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Online Newspaper Clipping Service
Dtd-Monday, 08th, January- 2018



Pg.No.01

Allow famous docs to teach, MPs to MCI

Kalyan Ray

NEW DELHI, DHNS: With medical colleges facing a huge faculty shortage, lawmakers have asked the Medical Council of India (MCI) and the Health Ministry to allow “renowned doctors” to teach in the medical colleges.

Shortage of faculty in most of the Indian medical colleges is a well recognised fact even though there is no centralised database because individual states are responsible to keep a tab on the vacant posts in the colleges and fill them up.

But what may be an indicator, a première centre like the All India Institute of Medical

Sciences, Delhi had vacancy in 232 posts as on April 14, 2016, out of which 66 positions were for professors, 10 for additional professors, 23 for associate professors and 131 for assistant professors.

“Renowned medical specialists with academic background in cities can be given the status of visiting faculty to teach UG/PG students as students generally love to have famous doctors of city teaching them the art of medical practice. It will also increase the pool of medical faculty,” the Committee on Estimates stated in its report tabled in the Parliament.

The MCI had received such

a proposal, but it is yet to take a decision. Also no decision has been taken to increase the teaching age of the faculty up to 75 years.

At present, there are 479 medical colleges that offer 57,138 MBBS seats and 25,850 post graduate positions every year. Out of these 479 medical colleges, 227 are in government colleges and the remaining 252 are privately owned.

In the last few years, the norms for PG medical faculty were changed allowing professors to take more students. Now one professor can take two PG students and one Associate Professor can take one PG student.

Revisiting medical body bill welcome

The government's decision to get the National Medical Commission bill, 2017 re-examined by a panel of lawmakers is a welcome step because of the contentious nature of the bill that seeks to replace the Medical Council of India. Over the years, MCI failed in its duties to regulate the medical education sector in an honest and transparent manner, leading to a huge inequity in healthcare. The Prime Minister's Office was repeatedly requested by doctors, lawmakers, state governments and experts either to overhaul the MCI or replace it with a new agency. While the Centre's intention to replace the MCI with a new outfit is timely, the question is whether the NMC in its present avatar is the right solution.

As per the proposed structure, the commission will regulate through four autonomous boards to take care of undergraduate and postgraduate education, medical college infrastructure, and maintaining the doctor's register and to keep an eye on ethics in healthcare. While there won't be any annual inspection of new medical colleges, the bill proposes an exit examination to check whether students passing out from these colleges have indeed received a minimum level of education to qualify as practising doctors. The most contentious clause, however, is to permit ayurvedic and homoeopathic doctors to prescribe modern medicine after a bridge course. The underlying



"NMC in its present avatar may not be the right solution."

ing objective probably is to fill up more than 1.55 lakh sub-centres and 25,000 plus primary healthcare centres with someone with basic medical knowledge to look after people's primary health needs, run the government programmes and identify the complicated cases for referral. It is said to gel well with the government's plan to turn the primary health centres into wellness centres. The lawmakers will have to determine if it is a desirable move and if it would dilute the value of the MBBS degree. Scientifically while the ayurvedic system can co-exist with modern medicine to some extent, inclusion of homoeopathy in the same bracket is worrisome because the fundamentals of homoeopathy are completely against modern science. The MPs should also examine other options like empowering the nurses with better medical knowledge or creation of a separate cadre of community health workers to take care of the health needs of rural India rather than giving a backdoor entry to an ayurvedic specialist or a homoeopath to modern medicine.

Opposition from the Indian Medical Association was predictable and may continue if the government presses ahead with the legislation. The doctor's body claims self-regulation as the cure for the ills, but does precise little to punish the guilty and stem the rising healthcare cost. An honest regulator is required no doubt, but the draft law definitely needs a revisit.

NEET PG HELD ACROSS INDIA

EXPRESS NEWS SERVICE @Bengaluru

THE national entrance examinations for Post-Graduate medical courses under the National Eligibility-cum-Entrance Test (NEET) was conducted across the country on Sunday.

The candidates, who appeared for the test, felt it was an average one. The paper had 300 questions, both from clinical and non-clinical subjects.

