News from here and there

Rabies rattles Andhra Pradesh

An outbreak of rabies has raised a public outcry in Andhra Pradesh. There have been frequent reports from late April 2011 about the menace of stray dogs, and of dog bites and rabies deaths across the state. The non-availability of the rabies vaccine at government health facilities, shortage of funds and trained staff (for catching stray dogs) in the municipalities and shortage of veterinary personnel have all been blamed for the present crisis. Furthermore, there has been a reluctance to act on the part of the municipalities and panchayats and a fear of court cases by animal rights activists regarding the welfare of stray dogs. With over 10 lakh (1 million) stray dogs (1 per 77 persons), close to 20 000 documented dog bites and nearly 1 death due to rabies per week in the first half of 2011, rabies is a major public health issue in Andhra Pradesh. Official figures, however, state that the deaths due to rabies, in terms of absolute numbers, have been similar to those in previous years. The government has instituted several measures to combat this menace. These include steps to remove stray dogs from residential areas all over the state, directing the Central Drug Stores at Hyderabad to rush stocks to hospitals in the Godavari districts, and setting up of special counters to dispense the anti-rabies vaccine round the clock at the Government General Hospital, Kakinada and the Government Headquarters Hospital, Rajahmundry, among other hospitals.

ALLADI MOHAN, *Tirupati, Andhra Pradesh*

Welfare scheme for pregnant women on the anvil

The Government of Andhra Pradesh is planning to introduce the 'Janani' scheme with a view to decrease maternal and child mortality. In addition to antenatal care and facilitation of hospital delivery, the salient benefits under the scheme include the provision of a balanced diet from the second trimester of pregnancy till 4 months after delivery. Further, the 108 ambulance service that is provided free of cost for shifting expecting mothers to the labour room will be extended to drop the mother and child safely back to their place of domicile.

ALLADI MOHAN, *Tirupati, Andhra Pradesh*

MCI proposes exit examination and national eligibility tests for medical graduates, bars DNB graduates from teaching

The Medical Council of India's (MCI) board of governors has proposed to the Union Health Ministry to introduce a national-level 'exit examination' after the completion of the MB,BS course, with the aim of bringing graduates from different medical colleges all over India with different education standards at par with each other. There are wide variations in the educational standards and the opportunities available at the premier institutes in the bigger metropolitan cities and the smaller ones in the small towns of India. The competence of medical graduates from state medical colleges is always under a scanner and they are discriminated against throughout their professional career. This exit examination proposes to create 'Indian Medical Graduates' who will be at par with each other. The examination can be taken by all MB,BS graduates as an additional qualification. Clearing this national-level licentiate examination will guarantee quality and credibility, and provide uniformity to medical degrees from different medical colleges.

The examination can be taken 2 months after appearing for the MB,BS examination, and will be voluntary from 2013 to 2016. The MCI plans to make it mandatory from 2017. It will be compulsory for graduates from foreign colleges and universities who intend to practise medicine in India.

According to the new board of governors, headed by Dr K. K. Talwar, it is a part of the MCI's mission to develop systems which shall continuously assess the needs, and enhance the quality and standards of medical education and training in India.

The MCI also plans to hold National Eligibility-cum-Entrance Tests (NEETs) for postgraduate and superspecialty courses in a changed format from next year.

Approximately 150 000 undergraduate candidates will be eligible to take the NEET for entrance to postgraduate courses. The examination will be online and will be conducted in the middle of January 2012 for the MD/MS courses starting from 2 May 2012. Candidates aspiring for the direct 5-year neurosurgery and neurology superspecialty or similar courses will have to take the NEET-PG examination for the courses commencing in August. There will be a common paper consisting of 180 questions of MB,BS standard which will have to be answered in 3 hours.

The National Eligibility-cum-Entrance Test for Super-Specialties (NEET-SS) for 2012 would be held for candidates who have completed their postgraduation by 15 June 2012. Around 7000 candidates are expected to take the online examination for courses commencing from August 2012. The paper will consist of 150–180 questions, and will be of 3 hours' duration.

The proposed changes in the examination patterns are yet to be cleared by the Union Health Ministry.

In another development, the Union Health Ministry has approved the MCI recommendation barring Diplomate of National Board (DNB) graduates from teaching in medical colleges unless they have an additional one year of teaching experience; this additional year will make them at par with MD/MS graduates. Because there is already an acute shortage of teaching faculty, this move will further aggravate the shortfall by about 6000 doctors. Interestingly, the ministry itself had issued notifications in July 2006 and February 2009 that had done away with the need for an additional year's teaching experience based on the recommendation of the MCI! The ministry has now asked the MCI to address the National Board of Examination's (NBEs) demand of a rollback of the 'discriminatory' notification.

BHAVNA DHINGRA, *New Delhi*

Canadian government agrees to fund CCSVI liberation therapy clinical trials in Canada

In September 2010, citing a lack of evidence that a clear link existed between chronic cerebrospinal venous insufficiency (CCSVI) and multiple sclerosis (MS), the federal government of Canada had categorically stated that it would not fund clinical trials of the so-called CCSVI liberation therapy, a procedure pioneered by Dr Paolo Zamboni. In a surprising reversal of this decision, on 29 June 2011, the government announced the funding of phase I and phase II clinical trials for CCSVI treatment through the Canadian Institutes of Health Research.

Canada has the highest rates of MS in the world and ever since Dr Paolo Zamboni presented his controversial findings on the liberation procedure in 2009, the federal and provincial governments of Canada have been under intense pressure to fund the procedure (*Natl Med J India* 2011;**24:**57–8). While experts in Canada debated the merits of the treatment, patients with MS, who were not willing to wait until theories underlying CCSVI are proven or disproven, took to travelling to countries that were willing to treat them. Alarmed by the increase in medical tourism for CCSVI—referred to by a member of the MS Society of Canada as 'the greatest medical refugee crisis of the Canadian healthcare system'—in March 2011, the federal government announced the formation of a national monitoring system to capture information to help identify disease patterns and track treatments and long-term outcomes for people living with MS, including those who have undergone treatment for CCSVI. However, not content with this decision, with the backing of politicians such as Tim Donovan—an MS sufferer himself—patients across Canada continued to clamour for funding of the controversial procedure.

While funding for clinical trials is still a long way from funding of the procedure itself, the willingness of the government to support CCSVI clinical trials has been welcomed by patients with MS, as well as by their family and friends, as a step in the right direction.

MEENAKSHI KASHYAP, *Toronto, Canada*

Kalaignar Scheme discontinued in Tamil Nadu

Soon after the change of government in Tamil Nadu in May 2011, the 'Kalaignar Health Scheme' launched by the previous government was cancelled. Under the scheme, each family below the poverty line was provided an insurance cover of Rs 100 000, which was to be used for certain defined surgical procedures. The cover was provided by Star Health Insurance and could be utilized at hospitals recognized by the insurer. Soon after the commencement of the scheme, controversy arose, with the insurer suggesting that certain hospitals were performing procedures such as hysterectomy without proper indications. After about a year of the scheme, the insurer brought in certain mandatory criteria for hospitals and surgeons performing total joint replacement, including the use of joints from particular companies only. No public audit has been done of the working of the scheme and it is not clear whether it actually made a difference, if the quality of care was good, and what the outcomes of the surgical procedures performed under the scheme were.

The new government has promised a better scheme. It would be useful to study the implications, goals and possibilities before launching another scheme. It is an indirect admission that the medical care system established by the state is unable to provide comprehensive care.

GEORGE THOMAS, *Chennai, Tamil Nadu*

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* or *nmji@nmji.in*