



KMCC

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**Publisher**

The Registrar, Karnataka Medical Council, 16/6, Miller Tank Bund Road, Vasanth Nagar, Bengaluru 560 052 E mail: kar.medi_council@yahoo.co.in website: www.Karnatakamedicalcouncil.com

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EDITORIAL

Precision Medicine

Developments in internet and multimedia technologies have revolutionized the teaching and learning. The advances that have taken place in the recent decades have enabled to make proper diagnosis of the clinical conditions. Biopsy taken to evaluate the condition can be analysed for a panel of genetic variants. It helps in accurate prediction about the response to treatment. Many situations especially malignant conditions respond to a specific targeted agent and show remission for a variable period of time. Such a mode of therapy had been referred to as personalized medicine. The clinical examination, pathological alterations, emerging molecular profiling and targeted therapy have led to establish proper diagnosis, predict prognosis and undertake precisely tailored treatment to each patient's needs. This emerging scenario in the management of patients is referred to as 'precision medicine'. For precision medicine the disease must be diagnosed to gene. The term is sometimes misinterpreted implying that unique traits can be designed for each individual. The term precision medicine is preferred to personalized medicine to convey the meaning properly.

Genetic testing is possible for a variety of clinical conditions. Along with recognition of such genetic abnormalities, the diagnostic tests have increased exponentially.

Precision medicine should ensure that patients get the right treatment at the right dose at the right time with minimum ill consequences and maximum efficacy (1). Precision medicine refers to the tailoring of medical treatment to the individual characteristics of each patient. It does not literally mean the production of drugs or medical devices that are unique to a patient, but rather the ability to classify individuals into subgroups that offer in their susceptibility to a particular disease and their response to a specific treatment. Then it is possible to create therapeutic interventions that can be concentrated on those individuals who get benefit without any side effects.

'Precision' word is used to mean accurate and precision in scientific methods. Precision drugs will be developed by pathways by going after biochemical actions set off by genes. They have to integrate genome biomarkers into all phases of drug development.

Reference

1. Menezami R, Nicholson J, Darzi A. Preparing for precision medicine N Engl J Med 2012; 366; 489-91

The medical profession is utilizing electronic forms of learning as an innovative teaching technology.

MMC brings online CMEs for Maharashtra doctors

Source: Times of India, Chaitanya Deshpande, Jan 23, 2020

NAGPUR: Doctors working in small towns, villages and in remote

areas can now get updated clinical knowledge through online continuous medical education (CME) faculty launched by Maharashtra Medical Council (MMC).

After accessing the online CME for six hours and answering a small questionnaire, doctors will get three credit points. These points are useful when doctors renew their registration with MMC.

"MMC launched this facility on a beta basis. A doctor can earn up to six credit points from online CMEs" said Dr VinkyRaghuwani, Vice President of MMC.

Doctors need to earn 30 credit points in five years to get renewal for the next five years. Practice without MMC registration is not allowed

CMEs are held mostly in metro cities and big towns. Doctors practicing in small towns and remote areas are unable to attend such CMEs. Attending online CME is a good option for them. "We will see the response from the doctors. MMC may think of increasing the point limit from six to 12 in future", Dr Raghuwani added.

After every CME, they have to answer online questions. They need to answer at least 60% of the questions to get online certificates. Credit hour certificates are generated automatically after completion of CME and answering questionnaire.

City's doctors who have been associated with organizing CMEs on various topics felt that the online option is better as it will keep CMEs purely academic. "These days, many CMEs are conducted at tourist spots and doctors attend them just for formality. CMEs are more like to get-togethers and not-exercises in pure academics. The online mode will update doctor's knowledge in the true sense and will eventually benefit patients", said a senior doctor.

10,000 more PG medical seats likely this year

Source: Sushmi Dey, Times of India Jan 26, 2020

NEW DELHI: There may be a significant addition of 10,000 new postgraduate medical seats from the new academic session this year that will help improve availability of specialists across the country, as well as facilitate district residence program, which entails at least three months of rural posting.

The Board of Governors (BoG) vested with powers of the MCI has approved the proposal to increase PG seats after states raised concerns about the residence program, saying hospitals attached to the medical colleges will suffer if these students are sent to district hospitals, a senior official said. The services at District Hospitals is mandatory for every PG student.

BoG headed by Niti Aayog member V K Paul, has given the goahead district residency program, another senior official who is a member of BoG told TOI, At present there are over 23,000 PG and 68,500 seats undergraduate medical seats in both government and private colleges across the country,

The district residency program has been in the works, but BoG approval will facilitate the increase in seats in the 2020-21 session itself. As per health ministry data, India faces a shortfall of around 82% specialists.

Doctors Working in Haryana To Now Register At Haryana Medical Council Official Website; Registration Begins From 6th January

Source: Medical Dialogues, B Garima, 5th Jan 2020

Registration of all medical practitioners of modern medicine can now be done with a separate state medical council portal, now launched for Haryana doctors. Haryana Health Minister Anil Vij recently launched a website www.haryanamedicalcouncil.com. The registration process at the Haryana Medical Council is set to begin from January 6th 2020. The doctors practising in the state can register themselves with the governing body from then. While the Medical Council of India (MCI) is the apex medical regulatory body in the country, state medical councils are autonomous bodies established under the State Medical Council Act. Each of these Medical Councils consists of members elected by the registered medical practitioners and those nominated by the State Government. All doctors have to be registered with their respective state medical councils which have substantial disciplinary control over the medical practitioners. They have the power to remove the names of medical practitioners permanently or for a specific period from their Registers when after due enquiry they are found to have been guilty of serious professional misconduct. These authorities governing the respective state medical councils are also authorised to direct the restoration of the name so removed.

Know Your Medical Lawmakers:

25 Members of National Medical Commission

New Delhi: 25 Members of the incoming National Medical Commission (NMC) a body that is going to replace the Medical Council of India (MCI) have been finalised for a period of two years, by the Union Ministry of Health and Family Welfare using a draw of lots.

NMC includes ten Vice-Chancellors (VCs) from different states, nine members from the State Medical Councils (SMCs) and four part-time members from the autonomous boards.

10 VCs are from Tamil Nadu, West Bengal, Gujarat, Delhi, Himachal Pradesh, Andhra Pradesh, Rajasthan, Dadra and Nagar Haveli, Punjab, and Haryana.

Nine representatives from various SMCs have been selected from Uttar Pradesh, Sikkim, Kerala, Karnataka, Uttarakhand, Arunachal Pradesh, Bihar, Maharashtra, and Manipur.

Four members from the autonomous boards include Undergraduate (UG), Post Graduate (PG), Medical Assessment and Rating Board (MARB) and Ethics and Registration Board. These members are from Tripura, Jammu and Kashmir, Nagaland, and Madhya Pradesh, They will serve as part-time members.

Universities

Dr. Sudha Seshayyan, Vice Chancellor, Tamil Nadu Dr. M.G.R. Medical University, Chennai, Tamil Nadu.

Prof. Rajendra Pandey, Vice Chancellor, West Bengal University of Health Sciences, Kolkata, West Bengal.

Dr. Himanshu A. Pandya, Vice Chancellor, Gujarat University, Ahmedaba, Gujarat.

Prof (Dr.) Mahesh Verma, Vice Chancellor, Guru Gobind Singh Indraprastha University, Delhi. Dr. Surender Kashyap, Vice Chancellor, Atal Medical and Research University, Himachal Pradesh.

Dr. C.V. Rao, Vice Chancellor, Dr. NTR University of Health Sciences, Vijayawada, Andhra Pradesh.

Dr. Rajababu Panwar, Vice Chancellor, Rajasthan University of Health Sciences, Jaipur, Rajasthan.

Dr. V. K Das, Director, Medical Education, Dadra and Nagar Haveli

Dr. Raj Bahadur, Vice Chancellor, Baba Farid University of Health Science, Faridkot, Punjab.

Dr. O.P. Kalra, Vice Chancellor, Pandit Bhagwat Dayal Sharma University of Health Sciences, Rohtak, Haryana

State Medical Councils

Uttar Pradesh Medical Council Dr. Urmila Singh

Sikkim Medical Council Dr. Sanjeev Kumar Prasad

Kerala Medical Council Dr. Rani Bhaskaran

Karnataka Medical Council Dr. H. Veerbhadrappa

Uttarakhand Medical Council Dr. Ajay Kumar Khanna

Arunachal Pradesh Medical Council Dr. KojJarbo

Bihar Medical Council Dr. Sahajanand Prasad Singh

Maharashtra Medical Council Dr. Shiv Kumar Shankar Utture

Manipur Medical Council Prof. Dr. ThongamBhimo Singh

Autonomous Boards

Under Graduate Medical Education Board: Tripura Medical Council Dr. J K Dev Varma Post Graduate Medical Education Board: Jammu & Kashmir Medical Council Dr. Vijay Gupta Medical Assessment and Rating Board: Nagaland Medical Council Dr. SedeviAngami Ethics and Medical Registration Board: Madhya Pradesh Medical Council Dr. Nishant Warwade

Only 14% Indian students with foreign medical degrees passed FMGE in 2015-18

Source: Shivangi Mishra, Times of India, Dec 23, 2019

New Delhi: Highest pass percentage was registered by students having degrees from Bangladesh (27.11%) and Philippines (25.65%). While several Indian students are moving mountains to get a medical degree from foreign countries, most of them fail to get through Foreign Medical Graduate Examination (FMGE). After acquiring a foreign degree, medical practitioners need to pass the FMGE screening test that offers them a licence to practice in India. But the pass percentage of FMGE is not encouraging.