From this year, negative marking has been introduced in NEET PG, and this has irked several candidates as they get four marks for the right answer and lose one mark for the wrong answer.

Like NEET UG, even here, candidates had to undergo security checks. For example, candidates were asked to remove their footwear at some of the centres in the city. Candidates were also not allowed to carry pens inside the centres. At some centres, candidates were made to remove their ear rings, watches and other metal ornaments they were wearing.



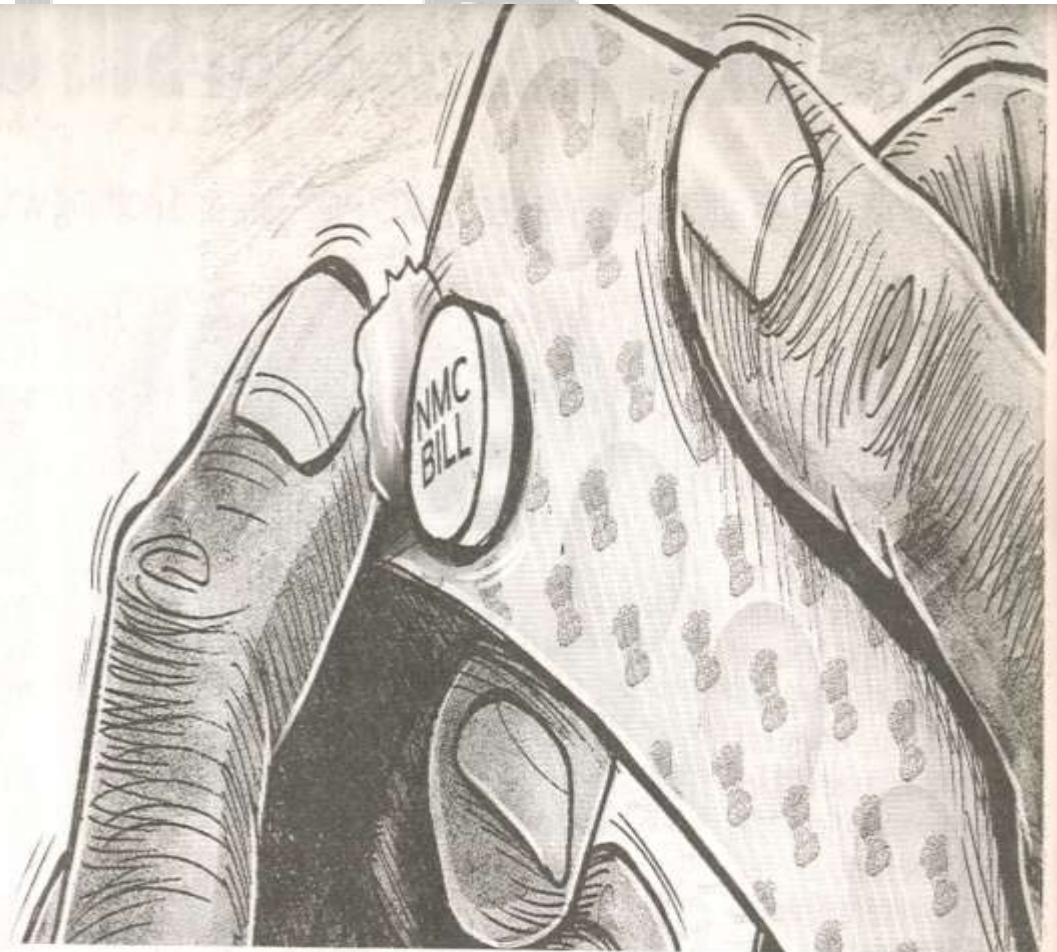
OPINION

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The National Medical Commission Bill has been referred to a Parliamentary Standing Committee in the wake of protests by doctors

THE TROUBLE WITH THE NEW MEDICAL BILL



AMIT RANDE

Continue

ince 2009, when the idea of re-vamping the Medical Council of India was first mooted and was replaced by way of an Ordinance in 2010, several discussions took place on this topic. Yet when the National Medical Commission (NMC) Bill was placed on the Table of Lok Sabha, it was greeted with anger and a day-long strike by all doctors in the country. In the face of stiff opposition cutting across party lines, the Bill has been referred to the Parliamentary Standing Committee. The article seeks to explain the four major irritants: the architecture of the proposed Commission, licensing of doctors, cross practice and permitting practice without prior screening, and fees. These aspects need a careful review in view of the long-term implications for the kind of doctors we produce and have in our country.

