when managements could admit students to the management quota, they could collect money by way of donations, capitation fee, upfront fee and bank guarantees for all the five years of

the MBBS programme. That era is over. Now all students are being admitted by the Commissioner for Entrance Examinations from the NEET rank list according to merit and on the basis of a pre-declared fee, except where the matter is with the courts.

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## The Hindu wins best news website award

SPECIAL CORRESPONDENT  
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The Hindu Group has been awarded two golds and a silver at the South Asian Digital Media Awards at the WAN-IFRA (World Association of Newspapers and News Publishers) India 2017 conference in Chennai.

www.thehindu.com won the gold award for the Best News Website. The Hindu's site, India's oldest newspaper website, is fully responsive, adapting seamlessly to different devices and screen sizes. Designed by Itu Chaudhuri Design, the website's navigation and information architecture is designed to help readers easily and intuitively access content.

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# Medical college for sale

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The other day when some managements started asking for blank cheques from parents, the Admission Supervisory Committee reacted with alacrity and issued an order that the collecting of blank cheques or asking for an upfront fee (of all the five years together) would come under the definition of capitation fee and that action would be taken under the relevant rules.

"The fact is that all the newcomer colleges have a cash crunch," Fazal Gafoor, spokesperson of the MES, told *The Hindu*. "On the one hand we are asked to reduce the fee and on the other we

have to keep the college going. This is no joke. The managements are left with no option to raise money. It is my understanding that at least a handful of medical colleges are contemplating a sale or takeover," he said. Moreover the recent hike in the salary of nurses has also hit the medical colleges hard, Dr. Gafoor maintained.

Anilkumar Vallil, Secretary of the Self-financing Medical Colleges Management Association, told *The Hindu* that many medical colleges were today facing a severe cash crunch and that they finding it difficult to stay afloat.



# UGC's approved journal list has 111 more predatory journals

Directory of Open Access Journals flags them for "suspected editorial misconduct"

R. PRASAD  
SRINIVASAN RAMANI  
CHENNAI

The University Grants Commission's (UGC) approved list of journals or white list appears more grey than white.

In June this year, the UGC released a revised list of 33,112 approved journals in which university/college faculty and students may publish papers. It has now come to light that UGC's revised list contains 111 potential predatory or fraudulent journals.

Last week, *The Hindu* reported that the revised list contains 84 predatory journals that are found in librarian Jeffrey Beall's (University of Colorado, Denver) list of "potential, possible, or probable" predatory journals, bringing the total to 195.

The journals from the UGC white list (45,925, including inactive journals at [ugc.ac.in](http://ugc.ac.in)) were "web-

scraped" and individually "string-matched" with the list of journals in the Directory of Open Access Journals (DOAJ) flagged as "suspected editorial misconduct by publisher".

Earlier, the same list was compared with Mr. Beall's list. An exact string match between the names of journals in the lists was taken as the criteria to flag the journal as predatory.

Of the 586 journals that the DOAJ had recently removed from its directory on grounds of "suspected editorial misconduct by publisher", the UGC list contains 114. Three of the 114 journals have an overlap with Mr. Beall's list.

By all accounts, the probability of the revised list containing more predatory journals cannot be ruled out. For instance, the UGC list has included some journals, which have all the tell-tale signs of predatory journals.

They are neither found in Mr. Beall's list nor are they among the DOAJ's rejected journals.

## Malpractices aplenty

A few of the predatory journals that have been removed from the DOAJ database want the authors to assign copyright to the journals, which goes against the grain of open access, while a few others offer an e-certificate to authors of published papers and a hard copy of the certificate for a fee.

One journal also offers authors a unique payment option – by paying a registration fee of ₹3,000, authors will be allowed to publish multiple articles without paying any article processing charge. Most journals have fake impact factors (an indicator of importance of the journal in the field).

In a sting operation in late 2012, a "mundane paper with grave errors" was sent

to 167 journals included in the DOAJ database and 121 from Mr. Beall's list. While 82% publishers in Mr. Beall's list accepted the questionable paper, nearly 45% of DOAJ publishers did not reject the paper.

About six months after the results of the sting operation were published in October 2013 in the journal *Science*, the DOAJ began its mammoth exercise of removing the bad apples. The DOAJ has cleaned up its database by removing nearly 3,800 journals.