According to the data from National Board of Examination (NBE), the examination conducting body, from 2015 to 2018 the total pass percentage of the examination was 14.22% with only 8,731 out of 61,418 candidates who appeared in the past few years managed to pass the examination. NBE that conducts the examination twice each year revealed that the highest number of Indian medical graduates appearing for the screening test were from China (20,019) followed by Russia (11,724), Ukraine (8,130), Nepal (5,894), Kyrgyzstan (5,335), Georgia (1,682), Philippines (1,421), Kazakhstan (1,393), Bangladesh (1,265) and Armenia (1,097).

Country-wise performance of Indian students in FMGE

Sr no	Country	Appeared (2015-18)	Passed (2015-18)	Pass %
01	China	20,019	2,363	11.80
02	Russia	11,724	1,512	12.90
03	Ukraine	8,130	1,224	15.06
04	Nepal	5,894	1,042	12.60
05	Kyrgystan	5,335	589	11.04
06	Georgia	1,682	348	20.69
07	Philippines	1,421	365	25.69
08	Kazakhstan	1,393	143	10.27
09	Bangladesh	1,265	343	27.11
10	Armenia	1,097	237	21.60

Of these top 10 countries, the highest pass percentage was registered from Bangladesh (27.11%) followed by the Philippines at 25.69%. While a big number of Indian students head to China and Russia to study medicine, not many manage to pass FMGE. The pass percentage of students from China and Russia is only 11.8% and 12.9% respectively.

Students have been concerned about the different levels of FMGE and authorities of the Medical Council of India and NBE received complaints regularly. A special committee was set up 4-5 years back that analysed the examination pattern and found the different levels to the applicants for screening test.

FMGE is conducted twice a year in June and December, and a candidate gets only three attempts to pass the screening test. The data shows that the Indian students who studied medicine in Yemen, Zambia, Sudan, Tanzania, and Ethiopia pass percentage is less than 10%.

Govt, notifies medical devices as drugs

New Delhi: The Union Health Ministry notified medical devices used on humans as drugs under the Drugs and Cosmetics Act with effect from April 1, and released the Medical Devices Amendment Rules, 2020 for mandatory registration of such devices. The notification will make companies accountable for quality, said an official. However, Rajiv Nath, Coordinator of Association of Indian Medical Device Industry, said small manufacturers making low-risk equipment would find it tough to comply with the new rules.

Source: Hindu, 14 Feb 2020

Coronavirus brings focus prospects of Chinese MBBS courses

Arjun Raghunath, DHNS, Thiruvananthapuram, FEB 04 2020,

The massive flow of MBBS aspirants from India, especially southern states like Kerala, to China has come to focus again as all the three novel coronavirus cases reported in India so far were Malayali medical students in China. Easy admission procedures and less fee continue to attract MBBS aspirants to China, even as only around 20 to 30 per cent of foreign medical graduates could clear the Foreign Medical Graduate Examination. While it would require more than Rs 75 lakh Rs one crore for medical courses at private colleges in Kerala, in China, it would be in the range of Rs 25 to Rs 40 lakhs. There are also no stringent entrance tests to the 45 MCI approved medical institutions, most of them at Wuhan. According to consultants providing admissions for Indian students to Chinese medical institutions, the number of India students in China during 2015 was around 13,000. It reached around 23,000 now, of which about 21,000 were pursuing medical education. A major chunk of students come from South Indian states like Kerala and Andhra Pradesh.

All India Foreign Medical Graduates Association president Dr A Najeerul Ameen said that while Russia was earlier the most sought after destination for foreign MBBS aspirants from India, over the last few years China emerged as the leading destination. It is estimated that about 8,000 Indian students were now seeking admission to medical courses in China annually, a major chunk of which were from Kerala and Andhra Pradesh. Foreign medical aspirants from Tamil Nadu and Karnataka were found to be generally opting for destinations like Russia and the Philippines. During 2019, around 16,500 foreign MBBS graduates who took the Foreign Medical Graduate Examination. Of this only 27 per cent could clear the examination, he said.

Geetha N, the mother of a Malayali medical student in China, said that the FMGE was deliberately being made tough to help students who pass out from private medical colleges in India. Dr Ameen said that the proposed National Exit Test as a screening test for all MBBS graduates would be a relief for the discrimination that the foreign medical graduates faced in India.

With the corona outbreak, there are concerns among the consultants that the prospects of Chinese MBBS courses might suffer a setback. Students who are currently undergoing medical education in China were also quite concerned about the future.

WHO busts myths and take messages on Coronavirus No scientific basis to garlic and sesame oil treatment

Mumbai: Jyothi Shelar, The Hindu 5 Feb 2020

Busting the myths and fake messages circulating on social media, the Public Health department of Maharashtra on Wednesday said consuming more garlic, curry leaves or cow's urine would neither treat nor prevent one from the novel coronavirus (nCoV) infection.

The officials urged people to instead follow good hand hygiene, having coughing and sneezing etiquette and eat nutritious and well-cooked food.

"Messages claiming that garlic, curry leaves and cow's urine can prevent or treat nCoV are being circulated in the name of doctors, medical institutions and the Health department. They are all false," said Health Minister Rajesh Tope. "At present, there is no specific treatment for nCoV and patients are given only symptomatic treatment. While there is no reason to panic, people should not fall prey to such misleading messages," he said.

Messages talking about superfoods and home remedies for prevention and treatment have no scientific basis, he said.

The World Health Organization also took to social media to spread awareness and bust such misleading claims. On garlic, WHO said it is a healthy food that may have some antimicrobial properties but there is no evidence that it has prevented people from contracting the 2019 nCoV.

On sesame oil it said, "Sesame oil is delicious but it does not kill nCoV". Some forwards have warned people against eating Chinese or preserved foods etc.

It is important to tackle misinformation as soon as possible. When there is an unknown people try to fill in the void." WHO's Dr Sylvie Briand said at a press meet in Geneva on Tuesday.

Synopsis of NEET - PG 2020 Result

Source: National Board of Examinations, New Delhi, 20 Jan 2020

NBE has conducted NEET-PG 2020 on 05/01/2020 in 169 cities across the country on a computer-based platform. NEET-PG is the only eligibility cum entrance examination

for admission to all medical post graduate courses in the country.

The following medical post graduate seats shall be filled utilizing the merit list of NEET-PG:

- All India 50% quota seats
- Institutions of Central Govt.
- Armed Forces Medical Services Institutions
- Universities established by an Act of Parliament
- Deemed universities
- State quota seats
- Seats in private medical colleges
- Institutions established by State Govt. or by an Act of State
- Post –MBBS DNB Seats

The admission to PG courses in following medical Institutions is not covered by NEET-PG:

- AIIMS, New Delhi and other AIIMS
- PGIMER, Chandigarh
- JIPMER, Puducherry
- NIMHANS, Bengaluru
- Sree Chitra Tirunal Institute for Medical Science and Technology, Thiruvananthapuram

Statistics of Registered Candidates for NEET-PG 2020:

Parameter	number
No. of candidates registered	1,67,102
Indian Nationals	1,66,702
NRIs	16
OCIs/PIO	130
Foreigners	254
Male	86,342
Female	80,745
Unreserved	8,248
SC	21,156
ST	7,927
OBC	59,771
Cities in which exam conducted	169
Test centres where NEET PG 2020 conducted	542
Independent appraisers appointed at NEET PG Test centres	1,248

Statistics of Appeared Candidates in NEET –PG 2020:

parameter	number
No. of candidates present	1,60,888
No. of candidates declared ineligible	12
male	82,955
female	7,920
transgender	13
General	75,383
OBC	57,759
SC	20,233

The cut off qualifying score for each category is as follow:

Category	Minimum eligibility criteria	Cut-off score (Out of 1200)
General	50 th percentile	366
SC/ST/OBC (including person With disability)	40 th percentile	319

Category wise total number of candidates who have qualified NEET-PG 2020:

Category	Qualified			Non-Qualified			Grand total
	Non-PH	PH	Total	Non-PH	PH	Total	
General	41,686	102	41,788	33,353	235	33,588	75,376
OBC	34,920	119	35,039	22,447	269	22,716	57,755
SC	9,912	23	9,935	10,188	109	10,297	20,232

State-wise details of candidates qualified

(Based on the information provided by the candidates in the application form)

SrNo	MBBS State/UT	Appeared	qualified
01	Andhra Pradesh	11,645	6,510
02	Assam	2,187	1,204
03	Bihar	4,203	2,022
04	Chandigarh	141	115
05	Chattisgarh	1,845	926
06	Delhi	2,206	1,688
07	Goa	386	269
08	Gujarat	7,097	4,324
09	Haryana	2,208	1,144
10	Himachal Pradesh	845	432
11	Jammu and Kashmir	1,004	712
12	Jharkhand	1,196	661
13	Karnataka	16,806	8,797
14	Kerala	9,556	6,818
15	Madhya Pradesh	5,899	2,765
16	Maharashtra	17,208	8,832
17	Manipur	806	373
18	Meghalaya	148	101
19	Odisha	3,797	2,134
20	Puducherry	4,398	2,116
21	Punjab	2,979	1,874
22	Rajasthan	6,098	3,642
23	Sikkim	339	176
24	Tamil Nadu	18,854	11,681
25	Telangana	8,649	4,933
26	Tripura	900	312
27	Uttar Pradesh	11,318	4,957
28	Uttarakhand	1,471	737
29	West Bengal	7,759	4,273
30	Others	8,866	3,936
Grand Total		1,60,888	89,549

*As per the state from which the candidate has done his/her MBBS.