The Bill seeks to replace a 106-member elected body with a 65-member Medical Advisory Council (that includes 25 members of the NMC); a 25-member NMC with four verticals consisting in all 12 members and dealing with setting curriculum, standards and registration. Barring five, the remaining 72 persons, of whom half would be doctors, are to be ap-

pointed by the Centre, upon the advice of a seven-member search committee chaired by the Cabinet Secretary. If the advisory council meets once a year, the NMC is expected to meet quarterly and the verticals monthly. So in effect, the secretary of the Commission is expected to run the day-to-day matters, coordinating different bodies and the various expert committees that each may constitute. For discharging such important duties, his stature, experience or medical knowledge are not specified. It is enough if he is a postgraduate.

The specialised verticals consisting of persons having expertise in the subject, is expected to lay down norms, standards and guidelines in accordance with need. However, the advantage of such responsibilities can be realised only when matched with a measure of autonomy and strict accountability.

This is, however, not the case. On every issue, recourse to appeals has been provided—to the NMC and/or the government. The government also reserves the power to issue directives that the NMC, states and elected state medical councils have to comply with whether these



A dialogue will provide an opportunity to debate some of these contentious issues and hopefully enable a more balanced Bill that is acceptable to all

directives pertain to policy or otherwise. Besides, the government is also empowered to dilute the norms and criteria laid down for sanctioning colleges, approve degrees, courses and grant permissions to anyone to practice. The Centre can even overturn punishment meted out to a doctor found guilty of negligence of malpractice by the state Medical Council, the Ethics and Medical Registration Board and the NMC. Such centralisation and bureaucratisation of the Regulator is unprecedented, more so because the NMC already consists of all the technical advisors of the Ministry: DGHS, DG ICMR, heads of its premier institutions like AIIMS, PGI Chandigarh etc.

If NEET was considered necessary for ensuring a minimum standard of knowledge to be possessed by students to deal with the tough medical syllabus, the Bill provides for an exit examination. The provocation being that there are varied standards across the country in the quality of doctors being produced. So a licentiate examination would help standardise the "Indian doctor". The exam is for being eligible to get a licence to practice and also qualify to pursue postgraduation.

The problem is the fate of students who go through a five-year study in an accredited medical college, pass an approved examination process consisting of viva and practicals and are declared fit to practice, but fail to qualify an MCQ paper conducted by the NMC. Their options are either to spend huge amounts in private coaching centres or practise clandestinely. The students most likely to be affected will be those from backward provinces and poorer families. This needs further deliberation.

The third issue is a joint sitting of the Commission and the heads of the AYUSH Councils to design bridge courses for undergraduate and postgraduate courses under which AYUSH practitioners would be eligible to prescribe allopathy medicines. Such AYUSH doctors do not have to go through any licentiate examination or screening and yet are registered by the NMC, providing dual registration. As such, this provision regularises an ongoing practice where, in many private hospitals, including some corporate ones, AYUSH doctors are working and being shown as 'doctors', albeit at much lesser pay. This provision is fraught with undesirable impact and needs

to be carefully deliberated. The Bill also provides for the government to exempt persons who can do surgery and practise without being screened. Such powers can be abused in the wrong hands.

The Bill provides for the NMC to fix fees for "up to 40 per cent" seats. This will make it very expensive for students, forcing them, after graduation, to look for lucrative jobs in cities or deter them, even if selected, to join on grounds of unaffordability, as is the case now. There is no justification for such a provision. The Bill is also very lax on penalising wrongdoing and fraud and weak on demanding accountability and adherence to rules.

The Bill has now been referred to the Standing Committee. There are several operational issues too that need to be ironed out such as the four-year term for the Secretary and the Commission that may impact institutional memory. A dialogue will provide an opportunity to debate some of these contentious issues and hopefully enable a more balanced Bill that is acceptable to all. Since medical education is in the concurrent list, the participation of the states is critical and needs to be factored in.