Following the introduction of new criteria for listing in March 2014, DOAJ has received 1,600 applications from Open Access journal publishers in India, which is the "highest number" in the world.

But of the 1,600, only 4% (74) were from genuine journal publishers and accepted for inclusion in the DOAJ directory.



# Only 1 doctor for 90K tribals in K'taka's primary health centres

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**Bengaluru:** Karnataka lacks public healthcare facilities in areas where it needed the most. According to the 2016 Rural Health Statistics report, in a state which has a tribal population of around 34,29,791, the average doctor-patient ratio in PHCs is a shocking 1: 90,000.

In tribal areas, there are not enough sub-centres, primary health centres (PHC) and community health centres (CHC). And, the existing ones are short on infrastructure and staff.

As per the population norms, plain areas must have a sub-centre, PHC and CHC for every 5,000, 30,000 and 1,20,000 people, respectively. In tribal areas, the number should be 3,000, 20,000 and 80,000. Of the 171 required PHCs in these areas, only 64 have been set up in the state, and only 38 have a doctor. That means, 38 doctors are treating a tribal population of 34 lakh.

The situation of CHCs is equally worse; out of the 42 required centres, only 7 have been set up. Of the 28 specialists (surgeon, physician, gynaecologist and paediatrician), only 9 were in place at the time of the report. Also, none of the 11 physicians was in the position.

While 1,143 sub-centres are needed in tribal areas, only 321 are in place. Sub-centres are tasked with providing services in relation to maternal and child health, family welfare, nutrition, immunization and control of communicable diseases but are vastly understaffed. When 321 female and 321 male health workers are needed, only 242 and 69 are working now.

"Most tribal areas overlap with forest areas. In Chamarajanagar, some communities live in and around the tiger reserves. While there's a PHC in the forest area, it does not have a doctor. There are 9 PHCs here for a tribal population of about 45,000, but only 3 have full-time doctors. In

## SORRY STATE OF AFFAIRS

Type of centre	Required	In position	Shortfall
Sub-centre (SC)	1,143	321	822
Primary health centre (PHC)	171	64	107
Community health centre (CHC)	42	7	35

Post	Required	Sanctioned	In Position	Shortfall
Woman health worker at SC	321	321	242	79
Male health worker at SC	321	115	69	252
Doctors at PHC	64	64	38	26
Surgeon at CHC	7	7	1	6
Obstetrician-gynecologist at CHC	7	13	5	2
Physician at CHC	7	11	0	7
Specialists (total) at CHC	28	44	9	19
Nursing staff at PHC and CHC	113	144	55	58

Most doctors don't want to work in tribal areas. We are trying to get them to work with the government either on contract and through an open-bidding process. At the PHC level, Ayush doctors are filling up medical officer vacancies. We have enough PHCs for the rural population but there has been a mismatch in some areas. The government has announced 150 extension clinics. For the tribal population, we have introduced 78 mobile-vehicular units

**Dr Rathan Kelkar** | MISSION DIRECTOR, NATIONAL HEALTH MISSION

Source: Rural Health Statistics 2016 (as on March 31 2016), department of health and family welfare

some centres, doctors visit once in one or two weeks. So if there's no doctor, people have to travel up to 35 km to the nearest centre," said C Made Gowda, a social worker. According to Prashanth NS, additional director of the Institute of Public Health, many people from these communities end up dying of easily preventable causes. "Anemia, which is the largest cause of maternal mortality among tribal women, can be easily tackled if detected in the earlier stages of pregnancy. But due to lack of

medical workers, it gets detected in the last stage," he said.

According to him, tribals who qualify as doctors might be more motivated and willing to work in these remote areas. "But since the reservation system tends to favour scheduled tribes living in cities and not in these areas, there are very few qualified doctors and nurses from these communities. There hasn't been a single doctor from Soliga and Jenu Kuruba communities," he added.

## TIMES VIEW

There are many government schemes for tribals' welfare, but things on the ground could be better. They remain a marginalized group with little access to good healthcare. The rural health report paints a grim picture of public healthcare in Karnataka and it's high time the government took innovative approaches to fix loopholes using technology. It can learn a lesson or two from dedicated NGOs who involve tribals in developing solutions for their problems. Apart from ensuring infrastructure, educating the community is a must. Medicos in these areas also deserve good facilities and pay to ensure they stay on there.