The role of NBE is to conduct NEET-PG and declared the result in accordance with qualifying criteria and hand over the result to the Central Govt. Candidature of the candidates is purely provisional subject to fulfilment of eligibility criteria as mentioned in NEET –PG 2020 Information Bulletin. The Merit position for All India 50% quota seats shall be declared by NBE Separately. The merit list/category wise merit list for State quota seats shall be generated by the States /UT as per their qualifying/eligibility criteria, applicable Guidelines/Regulations & reservation policy.

Online video classes: A boon for medical aspirants from rural India

Source: PTI, New Delhi, Deccan Herald FEB 09 2020

Nineteen-year-old Nchumthung Patton from Nagaland's Wokha district, a tiny speck on the map of the country's north-eastern region, almost gave up his dream of becoming a doctor when he could not clear the all India medical entrance examination.

The teenager, who hails from a farming family and has seven siblings, had prepared for the ambitious test for one year on his own as his parents could not afford to send him to a city for medical coaching. Patton is now preparing for the entrance exam again but this time through online classes that have eliminated the need for coaching centres in his village and many other rural parts of the country.

Several major platforms such as NEETprep, BYJU's, ICA Edu skills and Youth4works have started offering online programmes for medical aspirants that prepare students for entrance exams through video streaming.

Patton has enrolled with NEETPrep and was provided with all study material -- a pen drive and course work via email -- at a much lesser price than what enrolling in a coaching centre in a city would cost.

According to online education providers, the concept of online video programmes for medical entrance has replaced brick-and-mortar classrooms with virtual classes and given multiple benefits to students especially in rural areas.

Kapil Gupta, CEO and co-founder of NEETPrep, who started the platform in 2016 along with his co-founders from IIT-Mumbai and IIM-Ahmedabad, said a classroom programme for a year at a well-known coaching institute for NEET preparation would cost approximately Rs 1-1.5 lakh per annum and additional expenses worth around Rs 2 lakh for accommodation and food if the student is not a city dweller. The amount charged by NEETPrep for its video classes for medical entrance is only Rs 25,000 per year, he said.

Every year approximately 15 lakh students, including around 8 lakh from tier II and III cities, register for the NEET exam to secure admissions in medical colleges including the reputed All India Institute of Medical Sciences (AIIMS) as per their rankings.

Mrinal Mohit, chief operating officer of BYJU's, told PTI, "The biggest benefit of integrating technology in education is that it makes learning highly personalized. With digital learning, students can learn at their own pace, in their own style and focus on strengthening their conceptual understanding instead of playing 'catch up' with rest of their batch". He said digital learning also gives students uninterrupted access to the best teachers from around the world, irrespective of their geography.

Rachit Jain, CEO & Founder of Youth4Work, said, "Online classes are less expensive than conventional classes as students only have to pay for course material and not the admission fees that coaching institutes charge for operational costs". Citing a survey by KPMG and Google, Manoj Kumar Jha, Director of GS Score, said the market for online education is expected to rise magnificently -- up to USD 1.96 billion by 2021 from USD 247 million in 2016.

Having expanded to almost every zone of India, NEETPrep currently has students in far flung areas such as in Nagaland, Mizoram, Andaman and Nicobar and Lakshadweep islands. So is the case with BYJU's and ICA Edu.

According to Narendra Shyamsukha, founder-chairman, ICA Edu Skills, surveys have found that nearly 5.8 million people enrol in online college courses, with 28 per cent of all college students enrolling in at least one online course every year. Rana Akoijam from Manipur had come to Delhi in 2018 for medical coaching but had to return soon due to financial crunch. In 2019 he got admission for MBBS thanks to enrolling in online entrance preparation classes.

With the help of online classes, I could sit in the comfort of my home and get tutored by the country's top faculties. Without wasting my time in commuting to coaching classes, I could spend more time focusing on studying," he said. Industry experts too believe that online video classes are a game changer for aspirants from rural parts.

Prof M C Mishra, Former Director AIIMS, New Delhi, and now president of Mahatma Gandhi University of Medical Sciences and Technology in Rajasthan, has observed the drastic change in medical education and says online education could be highly effective. "Such tele-video education could be very effective, particularly if there is a two-way communication and students are able to ask and clarify their doubts," he told PTI.

His view was endorsed by Girish Tyagi, president of the Delhi Medical Council who said there was a time when practically every medical aspirant went for conventional coaching, but the constant pressure to study more made students put their physical and mental health at stake. "But the time has changed and Internet has tremendous reach and speed. Video coaching has come as a blessing for aspirants living in remote areas," he said.

With faculty shortage, PG Diploma holders allowed to teach in Karnataka medical colleges

Source: Suraksha P, DHNS, Bengaluru, FEB 14 2020

The new Minimum Qualification for Teachers in Medical Institutions (Amendment) Regulations 2019, a gazette notification which was issued in August last year, may help a few government medical colleges in the state that have 15% faculty shortage ((especially Bidar, Kodagu and Karwar), in getting teachers.

The teacher eligibility qualification has been amended to ensure even those with PG diploma can pursue senior residency. Those who do not pursue senior residency cannot teach in medical colleges. At present, only MBBS doctors who have MS, MD or DNB qualifications can pursue senior residency in medical colleges. Also, the maximum age to join it has been extended from 40 to 45.

Karnataka has 17 government colleges and 38 private medical colleges, and two centrally-owned ESI medical colleges, a total of 57 that is the highest in the country. Dr P G Girish, Director of medical education department, told DH that district colleges that were opened four years back were the only ones that aren't running on full faculty strength. "Only recently opened medical colleges, the four-year-old ones, have 10% to 15% faculty deficiency. Otherwise we have sufficient faculty in all other medical colleges that can accommodate 150 medical students and a few PG seats. We have little difficulty in Karwar and Kodagu that we will be taking care of this year," he said.

"We have deficiencies in the area of junior residents and senior residents. We lack doctors only in Bidar, Kodagu and Karwar. Upto 10% faculty shortage is acceptable by the MCI. We have upto 15% for which we are having time to time recruitment for. Also, last year all PG Diploma seats were converted to Masters except 83 seats," he added. S Sachhidananda, Vice Chancellor, Rajiv Gandhi University of Health Sciences, said, "There are quite a few diploma holders who are doing their senior residency right now. But they won't get a promotion unless they have an MD. They will be stuck lifelong as senior residents as they cannot be considered for promotion to assistant professors, associate professors, and professors. Upto 5% faculty shortage is allowed."

C R Jayanthi, Dean, Bangalore Medical College and Research Institute, said, "With this notification, we can take PG Diploma holders as senior residents upto 45 years of age but there is no clarity if we can consider them for promotion to assistant professors. As of today, you need an MD or MS to become an assistant professor."

"But if you only want to practise, you can do that with a PG Diploma," she added.

68 girls forced to strip in Kutch college's menstruation check

Source: Satish Jha, DHNS, Ahmedabad, FEB 14 2020

A controversy erupted in Bhuj town of Kutch district in Gujarat after reports surfaced that 68 girls of a college, run by a religious body, were allegedly stripped by the authorities who wanted to check their "menstrual blood." The girls have alleged that they were asked to parade in the college and were forced to remove their undergarments in the washroom one-by-one in front of four women teachers including by the principal.

The incident is said to have happened on Monday at Shri Sahajanand Girls' Institute and since then the girls started lodging their protest but the authority tried to silence them by threatening them that they will be expelled from the hostel.

Some of the girls told media persons on Thursday that "the college management, instead of taking action, threatened us that if we demand legal action against the erring teachers, we would be expelled from the hostel premises. For the past two-three days, we have been emotionally blackmailed by the authority who don't want us to take up this issue."

Following the complaint, Kutch University officials reached the college and tried to pacify the students with promises that action will be taken. The college is affiliated to the varsity. The vice-chancellor has also formed a committee to investigate the case.

It is reported that the college administration forced the students to strip in order to check their menstrual status after a soiled sanitary pad was found in the campus garden on Monday. Sources said that since there are strict rules for menstruating girls, the hostel administration wanted to identify the girl who threw the pad.

The college, that offers BCom, BA and BSc courses, is run by a religious body. Local sources said that according to the norms, menstruating girls are barred from entering the kitchen and other places including the temple in the premises and they can't mingle with other students as well during the period.

The hostel warden informed the principal Rita Raninga about the incident, following which the latter asked the girls to assemble in the common area. Raninga is reported to have chided the girls and asked them about the soiled sanitary pad. It is said that two girls owned up to it and apologised. However, the principal went ahead and ordered the girls to line up outside the washroom. Each of the 68 girls were asked to then remove their undergarments in front of the four female teachers in the washroom.

