

# News from here and there

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## 'Hyderabad Action Plan' outlined

A 3-day meet outlining a 'Hyderabad Action Plan' to take up the regulatory issues plaguing health programmes was held in Hyderabad from 11 to 13 January 2011. It was attended by the Ministers of Health and Medical Education of 16 states and principal secretaries, secretaries and directors of health and medical education from 28 states/Union Territories. The meeting also deliberated extensively on the issue of unethical practices and the 'human guinea pig' problem, i.e. the practice followed by some pharmaceutical companies of testing their new drugs on humans, luring them with money.

Union Health Minister Ghulam Nabi Azad, who chaired the meeting, called upon the state health ministers to formulate a 'Hyderabad Action Plan'. The salient features of this action plan include setting up *Jan Aushadi* (people's drug) stores in all districts of the 16 states; a reward scheme for whistle-blowers for information on food adulteration; upgradation of drug testing laboratories; filling up of the posts of drug inspectors; strict implementation of the law to curb spurious drugs; and setting up of special courts to facilitate speedy trial of drug-related offences.

The other issues considered included a resolution to assist the establishment of new medical colleges in un-served or under-served areas; sanctioning of financial assistance to state government medical colleges to strengthen infrastructure to increase the intake of students at the undergraduate and postgraduate levels; and financial support for the establishment of a minimum of 50 medical schools for the Bachelor of Rural Health Care (BRHC) course in the high-focus states for the year 2011–12.

ALLADI MOHAN, *Tirupati, Andhra Pradesh*

## New dress code for nurses in Andhra Pradesh

The Andhra Pradesh (AP) government, following a series of discussions with the AP Nurses' Association, has issued a new dress code for the nursing staff of government hospitals. In doing so, it has acted on the proposals submitted by a committee which comprises the administration and nurses' representatives and was set up to review the existing dress code. The nurses are to wear white trousers and white shirt, a black clip for the hair, white shoes and white socks. Alternatively, the nursing staff is allowed to wear a white sari and white blouse, white cap and white shoes. In addition to the above, staff nurses will have to wear a white cap with green lines and a badge, while the head nurse will have to wear a white cap with red lines and a badge. Nursing superintendent Grade I and Grade II will wear a white cap with violet lines and a badge. All nursing staff may also wear a white coat with short sleeves over the sari or shirt. To minimize the risk of hospital infections, the nursing staff is not permitted to wear jewellery, finger rings or wrist watches during duty hours. The same white coat should not be worn for more than a day without washing.

ALLADI MOHAN, *Tirupati, Andhra Pradesh*

## No needle drug delivery systems: A breakthrough from India!

The agonizing days of painful injections may soon be history. Patients with chronic diseases who are dependent on daily injections have reason to rejoice. For the first time in India, researchers from diverse fields— aerospace and molecular and cell biology—at the Indian Institute of Science (IISc), Bengaluru, have developed a pen-shaped device which utilizes supersonic waves to ensure painless delivery of drugs into the body.

The prototype delivery device consists of an ignition system, explosive material-coated polymer tube, metal foil, drug-holding chamber and cavity holder. The researchers generated micro-blast waves, through a tiny controlled explosion, that travelled at supersonic speed, creating high pressure and temperature, which, in turn, ejected the *Salmonella enterica* serovar Typhimurium vaccine strain pmrG-HM-D (DV-STM-07) filled in a miniature model device into the skin without damage. It was also observed that when given through this device, the vaccine provided better protection and the dose required was 100 times less than that administered orally.

The IISc team, comprising Jagadeesh G., Divya Prakash G., Rakesh S. G., Uday Sankar Allam, M. Gopala Krishna, Sandeepa M. Eswarappa and D. Chakravorty, published its article, 'Micro-shock waves mediated needle-less vaccine delivery', in the online version of the journal *Clinical and Vaccine Immunology* in February 2011.

The device is expected to have a far-reaching economic impact on healthcare services. It will serve as a boon for millions of people with diabetes as well. As per WHO estimates, around 12 billion injections are used globally. Each year, unsafe injections cause an estimated 1.3 million premature deaths, the loss of 26 million years of life, and an annual burden of US\$ 535 million in direct medical expenses. In 4 of 6 parts of the world, more than 30% of immunization injections are unsafe and the possibility of HIV transmission through contaminated injections is also very high. This reusable device, priced at around US\$ 200 (₹9000), is expected to be available for sale in about two-and-a-half years, after human trials are completed. It will limit infections at healthcare centres and will be cheaper than the existing options, such as disposable syringes. A shot will cost about ₹5.

BHAVNA DHINGRA, *New Delhi*

## Canada opens more trainee positions for international medical graduates

The growing need for healthcare in Canada has prompted changes in the training of International Medical Graduates (IMGs). The Canadian Medical Association reports that up to 20% of its medical workforce comprises foreign-trained graduates, a number that has been rising steadily.

On 23 February 2011, Honourable Leona Aglukkaq, the British Columbia Minister of Health, and Honourable Stockwell Day, the

president of the treasury board, announced the use of federal granted dollars to create 20 new residency training positions for foreign medical graduates in the province of British Columbia. In order to meet the demand for family doctors in the rural areas of this province, graduates will be required to provide two years of service in under-served areas in British Columbia.

Dr Ian Gillespie, the president of the British Columbia Medical Association, stated that they were very happy that British Columbia would be getting 20 new residency positions. He added that too many good doctors were not getting the training they needed because of a serious lack of practical experience. It was unclear how these positions would be allocated at the moment, but the British Columbia Medical Association would be happy to work with University of British Columbia's Faculty of Medicine and the government to ensure a smooth transition to the training programmes.

While the political will seems to be in place, many qualified IMGs who successfully attain immigrant status are not able to

secure residency training positions. The Canadian Medical Association reports that in 2007, over 1500 IMG applicants qualified to apply in the Canadian Residency, while only 400 were able to secure licences to practice.

According to Statistics Canada estimates, physicians of South Asian origin were some of the most successful IMGs above the age of 28 to obtain a licence to practise (87%), compared to those from South East Asia (62%), East Asia (59%), and eastern Europe (65%). However, the overall likelihood of immigrants earning licensure has been declining steadily since the early 1990s.

It is hoped that other provinces in Canada will also adopt and benefit from measures such as those being adopted by the province of British Columbia.

*Source:* Re-accreditation and the occupations of immigrant doctors and engineers. Monica Boyd and Grant Schellenberg. Statistics Canada. <http://www.statcan.gc.ca/pub/11-008-x/2007004/10312-eng.htm>.

PAMELA VERMA, *Vancouver, British Columbia, Canada*

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*The National Medical Journal of India* is looking for correspondents for the 'News from here and there' section. We are particularly interested in getting newswriters from the north and northeast regions of India as well as from other countries. By news, we refer to anything that might have happened in your region which will impact on the practice of medicine or will be of interest to physicians in India. The emphasis of the news items in this column, which are usually from 200 to 450 words, is on factual reporting. Comments and personal opinions should be kept to a minimum if at all. Interested correspondents should contact SANJAY A. PAI at [sanjayapai@gmail.com](mailto:sanjayapai@gmail.com) or [nmji@nmji.in](mailto:nmji@nmji.in)