

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**RAJYA SABHA
UNSTARRED QUESTION NO. 755
TO BE ANSWERED ON 13TH DECEMBER, 2022**

MEDICAL PG SPECIALISTS IN RURAL AREAS OF ANDHRA PRADESH

755 SHRI V. VIJAYASAI REDDY:

Will the Minister of **Health and Family Welfare** be pleased to state:

- (a) whether it is a fact that State Government of Andhra Pradesh is making it mandatory for medical PG specialists to compulsorily work for one year in rural areas with an objective to address shortage of specialists in rural areas;
- (b) whether the Ministry is also aware that the State Government of Andhra Pradesh has started a scheme of 'family doctor' to provide family doctor service to every family in the State;
- (c) whether the Ministry will think of replicating the above scheme in other States in order to address the severe shortage of doctors in the country; and
- (d) if not, the reasons therefor?

ANSWER

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(DR. BHARATI PRAVIN PAWAR)**

(a) to (d): As informed by Government of Andhra Pradesh, the State Government has issued orders about Compulsory Rural/Government Service to the Post-Graduate Degree/ Super Specialty students admitted in Government Medical Colleges and against category-A seats in Private Medical Colleges from the Academic Year 2022-2023 after completion of their Course to render one year Service in Government Hospitals.

Government of Andhra Pradesh has started trial run Family Physician Concept to provide Medical Officers services at Sub-center level.

Government of India, to enhance healthcare facilities at District/ Rural level and to address the issue of shortage of specialists in the country, has approved District Residency Program where the second/third year PG students of medical colleges are to be posted in the district hospitals for a period of three months.

Under National Health Mission (NHM), support is provided to the States /UTs to strengthen their health care systems based on the proposals received from the States so as to provide universal access to equitable, affordable and quality health care services all over the country including in tribal aspirational areas, including ensuring availability of doctors in the remote and tribal areas.

Under NHM, flexibility is given to the States for providing hard area allowance, performance-based incentives, providing accommodation and transport facilities in rural and remote areas, sponsoring training programmes, etc to engage human resources to address the issue of shortage of doctors and specialists in the public health facilities.

The States are also encouraged to adopt flexible norms for engaging doctors and specialists for public healthcare facilities. These include ‘contracting in’ and ‘contracting out’ of specialist services and engaging specialists outside the government system for service delivery at public facilities under NHM.

States have also been allowed to offer negotiable salaries to attract doctors and Specialists including flexibility in strategies such as "You quote, we pay".

Government of India launched “Pradhan Mantri Surakshit Matritva Abhiyan” (PMSMA) with an aim to provide fixed-day, free of cost, assured, comprehensive and quality antenatal care on the 9th day of every month universally to all pregnant women in their 2nd / 3rd trimesters of pregnancy. Since inception, more than 3.6 crore pregnant women have received comprehensive ANC under this programme across all States and UTs.