"I came to see my daughter after learning what had happened to her in the hostel. Then, I met other girls also who went through the same trauma. I couldn't help but tell the media about it as it is absolutely wrong to treat our daughters in such a manner. I think the culprits should be dealt with stringent punishments. I am not saying that the rules should not be followed. We have no issues with the religious body and its rules but the teachers and principal must be punished for their inhuman behaviour," said father of the victims.

Several drugs at Jan Aushadi Kendras recalled over quality test

Source: Suraksha P, DHNS, Bengaluru, FEB 14 2020

Several batches of generic medicines being sold at Jan AushadiKendras, some 632 in Karnataka, and more pan-India have been recalled after failing standard quality tests of state drug controller, calling into question if these affordable medicines are putting patients' lives at risk.

The Bureau of Pharma PSUs of India (BPPI) that runs Jan AushadiKendras across the country has recalled 106 batches of 52 drugs over the past four years.

These include common medicines like Telmisartan and Ramipril used to treat high blood pressure, Nimesulide, a pain medication with fever-reducing properties, and even Calamine lotion, used to treat mild itchiness. While the average MRP of Telmisartan 20 mg tablets sold by the top three leading brands is Rs 33.80, the BPPI MRP is Rs 6.73. Other tablets cost less than half the market price as well.

Drug	BPPI	MRP Average MRP of top three leading brands
Ramipril	Rs 9.10	Rs 113.36
Nimesulide	Rs 12.42	Rs 73.63
Calamine lotion	Rs 19.52	Rs 102.00

A former employee of BPPI told DH, "Fifty percent of the sales of generic medicines come from the five southern states. In 2019, out of sales worth Rs 310 crore Karnataka, Kerala, Tamil Nadu, Andhra Pradesh and Telangana alone accounted for Rs 149 cr. After Uttar Pradesh, it is Karnataka that has one of the highest Kendras but they are being dumped with short shelf-life drugs from private manufacturers and substandard drugs."

"Many of these drugs have not only reached the stores but were also sold causing an allergic reaction in patients. For example, a Kendra owner in Bengaluru, demanded a quality check report of a calcium tablet's batch after the patient, a young boy's tongue turned blue," he told DH showing the drug code and batch number. DH reviewed the picture of the child showing his discoloured tongue.

The Karnataka Whatsapp group of Jan Aushadhi Kendra owners is flooded with frequent complaints of not-of-standard-quality (NSQ) drugs and shortage of supply complaints. "Many of these drugs have a shelf-life of less than three months," he said.

Year	No. of drugs recalled	No. of batches recalled
2016-17	8	8
2017-18	21	31
2018-19	19	40
2019-20	4	27

Cetirizine is an antihistamine used to relieve allergy symptoms such as watery eyes and runny nose. Five batches of it were recalled in October last year just two months before its expiry. It was manufactured in February 2018. Dhiraj Sharma, General Manager, Marketing & Sales, BPPI, said that while in the pharma industry the average sample failure rate was 2%, its average failure is 0.44%, out of 7,184 batches purchased in 2019-20.

Doctors warn against use of weight-loss drug Lorcaserin linked to risk of cancer: FDA

Source: The Hindu, 16 Feb 2020

New Delhi: Indian doctors have cautioned against the use of lorcaserin (brand name Belviq or Belviq XR), a weight-loss drug that the U.S. Food and Drug Administration (FDA) recently said is linked to a 'possible increased risk of cancer'.

'Lorcaserin has been withdrawn from the US market after caution by the FDA because of cancer risk. We have been using this drug to help reduce weight but were not impressed by results. We are now informing all our patients', said endocrinologist Anoop Mishra.

The FDA requested the drug manufacturer to voluntarily withdraw lorcaserin, after a post-marketing trial with more than 12,000 subjects revealed an increased occurrence of cancer.

The agency also said that health care professionals should stop prescribing and dispensing the drug to patients.

'Contact patients currently taking lorcaserin, inform them of the increased occurrence of cancer seen in the clinical trial, and ask them to stop taking the medicine. Discuss alternative weight-loss medicines or strategies with your patients,' it advised.

The decision is based on the agency's review of the five-year trial, which was designed to evaluate cardiac health risk with the drug.

'Do not turn hippocratic oath into hypocritical oath: Shashi Tharoor to graduating doctors

Source: Suraksha P, DHNS, Bengaluru, FEB 15 2020

At the 56th Annual Convocation of St. John's Medical College, Bengaluru, held on Saturday, Shashi Tharoor, Member of Parliament and former Union Minister, chose to highlight the yawning gap between the need for skilled doctors and the actual number that India produces in various clinical specialities.

"Medicine should be calling not a profession. If you're motivated by money, you may as well be a banker. As healthcare professionals, you are here to pursue the highest calling of saving human lives. In everything you do, you must not lose sight of that ultimate human endeavour," Tharoor said, after the 163 odd health professionals were awarded their degrees and they administered their Hippocratic Oath that they will do no harm with their medical knowledge. He asked them not to turn it into a 'hypocritical oath'.

He said increasingly doctors have to acquire new skills that the previous generation might not have had to like certain computer and IT skills that are necessary to operate, and use sophisticated equipment without which the advanced practice of medicine is not possible.

"So new technologies involving artificial intelligence will help you make a better diagnosis. Robotics will help you conduct surgical procedures. Our advances will provide you with options to use non invasive methods of treatment. The process does not end today," he said.

The demand for medical professionals for treatment is ever increasing both in India and abroad and yet at the same time, the acute shortage of medical professionals in rural areas persists in our country. "That's why I'm always disappointed to find medical doctors in other professions like the civil services. I hope those of you contemplating a career that does not require medical training would reconsider your goals in knowing what a precious gift you have as a trained doctor, one that should not be wasted for pushing files instead," Tharoor said.

"Experts tell me that most graduates are academically sound but are often found deficient in the performance of clinical skills and problems which form the core of clinical competence," he said, adding that 'we have a shameful record of having one of the lowest proportions of GDP dedicated to healthcare even among developing countries'. "Our proportion of GDP dedicated to healthcare is roughly around 1% at a time when the WHO recommends 5%. At the same time, we have the highest out of pocket expenditure in the world. A 2017 Lancet survey points out that amongst 184 countries studied, India and Bangladesh jointly had the sixth largest out of pocket expenditures," he said.

Allow non-medicos to sign path lab reports, says MCI

Source: Chaitanya Deshpande | TNN | Feb 12, 2020

NAGPUR: The Medical Council of India (MCI) board of governors (BOG) has advised Union health ministry to allow non-doctors, with relevant degrees like (MSc microbiology and biochemistry) to issue pathology reports.

Presently, all diagnostic reports can be signed only by a qualified pathologist (M.D. Pathology). The MCI recommendation, however, evoked sharp reactions from qualified pathologists from across the country.

"The BOG has considered this matter at length. In our view, technical reports stating test results without recording any medical opinion on it can be signed by an MSc in medical biochemistry/medical microbiology or PhD in relevant subjects' says the letter issued by MCI secretary general Dr RK Vats to various authorities in the ministry of health and family welfare.

As soon as this letter, dated February 3, 2020, got circulated among fraternity, Maharashtra Association of Practising Pathologists and Microbiologists came out condemning the BOG stand.

"The BOG is trying to legalize the actions of those who are unauthorised to analyse and sign the diagnostic reports. If accepted by the health ministry, this will promote quackery which is already creating life threatening problems for people' said Dr Sandeep Yadav, President of the association.

In Maharashtra, there are more than 8,000 laboratories where technicians with MSc, MLT, DMLT, and similar qualifications are conducting tests. However, the test results have to be analysed and signed by qualified pathologists

Only. If the technicians are allowed to sign and hand over the reports to patients directly, it will reduce the importance of pathologists' said Dr Yadav explained.

Pathologist Dr Prasad Kulkarni claimed no MBBS student will opt for MD in Pathology if this becomes a law. 'When thousands of roadside labs running across the country, MBBS graduates are opting pathology as a branch specialization. This year 81 PG Pathology seats out of 226 in the country have remained vacant. Similar trend was seen in the last three years. If this continues, there will be drastic decrease in number of pathologists in the country,' he said.

At present, 3500 pathologists are registered with Maharashtra Medical Council (MMC).

Tripura State Medical Council

The first Govt. nominated "The Tripura State Medical Council" was constituted on 19.4.2011 and the Members of the Council were nominated by the State Government. Thereafter, the first Elected "The Tripura State Medical Council" was constituted in the month of Decemer,2014 and Members of the Council were Elected by Election process.

The objectives of the Council are;

- To register the names of the Medical Practitioners holding Recognized Medical Qualification who are practicing in the State of Tripura and to issue Provisional & Permanent Registration Certificate as per M.C.I. norms.
- To maintain the Medical Register and updating the same.
- To maintain Code and Conduct of the Medical Practitioners registered under the Council
- To take action against erring doctors.
- To award C.M.E. Credit hours to Registered Medical Practitioners attending C.M.Es by different recognized Medical Organizations within the State.

The activities are;

- i) Registration of Medical Practitioners;
- ii) Issue of No objection Certificate as desired by Registered Medical Practitioners.
- iii) Correspondences with other State Medical Councils;
- iv) Disposal of complaint against Medical Practitioners;
- v) Quarterly Meeting of Members of the Council.