Negative marking leaves NEET PG examinees jittery

Bengaluru: The fear of negative marking loomed large over the National Eligibility cum Entrance Test (NEET) for postgraduate medical seats held here on Sunday.

The PG medical aspirants, who appeared for the test, said some of the 300 questions were tricky. The paper struck a balance between clinical and non-clinical questions, they added.

A strict checking of belongings and dress code, including restriction on the kinds of shoes candidates wore, gave the aspirants jitters. Some of them claimed that they were not allowed to carry pens to the exam centre citing security issues.

The deduction of one mark for every wrong answer, however, put students in the spot. TNN

Gender gap is narrowing in higher edu, says HRD survey

In 8 Disciplines In 2016-17, Women Outnumber Men

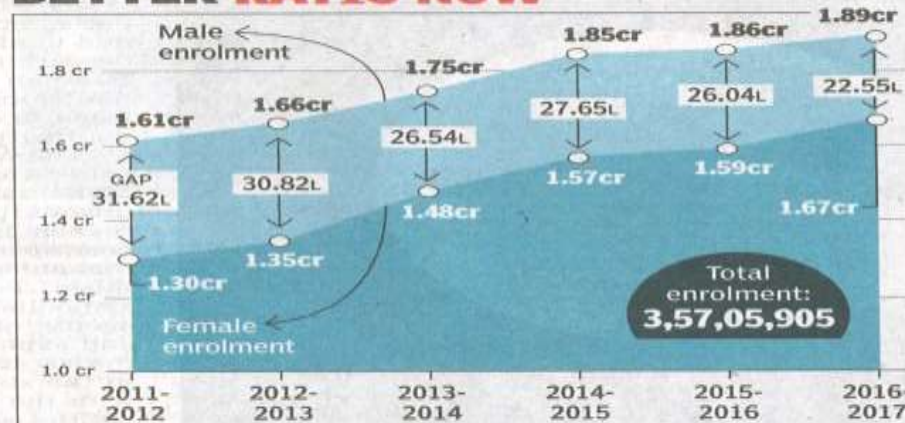
Manash.Gohain
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New Delhi: Gender gap in India's institutes of higher studies has reduced by nine lakh in the last five years with girl students outnumbering men in eight disciplines in 2016-17 academic session, according to a survey of the HRD ministry.

While in Masters of Arts, there are 160 women for every 100 men, in Bachelor of Science (Nursing) has 384 women for every 100 men. Even in the postgraduate classes of science and commerce, women have handsomely outnumbered men with 167 and 158 respectively per 100 males. However, in undergraduate and technical and professional courses like BTech, law or management, the enrolment is skewed in favour of males and the gap is significant.

The All India Survey on Higher Education (AISHE), released by the HRD ministry on Friday, says the gender gap in the higher educational institutions decreased by over nine lakh from 2011-12 to 2016-17 (31.5 lakh to 21.5 lakh). The survey shows the Gender Parity Index increased to 0.94 in 2016-17 from 0.86 in 2010-11 with women participation in certain disciplines very high and increasingly sharply in courses like MA, MSc, and MCom. Women enrolment has not increased significantly at the undergraduate level. The enrolment by the end of 2016-17 academic year stands at 3,57,05,905 with a Gross Enrolment Ratio (GER) of 25.2. GER is counted from the number of students enrolled in higher education institutions out of the total

BETTER RATIO NOW



FEMALE PER 100 MALE

Students in important programmes at UG and PG level in regular mode of education

Programme	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
Master of Arts	124	147	154	165	169
Master of Science	123	138	147	157	167
Master of Commerce	122	136	145	148	158
MBBS	86	93	95	97	99
BSc (Nursing)	92	95	93	93	384
Bachelor of Education	169	180	188	197	203
Bachelor of Arts	108	115	118	118	121
Bachelor of Commerce	79	83	86	90	93

population in the age group of 18 to 23 years.

Women continue to outnumber men in Bachelor of Arts and Education. And there are two others streams where women are fast catching up—MBBS which 99 women per 100 male students, up from 86 in 2012-13, and BCom up to 93 from 79 in the same period.