Office Bearers

Dr Jayanta Kishore Das Varma, President
Dr Partha Ranjan Bhattacharya, Vice President
Registrar cam Secretary: Dr Jayanta Kumar Das

Address: TSMC, Palace Compound, Indranagar, Agartala 799 001, Tripura

Chhattisgarh State Medical Council

Chhattisgarh Medical Council is a new body formed after separation of Chhattisgarh from Madhya Pradesh, in the year 2001. The first meeting of the Council was held on 12th July, 2006. Chhattisgarh Medical Council is a fast growing and progressing Council, and in this regard it is essential to state here that there are 4466 registered Medical Professionals on date.**Chhattisgarh Medical Council ExecutiveMr. Neeraj Banchore (IAS)**

Ex-Officio President

Director of Health Services Chhattisgarh
Office of The Director, Health Services, Raipur (CG)

Dr. Abha Singh

Ex-Officio Vice President

Dean, Pt. Jawahar Lal Nehru Memorial Medical College,
Raipur (CG)

Dr. Shrikant Rajimwale

Registrar

Chhattisgarh Medical Council, Raipur
(CG)**Chhattisgarh Medical Council MembersDr.**

Vivek Choudhary

Jt. Director Cum Superintendent
Dr. Bheem Rao Ambedkar Memorial Hospital
(Mekahara), Raipur (CG)

Dr. R.R. Sahni

Joint Director
Office of The Director, Health Services, Raipur (CG)

Dr. Alka Gupta

Deputy Director (Maternal Health/Training)
Department of Health & Family (Govt. of Chhattisgarh)
Raipur (CG)**Elected Members of Chhattisgarh**

Medical Council MembersDr. Lalit Shah

M.Ch (Urology)
Jagjivan Urology Center, Raipur (CG)

Dr. Mahesh Kumar Sinha

MD (Anaesthesia)
Ashoka Platinum, Ashoka Ratna, Khamardih, Raipur
(CG)

Dr. Rakesh Gupta MS (ENT)

EYE & ENT Hospital, Raipur (CG)

Dr. Asha Jain

M.B.B.S., D.N.B. (Obst. & Gynae)
SriMaa Sarada Arogyadham Hospital, Raipur (CG)

Dr. Yashwant Chandrawanshi M.B.B.S.

Lakhanpara Kala, P.O. Rabeli, Distt Kawardha (CG)

1700 Doctors To Lose Their Cardiology Specialty Tag

The MCI has taken a recent decision to repudiate the degree for PGDCC course completed between 2006-13 from IGNOU. Enrolment in the full-time course was conducted after an all-India entrance exam. The PGDCC program is designed for MBBS graduates to develop a cadre of cardiologists. The aim of this course was to train doctors in the cardiology community working in semi-urban areas to diagnose and prevent heart ailments, provide cardiac emergency services, cardiac rehabilitation services to the community and to acquire knowledge regarding the risks associated with cardiovascular diseases. The course ended with no fresh enrollments taken in 2014-15 and the last class graduated in 2015. The major opposition from MCI was due to the program not being evaluated with the Indian Medical Council Act, 1956 and IGNOU not obtained the permit for the course. The MCI's board of directors thus decided that these doctors cannot practice as cardiologists. The Indian Association of Clinical Cardiologists has raised this issue. Top cardiologists have appealed to the Union Health Minister to acknowledge the PGDCC degree.

Source: The Economic Times

Doctors Working In Haryana To Now Register at Haryana Medical Council Official Website; Registration Begins From 6th January

Source: Garima, Medical Dialogues 5 Jan 2020

Haryana: Registration of all medical practitioners of modern medicine can now be done with a separate state medical council portal, now launched for Haryana doctors. Haryana Health Minister Anil Vij recently launched a website www.haryanamedicalcouncil.com. The registration process at the Haryana Medical Council is set to begin from January 6th 2020. The doctors practising in the state can register themselves with the governing body from then.

While the Medical Council of India (MCI) is the apex medical regulatory body in the country, state medical councils are autonomous bodies established under the State Medical Council Act. Each of these Medical Councils consists of members elected by the registered medical practitioners and those nominated by the State Government.

All doctors have to be registered with their respective state medical councils which have substantial disciplinary control over the medical practitioners. They have the power to remove the names of medical practitioners permanently or for a specific period from their Registers when after due enquiry they are found to have been guilty of serious professional misconduct. These authorities governing the respective state medical councils are also authorised to direct the restoration of the name so removed.

ART Bill proposes national registry of clinics Board will formulate minimum standards for labs and lay down code of conduct for personnel

New Delhi: Hindu, 20.02.2020

The Union Cabinet on Wednesday approved the Assisted Reproductive Technology Regulation Bill, 2020 to monitor medical procedures used to assist people to achieve pregnancy. The Bill provides for a national Board which will lay down code of conduct to be observed by those operating clinics.

It will also formulate minimum standard for laboratory and diagnostic equipment and practices to be followed by human resources employed by clinics and banks. The States and Union Territories will also have to form State Boards and State authorities within three months of the notification of the proposed legislation.

Under the proposed law, a national registry and registration authority will maintain a database to assist the national Board to perform its functions, according to a statement issued by the Health and Family Welfare Ministry.

Strict punishment

The Bill also proposes stringent punishment those who practice sex selection, indulge in sale of human embryos or gametes and those who operate rackets". India has one of the highest growths in the number of ART centres and ART cycles performed every year. India has become one of the major centres of this global fertility industry, with reproductive medical tourism becoming a significant activity. This has also introduced a plethora of legal, ethical and social issues, yet, there is no standardisation of protocols and reporting is still very inadequate" the Ministry added.

Confidentiality clause

"The bill will also ensure confidentiality of intending couples and protect the rights of the child." Union Minister Smriti Irani said at a media conference on Wednesday. She also said that in the Surrogacy Regulation Bill 2020, the government was looking to restrict the maximum age of surrogates from 'above the marriageable age' to 50 year.

Regarding ART

- The Bill establishes the National Board, the State Boards and the National Registry to regulate and supervise Assisted Reproductive Technology (ART) clinics. It establishes ART Banks to promote ethical practice.
- It proposes stringent punishment for those who attempt to control the offspring's sex, sell embryos or gametes
- As of Feb 20, there are 517 ART clinics under the National Registry of ART clinics and banks in India, according to the ICMR

FMGE Not Enough: Medicos With MBBS From Abroad Will Have To Do One Year Compulsory Internship, Says Kerala HC

Source: Medial Dialogues, Meghna A Singhanian 7 Sep 2019

Through a recent decision, the Kerala High Court has upheld the decision of the Travancore - Cochin Medical Council (TCMC) that spells out mandatory one year CRRI for candidates who have pursued their MBBS from abroad to practice in the state

Petitioners included qualified doctors who obtained their MBBS Degree from foreign Medical Universities approved by the Medical Council of India (MCI) including 18 doctors who pursued their MBBS in China and one medico with MBBS degree from Nepal.

Pursuant to acquiring MBBS Degree, petitioners returned to India and in compliance with, the Undergraduate Medical Course in a Foreign Medical Institution Regulations, 2002, appeared for the screening test conducted by National Board of Examinations for Indian National with Foreign Medical Qualification, and they have secured the qualifying marks.

All petitioners then secured registration from various Medical Councils of different States in India. Thereafter, petitioners applied for permanent registration in Kerala before the Travancore - Cochin Medical Council (TCMC). According to the petitioners, though they are eligible and entitled for obtaining permanent registration, their application for registration was rejected by the TCMC assigning the reason that the Council has made it compulsory for all foreign medical graduates to complete a one-year internship in any institution within India approved by MCI, for the purpose of compulsory internship based on Council resolution dated 20.10.2017, which, according to them, is per se violation of Sec.37 of the Travancore-Cochin Medical Practitioners Act.

Objecting to the clause, the MBBS doctors then approached the state government. The government of Kerala in its reply stated that, in order to impose one-year CRRI for foreign medical degree holders, by the state medical council, the appropriate authority to bring about the amendment is the Central Government. Therefore, according to the petitioners, no such amendment is seen carried out in order to deny the petitioners' permanent registration application.

The state medical council in its defence submitted that, Compulsory Internship (CRRI) for foreign medical graduates is being insisted because of a host of things, particularly to acclimatize those medical graduates to the situation prevailing in Kerala in the medical field, especially instances such as sudden breakout of epidemics like NIPAH, contagious diseases etc., which are often related to the peculiar climatic conditions in the State, and the situation prevailing in the State of Kerala is not comparable to any other States in India, considering the large volume of ingress and egress of labourers world-wide

The council also noted that imparting training to a medical graduate who has obtained medical degree from a foreign University, where the practical on hand training is inadequate when compared to the standard of medical education in India with that of the medical Universities in Far East and Europe, is absolutely necessary.

The council added that the foreign medical graduates, by virtue of the decision of the Council, are actually provided with a great opportunity to do internship in Medical institutions approved by the MCI without having to pay significant amount as fee for training as in the case of other States, thus equipping them to meet any contingencies in their career. The foreign medical graduates are, therefore, required to undergo 1 year internship before getting the permanent registration essentially for the following reasons:

(a) To learn and gain clinical experience and exposure about the epidemiological and clinical profile of local community. (b) To learn and understand regional language, culture of local community; and (c) To learn and get exposure on the unique public health care delivery and referral system prevailing in the country". Further, it is pointed out that, with the medical qualification acquired by the petitioners, they are not qualified to practice even in China, the country from where they acquired their medical degree, and as per the verification details received from Indian Embassy at China, for practising medicine in that country, one has to pass National Medical Licensing Examination (NMLE), which consists of a clinical skill test and general written test. It is also understood that all the medical graduates from China are returning to India without qualifying this test, which means the foreign graduates from China are not even qualified to practice in the said country. Therefore, the matter of granting permanent registration of foreign medical graduates was considered very carefully and elaborately by the Council in its meeting held on 20.10.2017, and it was unanimously resolved to insist 1 year CRRI in any one of the MCI approved institutions in India before granting permanent registration with effect from 01.01.2018. The Council thereafter communicated this decision to State Governments and also to the MCI, vide letter dated 28.11.2017, and has implemented the above decision with effect from 01.01.2018.

The council further stated that the Government convened a high level meeting with the members of the Council in which the former was apprised of the situation which warranted the implementation of CRRI in the State. It is also submitted that, since public health is State subject, and Council is competent to advice the State Government in the matter of public health and the allied activities, and therefore, the State Government accepted the opinion rendered by the Council in this regard.

The court after going through the evidence upheld the one-year CRRI decision of the council in this specific case. The court also gave a green signal to one year internship insisted by the state medical council in general as well.

The court then dismissed the writ petitions stating that the petitioners have not made out any case of arbitrariness, illegality, unfairness or any malafide on the part of the 1st respondent, justifying the interference of this Court under Article 226 of the Constitution of India.

PG Medical Qualifications NOT Recognised By MCI Cannot Be Used By Doctors: Kerala HC

Source: Medical Dialogues, Garima, 2 Sept 2019

Kochi: Doctors will only be allowed to display as suffix, the qualifications which are recognized by the Medical Council of India (MCI); ruled the Kerala High Court while upholding the order by the Travancore Cochin Medical Council (TCMC). The decision came in response to a petition against the TCMC action where the state medical council served notices to five MBBS doctors (two of whom approached the HC) who hold a degree in Master in Health Science (MHSc) (Diabetology) offered by the Annamalai University which is "not recognized" by the apex medical regulator.

Via the notices, the council directed them to sign an undertaking on the removal of their additional qualifications displayed on boards, letters and prescription pads. In their statement, the petitioners submitted that the university was established by law and has a medical faculty as defined in the Indian Medical Council (IMC) Act, thus they can display their qualifications. Challenging the same before the court, the state medical council submitted that the doctors registered with it are entitled to exhibit only such qualifications entered in the register maintained by the council.

TCMC further mentioned that only the PG medical qualifications in modern medicine enlisted in the schedule of the IMC Act are considered as recognized for registration and since the qualification in question was not recognized by the MCI, the qualification can't be registered as an additional qualification in the register maintained by TCMC. Finding merit in the submissions made by TCMC, the HC stated that medical practitioners can display as suffix to their names only the medical qualifications recognized by the medical council. In other words, even if they have a degree from a recognized university but not approved by the council, then they can't use it as a suffix, quotes TOI.

MCI Code of Ethics Regulations 2002 clearly states: "Physicians shall display as suffix to their names only recognized medical degrees or such certificates/diplomas and memberships/honours which confer professional knowledge or recognizes any exemplary qualification/ achievements. " Given the aforesaid, the bench dismissed the petition and stated,

Half-baked doctors can't be allowed in AYUSH courses; SC upholds regulations for all India test

Source: Ashish Tripathi, DHNS, New Delhi, FEB 21 2020,

The Supreme Court has said minimum prescribed standards cannot be lowered for those studying Ayurvedic, Unani and Homeopathy streams as they would also come out as doctors to treat patients.

The top court ruled that it can be mandatory for the students to appear in all India National Eligibility-cum-Entrance Test and secure the minimum percentile for admissions to undergraduate courses like BAMS, BUMS, BSMS, and BHMS and postgraduate courses.

"Doctors who are qualified in Ayurvedic, Unani and Homeopathy streams also treat patients and the lack of minimum standards of education would result in half-baked doctors being turned out of professional colleges," a bench of Justices L Nageswara Rao and Deepak Gupta said.

The court rejected a batch of appeals and writ petitions questioning the validity of regulations prescribing minimum 50th percentile for general category candidates and 40th percentile for Scheduled Castes and Schedules Tribes and Other Backward Class candidates for undergraduate courses and other similar rules for postgraduate courses.

A number of students as well as institutions contended that the NEET was not structured for Ayurveda and other courses as it was introduced for the MBBS and BDS courses only after amending the provisions of the Indian Medical Council Act, and Dentist Council.

The Union government, for its part, pointed out that the provisions of the Indian Medicine Central Council Act, 1970 conferred power on the central council to make regulations and prescribe minimum standards of education in Indian medicine, required for granting recognised medical qualifications by Universities, Boards or medical institutions in India.

The court also did not agree to a submission that there would be non-availability of eligible candidates for admission to AYUSH (Ayurveda, Yoga and Naturopathy, Unani, Siddha, Sowa Rigpa and Homoeopathy) undergraduate courses, saying it cannot be a reason to lower the standards prescribed by the central council.

Immediately inform state medical council about doctors framed under PC & PNDT Act: Punjab Health Minister

Source: ANI | General News , Sun, September 8, 2019

Punjab Health & Family Welfare Minister Balbir Singh Sidhu has issued the instructions to all civil surgeons to immediately inform the State Medical Council and other concerned registering authorities about the doctor/staff of scanning centre against whom charges have been framed in court or conviction awarded in case under Pre-Conception and Pre-Natal Diagnostic Techniques Act, (PC & PNDT Act).

Presiding over a meeting of State Supervisory Board at Parivar Kalyan Bhawan regarding complying with the Provisions of PC & PNDT Act, Sidhu said that if court case/FIR is registered against any doctor or any other registered person and charges framed in court or convicted by court, such as staff nurses or registered centre under PC & PNDT Act, the district appropriate authority should immediately send the information to the State Medical Council or concerned Registering Council.

He also said that if the violators are convicted by the court, it is the duty of health department to inform the concerned regulatory authority for taking further appropriate action including suspension or cancellation of the registration of doctor, nurse, other staff members and scanning centre.

The Principal Secretary Health & Family Welfare Department Anurag Aggarwal on the occasion said that in order to crack down on the mafia involved in this inhuman business of sex determination leading to female foeticide, instructions have already been sent to increase inspections/stings/raids in districts where the sex ratio is low.

Doctor seeks Rs 20 crore in damages from West Bengal State Medical Council

Source: Sumati Yengkhom | TNN Feb 20, 2020

KOLKATA: A neurologist has served a legal notice on the West Bengal Medical Council (WBMC), asking it to pay Rs 20 crore for defamation, 50 lakhs compensation for loss of income and 7 lakhs for legal cost/ The council had barred the doctor from practicing for a year in 2017 holding him guilty of medical negligence while treating a patient in Durgapur. But Supreme Court set aside WBMC's verdict in February 2019, exonerating him of the charge. Sources in WBMC said this was the first time the has received a legal notice for defamation and compensation.

The council had suspended neurologist Snigdhendru Ghosh's registration in July 2017 for one year while pronouncing guilty of medical negligence in a 2010 case. Challenging the WBMC, Ghosh moved the Calcutta HC which, in turn, quashed the council's verdict, asking it to reinstate the doctor's resignation.

The Council, however, filed an SLP at SC. The apex court too exonerated Ghosh on February 20, 2019, upholding the Calcutta HC judgement passed on 19 July 2018. The HC, while delivering its verdict, had also observed that Ghosh could petition for compensation for the time he could not pursue his profession. Ghosh could not practice for 11 months.

"I will wait for two months for the council to respond to the legal notice. If they fail to respond, I will file a defamation suit and also seek other damages" said Ghosh, who now heads the neurology department at Mission Hospital, Durgapur.

WBMC registrar Manas Chakraborti said: "We received the legal notice on Tuesday. To my the best my knowledge this is the first time the council has got such a legal notice for paying up a doctor whose licence was cancelled. We are consulting our lawyers and we will move the court against the demand for damages as WBMC has no provision for such compensation".

The case of the medical negligence dates back to December 2010. A teenage girl had died in a hospital in Durgapur a day after she was shifted from another hospital where Ghosh had checked on her filling in for another doctor, under whom the patient had been admitted. Accusing Ghosh of medical negligence, the girl's father approached the WBMC

Nirmal Maji, W.B. Medical Council President and Powerful Trinamool Minister Sips Court to Face Criminal Charges Due to "Knee Problems"

Source: PBTINDIA on FEBRUARY 1, 2020

Dr. Nirmal Maji, a powerful minister in Mamata Banerjee government and sitting president of West Bengal Medical Council (WBMC) did not appear before the Special Court (for MLAs/MPs) in Barasat, Kolkata to face criminal charges in two separate cases as his lawyers claimed that Dr. Maji was too ill with "knee problems". The two cases against Dr. Maji were filed in 2018 by PBT president, Dr. Kunal Saha, for alleged money laundering (under IPC section 409) and criminal defamation (IPC section 500/501). Dr. Maji has already surrendered in both cases as he remains free on bail. The first case emerged from Dr. Maji's role in hatching a shocking plan to dialysis of a pet dog at the state's premier tertiary care center, SSKM Hospital in Kolkata while the second case emerged after it was found out that Dr. Maji was using funds from state medical council to cover expenses related to his personal litigations. The Special Court has adjourned both cases to 21st March, 2020.