At MSc level, mathematics, physics and zoology are the subjects where the number of women is over 60% while in

chemistry it is 56.3%. At postgraduate level, the highest number of enrolment has been for mathematics with a total of 1,43,762 students of which 62.1% are women. In social sciences and specially in courses like Political Science, 52.2% students are women.

However, as per the survey, even though the GER of female is higher, there is still significant gap in BTech, MTech, law and MBA programmes. In BTech, there are

Biggest gender gaps: FEMALE PER 100 MALES

BACHELOR OF COMPUTER APPLICATIONS	
2012-13	59
2013-14	63
2014-15	64
2015-16	65
2016-17	75
BACHELOR OF BUSINESS ADMN	
2012-13	61
2013-14	75
2014-15	75
2015-16	76
2016-17	66
BTECH	
2012-13	38
2013-14	39
2014-15	39
2015-16	38
2016-17	39
LLB	
2012-13	43
2013-14	46
2014-15	44
2015-16	44
2016-17	47
MBA	
2012-13	52
2013-14	56
2014-15	58
2015-16	61
2016-17	62
MTech	
2012-13	55
2013-14	61
2014-15	64
2015-16	64
2016-17	67

only 39 women per 100 men, hardly any improvement from 38 women in 2012-13. Barring MPhil and PG levels, the gap is also significant in diploma level courses with 70% male enrolment. In last five years, GER increased from 21.5 in 2012-13 to 25.2 in 2016-17. In comparison to men, the increase in GER is higher for women. For men, the growth has been from 22.7 to 26 in this period while for women it was from 20.1 to 24.5. India aims to attain a GER of 80% by 2020.

ಪ್ರಾಧ್ಯಾಪಕರ ಕೊರತೆ ಪರಿಹರಿಸಲು ಸಮಿತಿಯ ಸಲಹೆ ವೈದ್ಯ ಕಾಲೇಜುಗಳಲ್ಲಿ ಸ್ಥಳೀಯ ವೈದ್ಯರ ಬೋಧನೆಗೆ ಶಿಫಾರಸು

ನವದೆಹಲಿ: ವೈದ್ಯಕೀಯ ಕಾಲೇಜುಗಳಲ್ಲಿ ಪ್ರಾಧ್ಯಾಪಕರ ಕೊರತೆ ಭಾರಿ ಪ್ರಮಾಣದಲ್ಲಿದೆ. ಹಾಗಾಗಿ ಸ್ಥಳೀಯ 'ಖ್ಯಾತ ವೈದ್ಯರು' ಇಲ್ಲಿ ಬೋಧಿಸಲು ಅವಕಾಶ ಕಲ್ಪಿಸಬೇಕು ಎಂದು ಸಂಸತ್ತಿನ ಅಂದಾಜು ಸಮಿತಿಯು ಸಲಹೆ ಮಾಡಿದೆ.

ವೈದ್ಯಕೀಯ ಕಾಲೇಜುಗಳ ಪ್ರಾಧ್ಯಾಪಕರ ನೇಮಕ ರಾಜ್ಯ ಸರ್ಕಾರಗಳ ವ್ಯಾಪ್ತಿಗೆ ಬರುತ್ತದೆ. ಹಾಗಾಗಿ ದೇಶದಲ್ಲಿ ಪ್ರಾಧ್ಯಾಪಕರ ಕೊರತೆ ಎಷ್ಟು ಎಂಬುದು ನಿಖರ ಮಾಹಿತಿ ಇಲ್ಲ. ಆದರೆ ದೆಹಲಿಯ ಅಖಿಲ ಭಾರತ ವೈದ್ಯಕೀಯ ವಿಜ್ಞಾನಗಳ ಸಂಸ್ಥೆಯ (ಏಮ್ಸ್) ಪ್ರಾಧ್ಯಾಪಕರ ಕೊರತೆಯ ಅಂಕಿ ಅಂಶ ದೇಶದ ಇತರ ವೈದ್ಯಕೀಯ ಕಾಲೇಜುಗಳಲ್ಲಿನ ಕೊರತೆ ಬಗ್ಗೆ ಒಂದು ಅಂದಾಜನ್ನು ನೀಡುತ್ತದೆ.