MCI pulls up doctors on dog's dialysis at state-run SSKM hospital

Source: The Statesman

Medical Council of India (MCI) has pulled up Dr Nirmal Maji, President of West Bengal Medical Council (WBMC) and state minister in Mamata Banerjee's cabinet, Professor Dr R N Pandey, Vice Chancellor (VC) of West Bengal University of Health Sciences (WBHS) and Dr Pradip Kumar Mitra, former director of medical education (DME) for their involvement in conducting a dialysis of a dog at the state run SSKM hospital in 2015.

Following a complaint lodged by the US-based NRI Dr Kunal Saha with the MCI four years ago the council has condemned the move by pulling up Dr Maji, Dr Mitra, who was the director of SSKM as well Institute of Post Graduate Medical Education & Research (IPGME&R) in 2015, and Dr Pandey, health university VC and head of Nephrology department at the hospital, Dr Mitra had decided to conduct the dialysis on the dog after Dr Maji recommended them to start the medical treatment on the animal at the nephrology department of SSKM.

Dr Arpita Roychowdhury, another professor of the nephrology department at SSKM, had reportedly protested against the move. The MCI order said. "The committee deliberated upon the matter and perused the document available and noted that the three doctors were involved in hatching a plan to perform dialysis of a pet dog using the dialysis machine at SSKM Hospital, Kolkata". "The MCI Ethics committee has issued a recent order against Dr. Maji. Dr Pandey and Dr Mitra for their deliberate attempt to perform dialysis of a pet dog at SSKM Hospital in 2015", Dr Saha said.

Coronavirus scare casts shadow over Chinese education prospects

Source: Arjun Raghunath, DHNS, Thiruvananthapuram, FEB 24 2020

Even as Kerala is almost free from Coronavirus scare, hundreds of students who have been pursuing various courses in China. Their parents are concerned over their future prospects.

Students from Kerala constitute major chunk of the students undergoing various courses in China. Of this majority are undergoing a six-year-long medicine course at Wuhan.

Thiruvananthapuram native Vijayakumar, father of a medical student at Wuhan University, told DH that the colleges in the region were already shut for six months. But since China is yet to recover from Coronavirus, students and their parents were really concerned about whether the colleges would reopen by that time.

Moreover, there is concern among parents in sending back their children against China. Most students already paid heavy fees and undergone several years of studies. Hence the students were also unable to discontinue studies.

He said that if the colleges resume functioning by April students, may be able to complete the course as per the schedule by doing away with the summer vacations.

Kerala Health Minister KK Shailaja Teacher told DH that the state government could hardly do anything with the courses in China as it was a matter concerning another country. She also urged that students should go to China only once the country was totally free from Coronavirus.

Another parent of a student pursuing medical education in China said that even as medical education in China was earlier considered to be cheaper than that in Kerala, at present many prestigious institutions in China also charge higher fees. On an average it would require at least Rs. 50 lakh to complete quality medical education in China now, he said.

PG medical fees in private colleges may rise by 15%

Source: Tanu Kulkarni, Deccan Herald, 24 Feb 2020 Bengaluru

Students enrolling in postgraduate courses in private medical colleges may have to cough up a high fee from the coming academic year as the government is likely to increase the fees by about 15%.

The hike is expected to be applicable to the government quota as well as the institutional quota seats in private medical colleges.

Medical Education Minister K Sudhakar said that senior officials of the Medical Education Department had formed a committee and had conducted several meetings with different medical college associations and recommended a hike. "The State government will however, take a call on the matter.

Steep hikes

The students say that the hike in postgraduate medical course fees has been steep year after year making it difficult for those from middle class families.

Last academic year too, the State government had hiked the fees by 15% and it was applicable to private medical colleges as well as minority institutions. For the 2019-20 academic year, the fee structure was in the range of Rs 72, 737 to Rs 5.81 lakh for government quota medical seats, while institutional quota seats were priced between Rs 1.09 lakh and Rs 8.72 lakh.

The admission process for PG seats for students who have written the National Eligibility cum Entrance Test (NEET) is likely to begin in March and will be conducted by the Karnataka Examination Authority. The State government is likely to enter into a consensus.

594 mid-level healthcare providers under training to work at Health and Wellness Centres

Source: DHNS, Bengaluru, FEB 25 2020

The announcement of health and wellness centres (HWCs) was as popular as India's Ayushman Bharat insurance scheme.

The range of services provided by existing sub centres and primary health centres that previously provided maternal and child health services have been expanded to screen non-communicable diseases like hypertension, diabetes, oral cancer, breast cancer, and cervical cancer. However, additional human resource is required for the same as the state suffers a shortage of doctors at all levels.

In Karnataka, 1,904 HWCs are operational, out of which 871 are sub centres, 697 are primary health centres and 336 are urban primary health centres. The state intends to upgrade 9,000 existing sub centres into health and wellness centres. A new cadre of community health officers or mid-level healthcare providers (MLHP) trained in a six-month course of community health will be posted at sub About 1,464 MLHPs have already been trained, while 594 are undergoing training. BSc Nursing graduates are being selected as MLHPs, one for every sub centre through the National Health Mission and deputed for six months. The union government is also strengthening programme study centres under IGNOU in Karnataka from existing 13 programme study centres to centres for training of MLHPs.

Integration of bridge programme in Rajiv Gandhi University of Health Sciences curriculum has already been done and trained BSc Nursing graduates will be available for MLHP selection from December 2020 onwards.

"Sofar, the HWCs in Karnataka have seen a total footfall of more than 59 lakh, 87,000 have been screened for hypertension, 95,000 for diabetes, more than two lakh for oral cancer, 36,000 for breast cancer, over 12,000 for cervical cancer and more than 40,000 yoga sessions have been conducted, " said, Vikas Sheel, Joint Secretary (Policy), who looks after health and wellness centres in the union health ministry.

Preventive healthcare through wellness activities is an important feature of HWCs and more focus is being given to lifestyle changes for creating behavioural changes in the communities. Regular sessions of Yoga at HWCs have attracted general public. Monthly, 10 yoga sessions is planned at these centres and Rs. 250 is paid to yoga instructors per session or Rs. 2,500 per month, as per their convenience. Other physical activities like Zumba is being encouraged. The funding pattern for HWCs under the National Health Mission is 60:40 between the Centre and the State.

Bowring becomes first non-transplant organ retrieval govt hospital in Karnataka

Source: Suraksha P, DHNS, Bengaluru, FEB 27 2020

Bowring and Lady Curzon Hospital got its licence on Thursday to become the first non-transplant organ retrieval centre among both private and government hospitals in Karnataka. This has set an example for other government hospitals to follow suit.

The hospital that receives around 10-12 brain dead patients every year, who are either road accident victims or stroke patients are potential organ donors. But this potential remained untapped until now. Now with Bowring Hospital setting an example, more government hospitals will be encouraged to apply for licence to become organ retrieval centres.

Dr Kishore Phadke, Convener, Jeevasarthakathe, said that the waiting list for kidney patients in the state is around 3,000 patients, for liver around 600 patients, it is around 50-60 for double organ transplant of heart and lungs patients. Among other hospitals that have applied for organ retrieval licences are Wenlock Hospital, Mangaluru, KIMS, Hubballi, BIMS, Belagavi, and Lakeview Hospital, Belagavi.

"I have informed the authorities to speed up granting licences. As NIMHANS is centrally run, licence has already been given for organ retrieval. The health commissioner is the appropriate authority to grant the licence in the state," Phadke said. Pradhan Mantri Super Specialty Yojana (PMSSY) Hospital on Victoria Hospital campus is a liver transplant centre, hence, it can retrieve organs too.

Dr KS Manjunath, Dean and Director, Bowring and Lady Curzon Hospital said, "We already have the infrastructure and staff. We have counsellors who will talk to the patients and convince them to donate organs. Instead of simply burying the dead, now, their organs will be used. Now, whoever is doing the transplant surgery, will come to Bowring and retrieve the organs. We will provide the supporting staff."

The supporting team of doctors include anaesthetists, assisting surgeons, nurses, OT technicians, and Group-D workers. Even though it is a cadaveric donation, retrieval is done under anaesthetic procedures to maintain the viability of the heart and sustain blood circulation to it. Jawaid Akhtar, Additional Chief Secretary, Health, symbolically inaugurated the initiative here on Thursday at Bowring and Lady Curzon Hospital. "He handed over the certificate to us. The OT he inaugurated was existing infrastructure but it was a sort of declaration that for all practical purposes we can do organ retrieval from Thursday," Manjunath said who applied for the licence six months back.

Cabinet approves bill to regulate surrogacy It will benefit widows, divorced women

Source: The Hindu 27 Feb 2020

The Union Cabinet on Wednesday approved the Surrogacy (Regulation) Bill, 2020, allowing a 'willing' woman to be a surrogate mother and proposing that the Bill would benefit widows and divorced women besides infertile Indian couples,

The Cabinet approved the Surrogacy (Regulation) bill after incorporating the recommendations of a Rajya Sabha Select Committee, Minister Prakash Javadekar said at a press conference on Wednesday.