2016ರ ಏಪ್ರಿಲ್‌ನ ಮಾಹಿತಿ ಪ್ರಕಾರ, ಏಮ್ಸ್‌ನಲ್ಲಿ 232 ಬೋಧಕ ಹುದ್ದೆಗಳು ಖಾಲಿ ಇವೆ. ಇದರಲ್ಲಿ 66 ಪ್ರಾಧ್ಯಾಪಕರು, 10 ಹೆಚ್ಚುವರಿ ಪ್ರಾಧ್ಯಾಪಕರು, 23 ಸಹ ಪ್ರಾಧ್ಯಾಪಕರು ಮತ್ತು 131 ಸಹ ಪ್ರಾಧ್ಯಾಪಕರ ಹುದ್ದೆಗಳು ಸೇರಿವೆ.

ಎಷ್ಟಿವೆ ಕಾಲೇಜುಗಳು?

479

ದೇಶದಲ್ಲಿರುವ ಒಟ್ಟು ಕಾಲೇಜುಗಳ ಸಂಖ್ಯೆ

227

ಸರ್ಕಾರಿ ಕಾಲೇಜುಗಳು

252

ಖಾಸಗಿ ಕಾಲೇಜುಗಳು

57,138

ಒಟ್ಟು ಎಂಬಿಬಿಎಸ್ ಸೀಟುಗಳು

25,850

ಒಟ್ಟು ಸ್ನಾತಕೋತ್ತರ ಸೀಟುಗಳು

ಸಂಶೋಧನೆಯ ಹಿನ್ನೆಲೆ

ಇರುವ ಖ್ಯಾತ ಪರಿಣಿತ ವೈದ್ಯರಿಗೆ ಸಂದರ್ಶಕ ಪ್ರಾಧ್ಯಾಪಕ ಸ್ಥಾನಗಳನ್ನು ನೀಡಬಹುದು. ಅವರು ವೈದ್ಯಕೀಯ ಪದವಿ ಮತ್ತು ಸ್ನಾತಕೋತ್ತರ ಪದವಿ ಕೋರ್ಸ್‌ಗಳಿಗೆ ಪಾಠ ಮಾಡಬಹುದು.

ವೈದ್ಯಕೀಯ ಕಾಲೇಜು ಇರುವ ನಗರಗಳ ಖ್ಯಾತ ವೈದ್ಯರಿಂದ ಪಾಠ ಹೇಳಿಸಿ ಕೊಳ್ಳುವುದನ್ನು ವಿದ್ಯಾರ್ಥಿಗಳೂ ಇಷ್ಟಪಡುತ್ತಾರೆ.

ಸ್ಥಳೀಯ ಖ್ಯಾತ ವೈದ್ಯರು ಸಂದರ್ಶಕ ಪ್ರಾಧ್ಯಾಪಕರಾಗುವುದರಿಂದ ವೈದ್ಯಕೀಯ ಶಿಕ್ಷಣ ಕ್ಷೇತ್ರದಲ್ಲಿ ಬೋಧಕರ ಬಳಗವೇ ಸೃಷ್ಟಿಯಾಗುತ್ತದೆ ಎಂದು ಸಂಸತ್ತಿನಲ್ಲಿ ಮಂಡಿಸಲಾದ ವರದಿಯಲ್ಲಿ ಹೇಳಲಾಗಿದೆ.

ಭಾರತೀಯ ವೈದ್ಯಕೀಯ ಮಂಡಳಿಗೂ ಇಂತಹ ಪ್ರಸ್ತಾವವೊಂದು ಸಲ್ಲಿಕೆಯಾಗಿದೆ. ಆದರೆ ಇನ್ನೂ ಯಾವುದೇ ನಿರ್ಧಾರ ಕೈಗೊಳ್ಳಲಾಗಿಲ್ಲ.

75 ವರ್ಷದ ವರೆಗೆ ಬೋಧನೆಗೆ ಅವಕಾಶ ಕೊಡಬೇಕು ಎಂಬ ಬೇಡಿಕೆಯ ಬಗ್ಗೆಯೂ ನಿರ್ಧಾರಕ್ಕೆ ಬರಲಾಗಿಲ್ಲ.