The 15 major changes suggested by the 21-member committee to the Surrogacy (Regulation) Bill 2019, also included deleting the defining of 'infertility' as the inability to conceive after five years of unprotected intercourse on the ground that it was too long a period for a couple to wait for a child. The Bill is aimed at banning commercial surrogacy and allowing altruistic surrogacy' said Mr. Javadekar.

Union Minister for Women and Child Development Smriti Irani added that only Indian couples can opt for surrogacy in the country.

The Bill proposes to regulate surrogacy by establishing a National Surrogacy Board and State Surrogacy Boards and appropriate authorities in the States and Union Territories respectively.

The proposed insurance cover for a surrogate mother has now been increased to 36 months from 16 months earlier.

No Deficiency In Service: MCI Exonerates Psychiatrist Given Suspension By TS Medical Council

Source: Meghna A Singhania 29 Jan 2020 3:34 PM |

MCI BOG brought major relief to psychiatrist Dr Sona Kakar, who in 2018 was suspended by the Telangana State Medical Council when after going through her matter as well as taking expert opinion the apex medical regulator, MCI found no deficiency in service by her.

The matter goes back to 2018 when Telangana State Medical Council examined a complaint dated filed by one Smt. T. Haritha Reddy alleging professional misconduct on the part of Dr Sona Kakar due to misguidedness for marital counselling. Based on the complaint of the patient, the state medical council removed the name of the doctor from state Medical Register for a period of six (6) months under Regulation 8.2 of Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002.

Challenging her suspension by the state medical council Dr Sona Kakar filed an appeal with the Medical Council of India. The Ethics Committee further discussed the matter in detail and after detailed deliberation, the Committee decided to accept the said appeal. Further, the Ethics Committee of the Council investigated the matter and recorded the statements of Dr Sona Kakar and expert opinion of Dr Smita Deshpandey, Prof. & Head, Deptt. of Psychiatry, Dr RML Hospital, New Delhi.

The MCI ethics committee further considered the matter thoroughly in various meeting and found no deficiency on part of the doctors. The decision of the council stated ".the Committee also noted that Dr Smita vide e-mail dated 15.11.2018 provided her opinion in the matter. Further, Dr Sona Kakkar appeared before the Committee on 16.11.2018, the Committee heard her in detail and directed her to submit his statement, to which she complied. The original complainant, Smt. T. Haritha Reddy vide her e-mail dated 15.11.2018 informed that she would not be able to attend the meeting. The Committee deliberated upon the matter at length and noted the opinion of Dr Smita that there was no deficiency of service by Dr Sona Kakkar and that the cancellation of her registration should be revoked.

"In view of the aforesaid, the Ethics Committee decided to exonerate Dr Sona Kakkar from all the charges levelled against her and to set aside the order of the Telangana State Medical Council," the council Relieved with the judgment exonerating her, Dr Sona Kakar informed Medical Dialogues team that through various RTI 's, she has obtained material relating to the functioning of the Telangana State Medical Council pertaining to her case and will be pursuing the matter further. Dr Sona Kakar psychiatrist telangana telangana state medical council Medical Council of India MCI Dr Sona Kakkar.

Government to take steps to include Type 1 diabetes in Disability Act

Source: DHNS, Bengaluru, MAR 02 2020

Deputy Chief Minister Dr C N Ashwath Narayan. Deputy Chief Minister Dr C N Ashwath Narayanan Sunday said the state government will take steps to include diabetes under the Disability Act.

The government will take adequate measures to address the concerns of people with Type 1 diabetes, from creating a comprehensive database to awareness creation and coverage of Type 1 under insurance and health schemes," Narayan said. Narayan spoke at the launch of the Type 1 Diabetes Foundation India, a pan-India forum of people with Type-1 Diabetes Mellitus (T1DM), a condition in which diabetes occurs as the body fails to produce enough insulin. He also stressed the need to strengthen R&D in the country to develop better treatment methods.

Government to set up dedicated institute for geriatric care

Source: DHNS, Bengaluru, MAR 02 2020

The state government will soon set up a dedicated institute for geriatric care to address old age-related issues. Considering the population of aging and the life span increase, the department of medical education has decided to set up a medical institute for geriatric care. Currently though there are 17 government medical college and hospitals in the state, only one institute has a dedicated ward for geriatric care.

The Bangalore Medical College and Research Institute (BMCRI) in Bengaluru is the only government institute in the state to dedicate a ward for senior citizens' care. "When I was the director for medical education, we started a ward for geriatric care at BMCRI and this is the only ward available in the state at government institutions to cater senior citizens and age-related problems," said Dr Sachhidanand, vice chancellor of Rajiv Gandhi University of Health.

Medical Education Minister Dr K Sudhakar discussed the idea of setting up a dedicated hospital for geriatric care with the authorities of RGUHS during his recent visit to the university. As it was also discussed that the government is looking at establishing the institute on 25 acres of land. However, the government is not restricted to set up the institute in Bengaluru.

"Currently, we have institutes for cancer care, neuro care, child care and cardio care. It is time to care about elders and having a dedicated hospital for senior citizens will help in identifying age-related problems at the primary stage and provide medicine," said a senior official of the medical education department.

High Court directs State to fill vacancies of doctors, health staff by November 20 State liable to pay compensation for maternal deaths caused by non-availability of doctors

Source: Hindu, 03.03.2020, Bengaluru

Observing that the State government cannot come out with its "usual excuse of financial constraints" to provide proper health services, the High Court of Karnataka has set November 30 as deadline for the State government to fill vacancies of doctors, specialised doctors, staff nurses, paramedical staff, health workers, and health assistants at all levels in public hospitals and health centres.

All vacant posts should be filled in a phased manner and while doing so, immediate priority should be given to vacancies in Community health centres (CHCs) and Primary health centres (PHCs), and if regular appointments are likely to take time, appointment of essential staff such as doctors, nurses and health workers, should be made on contract basis, the court said.

A Division Bench issued the directions in its recent interim on a PIL petition, filed by the Karnataka State Legal Services Authority. The petition had sought directions to the government to effectively implement health schemes to check maternal mortality, to fill vacancies in posts of gynaecologists and paediatrics etc.

Pointing out this issue is related to the class of families who cannot afford to access private medical facilities, the Bench said failure on the part of the State government to fill the posts would amount to violation of fundamental right of right to life under Article 21 of the Constitution.

"..in a case of women belonging to a family below poverty line suffering maternal death due to lack of availability of doctors at the grass roots level facilities, her family can claim compensation by taking recourse to public law remedy for violation of Article 21 of the Constitution", the bench observed, while directing the government to submit by March 20, the phase-wise schedule to fill posts.

The Bench also asked the government to appoint a Committee of high-ranking officers rank in every district to monitor functioning of taluk hospitals, PHCs, CHCs, and sub-centres by constantly reviewing the facilities provided and services rendered. The committee can also supervise implementation of schemes of the State and Union Government for pregnant women, lactating mothers and new born, the Bend said.

High lights of Karnataka Budget 2020-21

The high lights of Karnataka Budget 2020-21, presented by Sri B S Yediyurappa, Chief Minister of Karnataka on 5th March 2020 are as follows:

- The Taluk Government Hospital at Sirsi in Uttara Kannada district will be upgraded to a 200-bed hospital.
- To make Karnataka "ShravanaDosha Mukta", congenital deafness among children below six years of age will be detected at an early stage and cured by conducting cochlear implant surgery along with supply of hearing-aids. Rs.28 crore is provided for this project during the year 2020-21.
- Intensive Care Units are set up at all the taluk hospitals in the State; under public private partnership scheme, it is proposed to effectively monitor the ICUs. It will be implemented in two districts on a pilot basis during the year 2020-21.
- Free peritoneal dialysis service will be provided for the benefit of patients who are BPL card holders, suffering from kidney failure, in five selected districts at a cost of Rs. Five crores.
- The Emergency Medical Treatment Centres at K.C. General Hospital and five other hospitals will be developed into Centres of Excellence by upgrading them to international standards. A grant of Rs. Five crores will be provided for this purpose.
- Cath labs will be established for treatment of cardiac diseases at K.C.General Hospital, Bengaluru and C.V.Raman Hospital under the public private partnership model.
- A 20-bed Ayush Integrated Hospital will be established in Haveri district at a cost of Rs.20 crore. For this purpose, Rs. Five crore will be provided during the year 2020-21.
- To enhance the standard of neonatal care in the State, Neonatal Intensive Care Units at 17 medical college hospitals will be upgraded in a phased manner. Based on the model of
 - Regional Advanced Pediatric Care Centre (RAPCC),Mangaluru, similar centres will be established at various locations in the State under private partnership.
 - Simulation Laboratories at a cost of Rs. Three crore each and Molecular Biology Laboratories at a cost of Rs.30 lakh each will be established at all Government Medical Colleges in collaboration with Rajiv Gandhi University of Health Sciences (RGUHS).
 - It is proposed that an Institute of Dermatology and Cosmetology and an Institute of Geriatrics will be established with financial contribution from the Rajiv Gandhi University of Health University